Committed action plan

Turning what matters into something you do this week.

Name _____ Date _____

The value I want to act on

A goal that serves it (specific, and mine to do)

The smallest next step: what, when, where, with whom

What will get in the way

Thoughts and feelings that will try to stop me

- ☐ "I cannot"
- ☐ "What is the point?"
- ☐ Anxiety
- ☐ Tiredness
- ☐ Self-doubt
- ☐ Guilt

Practical obstacles

☐ Time ☐ Money ☐ Other people ☐ Energy

How I will respond to each

How willing am I to have those thoughts and feelings and do it anyway?

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Not at all — Completely

If willingness is below 7, make the step smaller until it is not.

Who I will tell

After I did it: what happened, and what I noticed

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This handout supports your therapy. It does not replace professional advice.