



# Relapse Prevention Plan

## *About Addiction, Recovery, and Relapse*

Addiction can be thought of as repeating a behavior over and over even though it is causing problems for you in different areas of your life (negative consequences). When someone has an addiction, such as alcoholism, chemical dependency, gambling addiction, food addiction (eating disorders), or sexual addiction, he or she can stop engaging in the problem behavior(s) (**abstinence**). Typically, people are unable to maintain abstinence unless they are involved in active recovery. **Recovery** is something more than abstinence. It is a process of regaining function after abstinence. Many people think of recovery as personal or spiritual growth. People in recovery typically begin developing healthy relationships with other people, learn and master new coping skills (how to deal with life), develop a healthier sense of self, replace bad habits with good ones, and gain a sense of direction in their lives. For many addicted individuals, a very structured recovery can be critical. If someone is abstinent and in recovery, then his or her disease is probably considered to be in **remission**. For people in recovery, it is often important to develop a **relapse prevention plan**—a plan that, if followed, will decrease the likelihood of relapse.

What is your addiction? Please describe it: \_\_\_\_\_

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## *Relapse Triggers*

**Relapse triggers** are external stimuli (things in our environment) that could possibly increase the likelihood or risk of relapse. Triggers are typically people, places, or things that someone has learned to associate with the problem behavior. For example, an alcoholic may find that spending time with old “drinking buddies” makes him want to drink. A drug addict may realize that seeing a syringe triggers an urge to shoot heroin, or she may experience cravings when walking into a dance club where she used to use club drugs. A gambling addict may discover that playing cards triggers a desire to gamble. An individual with an eating disorder or food addiction may experience a craving when smelling French fries from outside a fast food restaurant. Life events, such as breakups with a romantic partner, the death of a loved one, the loss of a job, the stress of a new move, etc. may trigger uncomfortable emotions that an addict once tried to cover up or ignore with the problem behavior (**self-medication**).

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Identifying relapse triggers is important, because it is the first step in planning how you will deal and cope with the triggers without returning to the problem behavior.

**Please list at least 10 triggers that you can identify**—10 things that you can observe, sense, or experience that you think could trigger a craving or that could increase your risk of relapse. One way to determine this is to identify what was happening around you in the past when you engaged in the problem behavior. Remember to consider people, places, things, and life events that could increase your risk. Be specific. For example, instead of just writing something like “People I used to use with,” add their names in parentheses.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**Can you think of any others that you’d like to add? If so, use the spaces below:**

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## *Relapse Warning Signs*

**Relapse warning signs** describe what you will see in yourself or what others may see about you that tell you that you may be at risk for relapse. For example, if you are an alcoholic and you find yourself thinking, “I could probably go to a bar today and have just 1 drink,” then that thought can serve as a red flag that you are at-risk. If you notice that you are feeling particularly sad, depressed, angry, frustrated, stressed out, or discouraged, then these strong feelings may serve as signals that you are at-risk. If you have a 12-step sponsor and she suddenly stops seeing you at meetings or receiving phone calls from you, then your lack of communication and meeting attendance may serve as warning signs to her that you are at-risk. Warning signs can be thoughts, statements, feelings, or behaviors that show you may be at-risk. It is important to identify relapse warning signs, so that you and others can recognize that you may be headed for relapse and take action to reduce your risk.

**List at least 10 warning signs—10 things that you or others would notice that suggest that you are at-risk of returning to your problematic behavior. Again, be specific:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**What would you like your family, close friends, or sponsor to say or do if they notice these warning signs?**

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# *Relapse Prevention Strategies*

**Relapse prevention strategies** are things you can do to reduce your risk when you are experiencing cravings, urges, or triggers. You may also find these strategies helpful if you or others notice warning signs. The goal for this section is to equip yourself—to create a toolbox full of strategies that you can use to prevent relapse and continue making progress with your recovery. Relapse prevention strategies often include **ways to avoid triggers** (e.g. taking a path home in which you do not pass your favorite bars, spending time with people who will hold you accountable, changing your phone number so that friends who use or drug dealers can't reach you, etc.). They can also include **ways to develop and make use of your social supports**—people who you can spend time with, relate with, call, visit, or do something with to help you cope. Strategies can also include **healthy and enjoyable activities** fitness programs, exercise, diets, recreation, entertainment, involvement in religious activities, hobbies, support group attendance, reading recovery materials, or any other activities that help reduce your risk. Remember, recovery is about living a happier, healthier, more rewarding life—not just avoiding unhealthy things. They can include **environmental control**—creating a helpful, low-risk environment (e.g. no access to substances, the presence of accountability figures, an organized office to reduce stress, posting reminders about your commitments, etc.). They can also include **stress management techniques**, such as prayer, meditation, chants, massage, yoga, tai chi, stretching exercises, guided imagery, listening to relaxing music, taking a relaxing bath, taking time off from work, going for a leisurely stroll in nature, etc. It is important to note that what is helpful for some people may not be helpful for others—this is a very individualized plan. Finally, they can include short-term and long-term **goal-setting**.

Now it is time to develop your list of relapse prevention strategies. We will categorize them by the bold-lettered headings in the previous paragraph.

## **I. WAYS TO AVOID TRIGGERS**

**List 15 things that you can do to avoid or attempt to avoid the triggers that you identified on page 2:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_
- 14) \_\_\_\_\_
- 15) \_\_\_\_\_

**II. SOCIAL SUPPORTS**

**List the names of 10 people whom you can rely on for social support. Include their phone numbers, email addresses, or other ways that you can reach them:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

It is generally very important (and some would argue that it is *necessary*) that you participate in some form of a structured recovery program or support group designed for people in recovery from some form of addiction, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery, Women for Sobriety, Weight Watchers, Overeaters Anonymous, Sex-and-Love Addicts Anonymous, Celebrate Recovery, etc.

**Please list any groups or programs that you think would be helpful for you to attend. If you need help, please ask your counselor for our “Support Groups in the Community” handout:**

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**Now that you have identified some support or recovery groups, please list specific meetings and locations/days/times of the meetings that you plan to attend:**

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**Please list any specific groups or programs that you could attend in the community that are not designed specifically for recovery, but that can still help reduce your risk (e.g. gyms, interest groups, religious or spiritual institutions, hobby clubs, social clubs, etc.):**

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If you are participating in a 12-step group, it is recommended that you obtain a 12-step sponsor, someone who can mentor you, help you work the steps, and provide one-on-one support. It is also recommended that you identify a home group, a group that you will consistently attend and become active in. Please list:

Your sponsor's first name and phone number:

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The name of your home group, its location, and its meeting days/times:

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Now that you have developed social supports, it is time to identify the specific relapse prevention

### III. HEALTHY AND ENJOYABLE ACTIVITIES

Please list 10 activities that you can participate in for recreation or entertainment—10 activities that you would find healthy, enjoyable, entertaining, or pleasurable:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

What will be your first step(s) in establishing these activities?

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**IV. ENVIRONMENTAL CONTROL**

**List 10 things that you can do to create a healthy environment that can help you in your recovery:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**V. STRESS MANAGEMENT TECHNIQUES**

**List 10 things you can do to manage or cope with stress or to relax:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

## VI. GOAL-SETTING

**List 5 specific and personal short-term goals.** In this case, let's define "short-term" as something that you could probably accomplish within the next 6 months or so. These goals can involve family (e.g. "I will take my kids to the park at least 3 times a month"), spirituality (e.g. "I will pray at least once a day"), work or school (e.g. "Contact a local training program to get information on the auto mechanics program"), finances (e.g. "I will pay at least \$100 per month towards my credit card bill"), health (e.g. "I will lose 5 pounds in the next 6 months"), etc. Keep in mind that you have already listed goals for social supports and recreation. Also, remember that early recovery can be a very challenging and stressful time. We recommend that you take it slow, focusing on goals that are simple and accomplishable and that will not generate too much stress. We recommend that you be flexible with these goals, as none of them should interfere with your overall goal of recovery. The purpose of setting these goals is simply to develop some sense of future direction.

1) I will \_\_\_\_\_

2) I will \_\_\_\_\_

3) I will \_\_\_\_\_

4) I will \_\_\_\_\_

5) I will \_\_\_\_\_

**List 5 specific long-term goals (goals that probably cannot be achieved within the next 6 months):**

1) I will \_\_\_\_\_

2) I will \_\_\_\_\_

3) I will \_\_\_\_\_

4) I will \_\_\_\_\_

5) I will \_\_\_\_\_

**Great job! You've developed a roadmap for a healthy and fulfilling recovery. Please review this plan in group or with your counselor. We recommend you also review it in a family session and/or with your sponsor and close friends. You may find it helpful to keep this plan handy and refer to it repeatedly, especially through the early stages of your recovery. We encourage you to revise it or add to it as you continue on your path of recovery.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date