

WELLNESS RECOVERY ACTION PLAN

**A system for monitoring, reducing and eliminating
uncomfortable or dangerous physical symptoms
and emotional feelings**

developed by

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Author of

The Depression Workbook:

A Guide to Living with Depression and Manic Depression
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*Living Without Depression and Manic Depression:*

*A Guide to Maintaining Mood Stability*  
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Winning Against Relapse:

A Workbook of Action Plans for Reoccurring Health and Emotional Problems
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*The Adolescent Depression Workbook*  
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The Worry Control Workbook

Revised 7/3/02

TRIGGER	RESPONSE

CRISIS PLAN

Part 3 – These are my SUPPORTERS, the people who I want to take over for me when the symptoms I listed in Part 2 come up:

Name _____

Relation to me _____

Phone number _____

Role I want this person to play and/or task(s) I need him/her to do

Name _____

Relation to me _____

Phone number _____

Role I want this person to play and/or task(s) I need him/her to do

Name _____

Relation to me _____

Phone number _____

Role I want this person to play and/or task(s) I need him/her to do

CRISIS PLAN

Part 3 (continued)

Name _____

Relation to me _____

Phone number _____

Role I want this person to play and/or task(s) I need him/her to do

Name _____

Relation to me _____

Phone number _____

Role I want this person to play and/or task(s) I need him/her to do

The people I do not want involved in any way and why:

CRISIS PLAN

Part 7 – Treatment Facilities

Treatment facilities where I prefer to be treated or hospitalized if that becomes necessary:

Treatment facilities I want to avoid and why:

I _____ consider this document to be part of my treatment, and therefore authorize my treatment provider _____ to share information contained in this Wellness Recovery Action Plan with the following hospitals, agencies and/or individuals in the event of an emergency and/or hospitalization:

Signature _____

Date _____

Witness/Supporter _____

Date _____

Witness/Supporter _____

Date _____

Witness/Supporter _____

Date _____

Witness/Supporter _____

Date _____

Witness/Supporter _____

Date _____

Notary

