



NORTHERN MICHIGAN

**Partial Hospitalization Program
Crisis/Relapse Prevention Plan**

In times of crisis (a time of intense difficulty, trouble, or danger) it can be hard to focus, think, or know what to do. At these times it can be helpful to have a crisis/relapse prevention plan in place to identify what leads to a crisis, ways you can cope with the situation and people that can be contacted to support you. By having a crisis/relapse prevention plan in place future crisis situations will be less severe.

Warning Signs/Triggers (Thoughts, images, moods, situations, behaviors, people, smells, sounds)	
Warning Signs (something that indicates a crisis is starting)	Triggers (an event or situation that will begin a crisis for you)
_____	_____
_____	_____
_____	_____
_____	_____
Coping Skills (Things I can do on my own to delay taking action on my suicidal or self-harm thoughts.)	
Ways I can make my environment safe (Things I can do to reduce the risks in my environment that may hurt me or someone else.)	
Places I can go to find support and/or distract myself from the negative thoughts or other stressors (Places where I find comfort that reduces my negative thoughts or other stressors.)	
People I can call to find support/distract myself from the negative thoughts or other stressors (People who will encourage me to use healthy coping skills.)	
Friend/Family: _____	Phone: _____
Friend/Family: _____	Phone: _____
Friend/Family: _____	Phone: _____
If distraction does not work, I will tell my supports that I am in crisis and ask for help.	



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Professionals I can contact during business hours:	
Health Care Professional: _____	Phone: _____
Health Care Professional: _____	Phone: _____
Health Care Professional: _____	Phone: _____
The following agencies or services may be called 24 hours a day 7 days a week:	
Suicide Prevention Lifeline: 800-273-8255 (TALK) 988 Suicide/Crisis Line	Other: _____

I have shared or will share this safety plan with: _____

I will keep a copy of my crisis plan: _____

By signing below, I agree to follow this crisis/relapse prevention plan to maintain my safety during and after my time at the Partial Hospitalization Program.

Patient: _____ Date: _____ Time: _____

Guardian Signature:: _____ Date: _____ Time: _____

Staff Signature:: _____ Date: _____ Time: _____