



Wellness Recovery Action Plan

WRAP

My 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.

Wellness tool 1:

Things I do to keep myself well

Developing a Wellness Toolbox – reminders and resources to call on

i). In my experience these are things that support my wellness – this works for me:

ii). This is what carries a sense of meaning or significance for me, this is what inspires me and reminds me of my values

iii). These are some things that I would like to try to see if they would support my wellness:

Part 1a: Setting up my Daily Maintenance Plan

i). My baseline: What am I like when I am well? When I feel well, I am

ii). Daily maintenance Plan This is what I need to do for myself every day to keep myself feeling as well as possible

lii). This is what I need to do, less often than every day, to keep my overall wellness and sense of wellbeing	
iv). These are the things that I know I need to do to sustain my	
wellness, but for some reason do not do them	

1b: Triggers

i). Recognition

Triggers are **things that happen to us** that are likely to set off a chain reaction of uncomfortable or unhelpful Behaviours, thoughts or feelings – what triggers me?

Wellness Tool Activity 2

What do you do to help yourself feel better during or after a really rough day?

Reaching out to others for support Daily planning	
Checking in with a care/health provider	
Exercise	
Meeting with friends Light	
Using relaxation techniques Getting good sleep	
Enjoy good healthy food and drinks Medication	•
Doing things that divert your attention/ doing things you enjoy	
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Getting good sleep (Keeping yourself safe)
Getting some fresh air spiritual beliefs	
[Type text] West Recovery College v2	

ii). Action Plan

What can I do about these triggers? **Avoiding** your triggers: What can I do to avoid or limit my exposure to things that trigger me?

iii) Coping with triggers when they occur: What can I do when I am triggered to prevent things from getting worse?

1c: Early warning signs

Early Warning signs are the subtle signs of changes in our thoughts or feelings or behaviour, which indicates that you may need to take action to avoid a worsening of your condition or situation.

i). Recognition What changes for me; what are my early warning signs?

ii). Action Plan What can I do about this? What action can I take when I recognise the early warning signs?

1d: When things start breaking down or getting worse

i). Recognition

This is how I think and feel, and how I behave when the situation has become uncomfortable, serious or even dangerous:

ii). Action Plan:

When things have progressed this far caring for myself is my top priority. What can I do to reduce these difficult and unpleasant experiences, and prevent things getting worse?

Wellness Recovery Action Plan PERSONAL CRISIS PLAN

This plan was made on date	Э
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And it takes over from any other plans with earlier dates.

This 10 point plan can be just for your own use and reference or can be shared with others involved in the plan. It will take time to set up, and can be changed whenever you have new ideas or information. When you change it, consider sending updated versions to those it involves

2a: Remembering What I am like when I'm feeling well

W	/hen	I am	well	I am.	

2b. When it gets too bad

Describe how others would know that they need to take over some or full
responsibility for your care and make decisions on your behalf, what are
you like?

When it gets too bad I

3a: 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. 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.

These are my supporters:

Name Connection/role

Phone number

Name Connection/role

Phone number

Connection/role Name

Phone number

Name Connection/role

Phone number

Name Connection/role

Phone number

There may be health care professionals or family members that have made decisions that were not according to your wishes 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)

Name:

Why you do not want them involved (optional)

3b Settling disputes between supporters

It would only be human nature if sometimes your supporters had different opinions on what should happen. It could be helpful to your supporters if you describe how you want possible disputes between them settled. For instance, you may want to say that a majority need to agree, or that a particular person, or two people you name can make the decision.

When my supporters disagree amongst themselves, this is how I would like the dispute settled:

4: Medical treatment and medication

4. Modioai troatmont and modioa	
My General Practitioner is	Name: Contact Phone no.
My Psychiatrist is	Name: Contact Phone no.
My Care co-ordinator is	Name: Contact Phone no.
List the medications you are currently taking them. Include the name of who prescribes them	
List those medications you would prefer to take additional medications became necessary, a those	if medication or and why you would chose
List those medications that must be avoided a	and give reasons

5: Treatments

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

List treatments you would want to avoid, and why:

6: Alternatives to being in hospital: staying at home or using other safe places

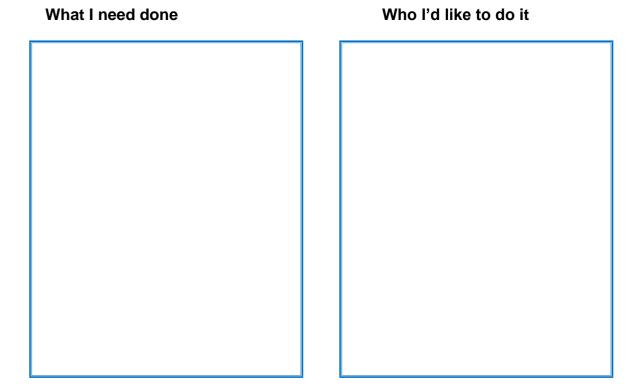
Set up a plan so that you can stay at home or in the community and still get the care you need

Treatment facilities If it becomes necessary to have treatment somewhere or to attend hospital where would you prefer to be? List treatment facilities you want to avoid and why

Help from others

List those things that others can do for you that would help reduce your symptoms or make you more comfortable when you are in crisis -This is what helps me:

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 state

If I am in danger.

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

Inactivating the plan

How will your supporters know when it is safe to stop this Crisis Plan? Describe what positive changes indicate to your supporters that you are in control of things again, and they no longer need to use this plan.

You will know it is safe to cease using this plan when:

Crisis Plan statement (optional)

You can help ensure that your crisis plan will be followed by signing it in the presence of two witnesses. It will further increase its potential for use if you identify your supporters and name people who are prepared to back up your needs and preferences.

1	developed this plan on	(date)
With the help of:		
Signed	Date	
Witness	Date	
Witness	Date	

This plan takes over from any with an earlier date.

Post Crisis Planning

If despite your best efforts at caring for yourself and working with others, you still go through a crisis – this is not the end of the world, nor does it mean you cannot recover. Recovery is a process that you can get back to at any time and after any experience, no matter how bad. But in order to do so it will be very helpful to reflect on what has happened to you and learn from it. Some can do this alone, most of us are greatly helped by having someone we trust to turn to, and talk it over together.

After a crisis you may be exhausted and badly shaken, so pick your time when you are ready and willing to make sense of it, and you have the energy to do so.

Then talk and think through what has happened, and compare this with the WRAP you have written so far.

What have you learned about yourself and others through this crisis?

Are there parts of your WRAP that didn't work out as you had hoped?

What changes can you make now to your WRAP to make a further crisis less likely?