



Date: _____

CRISIS PREVENTION PLAN

How do I want my response to be different from times I've experienced distress in the past?

Warning signs that might indicate things are getting worse:

- **Thoughts:**
- **Feelings:**
- **Behaviors:**
- **Problematic Situations:**

INTERNAL COPING STRATEGIES – Things I can do to take my mind off problems without contacting another person

- **Positive self-soothing:** What calms me when I'm stressed?
- **Distraction:** What keeps my mind off my stress? (Exercise, crafting, cooking, reading, movies/TV, puzzles, etc.)

- **Emotional awareness:** How can I identify and express my feelings? (Journaling, art, blog, etc.)

- **Mindfulness:** What helps me ground myself in the present moment? (Guided meditation, yoga, breathing, etc.)

People whom I can ask for help (names & numbers):

Person/people who I will share this prevention plan with: _____

Professionals or agencies I will contact during a crisis:

WCU Counseling & Psychological Services: 828.227.7469

National Suicide Prevention Lifeline: 1.888.273.TALK(8255); suicidepreventionlifeline.org

Trevor Project (LGBTQ crisis): 1.888.488.7386; thetrevorproject.org

Appalachian Community Services Mobile Crisis: 1.888.315.2880

By signing below, I acknowledge that the above information is accurate and agree to follow the agreed-upon plan.

Signature: _____ Date: _____ Witness: _____

Agreement/permission ___ accepted ___ refused by student

copy ___ accepted ___ declined