



## **Personal Action / Crisis Prevention Plan**

This Plan is meant to help clients/consumers, their support persons and providers prepare for times when life seems too hard to manage. This Plan is designed to support conversations about what would help when additional support or action is needed. It is not just another form to fill out! It may be helpful to talk about this Plan with a person who knows you well enough to understand your strengths and your challenges. It is best to complete this Plan when you are feeling better about yourself and your life.

The list of “Ideas to Help Spark Your Thinking” that is included with the Plan is meant only to start a conversation, and to encourage you to be creative and decide what is important to you. We don’t want you to just “choose one or two and fill in the blank”. Use your own ideas and make this Plan truly fit you. You can fill out this Plan by yourself, with a peer support person or family member or friend, or with a mental health provider.

This Plan is best used by professionals as a tool to begin a series of conversations about recovery, how clients experience good times, and what might help them recognize and cope with times of stress or difficulty.

The Plan is most useful if it is available to you and your support people at moments of crisis. Consider having copies in several places:

- Where you can find it easily as needed
- In the file kept by your mental health provider
- On file with the local psychiatric crisis response team – for many people within the BCN region this would be the Psychiatric Crisis Center (503-585-4949). You can fax the form to the MVBCN at 503-585-4989 and we will get it to the crisis team in your county.

Share with your mental health provider and **FAX to Roger at 503-585-4989 (for PCC file)**

# PERSONAL ACTION / CRISIS PREVENTION PLAN

## CLIENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

County of Residence \_\_\_\_\_ Phone(s) \_\_\_\_\_

*Support Persons: (family, advocate, peer support)*

✕ Mark who you want called in a crisis

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

Counselor / Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

*If you are taking mental health medications, who prescribes them?*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Person who has a list of your **current** medications \_\_\_\_\_

Medications that have been helpful in emergencies \_\_\_\_\_

Medications to avoid and why \_\_\_\_\_

Allergies / adverse medical effects \_\_\_\_\_

Mental health conditions \_\_\_\_\_

Substance use issues \_\_\_\_\_

Medical conditions \_\_\_\_\_

I have completed a *Declaration for Mental Health Treatment*. It is available at: \_\_\_\_\_

**PERSONAL ACTION / CRISIS  
PREVENTION PLANNING**

The document called "Ideas to Help Spark Your Thinking" has suggestions others have found helpful.

1. Some things I want from my life are: \_\_\_\_\_

\_\_\_\_\_

2. Signs that I'm doing OK: \_\_\_\_\_

\_\_\_\_\_

3. Early signs that I'm not feeling well: \_\_\_\_\_

\_\_\_\_\_

4. What I can do to help myself: \_\_\_\_\_

\_\_\_\_\_

5. Ways that others can help me: \_\_\_\_\_

\_\_\_\_\_

6. What I don't want – What doesn't help: \_\_\_\_\_

\_\_\_\_\_

7. I know I need to get help when: \_\_\_\_\_

\_\_\_\_\_

In a crisis I need to know I have help with:  Pets  Children  Transportation

Other: (explain) \_\_\_\_\_

In a crisis situation, I will do this: \_\_\_\_\_

\_\_\_\_\_

*Optional:* My provider or other support person agrees to do this: \_\_\_\_\_

\_\_\_\_\_

I would like to request a trauma survivor peer support volunteer (if you're on Oregon Health Plan)

I would like information about other peer support services

Oregon state law allows healthcare providers to share your confidential information to the extent necessary to help you during an emergency. *Oregon Revised Statutes 179.505 (4)(a)*

# Ideas to help spark your thinking when filling out your Plan

Pick any ideas that fit for you -- Add your own ideas -- Use your own words

## #2 Signs that I'm doing okay:

- ... I can laugh at myself; find my sense of humor
- ... I feel that life is good; I am grateful
- ... I have confidence in myself; I'm not ashamed or afraid
- ... I can balance both positive and negative aspects of life
- ... I can think things through and am in control of my actions, thoughts, feelings
- ... I make time to see friends; I feel sociable, safe, secure.
- ... I participate in meaningful activities or work; I feel connected to society
- ... I feel energetic, calm and strong.
- ... I take time to exercise
- ... I don't feel nervous or anxious; I'm curious, interested, not bored;
- ... I am focused; I can concentrate; I'm not easily distracted
- ... I enjoy sound sleep; I like waking up

## #3 Early signs that I'm not feeling well:

- ... changes in sleep habits: fatigue, insomnia; wanting to sleep all the time
- ... changes in eating; stop eating or eat compulsively
- ... more sensitivity to what I see, hear, smell, or touch
- ... seeing figures, hearing voices
- ... I stop taking care of myself
- ...I start believing that people are against me, but know that my thinking is off
- ... I am bothered by thoughts I can't get rid of
- ... I feel like harming myself or others
- ... I think about getting back into addictive behavior
- ... I feel more anxious or depressed; I experience more panic
- ... I get confused or have increased difficulty with memory
- ... I experience racing thoughts
- ... I'm more irritable or angry; I disagree with people a lot
- ... I stop answering the phone or knocks on the door; I don't open my mail

## #4 What I can do to help myself:

- ...hum; sing; read; lie down and rest; take a nap; talk with friends
- ...tell the voices to go away; think "STOP"
- ...watch TV or a video; go to a movie; listen to music
- ...help other people
- ...debate with the voices
- ...exercise; take a walk; clean a room
- ...journal; write a letter; do my hobby
- ...take a bath or shower; soak my feet; fix my fingernails
- ...let someone know that I am having symptoms and what they are
- ...use my mindfulness skills
- ...safely release my anger or frustration
- ...use alternatives to harming myself
- ...make myself a treat or a good meal or buy a flower
- ...pet my dog or cat
- ...breathe
- ...take time to be by myself
- ...call somebody who understands; call a peer support person

### **#5 Ways others can help me:**

- ... listen to my story long enough to really hear what I'm saying
- ... talk to me; encourage and reassure me; show me my successes
- ... encourage me to pace or move around, to listen to my music, to draw or paint
- ... call my peer support person
- ... remind me of my goals, my interests, my connections
- ... hold me; breathe with me; help me become aware of what is happening
- ... ask me if I am hearing voices and how loud they are
- ... tell me that you want to help; ask me what I want from you
- ... accept and respect me; understand that I am doing the best I can
- ... treat me the same as when I am not having problems; take me seriously
- ... give me space; leave me alone
- ... treat me gently, calmly; slow me down
- ... help me communicate my needs to professionals;
- ... if you give me any instructions, make them clear and write them down
- ... problem solve with me on concrete things I can do to take care of myself
- ... be aware of how the volume of your voice affects me
- ... ask me if I've eaten; feed me \_\_\_\_\_

### **#6 What I don't want - What doesn't help :**

- ... keeping me waiting
- ... dismissing, forgetting, or ignoring what I tell you
- ... asking immediately whether I'm a danger to my self or others
- ... talking to me
- ... touching me
- ... not listening to me; making assumptions about what I need
- ... telling me what to do or what not to do; nagging me; lecturing me
- ... judging me, or criticizing me, or labeling me
- ... trying to control me or threatening me
- ... making me sign a safety contract
- ... putting me in the hospital
- ... taking my choices away; taking my clothes away
- ... putting me in restraints
- ... overwhelming me or pushing me to do things I'm not ready for
- ... patronizing or talking down to me

### **#7 I know I need to get help when:**

- ... there are too many noises and sounds-I can't focus on what I want to hear
- ... a voice (not my own) tells me to do things and I can't ignore it
- ... I am convinced that people are out to get me
- ... what I see in the mirror is not me
- ... I talk in ways that don't make sense to others
- ... it feels like something is crawling on my skin
- ... I have a plan to hurt myself or others
- ... I feel out of control
- ... I can't stand myself
- ... I engage in addictive behavior
- ... I can't stand how I feel – I have to do something now!