

Adult Emotional Regulation Plan

Name: _____ Date: _____

My stress triggers (check all that apply):

☐ When people don't listen to me ☐ Being alone/ isolated ☐ Pressure/ deadlines ☐ Involved in an argument ☐ Hearing about people's trauma/stress ☐ Feeling I've failed or let someone down ☐ Doing too many things at once ☐ When someone interrupts me ☐ Technology challenges ☐ When my thoughts/ ideas are ignored or dismissed ☐ Being lied to/ misled ☐ When others don't meet expectations that impact my work ☐ Feeling left out ☐ Feeling misunderstood ☐ Too many emails (reply all) ☐ Too much noise ☐ Being in a crowded room/ not enough space ☐ Personal info about me is shared	☐ Facing a difficult challenge ☐ Change in routine ☐ Criticism ☐ Being threatened ☐ Being touched ☐ I don't have control or a say in something that impacts me ☐ Being disrespected ☐ Someone taking credit for my ideas ☐ Microaggressions / racist comments ☐ Yelling ☐ When others talk too much ☐ Gossip ☐ Lack of teamwork/ blaming instead of solving problem ☐ People mispronouncing my name ☐ People not using my pronouns / using my dead name ☐ Other: _____ ☐ Other: _____ ☐ Other: _____
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How I might respond to stress (check all that apply):

☐ Feel helpless	☐ Need to be alone
☐ Avoid things I used to enjoy	☐ Feel guilty or shameful
☐ Feel angry (may lose my temper)	☐ Minimize or deny problem exists
☐ Go numb/ check out mentally	☐ Use drugs or alcohol to cope
☐ Attempt to control things	☐ Feel exhausted/ lack of energy
☐ Get distracted easily	☐ Fixate on my challenge
☐ Lose my ability to solve problems	☐ Physical ailments/ get sick
☐ Feel like people are out to get me	☐ Other: _____
☐ Lose sight of the big picture	☐ Other: _____
☐ Feel that no one understands	☐ Other: _____

Warning signs that I feel stress (check all that apply):

☐ Sweating	☐ High energy/ intense activity level
☐ Singing/ Humming	☐ Wringing hands
☐ Pacing	☐ Gossiping / talking to multiple people about the stressor
☐ Crying	☐ Loud voice
☐ Red face	☐ Clench teeth
☐ Breathing Heavy	☐ Hurt myself
☐ Become very quiet	☐ Being rude/ insulting/ sarcastic
☐ Neglect hygiene	☐ Swearing
☐ Damage things	☐ Bouncing leg/ fidgeting
☐ Isolating /Avoid Others	☐ Rocking
☐ Rapid speech	☐ Other: _____
☐ Zoning out	☐ Other: _____
☐ Procrastinating	

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Things that might help (check all that apply):

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|--|--|
| ☐ Time to myself | ☐ Splashing cold water on face |
| ☐ Pacing alone | ☐ Being with people/ community |
| ☐ Running or walking / exercise | ☐ A hug |
| ☐ Humor | ☐ Deep breathing |
| ☐ Looking at a picture | ☐ Lying down |
| ☐ Talking with someone | ☐ Singing |
| ☐ Calling a therapist/ EAP | ☐ Coloring/ clay/ art |
| ☐ Being in nature | ☐ Bouncing a ball/ tossing bean bag |
| ☐ Rocking | ☐ Self-talk |
| ☐ Music | ☐ Reading |
| ☐ Listening to a meditation | ☐ Eating something/ drinking water |
| ☐ Hearing reassurance and empathy | ☐ Other: _____ |
| ☐ Calling someone I love | ☐ Other: _____ |
| ☐ Distraction | ☐ Other: _____ |

Things that do not help/ make it worse (check all that apply):

- | | |
|---|--|
| ☐ Being alone | ☐ Being ignored |
| ☐ Teasing / Joking | ☐ Being reminded of policy/lectured |
| ☐ Being around people | ☐ Someone denying my feelings |
| ☐ Loud voices | ☐ Telling me "Calm down" |
| ☐ Noise/ chaos | ☐ Silence |
| ☐ Bright lights | ☐ Being given advice |
| ☐ Being touched/ hugged | ☐ Other: _____ |
| ☐ Pity/ feeling sorry for me | ☐ Other: _____ |

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Action Plan:

When I notice these warning signs and ways I am activated, I will
_____ to prevent further challenges from developing.

When someone notices _____, I would like them to
help by _____.

Other ideas about what to do if I feel emotionally overwhelmed or upset while at work:

My support people:

Name people who I (or others) would reach out to if I needed support. Can be person at work or in personal life:

Name	Relationship	Phone	Email

If someone needed to deliver important or difficult news to me at work, I would choose:

_____ to tell me the news, and would want
_____ to be there to support me.