

RELAPSE PREVENTION PLAN

Date: _____

Name: _____ Client #: _____

Date of Admission: _____ Date of Discharge: _____

Self-Reflection

Describe how my thinking has changed since I began treatment:

What is the most important thing I learned about myself?

I am proud of the accomplishments of completing this program because:

Goals for Recovery

When I think about recovery, what do I want to accomplish?

Goal 1:

How would a return to my addiction affect my chances of success?

How will I know I achieved my desired goal?

What specific warning signs will tell me if I am off track?

Goal 2:

How would a return to my addiction affect my chances of success?

How will I know I achieved my desired goal?

What specific warning signs will tell me if I am off track?

Goal 3:

How would a return to my addiction affect my chances of success?

How will I know I achieved my desired goal?

What specific warning signs will tell me if I am off track?

Personal Accomplishments

List personal accomplishments that are related to my ability to remain free of alcohol and / or other drugs.

Recovery Activities

What positive community supports have I established?

What support group meetings will I attend during the week? (Name of meetings)

How long have I had a sponsor and how often will I meet with my sponsor?

Daily Routines

What things will I do as part of my routine each day and when will I do them?

Self-care

What can I do in each of these areas to take care of myself?

Proper Nutrition:

Medical care:

Rest:

Exercise/physical activity:

Stress/Emotional management:

Relationships

What relationships have I established to support my recovery?

What relationships will have a negative impact on my recovery? What plan of action do I have in distancing myself from these relationships?

Where do I go to meet new, healthy and supportive relationships?

People who know my warning signs and who will strongly suggest to me actions I can take to intervene in my relapse:

Name

Relationship

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Environmental Changes

What environmental changes have I made and will continue to make to increase my chances of remaining drug and drug and alcohol free?

Personal Attitudes

What personal attitudes (emotions, beliefs or thoughts) have I recognized that I had in the past that impacted my use of drugs and alcohol? What changes am I making in these attitudes?

Attitude

Changes

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Spirituality

Changes in my values

What are my top three Values?

How does my alcohol or drug use conflict with them?

What support systems do I have in place that will help sustain my values?

Employment

How have I and how will I continue to deal with stress related to work?

What will I do if something about my work is posing a risk to my recovery?

Finances

What financial problems am I facing and what am I doing to resolve them?

What is my long-term plan for financial stability?

Recreational Activities

What new activities have I developed or am I interested in trying?

What steps can I take now to make progress on existing and new activities?

Crisis Management

List things I have done or will do to handle unexpected or expected crisis without relapsing into addictive behavior?
