



# SELF-HARMING RECOVERY AND RELAPSE PREVENTION PLAN

Developed by LeAnn Jean, LPC, MAC and Still Waters Professional Counseling Services, Inc.

Date: \_\_\_\_\_

My Name: \_\_\_\_\_

Today I am feeling ...



## My Self-Harming Recovery and Relapse Plan:

Use the following guidelines to develop your Self Harming Recovery and Relapse Prevention Plan.

### My specific **Self-Harm:**

Identify exactly what you are doing to self-harm.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Challenges** that will be my biggest barriers:

List obstacles or circumstances that could stand in your way of accomplishing your goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Reasons** I want to STOP self-harming:

Consider listing both long and short term goals, health benefits and rewards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal **Triggers** that will put me at risk of self-harm:

List descriptions or feelings like: anger, sadness, loneliness, negative thoughts, shame, emptiness, negative body image, traumatic thoughts, flashbacks.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Steps** I will take to reach my goals:

Write ideas for steps to reach your goals like; tracking progress, practicing self-care, positive self-talk.

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



### **Coping skills** I will use:

List your coping skills like; painting, sports, writing, taking a bath, seeking on-line help.

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

**!** **SELF-HARMING RECOVERY AND RELAPSE PREVENTION PLAN** CONTINUED



Ways I will increase my **Self-Care**:  
List strategies for: relaxation, socialization opportunities, health and wellness, sufficient sleep, and good diet.

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Additional **Commitments** that will help me stick to my plan:  
List your commitments to your goals.

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My personal recovery plan **Strategies**:  
Consider listing strategies like: distracting myself, writing in a journal, and attending counseling.

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**People** I can call when I need help:  
List people I feel would be good to call when I feel I am at risk of self-harming.



**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Help Lines**

Still Waters Professional Counseling Services  
Augusta Location ..... 706-955-9224  
Macon Location ..... 478-254-6091  
Georgia Crisis and Access Line: ..... 1-800-715-4225  
National Suicide Prevention Line: ..... 988

**Counselor Name:** \_\_\_\_\_  
**Counselor Phone:** \_\_\_\_\_



**I agree** to use my Self-Harming Recovery and Relapse Plan if I feel I am at risk of self-harming or have self-harmed in any way.

**My Signature:** \_\_\_\_\_