

CHEMICAL DEPENDENCY SERVICES INTENSIVE OUTPATIENT PROGRAM (C.D.S. I.O.P.)

Patient name: _____ *MR#:* _____ *Start Date:* _____

- **12-STEP MEETING AGREEMENT: ATTEND AT LEAST TWO 12-STEP MEETINGS PER WEEK** _____
- **PHASE ONE: THE EARLY RECOVERY PROGRAM. Eight weeks of attendance, four nights per week.**

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|---|--|--|---|
| <i>Successful Recovery Class</i> 5:15-6:15 p.m. <i>Mixed Gender Group</i> 6:30-7:45 p.m. | <i>Relationships in Recovery Class</i> 5:15-6:15 p.m. | <i>Substance Abuse Education Class</i> 5:15-6:15 p.m. <i>Men's/Women's Group</i> 6:30-7:45 p.m. | <i>Mindful Recovery Class</i> 5:15-6:15 p.m. <i>Men's/Women's Group</i> 6:30-7:45 p.m. |

Your Therapist is:

WOMEN

00-32 Sharman Cippa L.C.S.W. 571-3756
 33-66 JoEllen Ottenberg L.C.S.W. 571-3750
 67-99 Jennifer MacLeamy, Psy.D. 571-2515

MEN

00-50 Bill McCausland, Ph.D. 571-3718
 51-99 Christopher Evans, Psy.D. 571-2508

- **PHASE TWO: THE LONG TERM RECOVERY GROUP. Once weekly for 16 months.**

Date: _____ *Intake Therapist:* _____ *Patient Signature:* _____