24-Hour Stability Plan

For Parents Supporting a Child Struggling With Addiction

1. Today's Date:

_____

Child's Name (optional):

_____

2. My Primary Intention for the Next 24 Hours

What kind of parent do I want to be today?
■ Calm   ■ Boundaried   ■ Supportive   ■ Detached with love   ■ Patient   ■ Other: _____

Statement:
Today, I commit to being:
_____
_____

3. Top Stressors / Triggers I May Face

■ Contact from my child
■ No contact / silence
■ Financial requests
■ Conflict with spouse / co-parent
■ Fear / worry
■ Shame / guilt
■ Other: _____

4. My Boundary Commitments (Next 24 Hours)

■ I will not give money
■ I will not argue / lecture
■ I will not rescue from consequences
■ I will pause before responding
■ I will say "I love you" without fixing
■ Other: _____

If challenged, I will say:
_____
_____

5. If My Child Contacts Me

■ Asking for money
■ Emotional crisis
■ Apology / promises
■ Anger / blame
■ Other: _____

My planned response:
_____
_____

6. Self-Care Anchors (Non-Negotiables)

■ Eat regular meals   ■ Hydrate   ■ Sleep / rest
■ Movement (walk, stretch, etc.)
■ Quiet time
■ Prayer / meditation
■ Call support person
■ Meeting / group
■ Other: _____

7. Emotional Regulation Plan

When I feel overwhelmed, I will:
■ Pause / breathe
■ Step away
■ Journal
■ Call someone safe
■ Remind myself: "I didn't cause this, can't control it, can't cure it."
■ Other: _____

8. Support Contacts (If I Need Help)

Name: _____ Phone: _____
Name: _____ Phone: _____

9. One Small Thing I Can Control Today

■ Clean / organize something
■ Work / task focus
■ Personal care
■ Connect with someone
■ Something enjoyable
■ Other: _____

10. Evening Reflection (End of 24 Hours)

Did I honor my boundaries? ■ Yes ■ Partially ■ No

What did I handle well?
_____

What was hardest?
_____

What do I need tomorrow?
_____

Reminder

✔ Progress over perfection
✔ Boundaries are acts of love
✔ Stability starts with me
✔ One day at a time