

Responsibility Plan for Adults Who Use Abusive Behaviours

I will be aware, pay attention to changes in my thinking, feelings and behaviours and take action.

1. Just before I am abusive ...

... I am thinking:		... I am stressed out by:	
... I am feeling: <ul style="list-style-type: none"> <input type="checkbox"/> frustrated <input type="checkbox"/> angry <input type="checkbox"/> helpless <input type="checkbox"/> overwhelmed <input type="checkbox"/> scared <input type="checkbox"/> ashamed <input type="checkbox"/> embarrassed <input type="checkbox"/> guilty <input type="checkbox"/> desperate <input type="checkbox"/> hurt <input type="checkbox"/> insecure <input type="checkbox"/> lonely <input type="checkbox"/> <input type="checkbox"/> 		... physically, I am <ul style="list-style-type: none"> <input type="checkbox"/> clenching my fists <input type="checkbox"/> gritting my teeth <input type="checkbox"/> pacing <input type="checkbox"/> tired <input type="checkbox"/> wired <input type="checkbox"/> experiencing stomach aches or headaches <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	
		... high-risk activities that I may be doing are: <ul style="list-style-type: none"> <input type="checkbox"/> driving recklessly <input type="checkbox"/> punching walls <input type="checkbox"/> breaking things <input type="checkbox"/> drinking <input type="checkbox"/> using drugs <input type="checkbox"/> gambling <input type="checkbox"/> hanging with certain friends <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	

2. Ways to prevent my abusive behaviour. To prevent those situations from coming up, I can

Reduce high-risk activities by: Avoid some of the sources of stress by: Get support by:

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3. When I choose to be abusive, the people and things I risk losing are:

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4. In order to avoid losing the people and things I care about, I will be more aware of:

The situations that might lead to being abusive:

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3 things I can do to handle these situations in a positive way:

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5. Friends or family I could stay with _____

How will I get there? Day vs. Night, weekend vs weekday	Safety issues if I go there.	How long can I stay there?

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I am making this commitment because ...

I am committed to doing what is necessary to stop using abusive behaviours.

Yes

No

Don't Know

Signature: _____ Date: _____