

Relapse Prevention Plan

My goals for my future – what I would like to accomplish, become, have, or do in my future

Reasons why my recovery is important to me.

What makes me feel triggered to want to drink or use (be specific!)

People

Places

Things

Feelings/Emotions

Situations/events

Skills and strategies I can use to cope with any cravings I experience

Some of the warning signs I may experience that signal I may be heading toward a relapse

If I realize I am heading for a relapse, these are steps I can take to avoid a crisis (emergency steps)

I know my recovery is not only about coping with cravings – it is also about taking care of myself in a regular way to allow me to thrive. Self-care routines that I will use include:

My support system

Name:

Relationship to me:

Phone number:

Having a slip or relapse does not mean I have failed. To hold myself accountable, if I relapse I will do the following afterwards:

Signature:

Parent

Date

Support professional

Date

Other support person

Date

Parenting Specific Relapse Prevention Plan Addendum

Being a parent is tough, and there are lots of things that can be stressful and even serve as triggers. What are some of the experiences you have as a parent that trigger cravings?

Child behavior

Assessment of your parenting skills

Memories of past losses

Systems involvement (child welfare, family court, other public systems)

What are parenting-specific warning signs that you might be close to relapsing, who would notice, and what should they do in response?

Parenting-specific warning sign #1

Who would notice

What they should do

Parenting-specific warning sign #2

Who would notice

What they should do

Parenting-specific warning sign #3
Who would notice
What they should do

Plan for Child Safety in Case of Emergency

If there is an emergency, including a slip or a relapse, and I am unable to safely care for my child, the following is my plan:

Where my child will be	
The person who will be able to take care of my child:	
Name:	Signature/Date:
Is this person able to provide safety and supervision to my child for as long as necessary?	
Yes	No
Signature/Date:	
My plan to step back in to resume caring for my child	
My plan for notifying my treatment provider, child welfare, Court, or other support about any relapse	

Signature:

Parent

Date

Support professional

Date

Other support person

Date