

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

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

# Coping Skills

## Relapse Prevention Plan

**What am I working on?**

*Example: staying calm, avoiding bad habits, staying positive*

**What things make it hard for me?**

*These are my triggers*

**What can I do when I feel bad or upset?**

*Healthy coping ideas:  
talk to someone, take a walk, listen to music*

**Who can help me when I need support?**

**My plan if I feel like I'm slipping:**

*Example: tell someone, use coping skills, take a break*