

Substance Use Disorder Intervention Plan Sample

Client Information

Name	_____	Date of Birth	_____
Assessment Date	_____	Case ID	_____

Diagnosis

Primary: _____ (e.g., Alcohol Use Disorder, Moderate)

Secondary: _____

Summary of Substance Use

- Substances Used: _____
- Frequency & Duration: _____
- Prior Treatments: _____
- Medical/Psychiatric History: _____

Goals & Objectives

Goal 1: Achieve and maintain abstinence

- Objective 1.1: Develop relapse prevention plan within 30 days
- Objective 1.2: Attend weekly individual and group therapy

Goal 2: Improve coping and life skills

- Objective 2.1: Participate in skill-building sessions biweekly
- Objective 2.2: Identify and utilize at least 3 healthy coping strategies

Interventions

- Cognitive Behavioral Therapy (CBT) sessions (weekly)
- Referral to medical provider for evaluation and medical management
- 12-step program participation
- Family counseling (as needed)
- Urine drug screening (randomized schedule)

Support & Resources

- Peer support group list provided
- Community resource referral for housing/employment
- Crisis helpline contact shared

Evaluation & Follow Up

- Progress reviewed weekly and at multidisciplinary team meetings
- Plan updated monthly or as clinically indicated

Signatures

Client	<hr/>	Date	<hr/>
Clinician	<hr/>	Date	<hr/>