

Examples for Distress Coping Plan Steps 1-5

Step 1: Warning Signs: *What are my warning signs that would alert me that it is time to use my plan? What are the red flags I should look out for?*

<u>Situations</u>	<u>Thoughts</u>	<u>Emotions/Feelings</u>	<u>Physical Sensations</u>	<u>Behaviors</u>
<input type="checkbox"/> Relationship issues	<input type="checkbox"/> I am worthless	<input type="checkbox"/> Sadness/down	<input type="checkbox"/> Heaviness in body	<input type="checkbox"/> Isolating self/ Stay in bed/home
<input type="checkbox"/> Job issues	<input type="checkbox"/> I can't handle things	<input type="checkbox"/> Scared	<input type="checkbox"/> Heart racing	<input type="checkbox"/> Avoid task/chore
<input type="checkbox"/> Housing issues	<input type="checkbox"/> Things won't change	<input type="checkbox"/> Guilt	<input type="checkbox"/> Tension in body	<input type="checkbox"/> Drinking alcohol
<input type="checkbox"/> Loss of loved one	<input type="checkbox"/> I have failed	<input type="checkbox"/> Feeling alone	<input type="checkbox"/> Shallow breaths	<input type="checkbox"/> Using drugs
<input type="checkbox"/> Health issues	<input type="checkbox"/> I do not belong	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Stomach issues	<input type="checkbox"/> Using more meds
<input type="checkbox"/> Learning of illness	<input type="checkbox"/> No one cares for me	<input type="checkbox"/> Agitated-restless	<input type="checkbox"/> Physical pain	<input type="checkbox"/> Not bathing/ Self-care
<input type="checkbox"/> Financial issues	<input type="checkbox"/> Others are better off without me	<input type="checkbox"/> Feeling empty	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleep changes
<input type="checkbox"/> Legal issues	<input type="checkbox"/> I am to blame	<input type="checkbox"/> Shame	<input type="checkbox"/> Appetite changes	<input type="checkbox"/> Run away/hide from problems
<input type="checkbox"/> Substance relapse	<input type="checkbox"/> I regret the past	<input type="checkbox"/> Anger at other	<input type="checkbox"/> Clenched teeth	<input type="checkbox"/> Crying
<input type="checkbox"/> Loss of custody	<input type="checkbox"/> If only I had done 'x'	<input type="checkbox"/> Anger at self	<input type="checkbox"/> Tightness in jaw	<input type="checkbox"/> Fighting/yelling
<input type="checkbox"/> Other:	<input type="checkbox"/> My feelings won't change	<input type="checkbox"/> Dissatisfied with self	<input type="checkbox"/> Changes in energy	<input type="checkbox"/> Increased use of internet/TV
	<input type="checkbox"/> I can't get what I need	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Acting reckless
	<input type="checkbox"/> I worry about my future			<input type="checkbox"/> Changes in eating
	<input type="checkbox"/> My future is hopeless			<input type="checkbox"/> Talking/writing about death/suicide
	<input type="checkbox"/> I feel trapped – there is no way out			<input type="checkbox"/> Other:
	<input type="checkbox"/> I have no purpose in life			
	<input type="checkbox"/> I have no reason to live			
	<input type="checkbox"/> I think about death			
	<input type="checkbox"/> I think about harming myself/suicide			
	<input type="checkbox"/> Other:			

Step 2: Internal Coping Strategies: *What are some things I can do on my own to take my mind off my problems for a while?*

A) Practice Relaxation: Deep Diaphragmatic breathing, muscle relaxation, guided meditation

B) Practice grounding the senses to self-soothe:

<u>Sight/Hear</u>	<u>Smell/Taste</u>	<u>Touch/Feel</u>	<u>Focus on Pleasant</u>
<input type="checkbox"/> Watch birds/clouds/stars	<input type="checkbox"/> Use favorite soap lotion	<input type="checkbox"/> Hot bath	<input type="checkbox"/> Memories
<input type="checkbox"/> Watch kids play	<input type="checkbox"/> Smell coffee	<input type="checkbox"/> Pet dog/cat	<input type="checkbox"/> Happy pictures
<input type="checkbox"/> Watch pets play	<input type="checkbox"/> Smell lavender-calming	<input type="checkbox"/> Wrap in blanket	<input type="checkbox"/> Count blessings
<input type="checkbox"/> Soothing music-Not sad	<input type="checkbox"/> Smell/taste citrus-awakens	<input type="checkbox"/> Wear favorite pjs	<input type="checkbox"/> Reasons to live
<input type="checkbox"/> Catchy/Upbeat music	<input type="checkbox"/> Scented candle	<input type="checkbox"/> Feel sunlight	<input type="checkbox"/> Use VirtualHopebox
<input type="checkbox"/> Use VirtualHopebox "Guided Meditations"	<input type="checkbox"/> Smell clean laundry	<input type="checkbox"/> Squeeze stress ball	"Remind Me" or "Inspire Me"
<input type="checkbox"/> Go outside-hear nature	<input type="checkbox"/> Taste favorite food	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Notice a mint dissolve		
	<input type="checkbox"/> Other:		

C) Distract with activity:

Leisure

- Eat outside/not at desk
- People watch
- Paint/draw/crafts/sing
- Garden/fish/play hoops or sports
- Walk around the block and count steps/meditate/pray
- Exercise
- Cooking/cards/crossword
- Fav TV show/movie/book/magazine

Finish one task (feel accomplished)

- Wash dishes
- Do laundry
- Clean one part of a room
- Run one errand
- Work 15 minutes at maximum towards a task/chore
- Other:

Contribute

- Help someone you know
- Give a compliment
- Put \$ in an expired meter
- Send a nice text/card/email
- Volunteer/ help someone less fortunate
- Other:

D) Change body chemistry:

Exercise to use up extra energy

- Go for a brisk walk or run
- Do pushups/jumping jacks/sit-ups
- Lift weights
- Other:

Use cold water to change body temperature and decrease distress

- Submerge entire face in cold water in sink
- Put an ice pack around the nose and eyes
- Hold ice in hand and notice it melting
- Take a COLD shower

Step 3a: People to provide distraction: *Who are some people I can contact to take my mind OFF my problems (to distract me and not to discuss how I'm feeling)?*

- Friend/Acquaintance Relative Spouse/Partner Sponsor Religious leader Other:

Step 3b: Settings to provide distraction: *What are some safe places I can go to take my mind OFF my problems and to be around other people during the daytime or late at night?*

Open, but not 24 hours

- Sit in the park
- Walk around mall/store
- Sit in a coffee shop
- Go to the gym/exercise class

Do a task (feel accomplished)

- Restaurant
- Go to a support group
- Go to a religious service
- Other:

Open 24 hours

- Grocery store
- Walmart
- Waffle House
- Other:

Step 4: People I can ask for help: *Who are the people that I can ask for help during a crisis (discuss how I am feeling)?*

- Friend Relative Spouse/Partner Sponsor Religious leader Other:

Step 5: Professionals to contact for a crisis: *What professionals can I contact to ask for help during a crisis?*

Clinician Name(s) and #:

*National/local resources