Relapse Prevention Plan

Name : _____

Date : _____

RPP for : _____

_____

Thoughts and attitudes that begin the relapse cycle for me:

_____

_____

_____

_____

_____

_____

_____

_____

The person(s) I will share my thoughts with who can help me stay in recovery is:

_____

People, places, things and activities that are risky for me in recovery:

_____

_____

_____

_____

_____

I will get my parents approval to go with people, to places and do things so I will have help in avoiding relapse.

_____ _____ _____ _____

Student Signature Date Parent/Guardian Signature Date

List your triggers:

Trigger thoughts (top 10):

Trigger feelings (top 10):

Trigger behaviors (top 10):

My High Risk Situations (top 10):

My definite Warning Signs:

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

People in my day-to-day environment who can help me:

	WHO	HOW
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Other people in my support network:

	Name	Relationship	Contact #
1.			
2.			
3.			
4.			
5.			

Nutrition and healthy eating play an important role in maintaining healthy attitudes. How I plan to use good nutrition in my relapse prevention plan:

Physical exercise plays an important role in my recovery by releasing tension and stress, increasing energy, enabling clear thinking and helping maintain healthy attitudes. How I plan to use fitness/exercise in my relapse prevention plan:

Student Signature	Date	Parent/Guardian Signature	Date

Leisure time-My plan for constructive and fun leisure time will include:

Activity Frequency Duration

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

Unplanned leisure activities (That I can do at the drop of a hat):

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

Recovery is an hourly/daily/weekly/monthly process and depends on a regular pattern of events occurring that will support my wellness. My regular schedule of recovery activities will be:

Daily:

_____
_____
_____
_____
_____

Weekly:

_____
_____
_____

Monthly:

_____
_____
_____

_____ _____ _____ _____
Student Signature Date Parent/Guardian Signature Date

What positive messages will you post on your mirror and use throughout each day:

_____
_____
_____
_____
_____

The first signs of relapse that my parents or others will see are:

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

If I am cycling toward relapse the things I am likely to say, deny, minimize or rationalize are:

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

If I've ignored all the indicators of a relapse and find myself in a situation that could lead to relapse, things I can do to prevent relapse and get to 'safety' are:

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

I will revise my Relapse Prevention Plan in consultation with the following people and on the following date:

1. **PARENTS**_____
2._____
3._____
4._____
5._____

Date_____

_____ _____ _____ _____

Student Signature Date Parent/Guardian Signature Date

I will share my revised Relapse Prevention Plan with my parents and the following people:

1._____
2._____
3._____
4._____
5._____
6._____
7._____

_____ _____ _____ _____
Student Signature Date Parent/Guardian Signature Date