Signaling plan   **Date:**

Name:		Phone number:
Date of birth:		
Care giver:		Phone number:
GP:		
GP out of office hours:		
Contact person:		Phone number:

Protective factors
•

Pit Falls
•

Stressful events that can lead to dysregulation
•

Medication:	Medication in case of emergency:

Phase -Stable- GREEN	What is there to see about me?	What do I do myself, what stressful situations should I avoid?	What does my environment/caregiver see about me?	What can my environment/caregiver do or what exactly should one not do?
Thinking				

Feeling				
Behaviour				

Phase -Early Signals- YELLOW	What is there to see about me?	What do I do myself, what stressful situations should I avoid?	What does my environment/caregiver see about me?	What can my environment/caregiver do or what exactly should one not do?
Thinking	Depression (Hypo)mania	Depression (Hypo)mania	Depression (Hypo)mania	Depression (Hypo)mania
Feeling	Depression (Hypo)mania	Depression (Hypo)mania		
Behaviour	Depression (Hypo)mania	Depression (Hypo)mania		

Phase -Mild- ORANGE	What is there to see about me?	What do I do myself, what stressful situations should I avoid?	What does my environment/caregiver see about me?	What can my environment/caregiver do or what exactly should one not do?
Thinking	Depression (Hypo)mania	Depression (Hypo)mania	Depression (Hypo)mania	Depression (Hypo)mania

Feeling	Depression (Hypo)mania	Depression (Hypo)mania		
Behaviour	Depression (Hypo)mania	Depression (Hypo)mania		

Phase -Serious- RED	What is there to see about me?	What do I do myself, what stressful situations should I avoid?	What does my environment/caregiver see about me?	What can my environment/caregiver do or what exactly should one not do?
Thinking	Depression (Hypo)mania	Depression (Hypo)mania	Depression (Hypo)mania	Depression (Hypo)mania
Feeling	Depression (Hypo)mania	Depression (Hypo)mania		
Behaviour	Depression (Hypo)mania	Depression (Hypo)mania		