

## Tobacco Dependence Program - Individual Treatment Plan

Name \_\_\_\_\_ Counselor \_\_\_\_\_ Date \_\_\_\_\_

Reasons to end tobacco use:


Problems with ending tobacco use:


My date to end tobacco use: \_\_\_\_\_

Treating the physical addiction:

Medication recommendations:

Coping with withdrawal:

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Treating the behaviors:

Trigger Situation

Coping Skill


Treating the emotional connection:

When I feel:

I will:


Addressing the social environment:

In this situation:

I will:


Support:

I will involve \_\_\_\_\_ in my plan

I will attend \_\_\_\_\_ to support maintaining my new freedom