**Wellness Recovery Action Plan**

**WRAP**

**Personal Workbook**

**Wellness Recovery Action Plan (WRAP)**

The Wellness Recovery Action Plan is a framework with which you can develop an effective approach to overcoming distressing symptoms, and unhelpful behaviour patterns. It is a tool with which you can get more control over your problems. WRAP was originally developed by Mary Ellen Copleand and a group of mental health service users who wanted to work on their own recovery – this is what they found worked for them. Developing your own WRAP will take time, it can be done alone, but many find it very valuable to have a supporter – someone they trust, and work on it together.

As you develop your WRAP it can become a practical support for your recovery which you refer to daily, as a reminder and guide, and also turn to at times of difficulty. It is designed as an aid for learning about yourself, what helps and what doesn’t, and how to get progressively more in control of your life and your experience. It also includes instructions on developing a crisis plan, as a means of guiding others on how best to make decisions for you and to take care of you, for those times when your problems and symptoms have made it very difficult for you to do this for yourself. Once you are committed to your own recovery, however things work out, they can be an opportunity for learning more about yourself, and improving your WRAP.

**A WRAP includes: developing a Wellness Toolbox, and then**

1. Evolving a daily maintenance plan

2. Understanding triggers and what I can do about them

3. Identifying early warning signs and an action plan

4. Signs that things are breaking down and an action plan

5. Crisis planning

6. Post crisis planning

**The WRAP belongs to you and you decide how to use it**. You decide who to show it to and you decide whether you want someone to work with you on it or not. You decide how much time to spend on it and when to do it. It becomes your guide to support your **own wellness and recovery**.

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** |
|  |  |
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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:

CRISIS PLAN

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)

CRISIS PLAN

Part 2 – SYMPTOMS that indicate that others need to take over full responsibility for my care and make decisions on my behalf

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** |

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

CRISIS PLAN

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:

CRISIS PLAN

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:

CRISIS PLAN

Part 5 – Treatments

Treatments that help reduce my symptoms and when they should be used:

Treatments I want to avoid and why:

CRISIS PLAN

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:

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:

CRISIS PLAN

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** |
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CRISIS PLAN

Part 8 continued

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

CRISIS PLAN

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:

Client’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Qualified Professional (Name/Credentials) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Peer Support Specialist (Name/ Credentials) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Other Team Member (Name/Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_