Self-Care Plan for

Periods of High Stress or Following Critical Incidents

| Step 1: Warning signs: (thoughts, body sensations, images, mood, situation, behavior) that my stress level may be getting too high: | | |
|---|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| | | |
| Step 2: <i>Internal coping strategies:</i> Things I can do, on my own, to take my mind off my problems (relaxation techniques, physical activity): | | |
| 1. | | |
| | | |
| 2. | | |
| | | |
| 3. | | |
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| Step 3: People and social settings that provide distraction: | | |
| 1. Name/Phone: | | |
| 2. Name/Phone: | | |
| 3. Name/Phone: | | |
| 4. Place/Activity: | | |
| 5. Place/Activity: | | |
| | | |

| Step 4: People whom I can ask for help: | |
|---|--|
| 1. | Name/Phone: |
| 2. | Name/Phone: |
| 3. | Name/Phone: |
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| | ree things that are the most important to me that I am most grateful for and that make my life |
| worth | while: |
| 1. | |
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| | |
| 2. | |
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| | |
| 3. | |
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