

My Personal Relapse Prevention Plan

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, AND 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. _____

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

1. _____
2. _____
3. _____
4. _____
5. _____

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?)

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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:

- | | |
|---|--------------------------------|
| I become restless or antsy. | I become irritable or grouchy. |
| I start to think negatively about AA or NA. | I skip meetings. |
| I start withdrawing from people in recovery. | I become more isolated. |
| I get depressed. | I start having sleep problems. |
| I decide drinking or drugging would help my problems. | I use. |

My relapse in ten steps or warning signs:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. I use.

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

1. _____
2. _____
3. _____
4. _____
5. _____

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. _____

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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. _____

Quick Tips to Avoid Relapse

- Cravings will eventually pass. Do your best to distract yourself and ride it out.
- Don't become complacent. Relapse can happen years after you've quit using. It probably won't ever be safe to "just have one."
- Avoid situations that you know will put you at risk of relapse, such as spending time with friends who use or going to places that remind you of your past use.
- The decision to relapse is made when you put yourself in risky situations, long before you actually use.
- Don't view relapse as a failure. Falling back into old patterns because of a slip will only make the situation worse.

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**YOU HAVE
THREE CHOICES :**

Give Up,

GIVE IN,

GIVE IT ALL YOU'VE GOT

My Personal Supports

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____