Relapse Agreement

This agreement is meant to protect your recovery. It is also an opportunity for you to inform your recovery team how to respond in case you experience a relapse crisis. Always complete the Relapse Agreement with the feedback of your team and Twelve Step sponsor. Some find working with an SFR counselor to be especially helpful when completing this. Answer questions as a family member or addict, as appropriate to your specific Twelve Step program.

1. If anyone on my family recovery team is concerned that my recovery program is inconsistent or is in danger, please do the following:
   - Review my relapse warning signs.
   - Identify the warning signs you are observing.
   - Talk to the SFR chairperson or SFR counselor.
   - Have the SFR chairperson or SFR counselor talk with me.
   - Have __________________________ talk to me.
   - Ask me to share at an SFR meeting and ask for feedback.
   - With my team, create a plan for more recovery structure.
   - With the SFR counselor, create a plan for more recovery structure.
   - With my Twelve Step sponsor, create a plan for more recovery structure.
   - Other: ____________________________
2. If anyone on my family recovery team believes I am in a relapse, using alcohol or other drugs, please do the following:

□ Consult with SFR counselor or addiction professional.
□ Put together the following people as an intervention team:
□ Have the intervention team review my relapse agreement with me and help me implement it.
□ Contact my Twelve Step sponsor. Phone: ________________
□ Have __________ and __________ talk to me.
□ Determine the professional help I need to appropriately address relapse.
□ With the SFR counselor, create a plan for more recovery structure after receiving professional help.
□ With my sponsor, create a plan for more recovery structure.

If I have a full-blown relapse, I agree to detox plus one of the following:

□ Intensive outpatient or day treatment.
□ Inpatient or residential treatment.
□ A halfway house or professionally monitored sober house.
□ I will follow all aftercare recommendations.
□ I will also do everything listed under a “slip” below.
□ Other: __________________________

If I have a one- or two-day slip, not requiring detox:

□ I will get honest with my family recovery team.
□ I will get honest with my Twelve Step sponsor.
□ I will be honest with the members of my home group.
□ I will pick up a white chip.
☐ I will go to ninety meetings in ninety days.
☐ I will talk with my sponsor daily.
☐ I will use my accountability person, SFR checklists, and recovery triggers to keep me on track.
☐ Other: ________________________________

If I have an Al-Anon relapse:
☐ I will get honest with my family recovery team.
☐ I will get honest with my Twelve Step sponsor.
☐ I will get honest with the members of my home group.
☐ I will increase Al-Anon meetings and working with my sponsor.
☐ I will discuss my need for some individual professional guidance from the SFR counselor or another therapist.
☐ I will use my accountability person, SFR checklists, and recovery triggers to keep me on track.
☐ Other: ________________________________

A Conversation with My Future Self

In the future, if I am exhibiting relapse signs or am in a relapse and I am unwilling to honor the promises I made in my relapse agreement, or I am in denial of my need for help, I am writing myself a message here. Please ask me to read the following to myself and to our SFR team.

Rapid Relapse Response: Present this statement to the SFR team or use it as an example for writing a personalized Rapid Relapse Response statement.

“I ask my family to act as quickly as possible if I am in danger of relapse or in relapse. I may be difficult to deal with while I am in such a bad place, but do not let me persuade you not to help me. The sooner you help me, the less damage is done by this insidious and powerful disease. Regardless of what I may say or do, remember, I love you.”
Provide copies of this Recovery Plan and Relapse Agreement to:

☐ The SFR chairperson
☐ The SFR counselor
☐ My Twelve Step sponsor: __________________________

☐ The following professionals:
__________________________
__________________________
__________________________

☐ The following SFR team members:
__________________________
__________________________
__________________________

☐ Other:
__________________________
__________________________
__________________________

Signed: ____________________________

Date: ____________________________