Relapse Prevention Plan Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A relapse prevention plan records one client's triggers, early warning signs, matched coping responses, support contacts, and the steps after a lapse. Built with the client, kept by the client, and folded into the treatment plan for reviewers.

Header & ownership the client's document more than the chart's
Do: name, date, prepared-with, a dated review target, and where the client's copy lives (wallet card, phone photo).
Pitfall: no dated review target; a plan without a next date is a plan nobody reopens.

Recovery goal in the client's words what they are protecting
Do: one or two sentences the client actually said: sobriety, stability, custody mornings, a job worth keeping.
Pitfall: importing treatment-plan phrasing; "maintain abstinence" is a goal the client was handed, not one they said.

Triggers & high-risk situations the external half of the risk map
Do: specific people, places, times, dates, and conflicts: the Friday route home, the custody call, the September anniversary.
Pitfall: generic worksheet lists ("people, places, things") with nothing this client actually faces.

Early warning signs the internal half, in their language
Do: thoughts, mood shifts, and behavior changes the client or a named support can actually notice: skipped meetings, short sleep, going quiet.
Pitfall: conflating with triggers; triggers live in the world, warning signs live in the client.

Coping responses, matched pair by pair "when X, I will Y"
Do: a rehearsed response for each trigger and warning sign: delay-and-distract, urge surfing, calling before entering, moving a session earlier.
Pitfall: a wall of unmatched skills; ten signs and six strategies with no line connecting them is a handout, not a plan.

Support contacts, with consent who, role, when to call
Do: named people with roles, when-to-call rules, and numbers on the client's copy; in SUD programs note the 42 CFR Part 2 consent on file.
Pitfall: listing people the client never agreed to involve, or "sponsor" with no name or number.

Lapse response & the crisis handoff script the first hours
Do: leave, call, tell the clinician, book the extra session; name the lapse-versus-relapse difference; point crisis to the safety plan.
Pitfall: merging crisis content into this document, or ending the escalation path at "call 911".

Review, signatures & the client copy what keeps it alive
Do: tie reviews to treatment plan reviews plus any lapse, step-down, or medication change; sign per agency and payer policy; hand over a copy.
Pitfall: a plan written once at intake and never touched; a dated revision history is what makes it credible.

Before you sign

- [ ] Every trigger and sign has a matched response
- [ ] Signs are observable by the client or a support
- [ ] Goal is in the client's own words
- [ ] Contacts have roles, numbers, and consent on file
- [ ] Lapse steps script the first hour
- [ ] Crisis hands off to the safety plan
- [ ] Review date set and both signatures in

Drafting with AI

Capture the planning conversation as bullets: the goal in their words, five triggers, the signs they named, who they will call, the lapse steps you rehearsed.

> *"Draft a relapse prevention plan from these bullets, client stepping down from IOP for alcohol use disorder, keep the quoted phrases as the client's own words: …"*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300 to 800 words	20 to 45 min with client	Mid-treatment · step-down	Client · team · payers
typical length	clinical team estimate	and after any lapse	who reads it

Full guide and sample plan:
bastiongpt.com/template/relapse-prevention-plan

Relapse Prevention Plan Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): Date: Next review:

Prepared with: My copy is kept:

Recovery goal

In my own words: what I am protecting

My triggers and high-risk situations

People, places, times, dates, conflicts that raise my risk

My early warning signs

Thoughts, mood shifts, behavior changes that show up first, and who notices them

When I notice one, I will

Matched responses: when X, I will Y

People I can contact

Name, role, when to call; consent to involve them documented

If a lapse happens

The first hour: my next three steps; a lapse is a signal to act, not proof of failure

If I am in crisis

Use my safety plan; where it is kept

Keeping my balance

Sleep, routine, meetings, meals, activities that protect recovery

Client signature: Clinician signature / credentials: Date signed: