

# Treatment Plan Guide for Justice Settings

## Writing ASAM-Driven Goals That Work for Courts AND Clients

This guide helps you write treatment plans for justice-involved clients that satisfy court requirements while remaining clinically meaningful. The key is understanding how ASAM dimensions drive your goal areas—and knowing what each audience actually needs to see.

## How ASAM Dimensions Drive Your Treatment Plan

Treatment plan goals should be written for each ASAM dimension where the client has an assessed need or identified problem. Not every client needs goals in all six dimensions—it depends on your assessment findings and your level of care.

**Level of Care Matters:** If you provide outpatient therapy, you likely won't write goals for Dimensions 1, 2, or 3 because those needs aren't typically present in your population (with occasional exceptions for Dimension 3). Clients in inpatient or residential treatment may have goals across 5 or 6 dimensions because they present with more complex needs.

**The Rule:** If it showed up as problematic in your assessment, it belongs in your treatment plan. If it wasn't assessed as a need, you don't need a goal for it.

### Dimension 1: Acute Intoxication / Withdrawal Potential

Goals addressing current intoxication, withdrawal risk, or need for medical monitoring. Most relevant for detox and inpatient settings.

*Example: Client will complete medically supervised withdrawal management and achieve medical stability by [date].*

*Example: Client will report withdrawal symptoms to medical staff immediately and follow prescribed protocol for symptom management.*

*Example: Client will remain on-site for medical monitoring until cleared by physician for step-down to residential level of care.*

### Dimension 2: Biomedical Conditions and Complications

Goals addressing physical health issues that complicate treatment or recovery. Relevant when medical needs are present.

*Example: Client will attend all scheduled appointments with primary care physician to address hepatitis C treatment by [date].*

*Example: Client will take prescribed medications as directed and report any side effects to treatment team within 24 hours.*

*Example: Client will complete follow-up bloodwork and provide results to care coordinator by [date].*

### Dimension 3: Emotional, Behavioral, or Cognitive Conditions

Goals addressing co-occurring mental health conditions, trauma responses, or cognitive impairments affecting treatment.

*Example: Client will learn three coping skills for managing anxiety symptoms and practice them between sessions by [date].*

*Example: Client will complete trauma psychoeducation and identify three ways trauma impacts their substance use by [date].*

*Example: Client will attend psychiatric evaluation and follow recommendations for medication management by [date].*

#### **Dimension 4: Readiness to Change**

Goals addressing where the client is in their change process and what moves them forward. Almost always relevant for justice-involved clients.

*Example: Client will complete a cost-benefit analysis identifying pros and cons of their substance use by [date].*

*Example: Client will identify three personal reasons for considering change and discuss them in session by [date].*

*Example: Client will explore ambivalence about change using decisional balance exercises over the next four sessions.*

*Example: Client will identify values that conflict with current substance use and discuss how change aligns with those values by [date].*

#### **Dimension 5: Relapse, Continued Use, or Continued Problem Potential**

Goals addressing risk factors, triggers, cravings, and prevention planning. Core to most substance use treatment plans.

*Example: Client will create a relapse prevention plan identifying triggers, warning signs, coping strategies, and emergency contacts by [date].*

*Example: Client will identify three high-risk situations and develop a specific coping strategy for each by [date].*

*Example: Client will practice urge surfing techniques and report on effectiveness in next session.*

*Example: Client will reduce cannabis use from daily to weekends only and track use patterns in journal by [date].*

#### **Dimension 6: Recovery / Living Environment**

Goals addressing the client's living situation, relationships, support systems, and environmental factors affecting recovery.

*Example: Client will identify two supportive people in their life and discuss how to strengthen those relationships by [date].*

*Example: Client will attend at least two community support meetings and report on their experience by [date].*

*Example: Client will develop a plan for safe housing upon discharge and identify three potential options by [date].*

*Example: Client will identify one person in their environment who supports their use and develop a strategy for managing that relationship by [date].*

### **Additional Goal Areas for Justice-Involved Clients**

Beyond ASAM dimensions, justice-involved clients often need goals in these areas:

#### **Justice System Collaboration**

Frame as collaboration, not compliance monitoring. This shows courts you're working together.

*Presenting Need: Client is involved with the justice system.*

*Example Goal: Client will collaborate with treatment team and probation for successful completion of court requirements.*

*Example Intervention: Clinician will provide regular updates to probation officer as indicated and attend court hearings when requested.*

#### **Family Involvement / Parental Consent (Adolescents)**

Always address family dynamics for adolescent clients—especially if consent was refused.

*Example: Client will participate in at least two family sessions to improve communication with parent/guardian by [date].*

*Example: Client will consider the pros and cons of providing parental consent and make an informed decision by [date].*

## Writing for Two Audiences

Your treatment plan serves multiple purposes. Here's what belongs where:

| What Courts Need to See     | What Stays in Clinical Record   |
|-----------------------------|---------------------------------|
| Clear, measurable goals     | Detailed trauma narratives      |
| Progress indicators         | Direct client quotes            |
| Attendance expectations     | Sexual history/activity details |
| Justice collaboration goals | Specific abuse descriptions     |
| Risk management planning    | Sensitive personal disclosures  |

## Key Principles

### 1. Use SMART Goals

Specific, Measurable, Achievable, Relevant, Time-bound. Every goal needs a clear target and deadline.

### 2. Be Vague About Sensitive Content

Write 'extensive trauma history' not 'client reports sexual abuse by stepfather at age 12.' The clinical detail stays in your assessment—not the treatment plan that might be shared.

### 3. Match Goals to Assessed Needs

If your assessment didn't identify it as a problem, you don't need a goal for it. Don't write goals for ASAM dimensions that aren't relevant to your client's presentation or your level of care.

### 4. UAs and Attendance Aren't Treatment Goals

Drug testing and attendance tracking are compliance measures, not clinical interventions. Keep them separate from your treatment plan unless there's a specific therapeutic reason to include them.

**Pro Tip:** If probation asks for your treatment plan, consider whether a summary or your standardized progress report would serve the same purpose with less sensitive information exposed. When in doubt, offer to discuss verbally or in a joint session with the client.