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 **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. 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. 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

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.

**Mental Health CV**

**My Significant Life Events**

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My Current Problems:

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My Strengths:

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What Helps:

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What Doesn’t Help:

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 Who can I go to?

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**My future directions:**

Where do I want to go in life?

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**Developing a Wellness Toolbox – reminders and resources to call on**

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

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*

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

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*

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

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*
*

**Setting up my Daily Maintenance Plan**

My baseline: What am I like when I am well ?

When I feel well, I am …………

**Daily Maintenance Plan**

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

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This is what I need to do, less often than every day, to keep my overall wellness and sense of wellbeing

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These are the things that I know I need to do to sustain my wellness, but for some reason do not do them

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**Triggers**

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?

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*Using relaxation techniques*

*Getting good sleep*

*Enjoy good healthy food and drinks*

*Medication*

*spiritual beliefs*

*Getting good sleep*

*Getting some fresh air*

*Reaching out to others for support*

*Daily planning*

*Checking in with a care/health provider*

*Exercise*

*Meeting with friends*

*Light*

*Doing things that divert your attention/ doing things you enjoy*

*Keeping yourself safe*

**Wellness Tool Activity 2**

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

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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?

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**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.

Recognition

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

* E.g. feeling overwhelmed, too much going on
*
*
*

Action Plan

What can I do about this? What action can I take when I recognise the early warning signs?

*
*
*
*

**When things start breaking down or getting worse**

Recognition

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

*
*
*

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?

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*

**Wellness Recovery Action Plan**

**PERSONAL CRISIS PLAN**

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.

**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? What signs would they need to look out for?

*
*
*
*

When it gets too bad I ………….

**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

Name Connection/role

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)

**Medication**

List below the doctors who are involved in your care:

|  |  |  |
| --- | --- | --- |
| Role  | Professionals involved | Tel Number |
| Doctor:  |  |  |
| Doctor:  |  |  |
| Pharmacist  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Medication you are currently taking and why:

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List medication you would prefer to take if necessary and why you would choose them:

List those medications that would be acceptable to you if medications became necessary and why you would choose those:

List those medications that must be avoided and give the reasons why:

**Treatments**

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

* E.g. medication, an alternative therapy.
*
*
*
*

List treatments you would 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:

**What I need done**

*
*
*
*

**Who I’d like to do it**

*
*
*
*

List those **things** that others might do, or have done in the past, **that would not help** or might even worsen your state

* (E.g. tell you to calm down)
*
*
*
*

**If I am in danger.**

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

*
*
*
*

People I need to thank for helping me:

|  |  |  |
| --- | --- | --- |
| Person:  | When I should thank them | How will I thank them |
| Sister  | Today | Tell her and treat her to lunch |
|  |  |  |
|  |  |  |
|  |  |  |

People I need to apologise to:

|  |  |  |
| --- | --- | --- |
| Person:  | When I should thank them | How will I thank them |
| Ex-partner | When I am feeling better | With an explanation |
|  |  |  |
|  |  |  |
|  |  |  |

People I need to make an amends with:

|  |  |  |
| --- | --- | --- |
| Person:  | When I should thank them | How will I thank them |
| Ex-partner | On-going  | Be supportive and a good parent |
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