[Insert organisation name/logo]

# COMMITMENT TO TREATMENT

I,

**[Insert client name]** agree to make a commitment to the treatment process. I understand that this means that I have agreed to be actively involved in all aspects of treatment including:

* Attending sessions (or letting my drug and alcohol worker know when I can’t make it)
* Setting treatment goals
* Remaining on the property of the service if requested to do so by staff
* Voicing my opinions, thoughts and feelings honestly and openly with my drug and alcohol worker (whether they are positive or negative)
* Being actively involved during sessions
* Completing homework assignments
* Taking my medications as prescribed (if applicable)
* Commit to trying new behaviours and new ways of doing things
* Communicating to staff if I feel unsafe
* Following the rules and responsibilities of the service
* Implementing my Safety plan where necessary.

I also understand and acknowledge that a successful treatment outcome depends on my commitment to change. If I feel that treatment is not working, I agree to discuss it with my drug and alcohol worker and attempt to come to a common understanding as to what the problems are and identify potential solutions. This agreement will be reviewed after three months.

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| --- | --- | --- | --- | --- | --- |
| **Client signature** | |  | | **Date** |  |
| **Client name** | |  | | | |
| **Staff member signature** | |  | | **Date** |  |
| **Staff member name** | |  | | | |
| **Review** | | | | | |
| **Date**  **[insert review due dates]** | **Staff member name** | | **Detail**  **[insert details of the review]** | | |
|  |  | |  | | |
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*Reference:* [*Suicide Assessment Kit (SAK)*](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Suicide%20Assessment%20Kit%20updated.pdf)