

Action Plan – Part 1

ARC-ip Sunday Group

Client Name _____

List the times you have driven impaired in the past 12 months:

List your friends, family members, or workmates that you know drive impaired:

How do you rationalize driving impaired? (substance use or texting and driving)

Which of the consequences you experienced with this offense stands out the most?

Why? _____

Is stopping all substance use something you have considered? Yes No Maybe

Why? _____

List the advantages of stopping substance use for you:

List the dis-advantages of stopping substance use for you:

Action Plan – Part 2

What are some things you can do to make sure that you do not drive impaired again:

List some activities that you enjoy that you can do that do not involve substance use:

Who are the people that are around you that will support you?

Family Members: _____

Friends: _____

Workmates: _____

Describe any problem situations you are worried about?

Why? _____

What will you do? _____

What is the number one behavior you are going to change in your life to ensure you do not drive impaired?

Client Signature: _____

Date _____