

## Why Create a Personal Recovery Plan?

Creating a personal, written recovery plan is important for several reasons. First, it gives you a blueprint to follow. It provides a structured, reliable source of good ideas to get or keep you on track as you pursue your recovery goals. It can be all too easy to forget or avoid commitments if they are merely ideas that are being held in your mind. This is especially true if you become stressed, if you experience a break in your motivation, or if you find yourself facing temptation. But by writing out a formal, detailed plan, specifically designed with your needs and goals in mind, you greatly improve your chances of sustaining your recovery efforts. The U.S. Department of Health and Human Services, on their MentalHealth.gov website, list the following benefits of creating a personalized, written recovery plan:

- Identify goals for achieving wellness
- Specify steps to take reach those goals
- Consider both daily activities and longer term goals
- Track your progress
- Identify triggers and ways to manage them

## Preparing to Create Your Personal Recovery Plan

Before you begin to write out a plan of action for your recovery, you need to first assess your current status and decide upon your major needs and goals. Here are some questions to ask yourself:

What are my motivations for making this change? Keeping my job, my family, my friends? Improving my self-esteem and regaining pride in myself and my behaviors? Feeling better and becoming physically healthier? Other reasons?

What challenges will potentially be my biggest barriers? Are my coping skills currently limited? Do I have sufficient support systems (family friends, support groups) in place for times when I may need assistance and encouragement? Do I have legal or financial issues to address as part of my plan of action?

Can I commit to following the steps I create in order to change my life? Can I honestly say that I am ready to make a major, positive change in my life and that I am willing to do what it takes to make it happen?

If you can identify your motivations, understand your challenges and recognize that the outcome will be worth the effort, you will be ready to create your plan.

## Components of Your Personal Recovery Plan

When you are ready to write your plan, make lists of the elements that you will want to address:

- Personal triggers (places, circumstances, people) to avoid
- Specific strategies for addressing each identified trigger situation

Ways to improve self-care (relaxation strategies, socialization opportunities, health and wellness strategies – sufficient sleep, good diet etc.)

Coping skills you need to learn or to improve (anger management, emotional self-regulation etc.)

Relapse prevention strategies (go to support group meetings, have a “sober buddy,” attend counseling, etc.)

### Writing Your Personal Recovery Plan

You can create your written plan any way that feels most natural to you. In general, you’ll be making “promises” about the positive changes that you plan to implement, in order to uphold your recovery and remain abstinent. In addition, you may also want to commit to certain consequences that you will be willing to incur, should you not live up to your promises. You will also want to detail specific steps that you will take to address each problem or issue that is a threat to your sobriety.

Below is a sample template for a Personal Recovery Plan:

#### Personal Recovery Plan

Personal triggers that put me at risk for using:

Going to Sam’s Bar after work with my co-workers.  
Drinking beer with my buddies when we go fishing.

---

---

---

How I will address each trigger:

I will drive home immediately after work, taking a route that avoids Sam’s Bar, and I will not make any stops.  
I will take a cooler of non-alcoholic beverages to drink during fishing trips. I will also select non-drinking friends to accompany me on fishing trips.

---

---

---

## Personal Recovery Plan

Personal triggers that put me at risk for using:

Going to Sam's Bar after work with my co-workers.  
Drinking beer with my buddies when we go fishing.

---

---

---

---

How I will address each trigger:

I will drive home immediately after work, taking a route that avoids Sam's Bar, and I will not make any stops.

I will take a cooler of non-alcoholic beverages to drink during fishing trips. I will also select non-drinking friends to accompany me on fishing trips.

---

---

---

---

Ways I will increase my self-care:

I will go to bed by 11 pm so that I get eight hours of sleep each night.

Instead of eating a sugary snack when I arrive at work, I will pack some fruit and cheese to eat instead.

---

---

---

---

Coping skills I will learn or improve and how I will do this:

I will decrease my stress level and "let off steam" by joining a gym and working out three times a week.

I will take a meditation course and will work up to meditating 20 minutes each day.

---

---

---

---

**My Relapse Prevention Strategies:**

If I feel the urge to use, I will call my 12-Step sponsor instead.  
I will attend 3 – 4 12-Step meetings each week.

---

---

---

---

**Additional commitments that will help me stick to my Recovery Plan:**

I will be clean and sober for my daughter's graduation celebration in June.

---

---

**Consequences that I agree to accept, should I break any of the above promises:**

If I fail to comply with the terms of my Recovery Plan, I understand that I will be no longer able to live in the family home with my wife and children.

---

---

Ways I will increase my self-care:

I will go to bed by 11 pm so that I get eight hours of sleep each night.

Instead of eating a sugary snack when I arrive at work, I will pack some fruit and cheese to eat instead.

---

---

---

---

Coping skills I will learn or improve and how I will do this:

I will decrease my stress level and "let off steam" by joining a gym and working out three times a week.

I will take a meditation course and will work up to meditating 20 minutes each day.

---

---

---

---

My Relapse Prevention Strategies:

If I feel the urge to use, I will call my 12-Step sponsor instead.

I will attend 3 – 4 12-Step meetings each week.

---

---

---

---

Additional commitments that will help me stick to my Recovery Plan:

I will be clean and sober for my daughter's graduation celebration in June.

---

---

Consequences that I agree to accept, should I break any of the above promises:

If I fail to comply with the terms of my Recovery Plan, I understand that I will be no longer able to live in the family home with my wife and children.

---

---







**Recovery Areas**

Now let's think about different parts of your life, see how you feel, and decide what you would like to change.

**1. WHERE YOU LIVE (HOUSING/NEIGHBORHOOD)**

What is your living situation (house, apartment)? Do you live alone, with roommates? How do you feel about your house/apartment, the neighborhood?

---

---

---

---

---

If you want to make changes, what are they? What kind of living situation would you like to be in (if different from where you are now)?

---

---

---

---

---

What are the barriers keeping you from being in the living situation you want to be in? What kind of help would you like?

---

---

---

---

---

<b>Consumer Preference</b>	<b>Staff Suggestion</b>	<b>Decision</b>
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

**Staff comments:**

---

---

---

---

---

**2. MONEY/FINANCES**

What are your sources of income? What do you usually spend your money on? Do you have enough money to do the things you would like to do? Are you stressed about money? How do you manage your money? Do you have a budget?

---

---

---

---

---

If you want to make changes, what are they? In terms of money, what would your ideal situation be (if different from what it is now)?

---

---

---

---

---

What are the barriers keeping you from being in the financial situation you want to be in? What kind of help would you like?

---

---

---

---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

---

---

---

### 3. WORK

Are you working right now? If so, where? Are you happy with this job? Have you worked in the past? Are you interested in getting a new or different job now?

---

---

---

---

---

If you want to make changes, what are they? What kind of work situation would you like to be in (if different from where you are now)? What would be your ideal job? Are you interested in getting a new or different job now?

---

---

---

What are the barriers keeping you from being in the work situation you want to be in (e.g. transportation, skills training, job availability)? What kind of help would you like?

---

---

---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

**Staff comments:**

---



---



---

**4. RELATIONSHIPS**

Who are the most important people in your life right now? Are there people you can turn to when things get difficult? How are your friendships going? How are your family relationships going? Do you have (or hope to have) a romantic or sexual relationship-how is this going? Are there people that depend on you (children, elderly relatives)? Who are the people you turn to in times of difficulty?

---



---



---



---



---

**If you want to make changes, what are they? Would you like to make new relationships or improve your current relationships?**

---



---



---

**What are the barriers to forming or improving relationships (e.g. I am shy, I haven't talked with my family for years, I don't know how to meet people)? What kind of help would you like?**

---



---



---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

**Staff comments:**

---



---



---

**5. EDUCATION/TRAINING**

Are you satisfied with your education? Do you feel you have the training you need to do the kind of work you want to do? Are there things you would just like to learn more about?

---

---

---

---

---

If you want to make changes, what are they? What are your goals for education/learning?

---

---

---

What are the barriers keeping you from getting the education/training you want (e.g. transportation, money for courses)? What kind of help would you like?

---

---

---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

---

---

---

**6. HEALTH**

Are you getting enough rest and exercise? Are you getting enough healthy food to eat? If you smoke are you interested in trying to quit? Do you have any specific medical problems or concerns about your health?

---

---

---

---

---

If you want to make changes, what are they? What are your goals for staying healthy?

---

---

---

What are the barriers keeping you from being as healthy as possible (e.g. can't get to doctor, difficulty quitting smoking)? What kind of help would you like?

---



---



---

Consumer Preference	Staff Suggestion	Decision
1. ___ Work on Now	1. ___ Work on Now	1. ___ Work on Now
2. ___ Work on Later	2. ___ Work on Later	2. ___ Work on Later
3. ___ Not a focus	3. ___ Not a focus	3. ___ Not a focus

Staff comments:

---



---



---

**7. DAILY LIVING AND ROUTINE**

How do you spend your time? What does a "typical" day look like? Is this satisfying/enjoyable for you? Are there places in the community where you feel comfortable and safe? How do you get to activities/appointments?

---



---



---



---

If you want to make changes, what are they? What would your ideal day look like? How/where, with whom would you like to be spending your time? What kind of things do you like to do that you aren't doing now?

---



---



---

What are the barriers keeping you from spending your time the way you would want (e.g. get nervous around people, don't know where to go or find resources, transportation)? What kind of help would you like?

---



---



---

Consumer Preference	Staff Suggestion	Decision
1. ___ Work on Now	1. ___ Work on Now	1. ___ Work on Now
2. ___ Work on Later	2. ___ Work on Later	2. ___ Work on Later
3. ___ Not a focus	3. ___ Not a focus	3. ___ Not a focus

**Staff comments:**

---

---

---

**8. SPIRITUALITY**

How important is faith/spirituality in your life? What are some of your spiritual practices? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now? Do you belong to a spiritual community, would you like to?

---

---

---

---

If you want to make changes, what are they? What are your spiritual goals?

---

---

---

**What are the barriers keeping you from meeting your spiritual goals (e.g. transportation to services, barriers to practicing my spiritual practices)? What kind of help would you like?**

---

---

---

<b>Consumer Preference</b>	<b>Staff Suggestion</b>	<b>Decision</b>
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

**Staff comments:**

---

---

---

**9. MENTAL HEALTH/SYMPTOMS**

How much are your psychiatric symptoms interfering with your life? Are they getting in the way of the things you'd like to do? How much are your medications helping you? Are you being bothered by medication difficulties or side effects? How do you cope with your symptoms? What do you do to stay well?

---

---

---

---

If you want to make changes, what are they? What are your goals for maintaining your mental health?

---

---

---

What are the barriers keeping you from being as psychiatrically healthy as possible (e.g. don't like the side effects of the medications)? What kind of help would you like?

---

---

---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

---

---

---

**10. DRUGS AND ALCOHOL**

Do drugs and/or alcohol influence your life right now? If so, how?

---

---

---

---

---

If you want to make changes, what are they? What are your goals for reducing or eliminating your use of drugs and alcohol and/or for decreasing the harmful effect they have on your life?

---

---

---

What are the barriers to reaching these goals? (e.g. all my friends use, there are a lot of drugs in my building)? What kind of help would you like?

---

---

---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

**Staff comments:**

---

---

---

**11. SAFETY**

**Do you ever feel that you are at risk to hurt yourself or someone else? What do you do to control that risk? What makes you feel more safe? What is the most important safety concern in your life? Are you concerned for your own safety for any reason, e.g., do you feel personally safe in your neighborhood?**

---

---

---

---

**If you want to make changes, what are they? What are your goals for being safe?**

---

---

---

---

**What are the barriers to staying safe (e.g. there is a lot of crime in my neighborhood, when I drink I tend to lose my temper)? What kind of help would you like?**

---

---

---

<b>Consumer Preference</b>	<b>Staff Suggestion</b>	<b>Decision</b>
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

**Staff comments:**

---

---

---

**12. LEGAL ISSUES**

**What, if any, legal issues are you dealing with right now? (e.g., court appearance, probation requirements, etc.)**

---

---

---

---



If you want to make changes, what are they? What are your goals for reducing or eliminating legal problems?

---

---

---

What are the barriers to reducing or eliminating your legal problems? What kind of help would you like?

---

---

Consumer Preference	Staff Suggestion	Decision
1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now	1. <input type="checkbox"/> Work on Now
2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later	2. <input type="checkbox"/> Work on Later
3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus	3. <input type="checkbox"/> Not a focus

Staff comments:

---

---

### 13. OTHER ISSUES

Are there other things that are important in your recovery that we have not covered so far? Are there any other issues or areas in your life where you'd like to make changes?

---

---

---

If you want to make changes, what are they? What are your goals in this area?

---

---

---

What are the barriers for reaching this goal? What kind of help would you like?

---

---

---

Consumer Preference	Staff Suggestion	Decision
4. <input type="checkbox"/> Work on Now	4. <input type="checkbox"/> Work on Now	4. <input type="checkbox"/> Work on Now
5. <input type="checkbox"/> Work on Later	5. <input type="checkbox"/> Work on Later	5. <input type="checkbox"/> Work on Later
6. <input type="checkbox"/> Not a focus	6. <input type="checkbox"/> Not a focus	6. <input type="checkbox"/> Not a focus

Staff comments:

---

---



# Master Recovery Plan

## Recovery Focus List

Name: \_\_\_\_\_

Chart: \_\_\_\_\_

Team: \_\_\_\_\_

Date: \_\_\_\_\_

Recovery Area	Identified Goal	Work on Now/Later/Not a Focus	Date Goal Established
Housing/Neighborhood:			
Money/Finances			
Work			
Relationships			
Education and Training			
Health			
Daily Living & Routine			
Spirituality			
Mental Health/Symptoms			
Drugs and Alcohol			
Safety			
Legal Issues			
Other			
Note: For each "Work on Now" area identified above, complete Action Plan as per below.			