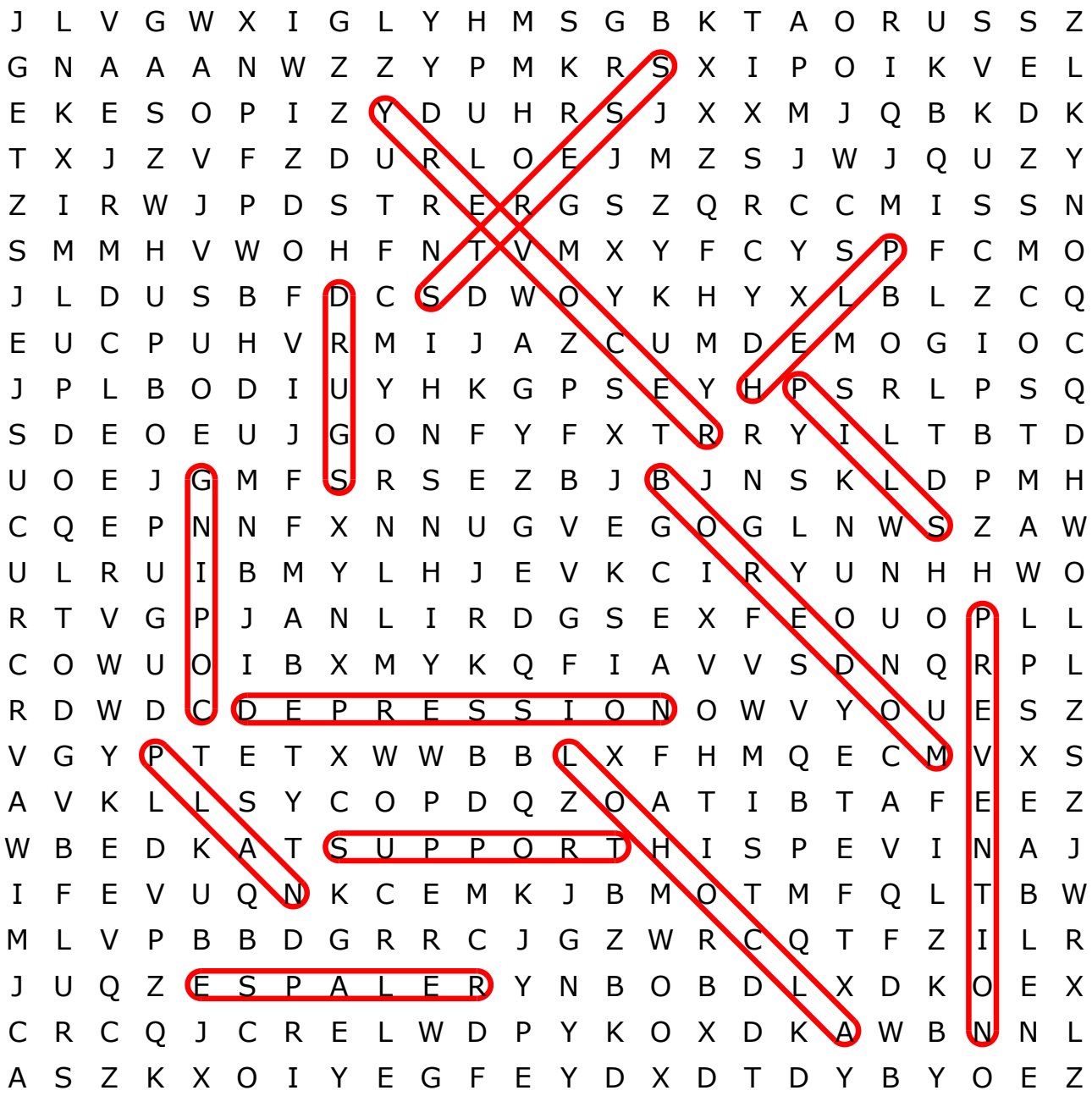
Name: _____ Date: _____

Relapse Prevention



PREVENTION
SUPPORT
ALCOHOL
DRUGS
HELP

DEPRESSION
RELAPSE
STRESS
SLIP

RECOVERY
BOREDOM
COPING
PLAN