

# Action Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

★ *An Action Plan is a way to accomplish your goal and honor your word. Fill out the "Before" section now and the "After" section later.*

<b>B E F O R E</b>	<b>I promise to . . .</b>
	<b>By when?</b>
	<b>I will use the following strategies to accomplish my commitment:</b>
	<b>To overcome my emotional blocks, I will . . .</b>
	<b>It is important for me to complete this commitment because . . .</b>
	<b>If I complete it, I will reward myself with . . .</b>
<b>Signed:</b>	
<b>A F T E R</b>	<b>Result: Describe how it went.</b>
	<b>Anything you'll do differently next time?</b>

If you are unable to complete your Action Plan for any reason before the next session, please leave a message with the therapist to let her or him know. This helps keep things "on track." You can leave your therapist a message at:

\_\_\_\_\_

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