

Responsibility: _____
Who has been doing this while I was in crisis: _____
While I am resuming this responsibility, I need
(who) _____ to _____

Plan for resuming this responsibility:

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This Workbook was created from Marry Ellen Copeland's Book
"Wellness Recovery Action Plan"
www.mentalhealthrecovery.com

A UK Edition has been edited by Piers Allott
ISBN: 0954929500 Published by Sefton Recovery Group

Wellness Recovery Action Plan

- **Daily Maintenance Plan**
- **Crisis Plan**
- **Post Crisis Plan**

Personal Workbook

Name:

The Wellness Recovery Action Plan consists of three main sections:

- Daily Maintenance Plan
- Crisis Plan
- Post Crisis Plan

It is a good idea to prepare your Wellness Recovery Action Plan while you are reasonably well.

Take your time as you prepare your Wellness Recovery Action Plan. It may take you a while. Don't rush and don't be afraid to ask for help.

You may like to give a copy of your Crisis Plan to your supporters so that they know what you want done should you go into crisis. You don't have to do this, but your Crisis Plan should be in an accessible place that is easy to find.

Remember that:

- The WRAP is personal and individual.
- One person's WRAP will not work for another person.

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What did I learn from this crisis?

Are there any changes I want or need to make in my life as a result of what I have learned?

If so, when and how will I make these changes?

Timetable for Resuming Responsibilities:
Develop a plan for resuming responsibility that other people may have had to take over or that did not get done while you were in crisis.
(E.g. child care, work, cooking and housework)

Responsibility: _____
Who has been doing this while I was in crisis: _____
While I am resuming this responsibility, I need
(who) _____ to _____

Plan for resuming this responsibility:

Medical, Legal and financial issues that need to be resolved:

| Issue | How I plan to resolve this issue |
|-------|----------------------------------|
| | |
| | |
| | |
| | |

Things I need to do to prevent further loss:
(E.g. cancelling credit cards, getting official leave from work, cutting ties with destructive friends etc.)

Signs that this post crisis phase is over and I can return to using my Daily Maintenance Plan that might help prevent a crisis in the future:

Changes in my crisis plan that might ease my recovery:

Changes I want to make in my lifestyle or life goals:

Creating the following pages will help you stay well. Visit these every day.

- Page 8 Describe yourself when you are feeling well;
- Page 8 List things you know you need to do each day to stay feeling well;
- Page 8 Make a list of things you may need to do;

Redo these sheets once they stop working for you.

Triggers

- Page 9 Make a list of any events or circumstances that have triggered or increased symptoms in the past;
- Page 9 What will you do if any of these symptoms occur?

Early Warning Signs

- Page 10 What early warning signs have you noticed when you start becoming unwell?

If you start experiencing these signs, take action as soon as you can to start reducing the signs.

TOOLBOX of ideas to help you keep well

Things that may help relieve symptoms:

- Talk to a friend,
- Talk to a health care professional;
- Peer Counselling;
- Focusing exercises;
- Relaxation and stress reduction exercises;
- Guided Imagery;
- Journaling – write your feelings in a note book;
- Creative affirming activities;
- Exercise;
- Diet – what you eat affects how you feel;
- Light;
- Extra rest;
- Take time off from home and work responsibilities;
- Hot packs or cold packs;
- Take medications, vitamins, minerals, herbal supplements;
- Attend a support group;
- See your counsellor;

- Do something “normal” like washing your hair, shaving or going to work;
- Get a medication check;
- Get a second opinion;
- Helplines;
- Talking on the telephone;
- Surround yourself with people who are positive, affirming and loving;
- Wear something that makes you feel good;
- Look through old pictures, scrapbooks and photo albums;
- Make a list of your accomplishments;
- Spend ten minutes writing down good things about yourself;
- Do something that makes you laugh;
- Do something special for someone else;
- Get some little things done;
- Repeats positive affirmations;
- Focus on and appreciate what is happening right now;
- Take a warm bath;
- Listen to music, make music or sing.

Signs that I may be starting to feel worse:
Examples may be anxiety, worry, agitated, overeating, and lack of sleep or needing more sleep

Tools I will use if I am starting to feel worse:
Star those items that you should do, the rest will be those you could do.

Things I should do to prevent further repercussions from this crisis and when I will do these things:

People I need to thank for helping me:

| Person: | When I should thank them | How I will thank them |
|---------|--------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

People I need to apologise to

| Person: | When I should apologise | How I will apologise |
|---------|-------------------------|----------------------|
| | | |
| | | |
| | | |

People I need to make amends to:

| Person | When I should make amends | How I will make amends |
|--------|---------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

How would you describe yourself?

- Bright
- Cheerful
- Talkative
- Argumentative
- Outgoing
- Boisterous
- A chatterbox
- Active
- Difficult
- Energetic
- Humorous
- A joker
- Compulsive
- Content
- Happy
- Enjoy crowds
- Dramatic
- Withdrawn
- Flamboyant
- Capable
- Athletic
- Optimistic
- Reasonable
- Responsible
- Industrious
- Curious

Things that might help each day:-

- Eat three healthy meals and three healthy snacks;
- Drink at least six 8 ounce glasses of water;
- Avoid caffeine, sugar, junk foods, alcohol;
- Exercise for at least ½ hour;
- Get exposure to outdoor light for at least ½ hour;
- Take medications;
- Take vitamin supplements;
- Have 20 minutes of relaxation or meditation time;
- Write in my journal for at least 15 minutes;
- Spend at least ½ hour enjoying a fun affirming and / or creative activity;
- Get support form someone who I can be real with;
- Check in with my partner for at least 10 minutes;
- Check in with myself; how am I doing physically, emotionally, spiritually;
- Go to work if it's a work day;

(Some people write a separate daily maintenance list for days they don't or do work)

Do I need, or would it be good to:

- Get a massage;
- Spend some time with my counsellor / care coordinator;
- Set up an appointment with one of my health care professionals;
- Spend time with a good friend;
- Spend extra time with my partner;
- Be in touch with my family
- Be in touch with my children or pets;
- Do peer counselling;
- Get more sleep;
- Do some housework;
- Buy groceries;
- Do the laundry;
- Have some personal time;
- Plan something fun for the weekend;
- Plan something fun for the evening;
- Write some letters;
- Remember someone's birthday or anniversary;
- Take a hot bubble bath
- Go out for a long walk or do some other extended outdoor activity (*gardening, fishing, etc.*)
- Plan a holiday or short break;
- Go to a support group;

You may want to create a list of things to avoid like:-

- Caffeine;
- Alcohol;
- Sugar;
- Going to bars;
- Getting overtired;
- Certain people;

*Refer to these lists as you develop your
Wellness Recovery Action Plan.*

What do I need to do for me each day while I am recovering from crisis?

What might I need to do every day while recovering from crisis?

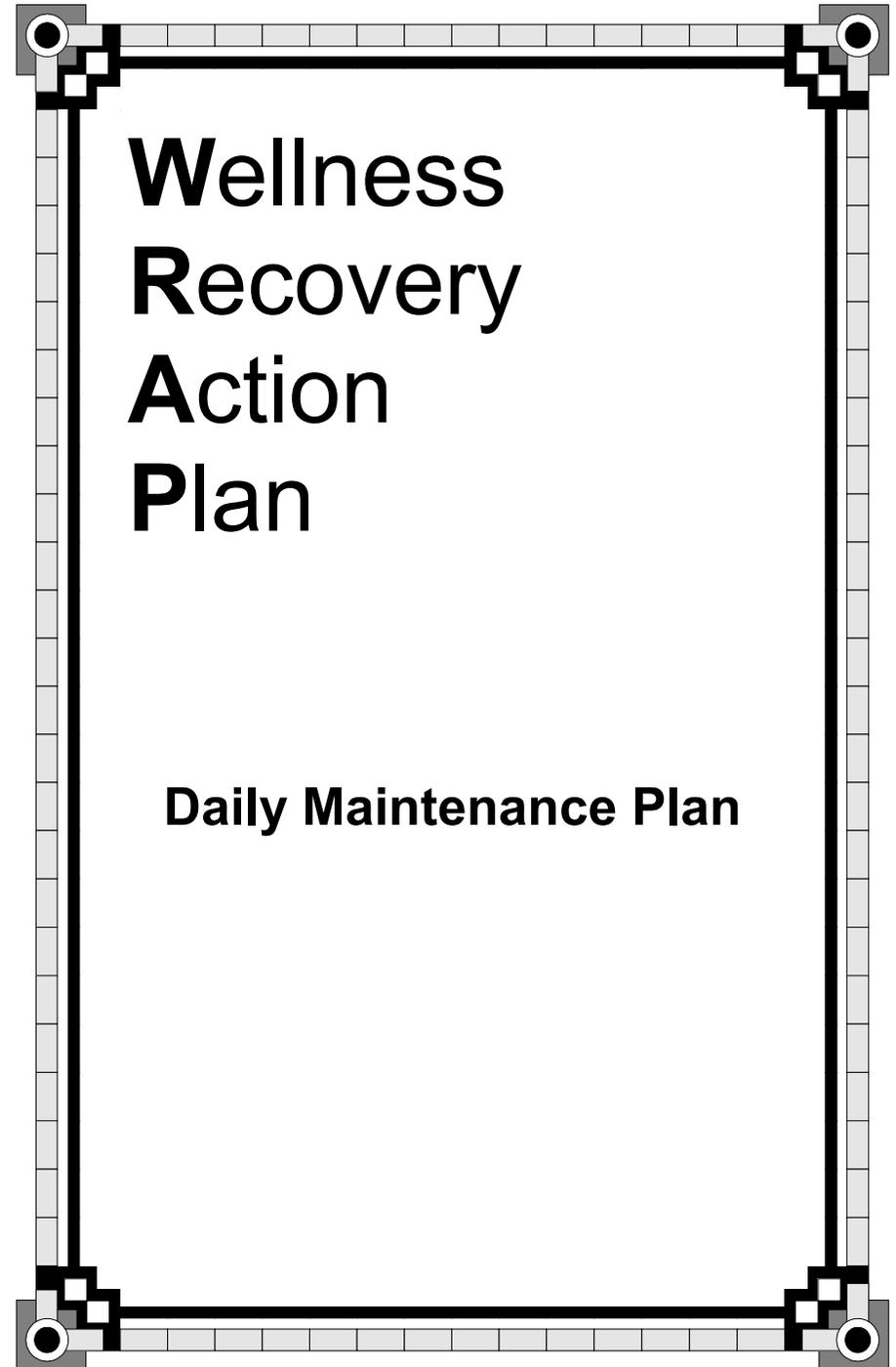
What do I need to avoid while I am recovering from crisis?
This may include people, places or things

List below things you would like to have in place to ease your return home:

What things do I need to take care of as soon as I can?

What things can I ask others to help me with?

What can wait until I feel better?



Section 1.

When I feel well, I am:

Section 2.

What do you need to do for yourself every day to keep yourself feeling as well as possible?

Section 3.

What do you need to do, not necessarily every day, to keep your overall wellness and sense of wellbeing?

Recently Discharged from Hospital:

When you have been discharged from Hospital, do you have a place to go that is safe and comfortable? Yes ___ No__

If you have answered No, what do you need to do to ensure that you have a safe and comfortable place to go to?

Your first few hours at home are very important. Will you feel safe and be safe at home? Yes ___ No__

If you answered No, what will you do to ensure that you will feel and be safe at home?

I would like _____ or _____ to take me home.

I would like _____ or _____ to take me home.

When I get home I would like to _____
or _____

I will know that I am “out of the crisis” and ready to use this post crisis plan when I:

How I would like to feel when I have recovered from this crisis:

You may want to refer to the first section of your WRAP – “What I am like when I am well”. This may be different from what you feel like when you are well – your perspective may have changed in this crisis).

Post Recovery Supporters List

I would like the following people to support me if possible during this post crisis time:

| Name: | Telephone Number.: | What I need them to do: |
|-------|--------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

Section 4.

Identifying your triggers:

External events or circumstances likely to set off a chain reaction of behaviours, thoughts or feelings.

Section 5.

Avoiding your triggers:

What can you do to avoid or limit your exposure to possible triggering events?

Section 6.

Coping with triggers when they occur:

What can you do to keep these triggers from getting worse?

Section 7.

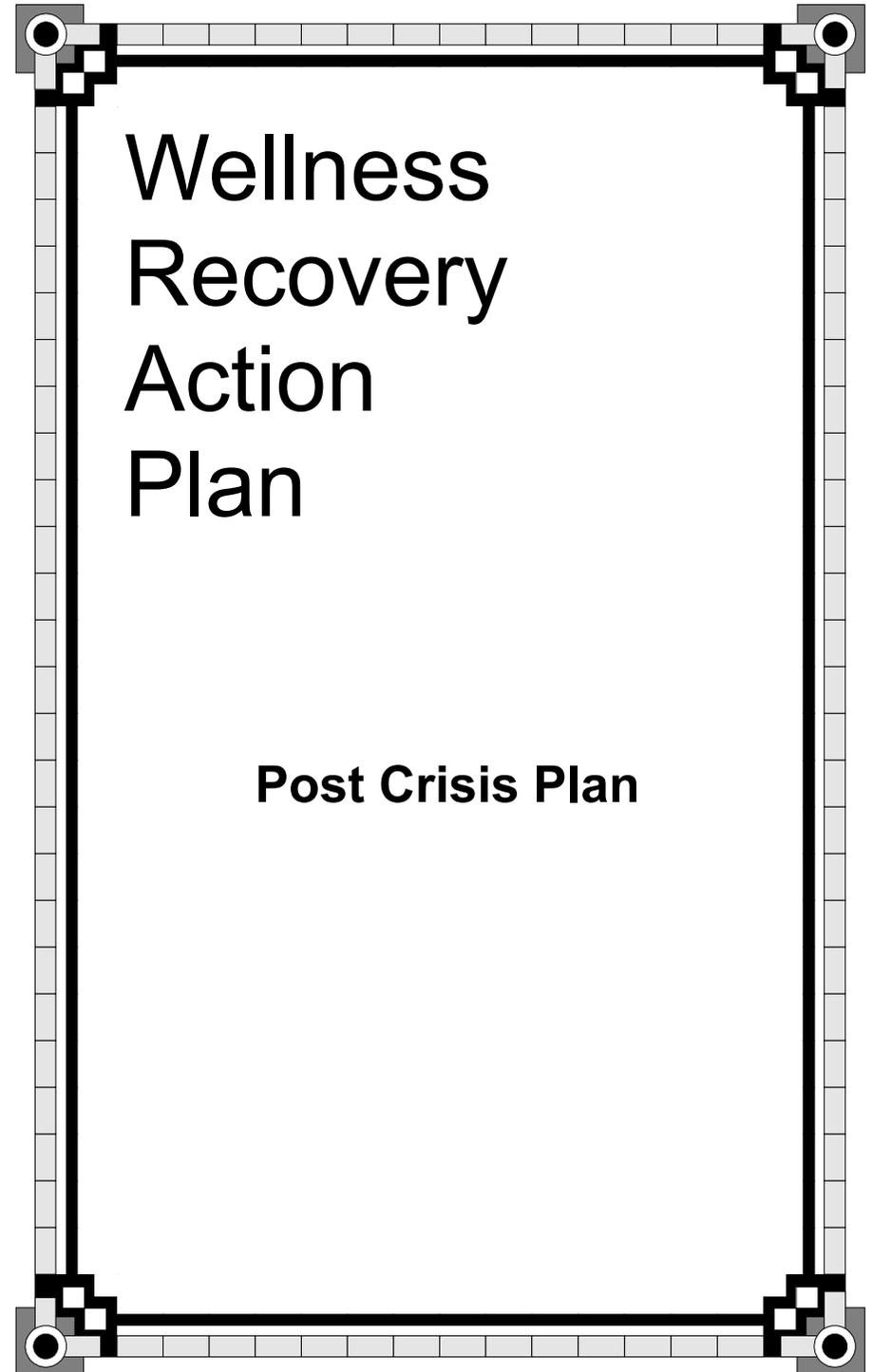
Early Warning Signs:

What are the subtle signs of change that indicate that you may need to take action to avoid a worsening of your condition or situation?

Section 8.

Response plan to early warning signs:

What action can you take when you recognise the early warning signs?



Section 9.

Signs of potential crisis when things start breaking down or getting worse:

What happens when the situation has become uncomfortable, serious or even dangerous, but you are still able to take action on your own behalf?

Section 10.

Reducing signs of a potential crisis:

What will help you to reduce your signs and symptoms when they have progressed to this point?

Part 9

Inactivating the Plan

Describe the symptoms, lack of symptoms or actions that indicate to supporters that they no longer need to use this plan:

Part 10

If I am in Danger

If my behaviour endangers me or others I want my supporters to:

You can help assure that your crisis plan will be followed by signing this plan in the presence of two witnesses. It will further increase its potential for use if you appoint a name a durable power of attorney.

I developed this plan on [enter date]: _____

With the help of: - _____

Any plan with a more recent date supersedes this one.

Signed: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Attorney: _____ Date: _____

Durable Power of Attorney (if you have one)

_____ Phone Number: _____

Part 8
Help from Others

List those things that others can do for you that would help reduce your symptoms or make you more comfortable:

| What I need done | Who I would like to do it |
|------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

List those things you need others to do for you and who you want to do what:

List those things that others might do or have done in the past that would not help or might even worsen your symptoms:

Wellness Recovery Action Plan

Crisis Plan

Name:

Part 1

What I'm like when I'm feeling well

(Describe yourself when you are feeling well)

Part 2

Symptoms

(Describe those symptoms that would indicate to others that they need to take over full responsibility for your care and make decisions on your behalf)

Part 7

Treatment Facilities

List below the treatment facilities where you prefer to be treated or hospitalised if that becomes necessary.

List the treatment facilities you want to avoid:

Part 5
Treatments

List treatments that help reduce your symptoms and when they should be used:

List the treatments you would want to avoid:

Part 6
Home / Community Care / Respite Centre

Set up a plan so that you can stay at home or in the community and still get the care you need:
(If you are ill do you want to stay at home? In the community at a respite home, if so where is your preference?) Are you aware that there is a crisis team run by the community mental health team? Where would you like to meet the team if you need to see them?

Part 3
Supporters

(List those people you want to take over for you when the symptoms you listed above are obvious. They can be family members, friends or health care professionals. Have at least five people on your list of supporters. You may want to name some people for certain tasks like taking care of the children or paying the bills and others for tasks like staying with you and taking you to health care appointments.)

| Name | Connection / Role | Telephone Number |
|------|-------------------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

There may be health care professionals or family members that have made decisions for you in the past. They could inadvertently get involved if you do not include the following:

I do not want the following people involved in any way in my care or treatment:

| Name: | |
|--|--|
| Why you do not want them involved (optional) | |

Part 4

Medication

List below the doctors who are involved in your care:

| | GP or Psychiatric Doctor | Telephone Number |
|---------|--------------------------|------------------|
| Doctor: | | |
| Doctor: | | |

Pharmacy Details:

(What pharmacy do you normally collect your medication from?)

| | |
|-------------------|--|
| Name: | |
| Address: | |
| Telephone Number: | |

List the medications you are currently taking and why you are taking them:

List those medications you would prefer to take if medications or additional medications became necessary, and why you would choose them:

List those medications that would be acceptable to you if medications became necessary and why you would choose those:

List those medications that must be avoided and give the reasons: