

Louisiana Physical Therapy Board

2110 W. Pinhook Rd., Ste. 202, Lafayette, LA 70508
Telephone: (337) 262-1043 Fax: (337) 262-1054

<http://www.laptboard.org>

Relapse Prevention Plan Data Set

Please include all areas listed below in your Plan.

Express your understanding of addiction.

State your consequences of relapse.

Describe Support System and your "PROGRAM":

- Sponsor: length of sobriety; contacts per week (telephone & face-to-face)
- Home group: name, time & location
- Participation in AA/NA activities
- Coworkers — aware of addiction/supportive
- Daily Recovery Activities

Address ways you stay healthy/take care of self/leisure activities

Insight/Awareness

- Identify personal signs and symptoms of relapse
- Identify personal signs/behaviors indicating stress
- Identify causes of stress > ID specific triggers
- Accepts Feedback:
 - Family — aware of addiction/supportive
 - Friends — aware of addiction/supportive

Signs & Symptoms of addictive behavior known/delineated by SW

- Identify specific S/S of relapse BEHAVIOR that precedes: DOC ideation/use, etc.
- What you do when begin to exhibit same — (ie: contact sponsor, AC/IOP Group leader, speak to family/friends/coworkers). Outline steps to take if negative behaviors surface.
- Identify potential high-risk situations (work & social) and how you handle them [including your plan if you have to take any controlled medications]
- Back-up Plan: Family, friends and Co-workers are aware of Relapse Signs, Symptoms, and Negative Behaviors and what actions they will take.

If this RPP is being prepared for EXIT, indicate what actions you plan to take upon release to maintain recovery.

Please have your Sponsor and (as applicable) IOP or AC Facilitator sign RPP to verify it was presented for feedback prior to submitting to Board.