Relapse Prevention Plan

Client Name: __________________________ Date: __________________________

This is an exercise to help you identify what the warning signs of your relapse might be by planning your own relapse. In planning your relapse you will gain insight into how it can happen to you and more importantly, how you can prevent it. If you have relapsed in the past, use the information here and add to it what you have learned in your recovery about your warning signs. THESE MUST BE PERSONALIZED, SPECIFIC, OBSERVABLE, MEASUREABLE.

Five thoughts or thinking patterns that could lead me to relapse: (I start thinking that I could probably use in a controlled way since I have been abstinent for so long.)

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

Five feelings that could lead me to relapse: (I become more irritable or depressed)

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

Five behaviors that could lead me to relapse: (I stop going to meetings or change my recovery routine suddenly)

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

Relapses do not occur “out of the blue” and there are several warning signs. Many people think that a relapse starts with one drink or drugging, when actually it is the last step. In planning your relapse, think of it in 10 Steps, with the 10th Step being using. For example:

1. I become restless or antsy. 6. I become more isolated.
2. I become irritable or grouchy. 7. I get depressed.
3. I start to think negatively about AA or NA. 8. I start having sleep problems.
4. I start withdrawing from people in recovery. 9. I decide drinking or drugging would help my problems.
5. I skip meetings. 10. I use.
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My relapse in ten steps or warning signs:

1. ________________________________________
2. ________________________________________
3. ________________________________________
4. ________________________________________
5. ________________________________________
6. ________________________________________
7. ________________________________________
8. ________________________________________
9. ________________________________________
10. I use alcohol or drugs.

Some questions to ask yourself:

1. At what step do I call my therapist or get back into a group therapy? ______________________
2. At what step do I go on Antabuse or Naltrexone or Suboxone? ____________________________
3. At what step do I start working the 12 Steps again with my sponsor? ________________________
4. At what step do I need to set up external monitoring of my recovery program? ______________
5. What step is it “too far gone?” or when do I lose the chance to intervene? ________________
6. When does it become “a train running without brakes?” ________________________________

Beside the people in your group, who will you share this Relapse Prevention Plan with to help you be aware when the warning signs are happening? (Your spouse?, your sponsor?, your therapist?, a friend?)

____________________________________

____________________________________

List 5 things that you will do when the warning signs are happening? (behaviors not thoughts)

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
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List the things that you will do that involve other people: (call to go back on drug screens, re-work a step with your sponsor, come back to group)

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

Please list the actions that you do daily for your recovery: (I meditate or pray)

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

Please list the actions that you do weekly for your recovery: (I write a gratitude list)

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

Please list the actions that you do monthly for your recovery: (I read my plan and do a self check or ask someone if they have seen any of my warning signs)

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________