

## 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
<ul> <li>Not taking my medications as prescribed</li> <li>Changes in mood</li> <li>Missing appointments</li> <li>Alcohol or drug use</li> <li>Changes in appetite</li> <li>Changes in sleep</li> <li>Thoughts of hurting self or others</li> <li>Not completing daily tasks/routines</li> <li>Other:</li> </ul>	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.