Develop your relapse prevention plan

WORRY OFF-RAMP · PART 4 · KEEPING YOUR FEARS AT BAY

Name _____ Date _____

1 CONDITION GREEN (HEALTHY MAINTENANCE PHASE)

Metrics: My baseline triggers elicit minimal anxiety (SUDs of 2-3). I am maintaining consistent sleep boundaries (7.5 hours per night) and executing daily tasks smoothly.

Action Plan: I will do the following explicit lifestyle variables daily to ensure my recovery remains stable (e.g., daily booster exposures, cognitive restructuring, staying connected to support networks):

a)

b)

c)

2 CONDITION YELLOW (EARLY CAUTION WARNING SIGNS)

Metrics: A distinct drop in daily physical activities, subtle patterns of avoidance or ritual habits sneaking back into routines, skipping standard homework parameters, or isolating from support groups.

Action Plan: What concrete steps will I immediately initiate the moment I notice my patterns slipping to stop a slide (e.g., executing booster exposures, calling an accountability partner, contacting my therapist)?

a)

b)

c)

3 CONDITION RED (CRISIS / REGRESSION PHASE)

Metrics: Halting medications abruptly without guidance, complete isolation, returning to chronic safety rituals, experiencing persistent sadness or suicidal ideation.

Action Plan: What immediate boundaries, emergency professional contacts, or medical steps will be deployed to secure physical safety and re-establish a structured CBT baseline?

a)

b)

c)