Staying-well plan

Keep the learning visible. Match each early sign with a practical response rather than waiting for a difficult week.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

What I have learned

e.g. Small steps helped me return to valued activities.

If I notice...	A small response I can use	Support / when to review
e.g. Putting off contact with friends.	e.g. Send one invitation.	e.g. Review on Sunday.

Helpful habits to keep

e.g. Regular meals, manageable activity and contact.

Support / when to ask for help

e.g. Contact my therapist if daily life becomes harder or this plan is not enough.

Review date / reminder

e.g. Review next month and after a change in circumstances.

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Using this resource

Staying-well plan

What this helps with

A setback does not erase what you have learned. A written plan can make it easier to recognise familiar patterns and respond before they take up more space. Build this from your actual experience, including the steps that were helpful and those that were not. Plan support as well as personal actions. You do not need to handle everything independently. This is a maintenance plan for ongoing CBT learning, not an emergency safety plan.

How to use it

1. Summarise the pattern you now understand and the responses that helped.
2. Identify early signs that old habits are returning, including changes in activity or attention.
3. Choose a small first response and a realistic time to review it.
4. Write who you can contact and when you would seek professional support.
5. Keep the plan accessible and update it after useful new learning.

A fictional worked example

After therapy, Aisha notices that a busy month has brought more cancelled plans and late-night worry. Her plan identifies these as early signs rather than evidence of failure. She chooses to restart a short planned activity and a brief worry record, then review in a week. She tells a trusted friend that things feel harder and asks for a catch-up. If avoidance continues to spread or daily functioning worsens, she will contact her therapist or GP rather than wait until she feels unable to cope. Her plan also reminds her that asking for support was one of the useful things she learned.

Keep in mind

This sheet does not replace a professional risk assessment or safety plan. If you are in immediate danger, use emergency services. For other urgent concerns, seek appropriate local urgent help. Keep prescribed care in place and discuss treatment changes with your clinician.

Sources and attribution

Roth, A. D., & Pilling, S. (2007). The competences required to deliver effective CBT for people with depression and anxiety disorders. UCL competence framework.

NHS. Cognitive behavioural therapy (CBT).

Original material informed by the sources above. No outside organisation endorses this worksheet.

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