Change Plan Worksheet

1) The changes I want to make are:

- In my child: (e.g., decrease tantrums)
- 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 getting to session each week (e.g., transportation, scheduling)?

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   Not at all | Very much

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

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

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   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?  
   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

   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

   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

   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

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