

AuDHD Burnout Prevention Workbook and Personalized Crisis Plan

Recognize early changes, protect recovery time, and write a plan you can use when thinking is difficult.

Julie Renee | September 2026

Complete the crisis pages while relatively calm. Share them with a trusted person or clinician if you choose. If you are in immediate danger, use emergency services now; do not wait to complete an exercise.

Name: _____ Date: _____ My preferred contact method: _____

Choose a starting point

If I need...	Go to...
To notice patterns	Baseline, triggers, and early warning signs
A lower demand day	Energy budget and minimum viable day
A safety step now	My step by step crisis sequence and support contacts



AuDHD Burnout Prevention and Crisis Planning

How to use this handout: Complete this plan when you are relatively calm. Keep it somewhere easy to find, such as your phone, wallet, bedside table, or shared with a trusted person. Review it after a burnout episode or major life change.

Burnout is not a personal failure. It often develops when demands exceed available energy, support, recovery time, or access needs for too long. For AuDHD adults, burnout may be affected by sensory overload, masking, executive-function demands, social stress, sleep disruption, health concerns, caregiving, and work or school pressures.

Part I: My Burnout Prevention Plan

1. My Baseline: What “Doing Okay” Looks Like

When I am relatively well, I usually:

- ☐ Sleep:
- ☐ Eat and drink:
- ☐ Manage medication or health needs:
- ☐ Communicate with others:
- ☐ Complete daily tasks:
- ☐ Tolerate sensory input:
- ☐ Handle changes or unexpected demands:
- ☐ Notice and name my feelings:
- ☐ Enjoy or engage in:

My early signs that I may be running low on energy include:

2. My Main Burnout Triggers

Check or add the situations that most often increase my stress.

Work, School, or Daily Demands

- ☐ Too many tasks at once
- ☐ Unclear priorities or vague instructions
- ☐ Last-minute changes
- ☐ Long shifts or too little recovery time
- ☐ Too many meetings, messages, or interruptions
- ☐ Administrative tasks, paperwork, bills, or scheduling
- ☐ Conflict, criticism, or performance pressure



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☐ Other:

Sensory and Physical Demands

- ☐ Noise
- ☐ Bright lights
- ☐ Crowds
- ☐ Touch or uncomfortable clothing
- ☐ Heat, cold, hunger, thirst, pain, or fatigue
- ☐ Poor sleep
- ☐ Too much screen time or visual clutter
- ☐ Other:

Social and Emotional Demands

- ☐ Masking or “performing” socially
 - ☐ People-pleasing
 - ☐ Conflict or uncertainty in relationships
 - ☐ Feeling misunderstood
 - ☐ Caregiving responsibilities
 - ☐ Isolation or lack of support
 - ☐ Shame about unfinished tasks
 - ☐ Other:
-
-

3. My Early-Warning Signs

When burnout is building, I may notice:

In My Body

- ☐ Headaches, muscle tension, pain, or stomach upset
- ☐ Severe fatigue or sleeping much more or less than usual
- ☐ Increased sensory sensitivity
- ☐ Restlessness, pacing, fidgeting, or feeling physically “wired”
- ☐ Forgetting to eat, drink, take medication, or use the restroom
- ☐ Other:



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In My Thoughts and Feelings

- ☐ Brain fog or trouble finding words
- ☐ Increased worry, hopelessness, irritability, sadness, or numbness
- ☐ Feeling trapped, ashamed, or unable to cope
- ☐ Difficulty making decisions
- ☐ Feeling criticized or rejected more intensely than usual
- ☐ Other:

In My Behavior

- ☐ Withdrawing from messages, people, work, or routines
- ☐ Unable to start or finish basic tasks
- ☐ Missing appointments, deadlines, meals, or medication doses
- ☐ Increased scrolling, spending, alcohol, nicotine, or other substance use
- ☐ More shutdowns, meltdowns, crying, anger, or conflict
- ☐ Other:

My top three early-warning signs are:

4. My Energy Budget

Things That Use a Lot of My Energy

Things That Help Me Recover

Things I Can Reduce, Delay, Delegate, or Simplify

One Boundary I Can Set This Week

“ _____ ”

Examples:

- ☐ “I need written instructions and one priority at a time.”
- ☐ “I cannot add another commitment this week.”
- ☐ “I need a quiet break before I can continue this conversation.”
- ☐ “I can complete this task by [date], but not today.”



5. My Daily Regulation Basics

On most days, these supports make a meaningful difference:

Area	Support
Sleep and rest	
Food and hydration	
Medications or health routines	
Movement or physical regulation	
Sensory support	
Social connection or quiet time	
Task support or reminders	
Enjoyment, interests, or recovery activity	

6. My “Minimum Viable Day”

When I have low energy, I do not need to complete everything. My minimum viable day includes:

- ☐ Medication or essential health task:
- ☐ Food and hydration:
- ☐ Basic hygiene or comfort task:
- ☐ One urgent responsibility:
- ☐ One regulation activity:
- ☐ One person or support I can contact:
- ☐ One demand I can postpone, delegate, or cancel:

Reminder: Reduced capacity is a signal to adjust demands, not proof that I have failed.

Part II: My Personalized Crisis Plan

Use this section if distress is escalating, you feel unable to cope, you are having thoughts of harming yourself, or you are unable to stay safe.

1. My Crisis Warning Signs

I may be moving toward a crisis when I notice:

- ☐ Thoughts:
- ☐ Feelings:
- ☐ Body sensations:
- ☐ Behaviors:



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☐ Situations that increase risk:

☐ Changes others may notice:

2. What I Can Do on My Own First

These are safe strategies that may help me get through the next few minutes or hours:

☐ Go to a quiet, lower-sensory space

☐ Use headphones, a comfort item, familiar music, or a grounding activity

☐ Drink water or eat something simple

☐ Take a shower, change clothes, use a weighted item, or rest

☐ Walk, pace, stretch, or use another safe form of movement

☐ Focus on a familiar interest or comforting activity

☐ Use a written checklist rather than trying to think through everything

☐ Other strategies that work for me:

3. People or Places That Help Distract Me

These people or places can help me feel less alone, even if I do not want to explain everything.

Person or Place	How to Contact or Access	What Helps

4. People I Can Tell Directly That I Need Help

These are people I can contact and say, "I am not okay. I need support."

Name	Contact Information	What I Need From Them



5. Professional and Crisis Supports

Support	Name and Location	Contact Information
Primary Care Provider		
Psychiatric Provider		
Therapist/Counselor		
Crisis Team/Mobile Crisis		
Local Mental Health Service		
Local Emergency Department		

Note. United States: Call or text 988 for the Suicide & Crisis Lifeline. If there is immediate danger, call 911 or go to the nearest emergency department.

6. Making My Environment Safer

When I am in crisis, these steps can help create time and space between an urge and an action:

- ☐ A trusted person who can stay with me or check in:
- ☐ A trusted person who can temporarily hold or secure medications, weapons, sharp objects, alcohol, or other items that feel unsafe:
- ☐ A safer location I can go:
- ☐ Transportation plan:
- ☐ Pets, children, or dependents who may need care:
- ☐ Steps I can take to avoid alcohol or substances that increase impulsivity:
- ☐ Other safety supports:

My plan for reducing access to items that could be used for self-harm:



7. Reasons to Pause and Stay Safe

In a crisis, I may not feel hopeful. These are reminders of what matters enough to help me take the next safe step:

People, pets, or communities I care about:

Values I want to live by:

Experiences I still want to have:

Parts of myself I want to protect:

A statement I want to remember:

“ _____.”

8. My Step-by-Step Crisis Sequence

- a. Notice: My warning signs are happening.
- b. Pause: I will move to a safer, lower-demand space.
- c. Regulate: I will try one or two coping tools from Section 2.
- d. Connect: I will contact a person or use a safe place from Sections 3–4.
- e. Escalate: If I still do not feel safe, I will contact a professional support, 988, or emergency services.
- f. Reduce access: I will ask for help making my environment safer.
- g. Follow up: After the immediate crisis, I will contact my care team and update this plan.

Part 3: Support Person Instructions

What helps when I am overloaded, shut down, or in crisis:

- ☐ Speak calmly and directly.
- ☐ Use short sentences and one step at a time.
- ☐ Ask before touching me.
- ☐ Reduce noise, lights, questions, and competing demands when possible.
- ☐ Offer water, food, a quiet space, or help with basic tasks.
- ☐ Do not expect eye contact, quick answers, or a detailed explanation.
- ☐ Ask: “Would you like quiet company, practical help, or help contacting someone?”



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- ☐ Help me follow my written plan rather than asking me to make many decisions.
- ☐ Take statements about self-harm or suicide seriously and help me access urgent support.

What is usually not helpful:

Plan Review

Date created:

Reviewed with:

Next review date:

Update this plan after a major stressor, a change in health, a medication change, a relationship change, a work or school transition, or a crisis episode.

This plan is most useful when it is personalized, shared with trusted supports when appropriate, and reviewed with a mental-health clinician if there is a history of self-harm, suicidal thoughts, suicide attempts, or severe functional decline. Personalized crisis plans commonly include warning signs, internal coping strategies, trusted social contacts, professional supports, and steps to make the environment safer.



The traffic light check in

Choose the closest state. This is a prompt for self observation, not a clinical scale.

State	What I notice	Next gentle action
Green • baseline	_____	Continue one protective routine
Yellow • strained	_____	Remove or delay one demand
Orange • near overload	_____	Seek support and reduce stimulation
Red • unsafe or unable to cope	_____	Use my crisis plan and contact help

What usually moves me from yellow to orange?

Who can notice a change with me?

My recovery menu

2 minutes	10 minutes	Longer recovery
Drink water or lower a light	Move to a quieter place	Protect an unscheduled block
Breathe or stretch gently	Eat a simple snack	Ask for help with a demand
My idea: _____	My idea: _____	My idea: _____



My next safe step card

Keep a completed copy where you can find it quickly. If I cannot stay safe, I will contact emergency or crisis support immediately.

Prompt	My answer
My earliest crisis sign	
A safer place	
The first person I will contact	
How to contact them	
My clinician or crisis line	
Help securing items that feel unsafe	

Message I can send: "I am having a hard time staying safe. Please call me or come sit with me and help me follow my plan."

After a difficult day

What happened just before I needed support?

What helped, even a little?

One change to discuss with my clinician or support person:



Optional focusing activities

These are for calmer moments or gentle breaks. They are not a substitute for the crisis sequence when safety is uncertain. Stop if an activity increases distress.

Word search

REST PAUSE QUIET WATER SLEEP BOUNDARY SUPPORT BREATHE PLAN SPACE

Q	P	S	D	W	G	S	I	R	K	Z	Z	V	R
P	C	P	E	P	E	P	C	H	U	B	C	R	L
G	Z	U	E	C	A	P	S	P	M	O	Z	S	R
V	Y	Q	A	E	L	U	Y	E	W	U	C	P	M
W	M	F	M	A	P	N	E	E	I	N	P	W	M
V	A	W	N	P	L	E	K	L	K	D	A	X	T
J	E	T	O	N	W	R	A	S	S	A	U	N	E
Y	F	R	E	B	T	X	Z	U	N	R	S	A	Q
R	T	R	O	R	R	R	D	A	Y	Y	E	T	T
Y	I	N	X	M	P	E	T	R	P	T	N	E	Z
E	H	F	Z	F	L	X	A	U	J	S	P	I	B
Y	C	L	Y	R	X	F	Q	T	E	E	G	U	I
C	F	S	W	Z	H	E	J	D	H	R	S	Q	L
C	L	K	C	T	I	L	X	F	M	E	W	N	Q



Slow scan and sort

Circle each O, one row at a time. Pause whenever you want.

ODCOBAOCDOAB

ACODBOACODBO

BODAO CBOADOC

DABOCODAOBCO

My count: _____ This felt: ☐ soothing ☐ neutral ☐ tiring

Three small anchors

Name one steady thing you can see, one sound you can hear, and one place your body touches a surface.

See	Hear	Feel
_____	_____	_____

My plan review

Last reviewed: _____ With whom, if anyone: _____ Next review: _____

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