

# Crisis, WRAP or Relapse Plan Example

Client Name:

Family Members/support team members involved in Crisis Plan development:

Potential Crises/what could go wrong:

- 1)
- 2)
- 3)
- 4)

**In the event of \_\_\_\_\_ (member/family member/support team member) will do the following:**

Utilize the following coping skills practiced in therapy:

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**In the event of \_\_\_\_\_ (member/family member/support or treatment team member) will do the following:**

I/family member/support member will contact one of the following support/treatment team members:

Therapist: Phone numbers:

Team Member (examples) Psychiatrist, PCP, Community Support Worker, Family Support Worker, Case Manager, Family Member \_\_\_\_\_

Phone numbers:

**In the event of \_\_\_\_\_ (any danger to self or others)**

I/family member/support member will contact 911 or go to the nearest Emergency Room.

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

Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

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

Supervising Practitioner: : \_\_\_\_\_ Date: \_\_\_\_\_

Copy of plan given to: Member, family member \_\_\_\_\_, support team member \_\_\_\_\_ file