

Free Relapse Prevention Plan Template

PERSONAL INFORMATION:

Name: _____

Date: _____

Support Contact (e.g., sponsor, therapist): _____

1. Understanding My Relapse Triggers:

List of Personal Triggers:

- _____
- _____
- _____

Situations to Avoid:

- _____
- _____
- _____

2. Coping Strategies:

Healthy Coping Skills:

- _____
- _____
- _____

Stress Management Techniques:

- _____
- _____
- _____

Self-Care Activities:

- _____
- _____
- _____

3. Support System

People to Contact When Feeling Triggered:

- _____
- _____
- _____

Support Groups and Meetings:

- _____
- _____
- _____

4. Action Plan for Potential Relapses

Warning Signs of Relapse:

- _____
- _____
- _____

Immediate Actions to Take if I Feel Like Relapsing:

- _____
- _____
- _____

Emergency Contacts:

- _____
- _____
- _____

5. Personal Development Goals

Short-Term Goals:

- _____
- _____
- _____

Long-Term Goals:

- _____
- _____
- _____

6. Inspirational Quotes and Affirmations

Quotes that Inspire Me:

- _____
- _____
- _____

Affirmations to Repeat Daily:

- _____
- _____
- _____

7. Reflection and Gratitude

Things I Am Grateful For:

- _____
- _____
- _____

Daily Reflections:

- _____
- _____
- _____

8. Professional Support

Therapist/Mental Health Professional:

- Name : _____
- Contact Information: _____
- Next Appointment Date : _____

9. Review and Update Plan

- Next Review Date : _____
- Changes to Be Made:
 - _____
 - _____
 - _____

Remember: This plan is a living document. Update it regularly to reflect your changing needs and circumstances. Always seek professional help when needed.