

SILVER HILL HOSPITAL
208 Valley Road
New Canaan CT 06840

Safety & Relapse Prevention Plan

Patient Name _____

REASONS I WANT TO LIVE (A HEALTHY LIFE): _____

POSITIVE QUALITIES ABOUT MYSELF TO REMEMBER: _____

ACTIONS TO TAKE TO MAKE MY ENVIRONMENT SAFE: (i.e., remove substances, delete certain phone numbers, ...)

WARNING SIGNS: (trouble managing feelings, stress, self-harm, suicidal thoughts, shame/guilt, denial, overconfidence, blaming others, compulsive behaviors, isolation, not planning, poor eating and sleep habits, missing therapy and/or AA, "I don't care" attitude, self-pity, irritability, giving up, etc.)

PEOPLE, PLACES, & THINGS THAT TRIGGER ME: _____

SKILLS TO USE IF I HAVE UNHEALTHY URGES: (Journal, take a shower/bath, exercise, go to a meeting, call my sponsor, walk in nature, breathe, Radical Acceptance, Check the Facts, Opposite Action, TIPP SKILL, STOP SKILL, Deep Breathing, Grounding, Wise Mind, Ride the Wave, Crisis Survival Kit, ...)

PEOPLE TO CALL FOR SUPPORT:

My therapist Name: _____ Number: _____

My psychiatrist Name: _____ Number: _____

My family/friend support Name: _____ Number: _____

Sponsor/Recovery Coach Name: _____ Number: _____

If I cannot reach my treatment team or I am not safe, I will call 911 or go to a hospital emergency room.

National Hopeline 800-784-2433 (suicide hotline) SUPPORT GROUPS: AI-Anon 12 Step Meetings NAMI Smart Recovery

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THINGS I PLAN TO DO THAT ARE *FUN, CREATIVE, & HEALTHY*: (circle those that apply)

- Yoga Walking in nature Meditation Watching inspiring tv & movies Reading a book
Being w/ supportive friends Playing with my pet Drawing/coloring/Painting Listening to music
Other: _____ Other: _____
Other: _____ Other: _____

WHAT IS THE MOST VULNERABLE PART OF THE DAY FOR ME? _____

WHAT WILL I DO TO MAINTAIN MY RECOVERY DURING THAT TIME? _____

Patient Signature

Primary Clinician

Date