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TREATMENT GOALS CHECKLIST

Outpatient mental health counseling offers a variety of treatments and approaches. In order to offer you the treatment opportunities most in line with your reasons for coming to the counseling, I would appreciate your completing the following list of possible treatment goals. Please circle the number of those goals that apply to you. I'm coming to counseling & I would like to concentrate on:

1	reducing my fear of _____	26	improving my sleep
2	having more pleasurable activities	27	reducing my sensitivity to possible criticism
3	improving communication with my spouse / children / friends / coworkers / others (circle choice)	28	talking out a pending decision
4	expressing myself more assertively	29	learning problem-solving / decision making techniques
5	learning how to relax	30	discuss hardship discharge / humanitarian reassignment
6	Better managing my health. specify _____	31	discussing my desire for a discharge /cross-training
7	Better tolerating my mistakes	32	reducing family difficulties
8	better tolerating others' mistakes	33	reducing job difficulties
9	feeling less guilt	34	better managing my temper
10	feeling less depressed	35	taking initiative more often
11	better accepting the loss / death of _____	36	receiving medication help
12	increasing my conversation skills	37	decrease procrastinating
13	learning how I come across to others	38	better managing time
14	not taking disappointments so hard	39	decreasing trying to be perfect
15	doubting myself less	40	not reacting so emotionally
16	thinking more positively	41	allowing myself to express feelings more
17	improving my sexual relationship	42	feeling more self-confident
18	controlling my eating or weight	43	discussing my thoughts of harming myself
19	controlling my alcohol use	44	discussing my thoughts of harming others
20	changing my habit of _____	45	adjusting better to a recent change or incident. Specify _____
21	controlling my use of drugs	46	adjusting better to a past incident. specify _____
22	better managing my pain	47	becoming more optimistic
23	learning how to improve friendships	48	improving my self awareness
24	reducing uncomfortable thoughts of _____	49	adopting a more healthy attitude about _____
25	learning more effective parenting skills	50	worrying less about _____
51	Other: (specify)		

Now, please review your list, and decide which 3 goals you most wish to change at this time. My 3 most important goals are (write in the numbers):

First _____

Second _____

Third _____