

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

Date: \_\_\_\_\_

# Coping Skills

## Relapse Prevention Plan

### Relapse Prevention Steps:

#### Internal High-Risk Situations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### External High-Risk Situations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Coping Strategies for High-Risk Situations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Warning Signs of Relapse

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What will you do if you feel a relapse coming? Who can you call or reach out to for help?

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