Tobacco Dependence Program - Individual Treatment Plan

Name __________________________  Counselor __________________  Date ________________

Reasons to end tobacco use:
- 
- 

Problems with ending tobacco use:
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- 
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My date to end tobacco use: ______________________________

Treating the physical addiction:
Medication recommendations: 
Coping with withdrawal:  

Treating the behaviors:
Trigger Situation  Coping Skill
- 
- 
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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