

**SAMPLE #2  
Consumer Crisis Plan**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SYMPTOM FLARE-UP MANAGEMENT SHEET**

A. The circumstances that tend to cause me stress and may lead to a symptom flare-up include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Examples: *holidays, losing a job, failing a class, substance use*)

B. The first signs that I notice that indicate that I am under stress and at risk for a symptom flare-up are:

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

(Examples: *feeling tense, not being able to sleep, feeling suspicious of others*)

C. The first signs that OTHERS notice that indicate that I am under stress and at risk for a symptom flare-up are:

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

(Examples: *wearing particular clothing, a specific facial expression, being up all night*)

D. When I am under stress and I, or others, notice that my symptoms may be flaring up, my family or friends and I agree to do the following to reduce the likelihood of a things getting worse:

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

(Examples: *trying to reduce stress by going for a walk, calling a friend to talk, calling my case manager about a medication adjustment, family will try to "give me my space"*)

**SUBSTANCE ABUSE RELAPSE PREVENTION WORKSHEET**

A. The early warning signs that I may be about to experience a relapse of my substance use are:

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

(Examples: *going to places where I used to use, hanging out with people I used to use with*)