



# BEYOND STABILIZATION

*Life After Discharge*

## INDIVIDUAL CRISIS & SUPPORT PLAN

A family-centered planning template for warning signs, support needs, crisis response, recovery, and healthy boundaries.

**Important:** Complete this plan with the individual whenever possible. It is a planning and communication tool—not a substitute for professional care or emergency services. The goal is to decide what to do *before* a crisis makes decisions harder.

Prepared for an adult loved one experiencing recurring anxiety, depression, and mood changes

|                           |  |
|---------------------------|--|
| Name / Preferred Name     |  |
| Plan Created / Updated    |  |
| Primary Person to Contact |  |

## 1 Baseline & What “Doing Well” Looks Like

Describe the person's usual functioning so supporters can recognize meaningful changes rather than reacting to every difficult day.

|                                              |  |
|----------------------------------------------|--|
| Typical mood / personality                   |  |
| Typical sleep pattern                        |  |
| Work / income / daily routine                |  |
| Living situation & places he feels safe      |  |
| Strengths, interests & reasons to keep going |  |

## 2 Early Warning Signs

Check signs that have appeared before a significant decline. Add personal signs that are more useful than generic checklists.

|                                                                   |                                                             |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Sleep changes                            | <input type="checkbox"/> Withdrawal / isolation             |
| <input type="checkbox"/> Irritability or agitation                | <input type="checkbox"/> Marked increase in worry           |
| <input type="checkbox"/> Low mood / hopelessness                  | <input type="checkbox"/> Racing thoughts                    |
| <input type="checkbox"/> Unusual spending or risky decisions      | <input type="checkbox"/> Difficulty completing normal tasks |
| <input type="checkbox"/> Increased substance use                  | <input type="checkbox"/> Missed appointments / treatment    |
| <input type="checkbox"/> Neglecting food, hygiene, or basic needs | <input type="checkbox"/> Statements that cause concern      |
| <input type="checkbox"/> Other: _____                             | <input type="checkbox"/> Other: _____                       |

## 3 Known Stressors & Triggers

Examples may include financial problems, relationship conflict, loss of work, housing problems, sleep disruption, isolation, substance use, or major changes in routine.

|  |
|--|
|  |
|--|

## 4 What Helps Early — Before a Crisis

Identify practical steps the individual agrees are helpful when warning signs first appear.

|                                                                |                                                        |
|----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> A quiet / low-stimulation environment | <input type="checkbox"/> A trusted person checking in  |
| <input type="checkbox"/> Time alone without pressure           | <input type="checkbox"/> A walk or change of setting   |
| <input type="checkbox"/> Regular food and hydration            | <input type="checkbox"/> Rest / sleep routine          |
| <input type="checkbox"/> Contacting therapist / prescriber     | <input type="checkbox"/> Peer or support group         |
| <input type="checkbox"/> Crisis line / warm line               | <input type="checkbox"/> Removing unnecessary conflict |
| <input type="checkbox"/> Practical help with errands           | <input type="checkbox"/> Other: _____                  |

My three most helpful early-intervention steps:

## 5 Communication & De-escalation Preferences

When I am overwhelmed, please:

Please do not:

Words or approaches that help me feel respected and heard:

## 6 Crisis Levels & Agreed Actions

| LEVEL  | WHAT WE MAY SEE                                        | AGREED RESPONSE                                                                               |
|--------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| GREEN  | Stable / functioning at usual baseline                 | Maintain routine, supports, and normal boundaries.                                            |
| YELLOW | Warning signs increasing; functioning slipping         | Use early-intervention steps; increase supportive contact; contact provider if appropriate.   |
| ORANGE | Significant deterioration or safety concern developing | Activate crisis supports; reduce conflict; involve designated contacts; consider professional |
| RED    | Immediate danger or inability to remain safe           | Use emergency/crisis services and follow the emergency plan below.                            |

## 7 Emergency / Crisis Response Plan

**Emergency safety:** If there is an immediate danger of suicide, serious self-harm, violence, or another life-threatening emergency, contact 911 or the appropriate local emergency service. In the U.S., 988 is available for crisis support. Use the service that best matches the situation and local resources.

Preferred crisis / behavioral health service

Primary clinician / prescriber

First family/support contact

Second support contact

Preferred emergency department / hospital

Important information responders should know

## 8 Housing & Family Boundary Plan

A crisis plan works best when housing expectations are decided in advance. This section separates **supporting someone in crisis** from assuming that a family home must become the crisis housing option.

**If the current living situation becomes unstable, my preferred alternatives are:**

**Who can help me find temporary housing, transportation, or practical support?**

### Family home agreement

The family home is: ☐ available as agreed ☐ not available as housing ☐ available only under a written agreement

If a visit is requested, contact must happen before entering: ☐ Yes ☐ No

Visitors must be approved / discussed in advance: ☐ Yes ☐ No

Borrowing property requires permission: ☐ Yes ☐ No

A separate sleeping / stay arrangement has been identified: ☐ Yes ☐ No

If boundaries cannot be maintained, the next step is: \_\_\_\_\_

## Respectful Boundary Script

Write a short message that family members can use consistently. The goal is clarity, not punishment or argument.

**Suggested starting point:** "We love you and want to support you. We also need our home to remain safe and predictable. If you are struggling, we will help you use the crisis plan and contact the people we agreed on. Staying in our home, entering without notice, bringing visitors, or borrowing things will follow the boundaries we have agreed to."

### Our personalized version:

## Support Network

| ROLE                        | NAME | PHONE / CONTACT | WHEN TO CONTACT |
|-----------------------------|------|-----------------|-----------------|
| Family / trusted person     |      |                 |                 |
| Mental health provider      |      |                 |                 |
| Peer support                |      |                 |                 |
| Housing / practical support |      |                 |                 |
| Primary care                |      |                 |                 |
| Other                       |      |                 |                 |

## Treatment & Practical Information

Complete only with information the individual chooses to share. Keep it current.

| Medication / Treatment | Schedule / Notes | Provider |
|------------------------|------------------|----------|
|                        |                  |          |
|                        |                  |          |
|                        |                  |          |
|                        |                  |          |

Insurance / benefits / important practical information

## 12 Recovery After the Crisis

Once the immediate crisis has passed, identify what helps the person return to routine and what the family needs to recover as well.

**What helped during the crisis?**

**What made things worse?**

**What should we change in this plan next time?**

**Follow-up appointments / practical tasks:**

## 13 Family Caregiver Boundaries & Self-Care

Supporting an adult loved one does not require a caregiver to give up safety, privacy, property, sleep, finances, or reasonable household rules.

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> I know who I can call for support.                            | <input type="checkbox"/> I have identified what I can and cannot provide.  |
| <input type="checkbox"/> I have a plan for overnight / housing requests.               | <input type="checkbox"/> I know which boundaries are non-negotiable.       |
| <input type="checkbox"/> I have a way to step away from escalating conflict.           | <input type="checkbox"/> I have someone who can support me after a crisis. |
| <input type="checkbox"/> I will not make major decisions in the middle of an argument. | <input type="checkbox"/> I will review this plan when things are calm.     |

**My boundaries / limits:**

## 14 Review, Agreement & Important Notes

Review this plan periodically and after any significant crisis or change in living situation. Whenever possible, the individual should participate in deciding what information can be shared and with whom.

|                                    |             |
|------------------------------------|-------------|
| <b>Individual / Representative</b> | <b>Date</b> |
|                                    |             |
| <b>Caregiver / Support Person</b>  | <b>Date</b> |
|                                    |             |

|                         |                     |
|-------------------------|---------------------|
|                         |                     |
| <b>Next Review Date</b> | <b>Plan Version</b> |
|                         |                     |

**Beyond Stabilization** focuses on the part of the journey that often receives less attention: what happens after stabilization—when families and loved ones still have to navigate relationships, boundaries, housing, treatment, caregiver stress, and the return to everyday life.