



CHEMICAL DEPENDENCY PROGRAM Plan For Success Contract

I, _____, understand that success in my recovery program depends upon my willingness to make ongoing progress and changes to my physical, emotional, social, and spiritual balance, in order to maintain the pro-social lifestyle.

I will for a minimum of 90 days work on the following irrational thoughts and behaviors:

Self-destructive and self-defeating behaviors needing to be changed:

- **Closed thinking**, being unreceptive to feedback and recovery recommendations. Not being receptive, self-critical and openly self-disclosing. Spending great time in identifying, pointing out, giving feedback on the faults of others, while not taking a responsible role for changing my own behaviors.
 - a) I will listen to feedback and suggestion, and implement suggestions without rationalizing or justifying my behaviors
 - b) I will conscientiously focus on changing my negative behaviors, thoughts, beliefs and issues identified through my treatment planning and group sessions.
- **Lack of Interest in Responsible Performance**, associates the illicit or the illegal with excitement and fun, easily persuaded to join in illegal or risky behavior, and fantasizes about involvement in substance use and/or other criminal behavior with no negative consequences. No sense of obligation to family, others or society. Tends to take no accountability for destructive behaviors, “forgets” a lot.
 - a) I will not associate with people who continue to use or who are involved in criminal conduct.
 - b) I will not use any mind-altering substance while in treatment.
- **Victim stance**, Blaming others and unwilling to take personal accountability for my actions and behaviors. I view myself as a victim, though being reluctant to look at how I have and continue to victimize others.
 - a) I will take a responsible role for my behaviors. I will take accountability by being self-critical of my thoughts and actions. I will be able to demonstrate positive behavioral changes that reflect I am moving away from the mindset that things happen to me without my permission or influence.

Yamhill County Chemical Dependency Program
627 N. Evans Street
McMinnville, OR 97128
Telephone: 503.434.7527 Fax: 503.434.9846



CHEMICAL DEPENDENCY PROGRAM Plan For Success Contract

- **Confusion of Wants & Needs** , has difficulty separating the wants from needs. Justifies behavior (drinking, drug use, crime) because “I deserve it” or “I just don’t want to follow through with recommendations” – (“It” being the benefits of the behavior – relief, fun, excitement for alcohol, drugs – clothes, money, etc. for crime)
 - a) I will take an active role in assessing my current situations, and then, taking the necessary steps to correct, adjust, and implement strategies that will benefit my progress towards remaining abstinent.

Corrective actions I am agreeing to demonstrate:

1. I will inform my peers that I am on a behavior contract, identifying the reasons and how they can support me.
2. I will identify how my continued use of Closed Thinking, Victim Stance, and Confusions of Wants and Needs, can lead me back to committing crimes and/or relapsing. In my group sessions, my 1x1 sessions, and during each Drug Court appearance, I will be able to vocalize my progress in addressing and correcting these distorted thoughts and the behaviors associated with them.
3. I agree to attend minimum **of 5 documented community support meetings per week**, and I will present my documentation of attendance to the court. I will **actively seek a recovery sponsor**, one who will support my recovery efforts and will follow a recovery plan that will aid me towards a self-directed plan of recovery.
4. I agree to attend **all** scheduled treatment sessions and understand that only an illness, documented by a medical professional, will qualify as an excused absence to support my illness.
5. I agree **to participate in all of my treatment requirements**, including individuals, treatment group sessions, and presenting treatment plan assignments by the dates they are due.
6. I will participate in the peer support system by **contacting 2 different peers** on my phone list on a regular basis outside of treatment **each day**. I will provide a list of calls that I made to my primary counselor at each individual session.
7. I agree to attend all scheduled appointments outside of treatment, such as Community Corrections, Drug Court, and group functions or referred community resource when directed.

Yamhill County Chemical Dependency Program
627 N. Evans Street
McMinnville, OR 97128
Telephone: 503.434.7527 Fax: 503.434.9846



**CHEMICAL DEPENDENCY PROGRAM
Plan For Success Contract**

- 8. I agree to **abstain from all mood-altering substances** while in treatment, including ***expired, unreported/unapproved prescriptions, and over the counter medications that contain alcohol, opiates or stimulants.*** I will sign a release of information to contact my doctors before taking all other prescribed medications.

- 9. I agree to submit to random testable UA's upon request. Missed, dilute or altered UA's will be deemed non-compliance of this contract, and will initiate terms listed below.

- 10. **I agree to not associate with any unsafe person who continues to use or who is involved in criminal conduct.** I will expand my support network with individuals who are recovery focused.

Should the Judge find that you have not complied with this contract (examples: miss a u/a, miss any treatment meetings, miss a community recovery meeting, forget your signed community recovery meetings slip, etc.) you will be sanctioned. Sanctions could include, work crew, assignments, phase change or other response intended to be a consequence and incentive to comply. In the event you continue or return to use, you could be taken into custody and your level of care will increase. You may be deemed appropriate for residential treatment. After that, should you have additional complications or non-compliances, your case will be considered for termination from the program, probation violation, and potential probation revocation.

I have read, understood and agree to the terms of this behavior contract.

	Date: _____
Client Signature	
	Date: _____
_____ CADC	