WELLNESS RECOVERY ACTION PLAN

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

developed by

Mary Ellen Copeland, MS, MA

Author of

The Depression Workbook: A Guide to Living with Depression and Manic Depression

Living Without Depression and Manic Depression:
A Guide to Maintaining Mood Stability

Winning Against Relapse:

A Workbook of Action Plans for Reoccurring Health and Emotional Problems

The Adolescent Depression Workbook

The Worry Control Workbook

DAILY MAINTENANCE LIST

What I'm like when I am feeling all right:	

DAILY MAINTENANCE LIST

Things I need to do for myself every day to keep myself		
feeling all right:		

DAILY MAINTENANCE LIST

Additional things I might need to do (or that would be
good to do):

TRIGGERS

Things that, if they happen, might cause an increase in
my symptoms:

TRIGGER	RESPONSE

TRIGGERS

Action Plan Things that I can do if my triggers come up
to keep them from becoming more serious symptoms:

EARLY WARNING SIGNS

Some early warning signs that others have reported	
and/or I have observed:	

EARLY WARNING SIGNS

Things I must do if I experience early warning signs:

EARLY WARNING SIGNS

Things I can do if they feel right to me:

WHEN THINGS ARE BREAKING DOWN

Signs/symptoms that indicate that things are getting
worse:

WHEN THINGS ARE BREAKING DOWN

Action Plan - Things that can help reduce my symptoms	
when they have progressed to this point:	

This crisis plan is written when I am well. The purpose is to instruct others about how to care for me when I am not well. This keeps me in control even when it seems like things are out of control.

Part 1 – What I'm like when I'm feeling well:		
(reference Daily Maintenance List)		

Part 2 – SYMPTOMS that indicate that others need to take	
over full responsibility for my care and make decision on my behalf:	<u>15</u>
<u> </u>	

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		

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:

Part 4 – Medications/Supplements

Medications/supplements I am currently taking and why I am taking them:	
Medications/supplements I prefer to take if medications or additional medications become necessary, and why I choose them:	

Part 4 continued

Medications/supplements that are acceptable to me if medications become necessary and why I choose them:
Medications/supplements that must be avoided and reasons why:

Part 5 – Treatments

Treatments that help reduce my symptoms and when they should be used:
Treatments I want to avoid and why:

Part 6 – Community Plan

What can be put into place in order for me to stay at home or in my community and still get the care I need:	

Part 7 – Treatment Facilities

Treatment facilities where I prefer to be treated or hospitalize if that becomes necessary:	
Treatment facilities I want to avoid and why:	

Part 8 – Help From Others

Things that others can do for me that would help reduce my symptoms or make me more comfortable:

What I need/would like done	Who I'd like to do it
·	

Part 8 continued

Things others might do, or did in the past, that would not/did not help and/or might make symptoms worse:	

Part 9 – Inactivating the Crisis Plan

Symptoms, lack of symptoms or actions that indicate that my supporters no longer need to use this Crisis Plan:	

I	consider this document to be part of my treatment,	
and therefore authorize my treatment provider		
	s Wellness Recovery Action Plan with the following hospitals, ent of an emergency and/or hospitalization:	
O'man turns	Data	
Signature	Date	
Witness/Supporter	Date	
Notary		