My Recovery Plan

Name: __________________________________________  Date: ________________

My Goal: _______________________________________________________________________________

My Rewards for Being in Recovery: __________________________________________________________________________________________________________

Check my willingness to experience anxiety and maintain my sobriety changes: ________________________________

I. Early Warning Symptoms:
1) __________________________ Strategy ______________________________________________
2) __________________________ Strategy ______________________________________________
3) __________________________ Strategy ______________________________________________

II. The following factors can affect emotions. Check to see if any of these need to be addressed or can account for the present craving:
☐ eating regular meals  ☐ adequate sleep  ☐ _________________________________
☐ physical illness  ☐ medication compliance  ☐ _________________________________

III. Identify Triggers:
1) __________________________ Strategy ______________________________________________
2) __________________________ Strategy ______________________________________________
3) __________________________ Strategy ______________________________________________

IV. When having a craving it's helpful to do the following:
☐ get away from the trigger  ☐ cool down time  ☐ exercise  ☐ invite a friend over
☐ go for a walk in the day time  ☐ take a shower  ☐ art  ☐ alone time
☐ listen to music  ☐ watch T.V. or a movie  ☐ reading  ☐ talk with parents
☐ _________________________________

V. CALL the following people from your support system:
Name: __________________  Number: ________________________________
Name: __________________  Number: ________________________________
Name: __________________  Number: ________________________________

VI. Other Crisis support numbers and services:
Medical Emergency: 911.
Relapse Crisis:
  1. Call South Lane Mental Health __________________