Care Plan

Name: ____________________________  Clinician Name: ____________________________

My main therapeutic goals and problems I am working on

(1) In the short term

(2) In the long term

My crisis survival strategies

Warning signs that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won't harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis:

Lifeline: 13 11 14  Emergency: 000  Kids Helpline: 1800 551 800  Local Service:

My support people (e.g. partner, family members, friends, psychologist, psychiatrist, teacher, school counsellor, social worker, case worker, GP)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
<th>Role in My Care</th>
<th>OK to Contact?</th>
</tr>
</thead>
</table>

Signature: ____________________________________________________________

Clinician’s Signature: ________________________________________________

Date: _______________  Date of next review: _______________

Copy for the: Client / Clinician / Emergency / GP / School / Case Worker / Other (please specify)

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