**Personal Change Plan**

 **Initial ** **Ongoing Final**

Name: Date:

**Definition:** The offender’s Personal Change Plan is a written plan for preventing abusive behaviors and developing healthy thoughts and behaviors. The offender shall design and implement this plan during treatment and utilize it after discharge.

**Personal Change Plan:** An offender’s personal change plan includes a plan for preventing abusive behaviors, identifying triggers, identifying cycles of abusive thoughts and behaviors, as well as a plan for preventing or interrupting the triggers and cycles. This plan is to be designed and implemented during treatment and utilized after discharge as well.

**FILL IN EVERY BLANK IN DETAIL. USE COMPLETE SENTENCES. ONE-WORD ANSWERS WILL BE RETURNED TO YOU FOR CORRECTIONS. DO NOT ASK THE VICTIM OR ANYONE ELSE FOR HELP IN COMPLETING THIS OR ANY DV ASSIGNMENT.**

## The change I want to make is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Most important reasons why I want to make changes:
	2. What outcome do I want from the change?
	3. What will be different in my life by making the change?

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# Process:

* + The steps I plan to take in changing are…
	+ What needs to shift in the way I think and feel?
	+ What needs to change in the way I act?
	+ What external changes do I need to make in my world?
	+ I will know my plan is working if…
	+ What could interfere with my plan?
	+ What will I do if my plan is not working?

**Client Signature Date**

**Provider Signature Date**