

Name: _____

Date: _____

Integrated Relapse Prevention Plan for Co-Occurring Disorders

Part 1: Preventing Triggers (things that were associated with relapses of my mental health symptoms in the past)

Common Trigger	What I plan to do to prevent this trigger
Not taking medication regularly	
Difficulty coping with high levels of stress	
Starting (or increasing) the use of substances	
Other:	

Part II. Monitoring Early Warning Signs (first signs that my mental health symptoms were coming back)

List of my most important Early Warning Signs

- A.
- B.
- C.