



## IDDT Staging

Client Name: \_\_\_\_\_ DOB \_\_\_\_\_ Case Number: \_\_\_\_\_

Primary Clinician: \_\_\_\_\_

Initial Staging Date: \_\_\_\_\_ Re-Assessment Date: \_\_\_\_\_ Stage Progression: \_\_\_\_\_

Client's Goals:

Mental Health Diagnosis:

Current Medications:

Substance(s) of Choice:

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Withdrawal, Relapse and Continued Use Potential:

Impact of Substance on Consumer's Quality of Life:

Co-Occurring Mental Health and Substance Abuse Information. (Describe consumer's mental health symptoms and treatment when use is at baseline, and vice versa.)

Psychosocial or environment factors impacting treatment:

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Stages of Change**

Pre-Contemplative

Contemplative

Preparation

Action

Maintenance

**Stages of Treatment**

Pre-Engagement

Engement

Early Persuation

Late Persuation

Early Action

Late Action

Relapse Prevention

Recovery

**Stages of Recovery**

Impact of Illness

Life is Limited

Change is Possible

Commitment to Change

Action for Change

Treatment Intervention Recommendations: