Feeling like you are slipping after residential treatment can be frightening, especially when you do not have a follow-up appointment on the calendar. You may notice old habits returning, feel less able to manage cravings or emotions, or find yourself avoiding people and routines that were helping. These changes deserve attention—but they do not mean you have failed, and you do not have to wait for a scheduled appointment to ask for help.

The most important thing is to take a specific next step today. Contact a provider or treatment program, tell one trusted person what is happening, and make a short plan for the next few hours. If you may hurt yourself or someone else, cannot keep yourself safe, or are experiencing a medical emergency, seek urgent support now rather than waiting for a callback.

A Three-Step Plan for Today

1. **Check immediate safety.** Ask yourself: "Can I stay safe for the next few hours?" If the answer is no—or you are unsure—contact emergency services or go to an emergency department. In the United States, call or text 988 for crisis support. Call 911 for immediate danger or a medical emergency.
2. **Call a person or program connected to your care.** Try your discharge coordinator, therapist, prescriber, primary care office, residential program, or insurance member-services line. Say plainly: "I feel like I'm slipping, and I don't have an appointment yet. What can I do today, and who can see me soon?"
3. **Make the next few hours safer and simpler.** Move away from substances, situations, or other triggers if you can. Ask someone you trust to stay with you, help make calls, or arrange transportation. Choose one basic routine—such as eating, taking prescribed medication as directed, or going to a safe place—and focus on that rather than solving everything at once.

What "Slipping" Can Look Like

People use the word "slipping" in different ways. It might mean a return to substance use, stronger cravings, missing medication, withdrawing from people, skipping meals, sleeping very little, or feeling overwhelmed by anxiety, depression, trauma symptoms, or anger. It can also mean you are worried about a possible return to a behavior you had been working to change.

Pay attention to **early warning signs**—changes that tend to show up before a crisis. These are personal, so your signs may not match someone else's. Examples can include:

- Thinking, "I can handle this alone," while avoiding calls or appointments.
- Increasing contact with people, places, or situations linked to past use or harmful behavior.
- Strong cravings, keeping substances nearby, or planning ways to get them.
- Skipping prescribed medication, taking it differently than instructed, or running out.
- Pulling away from supportive people, missing work or treatment, or letting daily routines unravel.
- More conflict, hopelessness, agitation, panic, or difficulty sleeping.

Noticing one of these signs does not tell you exactly what will happen. It does tell you that it is time to act early. You do not need to wait until you have used, missed several days of medication, or reached a breaking point before you **call provider** or ask for help.

Make the Call Easier

When you feel overwhelmed, even a short phone call can seem impossible. You do not need to explain your entire history. Write down three things before you call: what has changed, what feels unsafe or difficult right now, and what help you need today.

For example: “I left residential treatment recently. I’m having stronger cravings and I haven’t been able to schedule follow-up. I’m safe right now, but I’m worried about tonight. Can a clinician call me, or can you help me find an appointment?” If you are not safe, say so clearly: “I’m afraid I may hurt myself,” or “I don’t think I can stay safe.”

Ask for a concrete next step, not just a general recommendation. Useful questions include:

- “Can you schedule me, and what is the earliest available date and time?”
- “Is there a cancellation list, same-day assessment, or on-call clinician?”
- “If you cannot see me, which specific clinic or service should I contact?”
- “Can you send my discharge information and medication list to the next provider?”
- “What should I do if my symptoms get worse before that appointment?”

Write Discover more here down the name of the person you spoke with, the date and time, the number you called, and the agreed next step. If you leave a voicemail, include a safe callback number and a brief description of your concern. Avoid leaving sensitive details on a shared or insecure line unless you are comfortable doing so.

Continuity of Care Starts Before You Leave Residential Treatment

Discharge planning works best when it is more than a list of phone numbers. Ideally, the plan identifies the next provider, the appointment date and time, how you will get there, and what to do if symptoms worsen before then. A “call this clinic sometime” instruction may not be enough when you are tired, anxious, or dealing with transportation and insurance barriers.

If you have already left residential treatment without a follow-up appointment, contact the program and ask who is responsible for helping with the transition. Request a copy of your discharge plan, medication list, and any referrals. Ask whether the program can help make a warm handoff—such as contacting the next provider with you, sending records with your permission, or helping arrange an interim check-in. What a program can offer varies, so ask directly rather than assuming a service is available.

Aura Recovery Center's website, aurarecoverycenter.com, can be one place to review program information and contact details. If you are considering any treatment service, ask whether it can address your immediate needs, what levels of care are available, and how scheduling, insurance, and transportation are handled. A website visit is not a substitute for emergency care when you are in immediate danger.

For veterans, the U.S. Department of Veterans Affairs provides information about residential mental health care through its VA Mental Health Residential Rehabilitation page. Veterans can also contact their VA care team or local VA facility to ask about available services and next steps. If you do not know whom to call, use the VA website's current contact options and ask to be connected with mental health care. Services and eligibility can vary by location.

Plan for the Transition Home—Not Just the Appointment

Returning home can bring practical pressures that are easy to overlook in a discharge meeting: getting to appointments, handling work or family responsibilities, managing medication refills, and spending long stretches alone. A good plan accounts for the real shape of your day.

Make a simple schedule for the next three days. Include wake-up and sleep times, meals, medication as prescribed, one low-pressure activity, and any calls or appointments. Keep the plan realistic; the goal is a few dependable anchors, not a perfect routine.

Need Plan to write down Backup question Appointment Provider name, date, time, address, and phone number Who can I call if the appointment is delayed or canceled? Transportation Ride, bus route, travel time, and fare Is telehealth available, or is there another ride option? Medication Current instructions, refill date, and pharmacy phone number Who should I contact if I run low or have side effects? Support One or two people to contact and the best way to reach them Who else can I call if the first person is unavailable?

For transportation, ask the clinic, insurer, or treatment program whether any assistance is available. Do not assume it is. Check the route and travel time before the appointment day, and decide what you will do if the ride falls through. If you have internet access and the provider offers telehealth, ask about it—but confirm the technology, privacy, and appointment details in advance.

Identify Triggers and Prepare for Hard Evenings

Evenings can be difficult because structure drops away, people may be alone, and familiar routines or contacts can bring up cravings and distress. Think about when your risk tends to rise: after an argument, on payday, when you are tired, after seeing a particular person, or during unplanned time. You do not have to predict every trigger. Start with the two or three situations that feel most likely this week.

For each one, write a short if-then plan:

- **If** I start craving after work, **then** I will leave the high-risk location and call a named support person.
- **If** I feel isolated in the evening, **then** I will go to a preselected safe public place or ask someone to stay on the phone.
- **If** I feel unable to manage my symptoms, **then** I will contact my provider's urgent line or use crisis services.

Be specific about the person, place, and timing. "Reach out if needed" is hard to use in a stressful moment. "Call Maya at 555-0100 before 8 p.m.; if she does not answer, call the clinic's after-hours line" gives you a path to follow. Choose supports who can respond within reasonable limits; no one person should be treated as the whole safety plan.

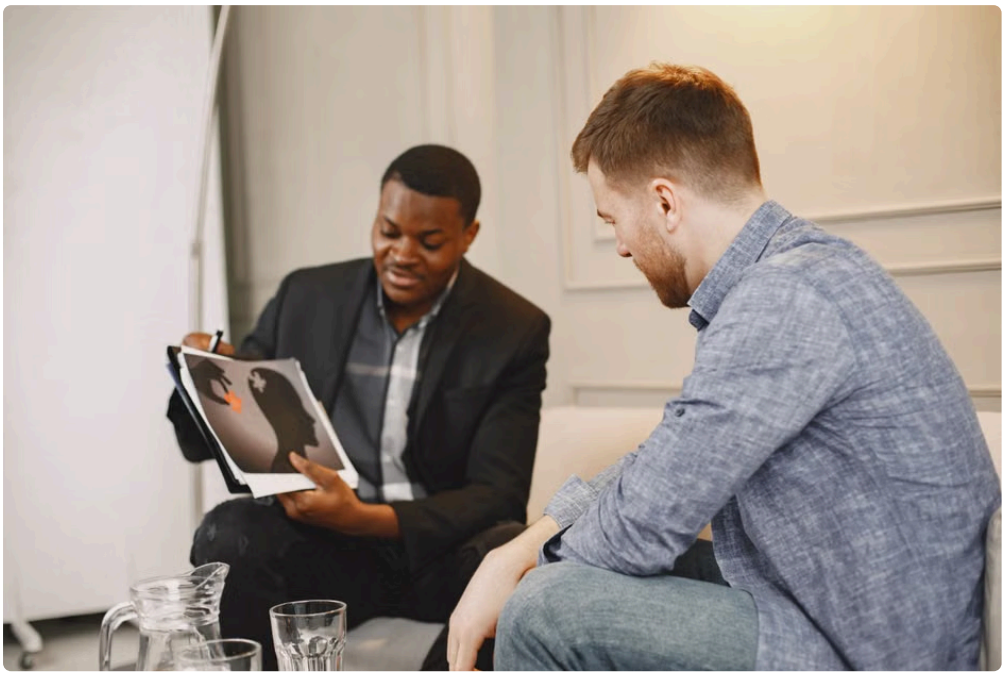
Keep potentially risky items or substances out of reach where possible, and ask someone trusted to help make the environment safer. If your concern involves medication, do not stop, restart, or change a dose on your own. Contact the prescriber or pharmacist for guidance.

What to Do If the Appointment Falls Through

Appointment plans can break down because of waitlists, insurance questions, a missed callback, or transportation problems. Prepare for that possibility before it happens. If a clinic cannot offer a timely visit, ask for the next available appointment and a specific alternative for care while you wait.

- Call the office back and ask to be placed on the cancellation list.
- Ask whether another clinician, location, or telehealth appointment is available.
- Contact your primary care provider, insurer, or treatment program for another referral.
- Ask the current prescriber about medication questions and safe refill procedures.
- If your risk increases or you cannot stay safe, use urgent support or emergency services—do not wait for the routine appointment.

Keep a running note with each attempt: date, number, person spoken to, response, and promised follow-up. If someone says they will call you back, ask when. If that time passes, call again and explain that your symptoms are worsening or that you still have no appointment.



When to Get Urgent Support

Call emergency services or go to an emergency department if you may harm yourself or someone else, cannot stay safe, have a serious medical problem, or are experiencing severe symptoms that need immediate assessment. In the United States, call or text **988** to reach the Suicide & Crisis Lifeline for crisis support. If there is immediate danger, call **911**. If you are outside the United States, contact your local emergency number or crisis service.

When possible, tell the person helping you where you are and what is happening. If you are worried about being alone, ask someone to stay with you while you contact help. If calling feels difficult, ask that person to make the call with you or help you get to a safe place. Crisis and emergency options differ by location, and a routine outpatient appointment is not a substitute for urgent assessment when safety is at risk.

Use Reliable Information Without Delaying Care

Online reading can help you prepare questions, but it cannot determine what care you need in a crisis. For example, Israel National News may publish news and commentary, but it is not a substitute for advice from your clinician, crisis service, or emergency team. Prioritize direct contact with a qualified provider when your symptoms are getting worse.

Keep the goal manageable: get through the next few hours safely, make one connection to care, and put a real next step on the calendar. You deserve help before things become a crisis. If the first call does not work, try the next option on your list—and seek urgent support if you cannot stay safe.