



**Wellness Recovery
Action Plan Workbook**

**WRAP
WORKBOOK**

To be used in conjunction with Wellness Recovery
Action Plan, written by Mary Ellen Copeland, MS, MA

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Good Days and Bad Days

Everybody has good days and bad days. Good days and bad days don't just happen. Usually they are related to what is going on in our lives. In preparation for creating a Wellness Recovery Action Plan (WRAP), many people have found it helpful to think through the following questions. You may find it helpful to write a few notes.

What am I like when I am having a good day?

What are some things that I can do that help me have good days?

What am I like when I am having a bad day?

What are some of the things that cause me to have bad days?

When I am having a bad day, what have I learned that I can do to turn it around to make it a good day?

Triggers

Make a list of events and/or circumstance that, if they happened, might increase your symptoms or cause you to have unpleasant or distressing feelings:

Make a list of what you need to do in order to keep your symptoms from getting worse:

Make a list of things that have worked for you in the past to help restore your wellness:

Early Warning Signs

Make a list of your early warning signs (feelings, thoughts, behaviors, etc.) that indicate you need to take further action:

Make a list of what you need to do about your early warning signs in order to keep your symptoms from getting worse:

Part Three: Supporters. List at least five people you have chosen to take over for you when the symptoms you listed come up. Be sure to write the name, telephone number, relationship and any particular role you want them to play in your plan:

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>	<u>Role In My Crisis Plan</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part Four: Medication. List the name of your physician or physicians and your pharmacy and their telephone numbers:

<u>Name</u>	<u>Phone #</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any allergies you have:

List the medications you are currently using 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 should be avoided and give the reasons:

Part Five: Treatments. List treatments that help reduce your symptoms when you are in a crisis situation:

List treatments you would want to avoid:

Part Six: Home/Community Care/Respite Center. Set up a plan so that you can stay at home or in the community and still get the care you need:

Make a list of things you need others to do for you, like feed the pets, get the mail, etc.:

List things that you have discovered through past experience that supporters might do that could worsen the situation, like being impatient, invalidation, etc.:

Part Nine: When My Supporters No Longer Need To Use This Plan. Make a list of indicators that your supporters no longer need to follow this plan:

Post Crisis Plan

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

How would you like to feel when you have recovered from this crisis (refer to the section where you described what you are like when you are having a good day)? This list may be different from the one written before:

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

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>	<u>What I need them to do</u>
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What are some things you need to do every day while recovering from this crisis?

List things and people you need to avoid while you are recovering from this crisis:

What are signs that you may be beginning to feel bad, i.e., anxiety, worry, sleep disturbances?

List wellness tools you will use if you start to feel bad. Start with those that you **MUST** do—the others are choices:

List when and what do you need to do to prevent any further repercussions from this crisis:

Signs That This Post Crisis Phase Is Over:

List things to do for yourself every day:

List any changes to your crisis plan that might ease your recovery:

List any changes you want to make to your lifestyle or life goals:

What did you learn from this crisis?

List any changes you want to make in your life as a result of what you have learned:

If you do want to make some changes, when and how will you make them?

Resuming Responsibility:

Responsibility: _____

Who has been doing this while you were in crisis? _____

While you are resuming this responsibility, you need (who)
_____ to: _____

Plan for resuming:

Responsibility: _____

Who has been doing this while you were in crisis? _____

While you are resuming this responsibility, you need (who)
_____ to: _____

Plan for resuming:

Responsibility: _____

Who has been doing this while you were in crisis? _____

While you are resuming this responsibility, you need (who)
_____ to: _____

Plan for resuming:

This Workbook Belongs To:

Name

Address

City

State

Zip

Telephone Number

If this workbook is found, please return to me at the above address.
Thank you.



**This Workbook was put together by Julie Spores, Ike Powell and Lynn Thogersen
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