

My Coping Plan _____ (name)

Because life can be so stressful, we want to help you feel safer and healthier. This coping plan is a way to find out your best ways to cope with anger, anxiety, loss, or changes in your life. **Put an X or check the box that is true for you.** Draw pictures and write notes (optional) about each.

1. What “triggers” do you have? What upsets you or may cause you to lose control?

Being tired

Hearing noises

Having upsetting memories

Being hungry

Feeling lonely

Feeling afraid or unsafe

Too many people

Wanting to go home

Being told what to do

Feeling disrespected

Being startled

Being touched or too close

Change in usual routines, or environment

Other

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2. What warning signs do you have when you feel upset, or like you are losing control?

Crying

Pacing or walking a lot

Needing to talk about it

Asking for help

Saying "I'm fine"

Withdrawing/get some space

Slamming doors

Throwing things

Worrying a lot or "panic"

Yelling or swearing

Can't focus

Shutting down or feel "stuck"

Hurting others

Hurting myself

Having negative thoughts

Other

Overeat or eating less

Using or abusing substances

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3. What is helpful if I am about to lose control?

Listening to music

Taking a walk

Taking a shower or bath

Having privacy

Calling or texting

Medicine if needed

Exercising

Praying or meditating

Talking to family, friends, or pet

Having support group

Calling a counselor

Writing in my journal

Time to regroup

"Shake it off"

Someone who really listens

Other

Mindfulness

Using relaxation/coping skills

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4. What is not helpful if I am about to lose control?

- People saying "relax" Staying too close to me Not letting me call or text

- Not letting me vent People touching me People raising their voice

- Other Telling me what to do Saying "things will be fine"

Let's plan ahead for coping:

Who do I want included in my treatment or coping plan?

- People?
- Pets?
- Things?

What do I need to do every day to keep myself healthy?

- Routines?
- Communication?
- Healthier habits, nutrition and activity?
- Social and spiritual time?
- Medicine?
- Learning?

Optional: Ask for suggestions from family, or people who support you. Share the coping plan with your treatment team.

Date the coping plan was completed _____ Revised dates _____