

My Positive Change Contract

Plan (A)

What do you need to do to help you plan? (Check your SMARTS)

- 1.
- 2.
- 3.
- 4.
- 5.

Action

List what actions you need to take and when. (Remember to be specific)

- 1.
- 2.
- 3.
- 4.
- 5.

Maintenance

What will help you maintain your change? (Do you need to plan in self-care days?)

- 1.
- 2.
- 3.
- 4.
- 5.

My notes:

List here anything else that you think might help you.

My Contract Terms & Conditions

- 1. I will do my very best to help myself practice a new healthy habit to aid in my journey of mental wellbeing and recovery.*
- 2. If I experience a 'Wobble', I will not blame or shame myself. I will rest and take care of myself.*
- 3. When other people or life gets in the way of my new habit, I will accept I am not in control of everything; I will breathe slowly and deeply and begin a new plan.*

Name:

Signature:

Date:

