



My Recovery Plan

What I Will Do to Recover

Name _____ Date _____

Written with _____ Next review _____

How to Use This Plan

This is not a relapse prevention plan. It is a **recovery plan**.

Its purpose is not to predict everything that could happen to you, identify outside causes for your behavior, or build your life around avoiding relapse. Its purpose is to identify what recovery requires of you and make those behaviors clear enough to practice, observe, and review.

Circumstances are real. Feelings are real. Pain, trauma, grief, anger, anxiety, loneliness, and cravings are real. They may deserve compassion and clinical attention. **They do not become responsible for what you do next.**

BEHAVIOR IS A FACT. RECOVERY BECOMES VISIBLE IN WHAT WE DO.

Write this plan with people who will tell you the truth. Be specific. Give commitments a frequency, a person, or another way to verify them. Review the plan regularly.

The goal is not perfection. The goal is practice: **do the things that constitute recovery, tell the truth when you do not, and return to them.**

1 Why I Am Choosing Recovery

Abstinence matters, but this plan is about more than not using. What has addiction cost you, and what kind of life are you willing to build through your behavior?

What addiction has cost me:

In an emergency, call 911 · 988 Suicide & Crisis Lifeline: call or text 988 · SAMHSA National Helpline: 1-800-662-4357 (free, confidential, 24/7)
This plan supports professional treatment and does not replace it.

What I want recovery to make possible in the next 90 days:

What I want recovery to make possible in one year:

2 What Recovery Requires of Me

Do not list what you hope to feel. List what you will **do**.

Recovery cannot depend on whether today is easy, whether other people cooperate, or whether you feel motivated.

Area of recovery	What I will do	How often / when	Who can verify

3 My Daily Non-Negotiables

These are the repeated behaviors that keep recovery active. Make them concrete enough that the answer is **yes or no**.

Commitment	When / frequency	With whom / accountable to	Done?

4 My Weekly Non-Negotiables

Recovery is built through repetition. Identify the weekly actions that cannot quietly disappear when urgency fades.

Weekly commitment	When	With whom	How I will know I did it

5 Behavior Is a Fact

Intentions, promises, explanations, and potential are not the same as behavior.

Write the commitments that matter most in language that can be observed.

Instead of saying...	The behavior I will measure

THE QUESTION IS NOT ONLY WHAT HAPPENED TO ME. THE QUESTION IS:
WHAT DID I DO, AND WHAT WILL I DO NOW?

6 Knowing Is Not Doing

If you have been through treatment before, you may already know a great deal about addiction and recovery.

Knowledge matters. But **knowing what to do and doing it are different problems.**

Things I already know are necessary for my recovery:

Things I have historically known to do but stopped doing:

What I will do differently when I do not feel like doing them:

7

My Responsibilities

Recovery requires ownership.

Identify what belongs to you, not what your family, treatment team, employer, or circumstances need to change.

Responsibility that belongs to me	What taking responsibility looks like	What I will stop expecting others to do

8 My Accountability Circle

Choose people who have permission to be direct with you.

Their job is not to control your recovery. Their role is to tell the truth about what they observe and refuse to participate in confusion.

Name	Role	Phone	What I give them permission to say / do

IF I STOP DOING MY RECOVERY, I WILL TELL THE TRUTH AND RETURN TO IT.

9 When I Stop Doing My Recovery

This section is not a prediction of relapse.

It identifies facts.

If agreed recovery behaviors stop, that is information. Decide now how you will respond instead of explaining, hiding, or negotiating the facts.

Recovery behavior I stopped	The fact I will acknowledge	Who I will tell	What I will do to return

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10 My Health and Clinical Responsibilities

Mental health conditions, medical needs, medications, and clinical recommendations deserve appropriate treatment.

They are part of the responsibilities of recovery, **not explanations that remove responsibility for behavior.**

Medication / provider / recommendation	Dose or schedule	My responsibility	Contact

Appointments or clinical recommendations I am responsible for keeping:

What I will do when I am struggling emotionally or psychiatrically:

11 What Recovery Looks Like in My Behavior

Recovery should become increasingly observable. Describe the behaviors other people should reasonably see if you are participating in your recovery.

Area	What recovery will look like in my behavior
Honesty	
Accountability	
Relationships	
Work / school	
Finances	
Treatment	
Responsibilities	

12 My Family's Recovery Plan

This section belongs to the family. Your job is not to prevent another person's relapse, manage their emotions, or create a perfect environment for their recovery. Your job is to do your own recovery.

Our recovery responsibility	What we will do	How we will know we did it

**THE INDIVIDUAL HAS A RECOVERY PLAN. THE FAMILY HAS A RECOVERY PLAN.
NEITHER PLAN SHOULD CONTROL THE OTHER.**

13 What We Will Stop Doing

Families can become responsible for responsibilities that belong to another adult.

Identify the behaviors you will stop, not as punishment, but because the responsibility is not yours.

What we have been doing	Why it does not belong to us	What we will do instead

Boundaries we will maintain even when we feel afraid, guilty, or pressured:

Our own support (Al-Anon, Families Anonymous, therapy, family program, sponsor, or other):

14 Review: Did I Do What I Said I Would Do?

A review is not an argument about intentions.

Return to the commitments and the facts.

The goal is to tell the truth about the behavior and return to recovery where needed.

1. Did I do my daily non-negotiables?

2. Did I do my weekly non-negotiables?

3. Did I tell the truth when I did not?

4. Did I keep the responsibilities that belong to me?

5. Did I allow other people to hold me accountable without turning them into the problem?

6. Did I follow my health and clinical responsibilities?

7. What behavior demonstrates that my recovery is growing?

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8. Where did I stop practicing recovery, and what am I doing now to return?

Family Review

1. Did we maintain our boundaries?

2. Did we stop taking responsibilities that belong to someone else?

3. Did we make decisions from observable behavior rather than promises or explanations?

4. Did we use our own recovery supports?

5. Where did we return to rescuing, controlling, financing, concealing, or fixing, and what will we do now?

Review date	What the facts showed	What I / we will practice next	Reviewed with

Commitment

I understand that this plan does not recover for me.

It identifies the behaviors I am responsible for practicing. When I do not practice them, I will tell the truth, accept the information contained in my behavior, and return to recovery.

Me / Date

Sponsor or counselor / Date

Family member / Date

Are You Doing the Things That Constitute Recovery?

That is the question.

That is the plan.



BURNING TREE RANCH
AUTHENTIC LONG TERM TREATMENT



Have Other Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. [Send Us a Message](#) or call (866) 287-2877.

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