

## RELAPSE PREVENTION PLAN

### My GOALS...

How would you like to self-improve? i.e. improve my budget/finances, remain abstinent, repair relationships, get a job.

1.
2.
3.
4.

### What MOTIVATES me?

What animates you / makes you happy, makes you smile, feel confident, or successful? i.e. having more money, losing weight, having more time with family.

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### CHALLENGES I may face...

Triggers that may challenge you. i.e. seeing old friends, being lonely, tired, stress, family.

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### My COPING SKILLS...

What skills and strategies do I use to cope? i.e. calling a friend, going to a meeting, HALT, meditating, journaling, music, hobbies.

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### My RELAPSE PREVENTION strategies...

Behaviors I will exhibit to prevent relapse. i.e. call someone when in distress, go to a meeting, grounding techniques, ask for help.

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### I will practice SELF-CARE by...

How will I improve my daily lifestyle by taking care of my mind, body, and spirit? i.e. seeing my doctor regularly, taking time for myself, reading, taking a bath, participating in hobbies.

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### People in my SUPPORT SYSTEM...

Who are the people that support me? i.e. family, doctor, peer mentor, sponsor, community, clergy.

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### I will remain ACCOUNTABLE by...

How will I remain accountable to myself and others? i.e. telling the truth, being on time, letting people know if I am struggling.

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### I am GRATEFUL for...

What are some of the people, places, and things I am grateful for? i.e. who supports you, home group, church, family, home, recovery.

1.
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4.

### My IMPORTANT phone numbers:

Doctor:
Counselor:
Sponsor:
Peer Mentor: