

Parenting in Recovery/ Travis County Family Drug Treatment Court

PHASE ADVANCEMENT CHECKLIST

FROM TREATMENT PHASE (1) TO PHASE (2)

EXPECTATIONS:

- Follow all court orders and attend all drug court and CPS hearings
- Attend all appointments; not showing up for appointments and not calling ahead to make alternate plans can delay phase advancement
- Request phase advancement in writing
- Complete all pending consequences (for example: community service, essays) before you are eligible to advance

RECOVERY

- Attend weekly drug court hearings (every other week if in inpatient treatment out of town or if the participant has been in inpatient treatment and Drug Court more than 30 days)
- Submit drug and alcohol tests with no substances detected as requested and as indicated by the drug court call-in system
- Successfully engage in primary drug treatment program
- Establish a home group for recovery meetings if able to do so while in treatment and attend meetings as court ordered (usually this is 3 times a week).
- Obtain a court approved sponsor or accountability partner and provide a written report to the court about your plan to work on your recovery with your sponsor/ accountability partner (attached)
- Submit a written relapse prevention plan (attached)
- Create a written Rule 11 agreement with your attorney to be signed by all parties (attached).

PLAN FOR TAKING CARE OF MYSELF

- Take the following steps to initiate job search:
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- Take the following steps to initiate safe and stable housing:
  -
- Take the following steps to initiate education/literacy:
  -

HEALTHY FAMILY LIFE

- Attend and engage in appropriate visitation with your child(ren), as applicable
- Complete parenting classes or newborn care class while in treatment or as appropriate
- Begin working with parent trainer if one has been assigned, and complete initial AAPI
- Participate in individual therapy, as applicable
- Actively engage in peer recovery coaching, as applicable
- Ensure child(ren) are up to date on well child visits and immunizations
- Ensure child(ren) has/ve medical insurance or is/are actively working on obtaining insurance
- Ensure child(ren) has/ve received dental and eye exam, if age appropriate
- Complete initial assessment with child therapist

Parenting in Recovery/ Travis County Family Drug Treatment Court  
**REQUEST FOR ADVANCEMENT TO  
PHASE 2**

Participant Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_ Sponsor's Name (can use first only): \_\_\_\_\_

I am requesting that the Parenting in Recovery/ Travis County Family Drug Treatment Court (PIR/ FDTC) advance me from Phase I to Phase II. I have worked very hard during the last Phase and have the following accomplishments to be proud of:

- 1.) I have done the following work on my plan of service/ treatment plan and have accomplished the following:

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- 2.) I have attended recovery meetings \_\_\_\_\_ times per week.

- 3.) I am still working on my recovery and have gotten to step \_\_\_\_\_.

- 4.) I have done the following things to improve my life for myself and my children:

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Parenting in Recovery/ Travis County Family Drug Treatment Court  
**REQUEST FOR ADVANCEMENT TO  
PHASE 2**

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5.) I am very proud of myself for:

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6.) My goals and next steps for Phase II are:

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Parenting in Recovery/ Travis County Family Drug Treatment Court  
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PHASE 2**

7.) Plan to Work with Sponsor/ Accountability Partner:

My sponsor/ accountability partner and I plan to have face to face contact at least  
\_\_\_\_\_ every \_\_\_\_\_.

My sponsor/ accountability partner and I plan to have phone contact at least  
\_\_\_\_\_ every \_\_\_\_\_.

My sponsor/ accountability partner would like for me to do the following in  
order to work with him/her: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There are some barriers to my work with this sponsor/ accountability partner  
and these are: (examples: transportation problems, changing phone numbers,  
location of sponsor's home, trips out of town):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My sponsor/ accountability partner and I have created the following plan to  
prevent these barriers from interfering in our work together:  
\_\_\_\_\_  
\_\_\_\_\_

Parenting in Recovery/ Travis County Family Drug Treatment Court  
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8.) Additional information that I would like to relay to the PIR/ FDTC team:

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9.) I have attached a **relapse prevention plan**.

10.) I have worked with my attorney to create a **Rule 11 Agreement**.

# Developing a Relapse Prevention Plan

(Taken from Terence T. Gorski's "How to Develop a RP Plan")

People who relapse aren't suddenly taken drunk. Most experience progressive warning signs that reactivate denial and cause so much pain that self-medication with alcohol or drugs seem like a good idea. This is not a conscious process. These warning signs develop automatically and unconsciously. Since most recovering people have never been taught how to identify and manage relapse warning signs, they don't notice them until the pain becomes too severe to ignore.

## Relapse Education (Four major messages)

- 1.) Relapse is a normal and natural part of recovery from chemical dependence. There is nothing to be ashamed or embarrassed about.
- 2.) People are not suddenly taken drunk. There are progressive patterns of warning signs that set them up to use again.
- 3.) Once identified, recovering people can learn to manage the relapse warning signs while sober.
- 4.) There is hope....learning how to recognize and manage warning signs so a return to chemical use becomes unnecessary.

## Warning Signs Identification

Identify the problems that caused relapse.

Goal: Review phases and warning signs of relapse then develop an initial warning sign list by selecting five of the warning signs that you can identify with.

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)

**Identified warning signs:**

1.) The need to drink or use in order to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) The need to drink or use in order to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) The need to drink or use in order to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Now, identify the irrational thoughts, unmanageable feelings and self defeating behavior that accompanied each.**

1.) I know I am in trouble with my recovery when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2.) I know I am in trouble with my recovery when \_\_\_\_\_

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3.) I know I am in trouble with my recovery when \_\_\_\_\_

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Cause Number D-1-FM-\_\_\_\_ - \_\_\_\_\_

IN THE INTEREST OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A CHILD/ CHILDREN

§  
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IN THE DISTRICT COURTS

OF TRAVIS COUNTY, TEXAS

\_\_\_\_\_ JUDICIAL DISTRICT

**RULE 11 AGREEMENT**

Pursuant to Rule 11 of the Texas Rules of Civil Procedure, the undersigned agree to the following safety plan. The safety plan will become effective if the child/ren need to be temporarily removed from Respondent Parent's care as approved by the child advocates:

1.) Oldest Child: \_\_\_\_\_

Name of Caregiver/Placement: \_\_\_\_\_

Caregiver's Address & phone number:

\_\_\_\_\_  
\_\_\_\_\_

2.) Second Oldest Child, if applicable: \_\_\_\_\_

Name of Caregiver/ Placement: \_\_\_\_\_

Caregiver's Address & phone number:

\_\_\_\_\_  
\_\_\_\_\_

3.) Third Oldest Child, if applicable: \_\_\_\_\_

Name of Caregiver/ Placement: \_\_\_\_\_

Rule 11 Agreement

ITIO \_\_\_\_\_ Child/ren

Cause # D-1-FM-\_\_\_\_ -00 \_\_\_\_\_

Caregiver's Address & phone number:

\_\_\_\_\_  
\_\_\_\_\_

Agreed as to Form:

Printed Name: \_\_\_\_\_  
Assistant District Attorney

Printed Name: \_\_\_\_\_  
Attorney Ad Litem for the Child/ren

Printed Name: \_\_\_\_\_  
Respondent Parent's Attorney

Printed Name: \_\_\_\_\_  
Respondent Parent's Attorney

Printed Name: \_\_\_\_\_  
CASA of Travis County

Agreed as to Form and Substance:

**FDTC Participant/Respondent Parent:**

I understand the circumstances in which this Agreed Safety Plan will become effective and agree to the plan that has been created above. If at any time I wish for this plan to change or end, I understand that my attorney may need to request a hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Respondent Parent:**

I understand the circumstances in which this Agreed Safety Plan will become effective and agree to the plan that has been created above. If at any time I wish for this plan to change or end, I understand that I may need to request a hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date