JBM Fair Chance
“Better Lives” Plan

CONTACT INFORMATION

TM Name:	Date:
Contact Number:	Contact Email:
Shift:	Emergency Contact:

HEALTHY COPING

	How do you know when you are not ok?	*What can you do to help yourself?*
Emotionally	☐ Anxiety ☐ Intolerance ☐ Anger ☐ Defensiveness ☐ Mood swings ☐ Depression ☐ Irritability ☐ Feeling overwhelmed ☐ Feeling unmotivated ☐ Increased emotions/Emotional highs and lows ☐ Feeling on edge	

COPYRIGHT 2018 JBM PACKAGING | All Rights Reserved

Mentally	☐ Lack of focus ☐ Racing thoughts ☐ Constant worry ☐ Toxic Thinking ☐ Problems with your memory or concentration ☐ Lying/keeping secrets ☐ Self-doubt ☐ Increased self-criticism ☐ Thinking about p, p, and t you used with ☐ Glamorizing your past use ☐ Fantasizing/thinking about using ☐ Difficulty making decisions/ Making bad decisions ☐ Procrastinating and avoiding responsibilities ☐ Case of the "f-its" ☐ Apathy	
Physically	☐ Isolating ☐ Not asking for help ☐ Not going to meetings ☐ Poor eating habits/ A change in eating habits ☐ Sleeping more than usual ☐ Difficulty getting to sleep ☐ Restlessness ☐ Aches and pains ☐ Nausea ☐ Dizziness ☐ Headaches ☐ Tense muscles ☐ Chest pain and/or rapid heartbeat ☐ Exhibiting more nervous behaviors (Ex: nail biting, fidgeting, and pacing) ☐ Lack of energy ☐ Difficulty "keeping track" of things ☐ Increased smoking ☐ Using substances to relieve or forget stress ☐ Hanging out/communicating with old using friends ☐ Visiting old places ☐ Participating in old rituals	

COPYRIGHT 2018 JBM PACKAGING | All Rights Reserved

SUPPORT SYSTEM

	Name	Contact Info
Supportive Professional		
Supportive Peer		
Supportive Mentor		
Supportive Family Member		
Other		

PLANNING AHEAD

	Possible Problem Scenarios	Plan of Action
1		
2		
3		

COPYRIGHT 2018 JBM PACKAGING | All Rights Reserved

SHORT TERM GOALS

	Goal	Action Step
1		
2		
3		

LONG TERM GOALS

	Goal	Action Step
1		
2		
3		

OFFICE INFORMATION

TM Signature	Date:
Coach Signature	Date:

COPYRIGHT 2018 JBM PACKAGING | All Rights Reserved