

Commitment to Treatment Statement

I, _____, agree to make a commitment to the treatment process. I understand that this means I have agreed to be actively involved in all aspects of counseling and treatment, including:

- 1) Attending sessions (or letting my counselor know when I can't make it in a sufficient amount of time in accordance with their cancellation policy).
- 2) Setting goals for my wellness
- 3) Voicing my opinions, thoughts, and feelings honestly and openly with my counselor (both positive AND negative feelings...ESPECIALLY negative ones!)
- 4) Being actively involved during sessions
- 5) Completing or attempting to complete homework, tasks, and other behavior experiments between sessions that were agreed upon during sessions. If unable to complete these activities, I will be ready to discuss barriers to completion with my counselor and try again.
- 6) Taking my medications as prescribed by my physician. Or, if I want a medication change, dosage change, or want to discontinue any of my medications I will do this under the advisement and treatment of my physician.
- 7) Trying out new behaviors and new ways of doing things.
- 8) Implementing my crisis response plan when needed.
- 9) Provide information about other treatments and treatment providers that may impact my treatment here. This may include medication records, other diagnoses, and other counseling or case management services.
- 10) I realize that no matter what my current circumstances, past experiences, and triggers are I am ultimately responsible for my behaviors.

I also understand and acknowledge that, to a large degree, a successful treatment outcome depends on the amount of energy and effort I make. I understand that as hard as my counselor will work, they can't work harder *than* me *for* me. If I feel that treatment is not working, I agree to discuss it with my counselor and attempt to come to a mutual understanding as to what the problem is and to identify any potential solutions. I understand that my counselor's primary motivation is to help me achieve my wellness goals, and it will not upset them or hurt their feelings to help me find an alternative treatment provider if doing so is what I desire and/ or is in my best interest. In short, ***I agree to make a commitment to living.***

This agreement will apply for the next three months, at which time it will be reviewed and modified. It can also be reviewed and modified at any other point in my treatment at my request or at my counselor's discretion and prompting.

Signed: _____

Dated: _____

Witness: _____