

Parenting-specific triggers

For each type of trigger, write a few situations that might make you feel angry, guilty, frustrated, or not good at being a parent. Try to be specific.

Child's behavior

1. _____
2. _____
3. _____
4. _____

How others judge your parenting skills

1. _____
2. _____
3. _____
4. _____

Past grief and loss – what might remind you of past losses that you have still not fully grieved?

1. _____
2. _____
3. _____
4. _____

Who can help?

Answer each of the questions below to help you think about people in your life who can be resources or supports for your recovery.

Who in your family is already supportive of your recovery?

Who in your family is in recovery too?

Who in your family has a stable job, housing, relationships? Who keeps a healthy distance from family who are not so stable?

How has your child's caregiver been helpful or supportive of your recovery?

Who could help identify when you are headed in a negative direction? Who would see the warning signs?

How can you use your relationship with any of these people to help maintain your sobriety?

How can these people help you? How can you ask them for help?

Parenting-Specific Relapse Prevention

Name: _____ Date: _____

Recent life changes or visit arrangement, or living arrangement changes:

Responses to these changes:

Relapse Triggers:

(1) _____

(2) _____

(3) _____

Parenting-specific relapse triggers:

(1) _____

(2) _____

(3) _____

Warning Signs of Impending Relapse and Key People Who Would Notice:

(1) Warning Sign: _____

Who would notice? _____

What they will do: _____

(2) Warning Sign: _____

Who would notice? _____

What they will do: _____

(3) Warning Sign: _____

Who would notice? _____

What they will do: _____

Plan for Child Safety In Case of Emergency:

Where will child be? _____

Who will be responsible for supervising child? _____

Is this person capable of providing safety and supervision to child for as long as necessary? Yes No

Plan for resuming care of child: _____

Plan for notifying treatment provider or other support about relapse: _____

Commitments of Key People:

_____ Date: _____
Parent in Recovery

_____ Date: _____

_____ Date: _____

Date of Next Relapse Prevention Plan Review: _____