

The Wellness Recovery Action Plan

‘WRAP’

“Taking control of your wellness”



Acknowledgements

This paperwork is an abbreviated version of WRAP and is adapted from *the 'Wellness and recovery action plan'*, by Mary Ellen Copeland.

For more information on WRAP, look at:-

Copeland, M.E. (2002) *Wellness Recovery Action Plan*.USA: Peach Press

Wellness Recovery Action Plan (WRAP)

The Wellness Recovery Action Plan (WRAP) was originally developed by Mary Ellen Copeland and a group of mental health service users who wanted to work on their own recovery – this is what they found worked for them and what helped them recover from their mental health difficulties.

The Wellness Recovery Action Plan is a framework with which you can develop an effective approach to manage distressing symptoms and gain insight into patterns of behavior. It is a tool to help you gain more control over your problems.

Developing your own WRAP will take time, it can be done alone, but many find it very valuable to have a supporter – they chose people they trust, and work on it together.

Over time the WRAP can become a useful tool that you can use as a reminder and guide to maintain wellness and something you can turn to in times of difficulty. It is a practical tool to support you through your recovery. It is designed as a tool to learning about yourself, such as knowing what helps and what doesn't, and how to gradually gain more control of your life and your experiences. It can also include a crisis plan, which is a way 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 have started your own WRAP you can continue developing it and changing it as you gain more information about yourself.

It is unique to every person

The WRAP belongs to you and

You can decide how to use it & who to show it to.

You decide who you would like to be involved or help you write it

You decide whether you want someone to work with you

You decide how much time to spend on it and when to do it.

It is your guide to support your own wellness and recovery.

Personal Details

Name:

Address:

Phone number:

Email address:

Next of kin:

Contact details:

Allergies:

GP & contact details:

Wellness

This is what I am I like when I am well:

Wellness Toolbox

Developing a Wellness Toolbox can help you to identify reminders and resources that are helpful in promoting wellness and keeping you well.

These are things that **support** my wellness (this works for me):

Wellness Toolbox

This is what gives me **meaning** or is **important** for me, this is what inspires me and reminds me of my values:

Wellness Toolbox

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

Wellness Toolbox

Things that I need to **avoid** to stay well:

Daily Maintenance Plan

This is what I need to do for myself **every day** to keep myself feeling as well as possible:

Daily Maintenance Plan

This is what I need to do, **less often than every day**, to keep my overall wellness and sense of well-being:

These are the things that I know I need to do to sustain my wellness, but need some **reminding** to do:

Triggers

a. **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.

b. **Action Plan**

What can I do about these triggers?

Action plans list:

- Ways that you can limit your exposure to triggers
- Ways that you can avoid triggers from occurring
- What can be done to help you cope if these triggers do occur
- What can be done when I am triggered to prevent things from getting worse

These are a list of my triggers:

Triggers & Action Plans

These are my triggers and action plans to avoid and/or cope with them:

Trigger:
Action Plan:

Trigger:
Action Plan:

Trigger:
Action Plan:

Triggers & Action Plans (continued)

These are my triggers and action plans to avoid and/pr cope with them:

Trigger:
Action Plan:

Trigger:
Action Plan:

Trigger:
Action Plan:

Early warning signs

What are the subtle signs of changes in our thoughts or feelings or behavior, which indicate that you may need to take action to avoid a worsening of your condition or situation?

a. Recognition

What changes for me; what are my early warning signs?

b. Action Plan

What can I do about this?

What action can I take when I notice the early warning signs to help keep me well and prevent things from getting worse?

These are my early warning signs that indicate that I am less well:

Early warning signs & Action Plans

These are my early warning signs that I am less well and actions that can be taken to avoid me becoming less well:

Early Warning Sign:
Action Plan:

Early Warning Sign:
Action Plan:

Early Warning Sign:
Action Plan:

Early warning signs & Action Plans (continued)

Early Warning Sign:
Action Plan:

Early Warning Sign:
Action Plan:

Early Warning Sign:
Action Plan:

When things start breaking down or getting worse

In spite of your best efforts, your symptoms may progress to the point where they are very uncomfortable, serious and even harmful however there are still some actions that can be taken to prevent a crisis.

a. **Recognition**

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

b. **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?

These are signs that indicate that things are breaking down or getting worse:

When things start breaking down or getting worse & Action Plans

These are signs that indicate that things are breaking down or getting worse and action plans:

Signs that things are breaking down or getting worse:
Action Plan:

Signs that things are breaking down or getting worse:
Action Plan:

Signs that things are breaking down or getting worse:
Action Plan:

When things start breaking down or getting worse & Action Plans (continued)

Signs that things are breaking down or getting worse:
Action Plan:

Signs that things are breaking down or getting worse:
Action Plan:

Signs that things are breaking down or getting worse:
Action Plan:

Wellness Recovery Action Plan

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

Signed:

This 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.

Crisis Plan

Despite your best efforts you might find yourself in a situation where you feel totally out of control and you are in a crisis. By developing a crisis plan and sharing it with others, you will be able to take responsibility for your own care and instruct others on how they can support you during a crisis.

A crisis plan should be developed when you are well. It will take time to develop and it is essential that it is developed in collaboration with those you are asking to support you so that they fully understand and agree to their role within the plan.

Once you have completed your plan you may wish to provide a copy of the plan or the relevant part of it to the people that play a role within the plan.

It may be necessary for you to be cared for under a section of the mental health law, in this case, those caring for you may not be able to carry out all of your wishes due to their duty of care. Your crisis plan as part of your WRAP is not a legal document however those caring for you will endeavor to carry out your wishes.

Remembering What I am like when I'm feeling well

This is what I am I like when I am well:

When it gets too bad

My signs of a crisis are:

Supporters

The first person I would like to be contacted in a crisis is:

Name:

Relationship:

Contact Details:

Other people I would like to be contacted in a crisis are:

Name:

Relationship:

Contact Details:

Name:

Relationship:

Contact Details:

Name:

Relationship:

Contact Details:

Support Required

Identify those people you would like to support you when the symptoms you listed above are obvious. They can be family members, friends or health care professionals. You may choose 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 and what I need support with:

Name of supporter:	Contact details:
Details of support needed:	

Name of supporter:	Contact details:
Details of support needed:	

Name of supporter:	Contact details:
Details of support needed:	

Support Required (Continued)

Name of supporter:	Contact details:
Details of support needed:	

Name of supporter:	Contact details:
Details of support needed:	

Name of supporter:	Contact details:
Details of support needed:	

I do not want the following people involved in any way in my care or treatment:

There may be people who you would not like to be involved in your care or treatment or you do not find them helpful for you to work towards your recovery.

These are the people I would not like to be involved in any way in my care or treatment:

Name _____ why I would not like them involved (optional)

Name _____ why I would not like them involved (optional)

Name _____ why I would not like them involved (optional)

Medical treatment and medication

My G.P. is: _____ Phone no. _____

My Psychiatrist is: _____ Phone no. _____

My car co-ordinator is: _____ Phone no. _____

Other professionals involved: _____ Phone no. _____

_____ Phone no. _____

List the medications **you are currently taking** and why you are taking them.
Include the name of who prescribes them.

List those medications you would prefer to take **if medication or additional medications became necessary**, and why you would chose those

List those medications that you feel **must be avoided** and give reasons

What helps?

There may be things that you can do or others can do for you that can help to reduce your symptoms and help you towards recovery.

List **treatments or activities** that you can do that you feel **help reduce** your symptoms and when they should be used:

List anything on your Wellness toolbox that you might need support to do:

List treatments you would want to **avoid**, and why:

Stopping the plan

My supporters know when it is safe to stop this Crisis Plan when . . .

The following positive changes indicate to my supporters that I am in control of things again, and they no longer need to use this plan:

Signatures

Once you have completed your crisis plan, it may be useful to ask those people that have agreed to support you to sign below:

Name of supporter	Relationship to you / role	Signature	Do they have a copy of the plan?

(Optional) Crisis Plan statement

I developed this plan on (date) _____

With the help of: _____

Signed: _____ Date _____

This plan takes over from any with an earlier date.

Post Crisis Plan

There may be times that even with yours (and others) best efforts you may still experience a crisis – this is not the end of the world, nor does it mean that you will not recover. Recovery is a process and is on-going. You can start again at any time and after any difficult experience, no matter how bad. However it may be very helpful to reflect (think about) on what has happened to help you learn from it. Some people feel this is good to do alone. However, many of us are greatly helped by having someone we trust, to turn to, and talk it over together and get their thoughts about what happened.

After a crisis you may feel worn out, so choose your time *when you are ready*, such as when you feel you have more energy and willing to think about it to try and make sense of it.

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

When I am no longer in crisis

This is a list of things that will indicate that I am no longer in crisis:

This is a list of the support that I will need whilst coming out of a crisis:

Support needed:	Person who will support me

These are the most important things from my **wellness toolbox** that will help me after a crisis:

This is a list of indicators that I am over my crisis and return to using my **daily maintenance plan**:

Reflection

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?