

Client name:

Keyworker:

Date: / /

Barriers to Treatment

What is stopping me from actively taking part in treatment?



How is it stopping me?

What could do to get over these barriers?

What could do to get over these barriers?

What could do to get over these barriers?

How useful was this map and discussion?

NOT Useful 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 VERY Useful