

## My Change Plan

Stuff I could change

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



One thing I really want to change

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Possible ways to change

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



I'm going to do this by

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Things that might trip me up

1. \_\_\_\_\_
2. \_\_\_\_\_

I'll try to overcome these by

1. \_\_\_\_\_
2. \_\_\_\_\_

My strengths and supports

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



If the young person has trouble articulating “stuff I could change,” you can explore with them a “menu of options.” This could include items such as:

### **Cut down**

- Don't use before . . .
- Don't use at school/work
- Set guidelines to limit consumption
- Only use on one day on the weekend
- Hang out with friends who don't use

### **Be safer**

- Don't use alone
- Don't mix substances
- Don't drive after using
- Always make a plan to get home safely

### **Be healthier**

- Get 8 hours of sleep every night
- Eat 3 meals a day with lots of fruits and veggies
- Get exercise every day
- Join an activity that doesn't involve substance use

### **Get connected**

- Go to school every day this week
- Join a team
- Hang out with friends who don't use
- Visit an uncle/aunt/grandparent (relative with whom there has been a positive connection in the past)

### **Don't use**

- Set a goal to not use for 3 days/1 week/1 month
- Explore treatment/detox/nicotine patch