COLLABORATIVE RECOVERY, NERVOUS SYSTEM REGULATION, & SAFETY PLANNING

Trauma-Informed Relapse Prevention & Recovery Safety Plan

Personalized, Non-Shaming Guide for Navigating Triggers, Cravings, & Co-Occurring Coping

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> **A Trauma-Informed Perspective on Recovery:** Substance use and other survival behaviors often began as adaptive ways to numb pain, quiet hypervigilance, or survive overwhelming stress **(SAMHSA, 2014; Najavits, 2002)**. Triggers and cravings are nervous-system signals—not moral failures. If a lapse or recurrence happens, it is information to guide care and safety, never a reason for shame or giving up.

Name / Preferred Name & Pronouns: _____	**Plan Date / Review Date:** _____
My Recovery Goals (Abstinence / Harm Reduction / Wellness): _____	**Collaborating Counselor / Peer Specialist:** _____

Part 1: Recognizing My Trauma Triggers & Nervous System Early Signals

Identify the situations, memories, body sensations, and emotional states that push your nervous system outside its Window of Tolerance and activate cravings **(SAMHSA, 2020)**.

Trigger & Signal Area	My Specific Signs & Patterns
1. External & Relational Triggers Anniversaries, conflict, isolation, unsafe people/places, financial stress, or sensory reminders (smells, sounds, time of day).	
2. Internal & Body Early Warning Cues Hyperarousal (racing heart, tight chest, irritability, insomnia) or hypoarousal (numbness, dissociation, exhaustion, shame spirals).	
3. Co-Occurring Coping & Cross-Substitution Checks When cravings shift into other coping behaviors (skipping meals, binge/purge urges, overworking, self-harm, or stopping prescribed meds).	

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Part 2: Grounding Menu & Environmental Safety Boundaries

Regulation Strategy	What Works Best for My Body & Mind
Immediate Somatic & Sensory Grounding (First 5 Minutes)	
Daily Stabilizing Routines (Sleep, Nourishment, Medication)	
Environmental & Digital Safety Boundaries	

Part 3: Safe Connection & Non-Punitive Recurrence Response Plan

Support Tier / Step	Action Steps, Safe Contacts, & Harm-Reduction Safeguards
Step 1: Trusted People I Can Text or Call Right Away	
Step 2: Clinical, Peer, & Medical Recovery Team	
Step 3: If a Lapse or Return to Use Happens (Zero-Shame Protocol)	**1. Prioritize Physical Safety First:** Do not use alone; keep **Naloxone (Narcan)** accessible; avoid mixing sedatives/alcohol; seek medical care if experiencing severe withdrawal or purging. **2. Interrupt the Shame Spiral:** Remind myself: *"A lapse does not erase my progress or my worth."* **3. Reconnect Within 24 Hours:** Reach out to my counselor, peer specialist, or safe support person to adjust my plan without fear of punishment.
Step 4: 24/7 Free & Confidential Crisis Lines	**988 Suicide & Crisis Lifeline:** Call or text **988** (24/7, English & Spanish) | **SAMHSA National Helpline: 1-800-662-4357** (24/7 treatment & recovery support) | **Crisis Text Line:** Text **HOME to 741741**

Personal Affirmations, Reasons for Recovery, & Next-Step Commitments

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Practice Standards & References

1. Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Guilford Press.
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Trauma-Informed Care in Behavioral Health Services* (Treatment Improvement Protocol [TIP] Series, No. 57). HHS Publication No. (SMA) 13-4801.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (Treatment Improvement Protocol [TIP] Series, No. 42). HHS Publication No. PEP20-02-01-004.

Clinical & Originality Notice: *This collaborative relapse prevention and safety planning worksheet is an original clinical tool informed by established trauma-informed recovery literature (Najavits, 2002; SAMHSA TIP 57 & TIP 42). No copyrighted or proprietary third-party worksheets are reproduced herein.* *© 2026 Klasey Consulting. All rights reserved.*

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