

# 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   |
|---|---|---|
|   | <p>When feeling stressed or triggered:</p><br><br><p>When feeling unsafe:</p>   | <ul style="list-style-type: none"> <li>• Name _____<br/>Relationship _____<br/>Phone _____</li> <li>• Name _____<br/>Relationship _____<br/>Phone _____</li> <li>• Name _____<br/>Relationship _____<br/>Phone _____</li> </ul>   |
| <p><b>Signs that I am having difficulty</b><br/>(Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Isolating/keeping to myself</li> <li><input type="radio"/> Not taking my medications as prescribed</li> <li><input type="radio"/> Changes in mood</li> <li><input type="radio"/> Missing appointments</li> <li><input type="radio"/> Alcohol or drug use</li> <li><input type="radio"/> Changes in appetite</li> <li><input type="radio"/> Changes in sleep</li> <li><input type="radio"/> Thoughts of hurting self or others</li> <li><input type="radio"/> Not completing daily tasks/routines</li> </ul> <p>Other: _____</p> | <p>These are my safe places:</p><br><br><p>Things people can do/say to help me when I'm upset:</p><br><br><p>Things people should not do/say to help me when I'm upset:</p> | <p><b>Community support and other resources:</b></p> <ul style="list-style-type: none"> <li>• Therapist _____<br/>Phone _____</li> <li>• Local crisis team number _____</li> <li>• 9-8-8 (Suicide and Crisis Lifeline)</li> <li>• 9-1-1 Local Emergency Room</li> </ul> |

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