**Recovery Planning**

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*A goal without a plan is just a wish.*

*~ Antoine de Saint-Exupery*

**Overview**:

Recovery Planning is an essential component of long-term recovery preparation. A Recovery Plan is a blueprint with goals, strengths, and areas with obstacles. Becoming familiar with the components and how to apply with a client is important to the job of a clinician.

**Objectives**:

* Recall the major life areas addressed in Recovery Planning;
* Demonstrate competence of material through constructing a Recovery Plan; and
* List several benefits of a Recovery Plan.

**What is a Recovery Plan?**

Plan

noun

1. a scheme or method of acting, doing, proceeding, making, etc., developed in advance
2. a design or scheme of arrangement

A Recovery Plan is a blueprint of sorts. A plan for recovery is important because it gives you an outline to follow. Oftentimes, people in early recovery can experience feelings that are difficult to work through. The goal is learning recovery skills to cope with day-to-day life without returning to substance use. Having a solid plan of action is an asset. Having a Plan of Action (POA) helps provide structure for a person in recovery until their new patterns become more routine. Many people feel better when they have developed ways to deal with situations before the situations actually arise.

The Recovery Plan will highlight areas of safety and risk; strength and weakness; assets and liabilities.

The plan will also provide step-by-step actions to take when one of the situations of concern occur.

**Benefits of Recovery Planning**

**EASY!**

Developing a Recovery Plan is relatively easy. Using a template, almost anyone can create a Recovery Plan.

**UNIQUE!**

Each person will have a unique plan they develop themselves. While others can provide feedback and ideas, this is an individualized endeavor.

**PERSON-CENTERED**

The person in recovery creates their *own* Recovery Plan. Since each plan only addresses areas pertinent to the person creating it, the Recovery Plan is the quintessential person-centered item.

**HOPE**

Developing plans to implement when facing difficult situations in early recovery can provide a person hope that recovery is possible. Hope is one of the [Guiding Principles of Recovery](https://www.inspiremalibu.com/blog/recovery/samhsa-10-guiding-principles-of-recovery/) and invaluable to the process.

**HELP**

The Recovery Plan actually helps. The plan is useful to the person in recovery, as well as the people in his or her support system. A person in early recovery may not be equip with the skills to communicate all of their concerns, plans, or risks with their loved ones. This plan can act as a written guide.

**DIRECTION**

The Recovery Plan provides direction for a person to turn to rather than acting on habit.

**SUCCESS**

After using his or her Recovery Plan for a period of time, a person can look back to see their progress. Making it through tough situations will enable a person to have confidence they can make it in the future.

**The Elements Included**

A comprehensive Recovery Plan should include every major life area. The person developing the plan into his or her own may not find every element applicable, but a far-reaching guide or template will help bring up areas one may have not considered.

**Elements & Questions**

While developing the Recovery Plan, consider these major life areas and the questions within each. This is not an exhaustive list. Any concern can be added.

**Recovery**

What is recovery? It is important to have a personal definition for recovery.

Ask yourself:

* How will I know I am in recovery?
* If I had to defend my recovery in court what would the evidence of my recovery be?

Note – if you can identify the evidence of your recovery you can identify what it looks like when you are in recovery and what it looks like when you are not. It is important to create something tangible.

**Physical Health**

This is an evaluation of health; needs; and goals in the area of physical health.

Ask yourself:

* How is my health?
* What do I need to do to improve or continue remaining healthy?
* How is my overall health?
* When was my last physical?
* What kind of medication am I on?
* How is my relationship with my medical doctor?
* What injuries have I had in my life and how are they doing?
* What kind of daily aches and pains do I have?
* What is my level of physical activity?
* How is my diet?
* What is my family disease history?
* What is my disease history?
* How much stress do I have and how do I deal with the stress?
* How is my energy?
* Does my physical health feel “right”?
* What goals do I have for my physical health?

Visit the U.S. Department of Health & Human Services’ [Health Assessment](https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/health-assessments/health-assessment-ap4.html) online.

**Mental Health**

This is an evaluation of mental health; needs; and goals in the area of physical health. Whether you have a mental health diagnosis or not, this is an important component of holistic health.

* How is my mental health?
* What conditions do I need to take care of daily?
* What medications do I take for mental health?
* Do I have a psychiatrist?
* How is my relationship with my psychiatrist?
* Do I have a therapist I see on a regular basis?
* How is my relationship with my therapist?
* How do I feel about my future?
* How is my irritability?
* How are my decision-making skills?
* What are my goals for my mental health?
* What areas do I need to improve?
* What do I need to do on a daily basis to feel mentally healthy?

Mental Health America (MHA) has [Mental Health Screening](http://screening.mentalhealthamerica.net/screening-tools) Tools available online. These can alert a person to potential mental health conditions, including: Depression, Anxiety, Bi-Polar Disorder, Psychosis, Disordered Eating, PTSD, and Addiction.

An untrained individual should not rely on the results of online tests as a diagnosis. If any scores on these screenings are concerning, use the MHA website to contact a professional.

**Emotional Health**

This is an evaluation of emotional health; needs; and goals in the area of physical health.

Emotional health is a bit different from mental health. Emotional health applies to how you feel emotionally, including: emotional security; openness; self-esteem; and resilience.

* How do I deal with disappointment?
* How do I respond to rejection?
* How well do I adjust to changes?
* Am I mostly positive or mostly negative?
* What organizations do I belong to?
* Am I functioning emotionally at an optimal level?
* Is my life worth living?
* Am I living the life I want to live?
* What are my personal strengths?
* How well do I regulate my emotions?
* How well am I able to regulate my responses to emotions?
* What coping skills do I have?
* What coping skills do I use that are harmful?
* What coping skills do I need?
* What are the good things I see in myself?
* Do I live from my personal strengths?

Visit this [article](https://www.healthyplace.com/blogs/buildingselfesteem/2015/10/identifying-your-good-qualities-when-you-believe-youre-worthless), “How to Identify Your Good Qualities When You Feel Worthless”.

**Sleep Hygiene**

This is an evaluation of Sleep Hygiene; needs; and goals in the area of physical health.

Sleep Hygiene is a set of habits that help a person have a good night of sleep.

* Do I get enough sleep?
* How much sleep do I need?
* Do I limit my naps to less than 30-minutes each day?
* Do I avoid caffeine before bedtime?
* Do I exercise?
* Do I avoid foods that will affect my sleep?
* Do I keep my bedroom dark?
* Do I avoid sleeping with a television on?
* Do I turn off my cell phone at night?
* What is my bedtime routine?
* Do I have an inviting environment in which to sleep?
* Do I have frequent sleep disturbances?
* Am I sleepy during the day?

The National Sleep Foundation (NSF) indicates we all need different amounts of sleep. This is based on our age, health, and external factors. How much sleep do you need? Download NSF’s [Sleep Duration Recommendations](https://sleepfoundation.org/sites/default/files/STREPchanges_1.png).

**Spirituality**

The concept of spirituality is often a struggle for people entering recovery. Many do not identify as religious and the word can evoke a religious connotation. Others may have experienced traumatic religious upbringings.

Spirituality is not religious. However, convincing someone is oftentimes difficult. Rather than debating semantics with a client, the author has had better luck focusing on *purpose* rather than spirituality.

Some questions you might consider are:

* What was I put on earth to accomplish?
* What are my dreams?
* What desires feed my soul?
* If I could do anything, without obstacles, what would I do?
* How do I dream my day-to-day to look?
* If I were to provide evidence that my life was happy, what would the evidence be?
* If I were to provide evidence that I was happy, what would the evidence be?

**Family**

Family is a vital part of the recovery puzzle. Family often sees the member with Substance Use Disorder as the problem needing to be fixed; however, research point to SUD being a family systems issue. Family members who drop his or her family member off at treatment, classifying the person as the “identified patient” needs to seek their own health or the family system does not change.

Family is often an emotionally charged topic. It is important to recovery plan with as many facts as possible, eliminating guilt or loyalty from the equation.

Given this information, a person in the process of recovery planning would benefit by asking themselves:

* Who in my family supports me?
* What does that support look like?
* What are the benefits of each person’s support to my recovery?
* What are the drawbacks of each person’s support to my recovery

Note – even support can be harmful or have some cons. It is important to take note of what the support looks like and how it is helpful or destructive to recovery.

* Who in my family is unhealthy, in my opinion?
* Who, in my opinion, might have a problem with substances?
* Who, in my opinion, might cause me to use again?

Note – opinion is what matters here. Perception is reality in recovery planning. There needs to be no documented proof of any of these perceptions.

* With whom do I have unresolved issues?
* Of those I have unresolved issues, who is willing to amend the issues?
* Of those I have unresolved issues, who is unwilling to amend the issue?
* How will I deal with those who are unwilling to amend the issue?
* How will I deal with those who are willing to amend the issue?
* Will my family attend therapy with me?
* Will my family attend therapy on their own?
* Will my family participate in family intensives in treatment?
* Will my family participate in educational workshops in the community?
* Will my family participate in educational workshops through church, synagogue, or mosque?

For family members who may **inhibit** the recovery process, ask yourself:

* What boundaries will I set with these family members?
* Will I attend events he or she is present?
* Will I avoid conversations with him or her?
* What will I say or do if an unexpected interaction occurs?
* How will I handle emotions that come up during interactions?
* How will I handle emotions that come up when considering this person?

Families often shroud disorders such as SUD and Mental Health in **secrecy**.

* How will I work my recovery without feeling shame?
* How will I be honest amid family members who do not want to acknowledge mental health or addiction concerns in my life or in the family?
* With whom will I speak about the secrecy in the family?

**Conflict** can arise as a result of recovery. Counterintuitive to what family members often indicate he or she wants from the person with SUD, pushing the person seeking recovery back into his or her disorder can often happen unconsciously.

* What are my bottom lines?
* What will I do if I do not feel supported by someone who indicates they want to support me?
* What exactly do I need in the way of support from people who want to support me?
* How will I share these needs with the people who want to support me?
* What kind of agreements do I need to make with the people who are supportive?
* If I experience a recurrence of use while seeking recovery, what do I want the people who support me to do?
* What will I do if the people who support me are pushing me toward a return to use?

**Family trust** is sometimes broken during active addiction. Even after treatment and a period of recovery, family members can still be fearful and untrusting of the person. This is often an issue for the person in recovery due to the hard work he or she is putting into a program of recovery. Of course, the person in recovery wants to be trusted, as they are becoming more trustworthy and have frequently worked a great deal on the issues that made him or her untrustworthy. This is a significant reason family members would profit from being involved in the recovery process rather than seeing recovery as only for the “identified patient”.

* How will I deal with family members who do not see that I have changed?
* How will I deal with family members who are still hurt by the things I did in the past and do not see my progress?
* How will I deal with family members who make accusations when I am not doing what they accuse me of doing?

**Boundaries** are an important component of recovery planning. Boundaries set limits for the person in recovery. A boundary is an internal commitment for what and how much a person is willing to participate. This is not an effort to cause another person to change, only a decision about how much engagement the person in recovery will allow for themselves.

* What is important to you?
* What do you value most?
* What are you unwilling to compromise?
* What bothers you most about family members?
* What are you willing to tolerate?
* What is your drop dead, bottom line?

The Counseling Recovery blog provides 10 Steps to Setting Boundaries:

1. Know what you want.
2. Give yourself permission to ask for it.
3. Be specific with your request.
4. Ask without apology.
5. Watch your expectations.
6. Accept the answer if it is no.
7. Do not take it personally.
8. Take responsibility for your own wants and needs.
9. Find a way to fulfill yourself.
10. Let go of the end result (Farris, 2018).

**Vocation**

Some things to consider about employment for those who have employment:

* Does this job fulfill you?
* Does the environment of your job support your recovery?
* Are your co-workers healthy for you?
* Is this job a means to an end or is this your career?
* Is this what you want to do the rest of your life?
* Does your office need to be cleaned or rearranged as not to remind you of life before recovery?
* Is your schedule conducive to your recovery?

For those seeking employment:

* What, if anything, will you reveal about your recovery?
* Are you applying for jobs that are conducive to your recovery?
* Are you seeking a career?
* Do you need additional training?
* Will this job be forever or temporary?
* Is this what you love?

Other things to consider:

If you travel for your job:

* What do you need to put in place to make your travel healthy?
* Is your therapist available for video therapy?
* Have you joined online support groups?
* Have you downloaded the apps you need to locate meetings out of town?
* What recovery literature will you take with you when you travel?
* Is traveling conducive to your recovery?

If you do not like your job or find it destructive to recovery:

* What needs to change?
* What must change?
* What would you like to change?
* How will you make the change?
* How will you keep yourself from believing you have no other choice?

**Education**

Education might have been interrupted or you might desire a new career. Whatever reason you are seeking education, consider these questions:

* If I am returning to school after being away for a while, what resources are available to me?
* What do I want to do as a career?
* What majors will match my career desires?
* What previous education can be transferred?
* How will I pay for college?
* Will I work while I attend school?
* Will I go full time or part time?

Mixing college and recovery:

* Does my college or university have a collegiate recovery program?
* Will I attend sporting events?
* How will I attend events that serve alcohol and stay safe?
* Have I applied for scholarships available to people in recovery?
* How will I practice my recovery while in school?
* Will I tell others about my recovery?
* What student organizations can I join that support recovery?
	+ Active Minds
	+ Collegiate Recovery
	+ Religious Affiliates

Some suggestions:

* Visit the college
* Take a tour
* Inquire about scholarships and grants
* Meet with an advisor
* Make a plan so you know how long your education will take
* Consider housing
* Consider your commute
* Meet with the professors in the department you will major

**Substance Use**

Do not leave substances out of the recovery plan. This is a crucial element. Since each person’s recovery plan is unique to them, what he or she includes will also be.

Think back to your personal definition of recovery.

* What will it take on a daily basis to maintain your recovery?
* Will your recovery be abstinence based?
* What will you do if there is a recurrence of use?
* Will you attend an outpatient program?
	+ Which one?
	+ Have you already made contact?
	+ When do you begin?
* Will you live in a sober home?
	+ Which one?
	+ Have you already made contact?
	+ When do you begin?
* Will you attend therapy?
	+ With family or alone?
	+ How often?
	+ With whom?
	+ Have you already set up an appointment?
* What mutual aid program will you attend? \
	+ What location?
	+ What day of the week?
	+ What time?
	+ Have you contacted someone?
	+ Will you engage in sponsorship or accountability through a peer?
	+ What options are available online?
* Will you attend an alumni program where you went to treatment?
	+ What do they offer?
	+ Do they have anything online?
	+ What day and time are the in person meetings?

**Leisure**

Knowing how to spend free time is vital to recovery. Consider any of these, and your own ideas, for things to do for fun. Isolation and down time seem to be detrimental to early recovery.

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| Read | Walk | Listen to music | Listen to live music |
| Learn to cook | Cook | Clean  | Exercise |
| Travel | Visit a museum | Spend time with healthy friends | Spend time with healthy family |
| Take a road trip with someone in recovery  | Take a nap | Go to the ocean | Go to the river |
| Go to the lake | Yoga | Meditation | Alumni Support  |
| Outpatient Counseling | Therapy | Church | Synagogue |
| Mosque | Call another person in recovery  | Watch a movie | Begin a hobby |
| Take up an old, healthy hobby | Garden | Put your hands in soil | Dig |
| Color | Draw | Paint | Paint the House |
| Mow the lawn | Rake leaves | Journal | Spa Day |
| Volunteer | Keep a gratitude journal | Go to an amusement park | Go to a fair or carnival |
| Try a new restaurant | Ride a bike | Bake | Visit an elderly neighbor |
| Offer to do a chore or errand for an elderly neighbor | Babysit | Bird watch | Take a bath |
| Join a baseball league | Join a volleyball league | Join a chess club | Play cards |
| Play dominoes | Learn to play an instrument | Teach someone something you know | Grill |
| Stay in a plush hotel for a night | Plan a scavenger hunt with friends or kids | Plan a girls/guys weekend with others supportive of or in recovery  | Play tennis |
| Go to batting cages | Invite people over  | Watch a game on television or in person | Visit the park |
| Take up something you have always wanted to try | Go to the library | Dance | Join the rec center  |
| Try a gym for a day | Fill balloons and release them | Play a video game | Dress up |
| Karaoke | Rollerblade | Write a letter | Board games |
| Start working out | Send a card | Take a class | Start a blog |
| Study something you are interested in | Go for a drive | Take selfies | Take random photos  |
| Golf | See a movie | Swim | Make a playlist |
| Visit a hobby store | Visit a garden store | Hike | Redecorate |
| Plan a time to get together with a friend  | Organize a closet | Take yourself on a date | Sit in nature |
| Learn a language | Visit a coffee shop | Walk around a mall | Plant a tree |
| Look through an old photo album | Look up the free things to do in your town | Go to the pound | Play pool |
| Play ping pong | Go camping | Stargaze in your backyard | Sit in the sun |
| Go to the zoo | Go to the aquarium | Draw with chalk on your patio | Ice skate |
| Play mini golf | Visit a dog park | Get an indoor plant to care for | Invite a friend over for a bake off |
| Have a trivia night | Plan a dream vacation | Make a list of the reasons you are in recovery  | Walk on a local college campus |
| Get an extra job | Make treats for someone | Sleep | Visit a thrift shop |
| Advocate for something important to you | Attend a community event | Play hide and seek | Ice cream |
| Change your hairstyle | Netflix | Binge watch something mindless on television | Visit a nursing home |
| Geocaching  | Hot tea | Take up a competitive sport | Mix music |
| Look up free courses online | Wander an historic place | Look for historical markers on a drive | Pick up litter  |
| Take a parenting class | Learn to deep breathe | Take up knitting | Organize a community garage sale |
| Visit the treatment center you were in | Smell flowers | Pay it forward | See a play |
| Help a friend | Drink water | Be a kid again and run through a sprinkler | Walk in the rain |
| Blow bubbles | Have a picnic | Make a poster of all the things you love | Make a vision board |
| Write your life story | Skip rocks on the water | Start a collection | Learn a magic trick |
| Listen to a podcast | Brighten someone else’s day | Plant flowers | Watch videos of puppies or kittens |

**Social**

Friendships are important. The opposite of addiction is connection. Isolation can create an environment supportive of recurring use.

* Who will you socialize with?
* What friends are supportive of your recovery?
	+ What does his or her support entail?
* Which friends will continue to use/drink?
* Which friends are detrimental to your recovery?
* What boundaries will be needed in your friendships?
* Which friends understand addiction and recovery?
* Which friends would attend mutual aid meetings with you?
* Who will you socialize with that you have not before?
* How will others in recovery play a part in your social life?
* Will you attend events where alcohol or drugs are available?
	+ Is this detrimental to your recovery?
	+ What is your plan of action if this becomes detrimental?
* Will your friends drink or use when you are around?
	+ How will you deal with their use?
	+ How will you deal with their abstaining?
* With whom do you need to set boundaries?
* With whom do you need to cut all ties?

**Social Media**

Social media is part of life and can create connections to recovery and others in recovery. Conversely, it can create temptation.

* Who do you need to remove from your social media?
* What organizations do you need to delete?
* Do you need to cease use of social media?
* Do you need to delete an old account and begin anew?
* What messages do you need to erase?
* What old photographs do you need to delete?

Suggestions:

* Go through your social media accounts in the presence of someone supportive.
* Block people who are detrimental without apology.
* Protect your recovery.
* Consider your reputation when posting on social media.
* Lock down your privacy.
* Change your settings to require your approval of tags on photos, etc.
* Get off of social media for a while if it is too much of a risk.
* Remove content from the past that could be triggering when it comes up in the memories.

**Other Connections**

* Block numbers from cell phones.
* Delete unhealthy contacts.
* Remove old texts.
* Delete call and voicemail history.
* Do the same for email.
* Consider changing phone numbers.
* Consider changing email accounts.

**Living Environment**

Consider where you will live and how encouraging the environment is of recovery.

Neighborhood

* Is this neighborhood safe for you?
* Are your neighbors favorable for your recovery?
Are there people in your neighborhood who know you as a person who actively used/drank?
* What boundaries are needed?
* Is this where you need to continue to live?
* What are your alternatives?

Home

* Do the people who live in your home know about your recovery?
* Do the people who live in your home understand the importance of your recovery?
* Do the people who live in your home engage in use?
* Are others in recovery welcome in your home?
* Is literature about recovery available in your home?
* What are the rules for everyone in your home?
* How healthy is the communication between you and those in your home?
* What boundaries are needed?

**Finances**

If there has been damage done to finances as a result of active addiction, it is important to make plans for resolution. Finances have been said to be one of the top five reasons a person returns to use following a period of recovery. Money and the importance one places on money can create a great deal of stress.

* Do you need to meet with a financial planner?
* Do you need to access free services from an organization, such as [Consumer Credit Counseling](https://credit.org/cccs/)?
* Do you have a budget?
	+ Create one.
	+ How much money does it take to live monthly?
* How will you handle having cash?
* Do you need someone to help you stay accountable with your finances for a while?
	+ Who do you trust to do this?
* Which bills are behind?
* Which bills are necessary?
* Who might you need to contact to put payments on hold or make other arrangements?
* What level of stress do finances bring to your life?
* What level of stress or conflict do finances bring to your family relationships?
* What plan of action do you have to keep finances from being a trigger?

**Romance**

If you were in a relationship when you entered recovery, it is likely damage was done to the relationship.

If you were not in a relationship when you entered recovery, most people would advise to remain free of a relationship for a while. Stability in recovery is key to a healthy relationship.

Develop a plan of action to address any damage done to a romantic relationship that existed prior to recovery.

* Will you attend therapy?
* Will you attend church/synagogue/mosque together?
* Are there workshops you can attend together?
* Will you both attend mutual aid programs?
* Will you both have sponsors or accountability partners?
* How will you both deal with conflict?
* How will you deal with past broken trust, guilt, and shame?

Considering a new relationship in recovery?

* When will you disclose your recovery?
* How involved in your recovery program will you stay once a relationship begins?
* What is your plan to deal with any pain that a breakup might cause?

Read the William White paper on [Avoiding Toxic Relationships in Recovery](http://www.williamwhitepapers.com/pr/Avoiding%20Toxic%20Relationships%20in%20Recovery.pdf).

**Consider**

When developing your Recovery Plan, consider:

* Typical daily activities
* Short-term goals
* Long-term goals
* Risks
* Needs
* Areas of risk
* People
* Places
* Things
* Circumstances
* Strengths

**A Contract**

The Recovery Plan is a promise you make to yourself. Once you finish your Recovery Plan sign it. Consider allowing a loved on to sign as a witness. Ask a person close to you to help you keep this plan in mind and abide by what you have promised yourself.

**Overall Wellness**

A Recovery Plan should also include overall wellness.

If we look at Recovery Planning as a toolbox, consider adding some of these to your toolbox:

Eat 3 healthy meals each day.

Eat regularly.

Do not skip meals.

Drink enough water – 64 ounces daily.

Adhere to bedtime routine.

Go to bed by 10:30 PM.

Do yoga 3 times each week.

Call Mary 3 times a week.

Keep boundaries with Jennifer.

Golf 2 times each month.

Spend at least 30 minutes outdoors each day.

Spend the first 10 minutes after I wake up in prayer or meditation.

Spend at least 10 minutes with my significant other each day.

Spend 15 minutes with my children each day doing something they want.

Check in with Gary weekly for accountability.

Check in with myself daily – ask myself how I am doing physically/mentally/emotionally/spiritually.

Go to work each day I am scheduled.

Set up appointment with primary care doctor every 6 months.

Do housework every Thursday.

Attend a support group 2 times each week

Go to the grocery store every other Friday.

Do laundry each Saturday.

Attend counseling session 4 times each month.

Do something for fun 1 time a week.

Journal each night before bed.

Limit television to 2 hours per week

Install foreign language app on phone and practice Spanish 3 times each week.

**Frame it With Frequency**

Put Recovery Plan into different time allotments. Some things will be important to do daily. Others are helpful if done weekly/monthly/annually.

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| **Daily** | **Weekly** | **Monthly** | **Annually** |
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**Risks**

Keep in mind the risks you may encounter. Risks are the things that can increase risk potential. Each person will have a unique list, but there are some common:

Bad news

Natural disasters

Being put down

Having my past brought up

Being yelled at

Running out of money

Seeing my ex-significant other

Failing a test

Being sick

Family holidays

Anniversary of a death

Spending too much time alone

The smell of Sulphur

**Categorize the Risks**

After identifying potential risks categorize them as being high risk or moderate risk. A Red Flag is a high risk. A Yellow Flag is something to be very aware of but might not bring up as big a risk as the Red Flag.

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| **Risk** | **Red Flag** | **Yellow Flag** |
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**Recurrence of Use Plan**

Just as important as a recovery plan, is a plan of action for the possibility of use recurring.

* What will you do?
* Who will you call?
* Where will you go?
* How long will it last?

References:

10 Steps to Setting Healthy Boundaries. (n.d.). Retrieved from https://www.counselingrecovery.com/blog-san-jose/10-steps-to-setting-healthy-boundaries-san-jose