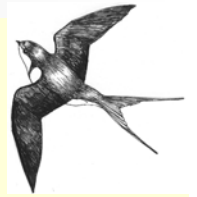
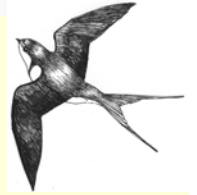
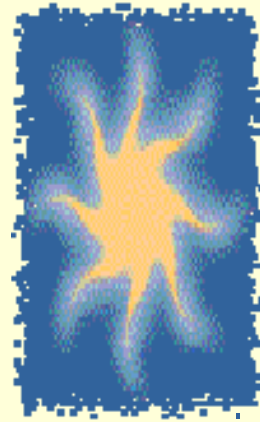


WRAP

Wellness Recovery Action Plan



Recovery is ...



...a journey of healing and transformation for a person with a mental health problem to be able to live a meaningful life in a community of his or her choice while striving to achieve maximum human potential



Key Recovery Concepts:

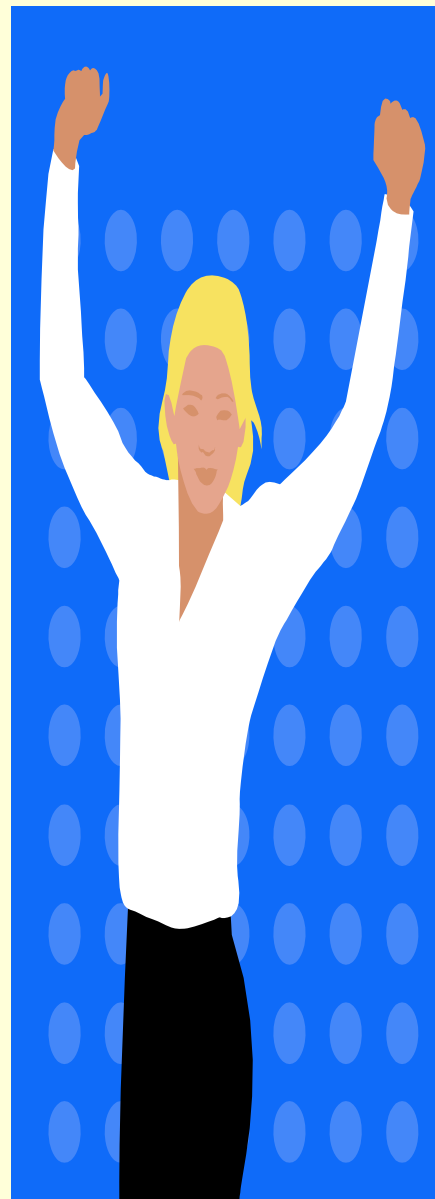
Hope

Personal
Responsibility

Education

Self-Advocacy

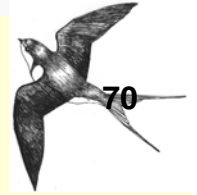
Support



WRAP includes:



- ✎ Wellness Toolbox**
- ✎ Daily Maintenance Plan**
- ✎ Identifying Triggers and an Action Plan**
- ✎ Identifying Early Warning Signs and an Action Plan**
- ✎ Signs that Things Are Breaking Down and an Action Plan**
- ✎ Crisis Planning**
- ✎ Post Crisis Planning**



The Wellness Recovery Action Plan

was developed by a group of people who had been dealing with difficult feelings and behaviors for many years, people working to feel better and get on with their lives.

WRAP will:

- 1. Help you stay as well as possible**
- 2. Help you keep track of difficult feelings and behaviors, and develop action plans to help you feel better.**
- 3. Tell others what to do for you when you are feeling so badly that you can't make decisions, take care of yourself and keep yourself safe.**

You can use WRAP

as a tool to help insure your success if you are planning changes in your life like:



- ↳ **Getting a job**
- ↳ **Changing jobs**
- ↳ **Increasing your work hours**
- ↳ **Taking on more responsibilities**
- ↳ **Getting more education or training**
- ↳ **Leaving supported housing**
- ↳ **Moving**
- ↳ **Beginning or leaving an intimate relationship**
- ↳ **Working on relationship issues**
- ↳ **Having a child**

You can also use WRAP to address other life issues *like*:

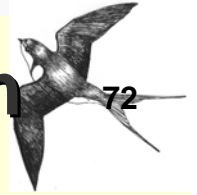


- ↳ Chronic or acute illness**
- ↳ Addictions**
- ↳ Breaking bad habits**
- ↳ Losing weight**
- ↳ Caring for an ill or elderly family member**
- ↳ Trying out new interests**

You could develop a separate WRAP to deal with each of these issues or, as you will see in the following examples, you could include these issues in one WRAP.

If you want to develop a special WRAP for a particular issue, you can see an example of how that can be done in the Work Related Issues section of Recovery Topics.

There is only one person who can write your WRAP—YOU.



You, and only you, decide:

- ↳ If you want to write one,**
- ↳ How much time it takes you to do it**
- ↳ When you want to do it**
- ↳ What you want and don't want in it**
- ↳ Which parts you want to do**
- ↳ Who you want, if anyone, to help you with it**
- ↳ How you use it**
- ↳ Who you show it to**
- ↳ Where you keep it**
- ↳ Who, if anyone, has copies of your crisis plan**



You may want to develop your WRAP

in a *three ring binder* with filler paper and a set of five tabs. However you can develop your WRAP using *any Paper or notebook style.*

You could develop it on your *computer* or even on a *tape recorder.*

You may want to ask a friend to support you as you work on your WRAP.



Begin

by developing a list of your

Wellness Tools

These are the things you do to keep yourself well, and the things you do to help yourself feel better when you don't feel well. You may have discovered them yourself or learned about them from others. Most of them are simple, safe and free. You will use these tools to develop your WRAP.



Common wellness tools are:

- ✎ **Reaching out to others for support**
- ✎ **Checking in with a care provider**
- ✎ **Peer counseling**
- ✎ **Focusing exercises**
- ✎ **Stress reduction and relaxation techniques**
- ✎ **Doing things that divert your attention/things you enjoy**
- ✎ **Journal writing**
- ✎ **Food related issues**
- ✎ **Exercise**
- ✎ **Light**
- ✎ **Sleep related issues**

Continued



- ✎ Modifying your daily life**
- ✎ Keeping yourself safe**
- ✎ Daily planning**
- ✎ Spiritual beliefs**

You will be able to think of many other Wellness Tools that are helpful to you. You can keep your list in the front of your binder, on your computer or wherever is most convenient for you.

Daily Maintenance List



On the first tab in your binder, write “Daily Maintenance List.” Insert it in your binder, followed by several sheets of filler paper.

On the first page, describe how you feel when you feel well. Do it in list form. Some words that others have used are:

bright	cheerful	talkative
outgoing	boisterous	energetic
humorous	happy	dramatic
athletic	optimistic	content
reasonable	competent	calm
introverted	industrious	active
compulsive	responsible	curious
quiet	withdrawn	reserved



You may also want to include on this page or on the next page any specific things you want to work on like:

- ✎ Building your self esteem**
- ✎ Going back to work,**
- ✎ Getting a different job,**
- ✎ Learning new skills**
- ✎ Losing or gaining weight**
- ✎ Addressing addictions**
- ✎ Relieving the effects of trauma**
- ✎ Healing from an illness, injury or surgery**
- ✎ Dealing with a chronic illness like fibromyalgia or arthritis**

These things may affect your plan and the Wellness Tools you choose.



On the next page

make a list of things you need to do for yourself every day to keep feeling well.

Example (*be specific*):

- Get up at 7 AM on weekdays so I can get to work on time**
- Pack a healthy lunch and food for snacks to take to work**
- Eat three healthy meals and three healthy snacks**
- Drink at least six 8-ounce glasses of water**
- Exercise for at least half an hour.**
- Get half an hour exposure to outdoor light**
- Take medications and vitamins**
- Relax or meditate for at least 20 minutes**
- Write in my journal for at least 15 minutes**
- Spend half an hour enjoying a fun, affirming or creative activity**



On the next page

make a reminder list for things you *might* choose to do. Reading through this list daily and doing those things that need to be done reduces the stress in your life and helps keep you on track.

Ideas of things you might choose:

- Set up an appointment with a care provider**
- Call your vocational rehabilitation counselor**
- Make some possible employment contacts**
- Sign up for a class**
- Study**
- Spend time with a good friend**

Continued



- ☞ Be in touch with my family**
- ☞ Spend extra time with my partner**
- ☞ Spend time with children or pets**
- ☞ Do peer counseling**
- ☞ Get more sleep**
- ☞ Buy groceries**
- ☞ Have some personal time**
- ☞ Plan something fun for the weekend**
- ☞ Plan something fun for the evening**
- ☞ Plan a vacation**
- ☞ Take a hot bubble bath**
- ☞ Go to a support group**

Triggers

External events or circumstances may make you feel like you are getting ill.

These are normal reactions to life events but if you don't respond to them, they may actually make you feel worse. On the second tab, write "Triggers" and put in several sheets of binder paper.



On the first page

write down those things that, if they happened, might make you feel worse. They may have made you feel badly in the past.



Examples:

- ✎ **Problems at work**
- ✎ **Difficult relationships with co-workers**
- ✎ **Benefits being questioned or denied**
- ✎ **Doing work that is hard for you**
- ✎ **Anniversary of loss or trauma**
- ✎ **Traumatic news**
- ✎ **Being very over-tired**
- ✎ **Work stress**
- ✎ **Family friction**

Continued



- ✎ **Financial problems**
- ✎ **Physical illness**
- ✎ **Sexual harassment**
- ✎ **Aggressive-sounding noises**
- ✎ **Feeling left out**
- ✎ **Reminders of abandonment**
- ✎ **Intimacy**
- ✎ **Excessive stress**
- ✎ **Guilt/criticism/ “put-downs”**
- ✎ **Spending too much time alone**
- ✎ **Being teased**

Triggers Action Plan



On the page after your list of triggers, develop a plan that you feel will keep you from feeling worse if a triggering event occurs.

Sample Plan:

If any of my triggers come up, I will:

- ✎ Make sure I do everything on my daily maintenance list**
- ✎ If work related, talk to my vocational counselor or employer**
- ✎ Focus on tasks that are easy for me to do well**
- ✎ Get one thing done that I know I can do well**
- ✎ Do a reality check**

Continued



- ☞ Talk to a support person**
- ☞ Write in my journal**
- ☞ Get some vigorous exercise**
- ☞ Do a focusing exercise**
- ☞ Peer counsel with a friend**
- ☞ Play my guitar for an hour**
- ☞ Do some deep breathing exercises
or a relaxation exercise**



Early Warning Signs

Early warning signs are internal and may be unrelated to reactions to stressful situations. They are subtle signs of change that indicate you may need to take some further action.

On the third tab write “Early Warning Signs.” Follow this with several sheets of lined paper. **On the first page** make a list of early warning signs you have noticed.



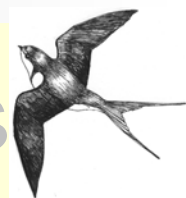
Examples:

- R Forgetfulness**
- R Anxiety or nervousness**
- R Inability to experience pleasure**
- R Lack of motivation**
- R Feeling slowed down or speeded up**
- R Avoiding doing daily maintenance items**
- R Being uncaring or apathetic**
- R Avoiding others or isolating**
- R Being obsessed with things**

Continued



- ☞ Feeling unconnected to my body**
- ☞ Increased irritability or negativity**
- ☞ Increase in smoking**
- ☞ Not keeping appointment**
- ☞ Spending money impulsively**
- ☞ Aches and pains**
- ☞ Feelings of hopelessness**
- ☞ Beginning of irrational thought patterns**



Early Warning Signs Action Plan

On the next page develop a plan of things to do every day until you feel better—a plan you think will help you from feeling worse if you notice early warning signs.

Sample Plan

- ✎ Do every thing on my daily maintenance plan**
- ✎ Tell a supporter how I am feeling**
- ✎ Peer counsel**
- ✎ Do a focusing exercise.**
- ✎ Do three 10-minute relaxation exercises**
- ✎ Spend at least 1 hour involved in an activity I enjoy.**

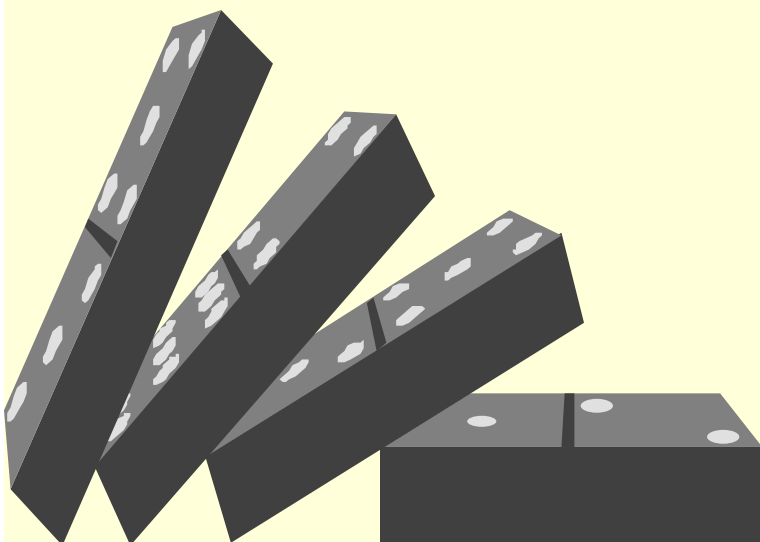


- ✎ Ask others to take over my household responsibilities**
- ✎ Surround myself with loving, affirming people**
- ✎ Take a mental health day**
- ✎ Arrange to leave work early**
- ✎ Get plenty of rest**
- ✎ Surround myself with loving, affirming people**
- ✎ Get plenty of rest**

When Things are Breaking Down or Getting Worse



You may begin to feel even worse—very uncomfortable, like the situation is serious—and even dangerous—but *you are still able to take some action in your own behalf.* This is a very important time. It is necessary to take immediate, assertive action to prevent a crisis.





On the fourth tab write, “When Things are Breaking Down.” Then make a list of the feelings and behaviors which, for you, mean that things have worsened and are close to the crisis stage.

Examples:

- ↳ Can't concentrate at work**
- ↳ Losing track of what I'm doing**
- ↳ Feeling very oversensitive and fragile**
- ↳ Irrational responses to others**
- ↳ Feeling very needy**
- ↳ Unable to sleep for. . .(how long?)**
- ↳ Sleeping all the time**
- ↳ Avoiding eating**
- ↳ Racing thoughts**

Continued



- ✎ **Substance abuse**
- ✎ **Obsessed with negative thoughts**
- ✎ **Unusual behaviors**
- ✎ **Dissociation (blacking out, losing time)**
- ✎ **Seeing things that aren't there**
- ✎ **Risk taking behaviors like driving fast**
- ✎ **Thoughts of self-harm**
- ✎ **Taking out your anger on others**

When Things are Breaking Down Action Plan



On the next page, write an action plan to use each day when things are breaking down. The plan now needs to be clear and directive with many things you “must” do and fewer choices.

Sample:

- ✎ Call my doctor or care provider, ask for and follow their advice**
- ✎ Arrange for at least three days off from work and any other responsibilities**
- ✎ Talk to a supporter**

Continued



- ✎ Arrange for someone to stay with me**
- ✎ Take action so I can't hurt myself if I get worse**
- ✎ Do things on my daily maintenance list**
- ✎ Do two peer counseling sessions, three deep breathing relaxation exercises, two focusing exercises**
- ✎ Write in my journal for half an hour**
- ✎ Get half an hour of exercise**

Crisis Planning



The next section of the WRAP is the crisis plan. In spite of your best planning and assertive action, you may find yourself in a crisis situation where others will need to take over responsibility for your care. You may feel as though you are totally out of control.

Write your crisis plan when you are well. Your plan will instruct others about how to care for you when you are not well. It keeps you in control even when it seems like things are out of control. Others will know what to do, saving everyone time and frustration, while insuring that your needs will be met. Develop this plan slowly when you are feeling well.

On the fifth tab write “Crisis Plan.”



Insert quite a few sheets of lined paper or use a form. The Crisis Plan has 9 parts. This part of the plan is different from other parts of the plan because you will give it to others so they have it when needed.

It includes:

- ↳ What you are like when you well**
- ↳ Indicators that others need to “take over”**
- ↳ Who “takes over” and who doesn’t**
- ↳ Information on your health care contacts and medications**
- ↳ Acceptable and unacceptable treatments**
- ↳ Home/community care/respite plan**

Continued



- ↳ Acceptable and unacceptable hospital facilities**
- ↳ Things others can do that would help**
- ↳ Things others might do that would make you feel worse**
- ↳ A list of chores and tasks for others**
- ↳ Indicators that the plan is no longer needed**
- ↳ Signatures of key people**



Part 1. “What I’m like when I’m feeling well.”

Describe what you are like when you are feeling well as a reference point for people who may not have met you before. (You can copy this from the first part of the first section of WRAP.)

Examples:

bright cheerful talkative
outgoing boisterous energetic
humorous happy dramatic
athletic optimistic content
reasonable competent calm
responsible industrious quiet
introverted withdrawn
reserve
compulsive active curious

Part 2. Symptoms



List those signs that indicate to others that they need to take over responsibility for your care and make decisions on your behalf.

Examples:

- ✎ **Uncontrollable pacing, unable to stay still**
- ✎ **Inability to stop compulsive behaviors**
- ✎ **Catatonic/unmoving for long periods of time**
- ✎ **Neglecting personal hygiene (days?)**
- ✎ **Not cooking or doing any housework (days?)**
- ✎ **Not understanding what people are saying**

Continued



- ✎ Self destructive, abusive or violent behavior**
- ✎ Criminal activities**
- ✎ Destroying property**
- ✎ Substance abuse**
- ✎ Threatening suicide or acting suicidal**
- ✎ Not getting out of bed at all, refusing to eat**



Part 3. Supporters

List at least 5 people you want to take over for you. You can include family members, friends and/or care providers.

Ask the people you choose if it is OK for you to include them on this list. Tell them what would be involved. Show them a copy of your plan. If they say they can do it, GREAT! If not, they can still be a good friend.

Peers often provide this support for each other.

You may want to set up a meeting with your supporters so they know each other and to discuss your plan.



Include the following in your plan:

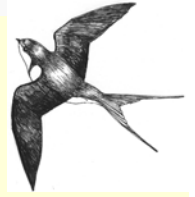
“*I do not* want the following people involved in my care or treatment:”

Name _____

You can also can write why you do not want them involved.

Include a section that describes how you want supporters to settle disputes if they disagree.

Part 4. Medication



Provide the following information:

- ✎ **Names and phone numbers of your physician and pharmacy**
- ✎ **Your insurance company name, phone number and ID numbers, all allergies**
- ✎ **Medications and health care preparations you are currently using, why you are using them, dosage and when you take them**
- ✎ **Medications you would *prefer* to use if medications (or additional medications) became necessary and why you would choose them**
- ✎ **Medications that would be *acceptable* to you if medications became necessary, and why you would choose them**
- ✎ **Medications that should be *avoided* and why.**

Part 5. Treatments



List those treatments you would like and those that you would want to *avoid*.

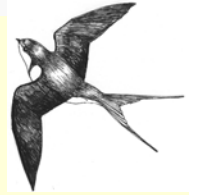
Include “alternative” therapies that have helped as well as those that have not been helpful.

Part 6. Home / Community Care / Respite Center

Hospitalization is often not the best option. Develop a carefully devised plan so that you can stay at home or in the community and still get the care you need. In order to do this, find out what resources are available in your community.

Part 7.

Treatment Facilities



List those treatment facilities where you would prefer to be hospitalized if that became necessary, and those you wish to avoid.

Part 8. Help From Others

List things others do for you that would help.

Examples:

- ✎ Listen without interrupting**
- ✎ Hold me, or let me pace**
- ✎ Lead me through a relaxation exercise**
- ✎ Peer counsel with me**
- ✎ Take me for a walk**

Continued



- ↳ Provide materials so I can draw or paint**
- ↳ Let me express my feelings**
- ↳ Don't talk to me (or do talk to me)**
- ↳ Encourage me, reassure me**
- ↳ Feed me good food (be specific)**
- ↳ Keep me from hurting myself, even if that means you have to restrain me or get help from others**
- ↳ Keep me from hurting you or others**



List:

“Things I need others to do for me.”

Make a list of things you need others to do for you and who you want to do what.

Examples:

- ✎ Paying bills**
- ✎ Child and pet care**
- ✎ Talking to employers**
- ✎ Buying groceries**
- ✎ Household chores**



List: “Things that would not help or might worsen my symptoms.”

Examples:

- ✎ Use of force**
- ✎ Spending too much time alone**
- ✎ Being teased**
- ✎ Restraint and/or seclusion**
- ✎ Getting angry with me**
- ✎ Impatience and invalidation**
- ✎ Not being heard**
- ✎ Trying to entertain me**
- ✎ Certain kinds of music or videos**



Part 9. When my supporters no longer need to use this plan

When you feel better, your supporters will no longer need to follow this plan. Develop a list of indicators that your supporters can use to determine when they no longer need to follow this plan.

Examples:

- ↳ When I have slept through the night for three nights**
- ↳ When I begin cooking for myself**
- ↳ When I eat at least two good meals a day**

Continued



- ✎ When I am taking care of my personal hygiene needs**
- ✎ When I can carry on a conversation**
- ✎ When I keep my living space organized**
- ✎ When I can be in a crowd without being anxious**
- ✎ When I return to work**
- ✎ When I can sit still for 10 minutes**



You have now completed your crisis plan.

Update it when you learn new information or change your mind about things. Give your supporters new copies of your crisis plan each time you revise it.

You can help assure that your crisis plan will be followed by signing it in the presence of two witnesses.

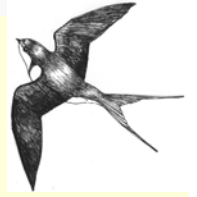
It will further increase its potential for use if you appoint and name a durable power of attorney. Since the legality of these documents varies from state to state, you cannot be absolutely sure the plan will be followed. However, it is your best assurance that your wishes will be honored.

Post Crisis Planning



The time when you are healing from a crisis can be very important. Although you feel ready to begin taking care of yourself again, you may still be dealing with difficult symptoms as well as the aftermath of the crisis. You may find that you start feeling worse—like you are heading for another crisis. Thinking about this time before you even have a crisis, and perhaps giving it more attention when you are starting to feel better after a crisis, may help you have an easier time recovering and moving on.

Addressing the following issues and creating a *Timetable for Resuming Responsibilities* may guide you through that process.



- ✎ **When will you know you are ready to use a post crisis plan?**
- ✎ **How you would like to feel when you have recovered from this crisis?**
- ✎ **Who do you want to support you through this time?**
- ✎ **If you have been hospitalized, where will you go when you are discharged?**
- ✎ **Who would you like to take you there?**
- ✎ **Who would you like to stay with you?**
- ✎ **Things that will ease your recovery if they are taken care of**
- ✎ **Things you must take care of as soon as you get home**

Continued



- ↳ Things you can ask someone else to do for you**
- ↳ Things that can wait until you feel better**
- ↳ Things you need to do for your self every day**
- ↳ Things you might need to do every day**
- ↳ Things and people you need to avoid**
- ↳ Signs that you are beginning to feel worse**
- ↳ Wellness tools you will use if you are starting to feel worse**
- ↳ Things you need to do to prevent further loss**
- ↳ Signs that you can return to using your Daily Maintenance Plan**
- ↳ Changes in your Wellness Recovery Action Plan**

Continued



- ↳ Changes in your Crisis Plan**
- ↳ Changes you want to make in your lifestyle or life goals**
- ↳ What you learned from this crisis**
- ↳ Changes you want to make in your life as a result of what you have learned**
- ↳ What do you need to do to prevent further repercussions from this crisis?**
- ↳ People you need to thank**
- ↳ People you need to apologize to**
- ↳ People with whom you need to make amends**
- ↳ Medical, legal, or financial issues that need to be resolved**

Timetable for Resuming Responsibilities



- ✦ Identify the responsibility, such as work, childcare or buying groceries
- ✦ List who has been taking care of it, such as your sister, your partner, a friend
- ✦ Describe what you need while you are resuming this responsibility, for instance someone to go with you, someone to watch your child in the morning, a half day schedule
- ✦ Step by step plan for resuming responsibility, for instance, going to work for one day the first week, two days the second week, three days the third week

You have now reviewed the **Wellness Recovery Action Plan.**



Perhaps you have even started to work on your own plan or are helping someone else develop their plan. If so give yourself credit for the work you are doing. You may even want to give yourself a reward from time to time.

The following resources by Mary Ellen Copeland may be helpful:

Wellness Recovery Action Plan

(also in Spanish and for Dual Diagnosis)

The Depression Workbook

Living Without Depression and Manic Depression

Winning Against Relapse

***Winning Against Relapse* Audio Tape**

***Creating Wellness* Video Series**



You can begin using your Wellness Recovery Action Plan as your guide to daily living and for responding to triggers and troubling symptoms.

At first you may want to review your plan every day, following your daily maintenance plan, and taking other action as needed. You may want to keep a copy of your Daily Maintenance Plan posted in a convenient place like on your refrigerator for easy reference.

After a while you will notice that you remember your plan and only need to refer to it from time to time, unless you are having a very difficult time.

You may want to revise your plan when you discover new Wellness Tools and find that some things work better for you than others.



For More information

www.mentalhealthrecovery.com

Cindy A. Schwartz, MS, MBA

cischwartz@jud11.flcourts.org