

Relapse Prevention Plan

A one-page worksheet from SobrietyCounter.

sobriety-counter.com/blog/
relapse-prevention-plan

NAME _____ DATE _____ REVIEW DATE _____

1. My triggers

Internal (HALT, stress, boredom, mood) and external (people, places, times, smells).

2. My early warning signs

What shows up days before a slip sleep slipping, isolating, romanticizing past use, irritability.

3. Coping skills (3-2-1)

Three skills I already use. Two I'm learning. One I'll add this month.

4. My call list

Three people, in order. Text first; they don't have to answer.

- | | |
|---------------|--------------------|
| 1. Name _____ | How to reach _____ |
| 2. Name _____ | How to reach _____ |
| 3. Name _____ | How to reach _____ |

5. My recovery anchors

Daily/weekly commitments that keep me steady (meeting, walk, journal, meditation).

If I slip the first hour

Read this, then act. Don't analyze tonight.

1. The slip ends now not at the end of the night.
2. Text one person on my call list: "I had a drink. I'm starting over."
3. Go to bed. No analysis tonight.
4. Tomorrow, ask: what triggered it, and what specifically will I change?

In crisis? Call or text 988 (U.S. Suicide & Crisis Lifeline).

Substance use help: SAMHSA 1-800-662-4357 free, confidential, 24/7.