

Adult Emotional Regulation Plan

Name: _____ Date: _____

My stress triggers (check all that apply):

| | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> When people don't listen to me <input type="checkbox"/> Being alone/ isolated <input type="checkbox"/> Pressure/ deadlines <input type="checkbox"/> Involved in an argument <input type="checkbox"/> Hearing about people's trauma/stress <input type="checkbox"/> Feeling I've failed or let someone down <input type="checkbox"/> Doing too many things at once <input type="checkbox"/> When someone interrupts me <input type="checkbox"/> Technology challenges <input type="checkbox"/> When my thoughts/ ideas are ignored or dismissed <input type="checkbox"/> Being lied to/ misled <input type="checkbox"/> When others don't meet expectations that impact my work <input type="checkbox"/> Feeling left out <input type="checkbox"/> Feeling misunderstood <input type="checkbox"/> Too many emails (reply all) <input type="checkbox"/> Too much noise <input type="checkbox"/> Being in a crowded room/ not enough space <input type="checkbox"/> Personal info about me is shared | <ul style="list-style-type: none"> <input type="checkbox"/> Facing a difficult challenge <input type="checkbox"/> Change in routine <input type="checkbox"/> Criticism <input type="checkbox"/> Being threatened <input type="checkbox"/> Being touched <input type="checkbox"/> I don't have control or a say in something that impacts me <input type="checkbox"/> Being disrespected <input type="checkbox"/> Someone taking credit for my ideas <input type="checkbox"/> Microaggressions / racist comments <input type="checkbox"/> Yelling <input type="checkbox"/> When others talk too much <input type="checkbox"/> Gossip <input type="checkbox"/> Lack of teamwork/ blaming instead of solving problem <input type="checkbox"/> People mispronouncing my name <input type="checkbox"/> People not using my pronouns / using my dead name <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
|---|---|

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How I might respond to stress (check all that apply):

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

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

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

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Things that might help (check all that apply):

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

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

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