Parent name: _____ Chart#: _____Date: _____ Therapist: _____

## Change Plan Worksheet

1) The changes I want to make are:

| |
|---|
| In my child: (e.g., decrease tantrums)<br><br>In me: (e.g., learn and use new parenting skills) |

2) The most important reasons I want to make these changes are:

| |
|---|
| (e.g., child's future, family functioning) |

3) The steps I plan to take in changing are:

| |
|---|
| (e.g., come to sessions, try skills at home, practice) |

**Things that could interfere with the change plan:**

4) How much trouble do you think you'll have <u>getting to session</u> each week (e.g., transportation, scheduling)?

0 1 2 3 4
Not at all — Very much

| |
|---|
| To overcome this I will: (e.g., have to find transportation) |

5) How much do you think <u>things will get in the way</u> of you practicing the skills we go over at home?

0 1 2 3 4
Not at all — Very much

| |
|---|
| To overcome this I will: (e.g., use reminders to self to practice each day) |

6. a) How much do you feel like coming to session each week might be too much work? 0 1 2 3 4
b) Or that using these skills at home will be too much work? 0 1 2 3 4
Not at all Very much

To overcome this I will: (e.g., invest work now in a calmer future, talk to therapist)

7. How much do you feel that a lack of support from others will be a problem for you in using the skills we practice at home? 0 1 2 3 4
Not at all Very much

Person: (e.g., spouse, therapist) Possible ways to help: (e.g., share work, provide support)

8. How much did you feel like these skills will work with your child at home? 0 1 2 3 4
Not at all Very much

To overcome this I will: (e.g., remember it takes time and have to practice, tell therapist)

9. Overall, how comfortable do you think you'll feel practicing these skills with me in session? 0 1 2 3 4
What about using and practicing them at home? 0 1 2 3 4
Not at all Very much

To overcome this I will: (e.g., practice until they become more comfortable)

10. How likely do you think it is that you will continue for the entire treatment? 0 1 2 3 4
Not at all Very much

To overcome this I will: (e.g., remember initial treatment goal and make sure meet it)