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**Template Recovery/ Relapse Prevention Plan**

**Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Identify Goals (Use SAMHSA’s eight dimensions of wellness assessment and Guide to identify appropriate goals).

1.

2.

3.

What specific Action Steps are you going to take this week to reach the above goals?

1.

2.

3.

What motivates you to reach these goals?

1.

2.

3.

What challenges do you think you may face in reaching these goals?

1.

2.

3.

What Coping skills do you have that will help you overcome those challenges?

1.

2.

3.

How do you plan on practicing self-care this week?

1.

2.

3.

Who are the people that you can rely on for support this week?

1.

2.

3.

Resident Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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