Consumer Crisis Plan

Client Name: ______________________________ Date: _________

The name of my psychiatric illness is _____________________________.

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 other 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 and I agree to do the following to reduce the likelihood of a relapse:

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*)

B. Feelings I experience when I want to start using substances again are:
   1. ____
   2. ____
   3. ____
   4. ____

   (Examples: *anger, hurt, sadness, boredom*)

C. Plan to be implemented when early warning signs or feelings appear:
   1. ____
   2. ____
   3. ____
   4. ____

   (Examples: *call a support person, call my case manager, go to a 12 Step meeting, call my doctor*)

Doctor's Name: ______________________ Phone Number: __________

Therapist/Case Manager's Name: ______________________________

______________________________ Phone Number: __________

Support Person's Name ____________________ Phone Number: __________

Support Person's Name ____________________ Phone Number: __________

Support Person's Name ____________________ Phone Number: __________

Consumer Signature: ______________________ **Date**: __________

Witness Signature: ______________________ **Date**: __________