



IOWE

guilt free self care

Emotional Regulation Safety Plan

Commitment between _____ and _____
Self Support Person

Warning signs indicating feelings of stress, anxiety, or fearful thinking:

- _____ - _____
- _____ - _____

What you DO HAVE control over: What you DON'T:

- _____ - _____
- _____ - _____
- _____ - _____

Coping skills to implement in order to decrease negative impact:

- _____ - _____
- _____ - _____
- _____ - _____

If still having difficult emotions:

* Bring in a professional

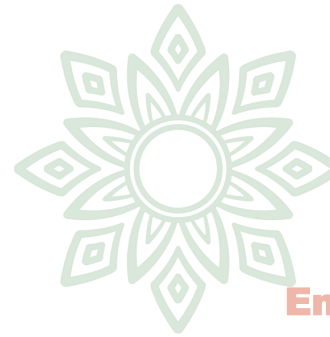
- Licensed Mental Health Provider
Counselor _____

- Call your doctor
Doctor _____

- Call crisis center
Center: 1-844-493-TALK (8255)

If having unsafe thoughts or in
immediate danger: Call 911

Becky Lauridsen, LPC
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