Relapse Prevention Plan

Name:	Age:
Session date:	Practitioner:
Next session date:	
Main concern	
Define the client's primary issue or challenge. This could include symptoms, emotional struggles, or situational stressors.	
Identifiable triggers	
List specific situations, events, or patterns that worsen the client's condition. These might include stressors at work, relationship conflicts, or environmental factors.	
Resources	
Outline tools, programs, or community services available therapy, support groups, or educational materials.	ilable to support the client. This might include

Personal coping skills
Describe techniques the client uses to manage stress or distress. Examples might include breathing exercises, journaling, or physical activity.
Lifestyle changes
Note changes the client could adopt to support their well-being. This might include improving diet, increasing exercise, or creating a better sleep routine.
Support system
Identify people or groups the client relies on for help. This could include family, friends, therapists, or online communities.

Relapse warning signs
Highlight early indicators that the client's condition may be worsening. These might include mood changes, withdrawing from others, or returning to unhealthy habits.
Emergency plan
Provide steps the client can take during a crisis. Include contact numbers, safe locations, and immediate actions for safety or self-care.
Additional nates
Additional notes