

Adult Emotional Regulation Plan

Name: _____

Date: _____

This is how I might respond to stress: Circle all that apply	
<input type="checkbox"/> Feel helpless	<input type="checkbox"/> Avoid things I used to enjoy
<input type="checkbox"/> Feel angry (may lose my temper)	<input type="checkbox"/> Go numb/ check out mentally
<input type="checkbox"/> Attempt to control things	<input type="checkbox"/> Get distracted easily
<input type="checkbox"/> Lose my ability to solve problems	<input type="checkbox"/> Feel like people are out to get me
<input type="checkbox"/> Lose sight of the big picture	<input type="checkbox"/> Feel guilty or shameful
<input type="checkbox"/> Minimize or deny problem exists	<input type="checkbox"/> Use drugs or alcohol to cope
<input type="checkbox"/> Feel exhausted/ lack of energy	<input type="checkbox"/> Only think about my own troubles
<input type="checkbox"/> Physical ailments/ get sick	<input type="checkbox"/> Feel that no one understands
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Need to be alone
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

These responses are often triggered by: Circle all that apply	
<input type="checkbox"/> People don't listen to me	<input type="checkbox"/> Personal info about me is shared
<input type="checkbox"/> I am alone /lonely	<input type="checkbox"/> Facing a new challenge
<input type="checkbox"/> Pressure/ deadlines	<input type="checkbox"/> Change in routine
<input type="checkbox"/> Involved in an argument	<input type="checkbox"/> Threatened
<input type="checkbox"/> Feeling left out/ ignored	<input type="checkbox"/> Being touched
<input type="checkbox"/> Fear or anxiety	<input type="checkbox"/> Feeling misunderstood
<input type="checkbox"/> Feeling like I failed or let someone down	<input type="checkbox"/> I don't have control or a say in something that impacts me
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Warnings signs that I am feeling this way are: Circle all that apply	
<input type="checkbox"/> Sweating	<input type="checkbox"/> Singing/ Humming
<input type="checkbox"/> Pacing	<input type="checkbox"/> Crying
<input type="checkbox"/> Red face	<input type="checkbox"/> Breathing Heavy
<input type="checkbox"/> Become very quiet	<input type="checkbox"/> Neglect hygiene
<input type="checkbox"/> Damage things	<input type="checkbox"/> Act hype/ high energy
<input type="checkbox"/> Wringing hands	<input type="checkbox"/> Loud voice
<input type="checkbox"/> Clench teeth	<input type="checkbox"/> Hurt myself
<input type="checkbox"/> Being rude/ insulting	<input type="checkbox"/> Swearing
<input type="checkbox"/> Bouncing leg/ fidgeting	<input type="checkbox"/> Rocking
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Isolating /Avoid Others

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Things that might help: Circle all that apply	
<input type="checkbox"/> Time to myself	<input type="checkbox"/> Pacing alone
<input type="checkbox"/> Running or walking / exercise	<input type="checkbox"/> Humor
<input type="checkbox"/> Talking with someone	<input type="checkbox"/> Seeing a therapist
<input type="checkbox"/> Being in nature	<input type="checkbox"/> Rocking
<input type="checkbox"/> Music	<input type="checkbox"/> Splashing cold water on face
<input type="checkbox"/> Being with people/ community	<input type="checkbox"/> Deep breathing
<input type="checkbox"/> Lying down	<input type="checkbox"/> Singing
<input type="checkbox"/> Coloring/ clay/ art	<input type="checkbox"/> Bouncing a ball/ tossing bean bag
<input type="checkbox"/> Self-talk	<input type="checkbox"/> Listening to a meditation
<input type="checkbox"/> Reading	<input type="checkbox"/> Hearing reassurance
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Calling someone I love
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Things that do not help/ make it worse: Circle all that apply	
<input type="checkbox"/> Being alone	<input type="checkbox"/> Teasing / Joking
<input type="checkbox"/> Being around people	<input type="checkbox"/> Loud voices
<input type="checkbox"/> Noise/ chaos	<input type="checkbox"/> Being touched/ hugged
<input type="checkbox"/> Being ignored	<input type="checkbox"/> Being reminded of rules/lectured
<input type="checkbox"/> Someone denying my feelings	<input type="checkbox"/> Telling me "Calm down"
<input type="checkbox"/> Pity/ feeling sorry for me	<input type="checkbox"/> Other

Action Plan: When I notice these warning signs and triggers: _____

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: _____

People on my support team: Name people who you (or other) would reach out to if I needed support:

Name	Relationship	Phone	Email

If someone needed to deliver important or difficult news to me at work, I would choose: _____
to tell me and _____ to be there to support me.