# UIC

# Student Self-Reflection and Coping Plan

**Disclaimer:** This document does not serve as stand-alone treatment and cannot replace the support a person would receive through connection with a mental health professional. If you are filling out this form, it is strongly recommended that you meet with the UIC Counseling Center or an off-campus practitioner.

# Section 1: Indications and Invitations

These are ways I may feel or behave when, or directly state/indirectly imply that, I am in need of support. **For example:** urge to drink or use drugs, intense arguing, suicidal thoughts or feelings, directly seeking help

1.	2.	3.	4.

### Section 2: Recognizing Warning Signs

These are feelings, thoughts, physical sensations, or behaviors I experience when I start to think about suicide or feel extremely distressed.

For example: feeling helpless, suicidal thoughts, physically tensing, distancing myself from others

1.	2.	3.	4.

### **Section 3: Internal Coping Strategies**

These are things I can do to comfort or distract myself when I'm not feeling balanced, without assistance from others. **For example:** playing an instrument, listening to music, writing, working out, painting, meditating

1.	2.	3.	4.

#### **Section 4: External Coping Strategies**

These are places I can go to or people I can speak with to comfort or distract myself when I'm not feeling balanced. **For example:** AA/NA meeting, talk with a specific person, visit a coffee shop, listen to live music, walk through an art exhibit

1.	2.	3.	4.

# Section 5: Making My Environment Safe

These are practices I use regularly to make the space around me feel safe, and items I limit access to in the event of a crisis. **For example:** keep alcohol out of my room, have a small number of pills in my room, keep positive/inspiring items in my room

1.	2.	3.	4.

#### Section 6: People in My Support Network

These are people from whom I can call and ask for help, and rely on in a crisis. **For example:** family member, friend, AA/NA sponsor, therapist

Name:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:

# Section 7: Other Things to Include in My Coping Plan

This is anything else you would like to include as a reminder to yourself about your support systems in times of crisis.

#### Section 8: My Follow-Up Plan

This is my plan moving forward to ensure I'm safe and if my coping mechanism are not working, these are mental health professionals, health care providers, and others that are part of my self-care plan. **For example:** specify when, where, and with whom you will meet, if possible, include what you may want to discuss

Name of Person to Connect to:	When and Where We Can Meet:	Helpful Points to Talk Through:
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# Section 9: Additional Support Systems

These are professional staff members/agencies that I can contact during a crisis or if I'm experiencing thoughts of suicide.

Office of the Dean of Students	UIC Counseling Center	
Call: 312-996-4857	Call: 312-996-3490	
Available: Mon Fri. from 8:30am – 5:00pm	Available: Mon Fri. from 8:30am – 5:00pm	
Location: Student Services Building, Suite 3030	Location: Student Services Building, Suite 2010	
UIC After Hours Crisis Counselor	UIC Hospital Emergency Room	
Call: 312-996-3490, option 2	Call: 312-996-7298	
Available: Outside of Counseling Center	Available: 24/7	
Business Hours	Location: 1740 W Taylor St.	
Crisis Text LineSuicide and Crisis LifelineText: HOME to 741741Call: 988Available: 24/7Available: 24/7	Local Emergency Services Blackline   Call: 911, or 312-355-5555 Call/Text: 1800-604-5841   for UICPD Available: 24/7 Available: Daily 11pm-6am, M-W 9am-3pm; M-F 7pm-10pm	