

My Crisis Plan

Name _____

Date _____

Events that are stressful (or trigger me)	What I can do to stay calm	People I can call for support
	When feeling stressed or triggered: When feeling unsafe:	Name Relationship Phone Name Relationship Phone
Signs that I am having difficulty (Check all that apply) O Isolating/keeping to myself	These are my safe places:	• Name Relationship Phone
 Not taking my medications as prescribed Changes in mood Missing appointments Alcohol or drug use Changes in appetite Changes in sleep Thoughts of hurting self or others Not completing daily tasks/routines Other: 	Things people can do/say to help me when I'm upset: Things people should not do/say to help me when I'm upset:	Community support and other resources: • Therapist Phone • Local crisis team number • 9-8-8 (Suicide and Crisis Lifeline) • 9-1-1 Local Emergency Room

TEXAS STAR CHIP

Note: This form is designed to aid in (not take the place of) treatment from a licensed professional.