**What is WRAP, the Wellness Recovery Action Plan?**

WRAP® is an organized way for you to list all the things you do, and all the things you have done or think you might like to do or try, to help yourself feel better, get well and stay well. WRAP can help you do the things you want to do and be the way you want to be. Using these Tools, you develop plans that will help you feel the way you want to feel and live the life you want to live. Some people call it a personal guide to daily living.

**Wellness Toolbox**

Begin by making a list of all the things you already do, would like to do, or might want to try, to make yourself feel better, stay well, and make your life the way you want it to be. This can be a long list, as long as you want it to be. These are your Wellness Tools. You will use these Tools to develop plans that you can use every day to manage your life. You can add more Tools to this list whenever you discover them.


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<th>My Wellness Tools</th>
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Daily Maintenance Plan

The Daily Maintenance Plan includes:

1. **What I’m Like When I’m Feeling Well**—make a list of words that describe YOU when you are feeling well (or how you would like to feel) so you can refer to it when you are not feeling well.

2. **Things I Need to Do Every Day to Stay Well**—Referring to your list of Wellness Tools, make a list of the Tools you need to use every day to stay as well as possible.

3. **Things I Might Need to Do Today**—Make a list of Wellness Tools you might need to use on a particular day, Tools you don’t need to use every day.

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**What I’m Like When I’m Well**

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Wellness Recovery Action Plan®

What I Need to Do Every Day to Stay Well


Things I Might Need to Do


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Triggers

Triggers are unplanned things that happen that make you feel uncomfortable, upset or distressed. Make a list of what these Triggers are for you. You will notice more over time and you can add them to your list.

My List of Triggers

______________________________________________
______________________________________________
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Triggers Action Plan

Make a list of Wellness Tools from your Wellness Toolbox that you can use to help yourself feel better when a Trigger happens. This is your Triggers Action Plan. Include plenty of choices, so that you have a lot available that you can easily do in any situation. You can use the things on this list, and other Wellness Tools, for long periods of time if something really bad happens that makes you feel awful.

My Triggers Action Plan

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Early Warning Signs

Early Warning Signs are things that you notice about yourself that let you know you are not feeling well, signs that you do not feel the way you want to feel, or that things are not the way you want them to be.

My Early Warning Signs

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Early Warning Signs Action Plan

Make a list of the Wellness Tools (an Action Plan) from your Wellness Toolbox of the things you can do to help yourself feel better and make your life be the way you want it to be if you notice Early Warning Signs. Some of these Tools can be optional for you, and some can be things you know you must do.

My Early Warning Signs Action Plan

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When Things are Breaking Down

When Things are Breaking Down means that you are feeling much worse or that the situation has gotten much worse. While you may have described this as a Crisis in the past, it is not a Crisis if there are still things you can do to help yourself feel better or improve the situation. List the signs that would indicate to you that your situation is much worse but you can still take action in your own behalf.

My Signs That Things Are Breaking Down

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When Things are Breaking Down Action Plan

Make a list of the Wellness Tools (an Action Plan) from your Wellness Toolbox that you can use, perhaps intensively, to help yourself feel better and make things the way you want them to be at this critical time. This list can include specific things that you know you must do, how often you do them, when you do them and for how long.

My Action Plan for When Things Are Breaking Down

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My Crisis Plan

A Crisis Plan or Advance Directive is a plan that you develop for yourself when you are feeling well, and that you give to your supporters so they can use it to support you in getting well and staying well when you cannot help yourself. This part of WRAP is harder to develop and usually takes more time. You will get ideas on how to do this from your Wellness Toolbox and from the Action Plans you have already developed. Hopefully your supporters will never have to follow your Crisis Plan, but if they do, they will know what to do, and what not to do, easing the way to recovery and wellness for you.

Part 1— What I’m Like When I’m Feeling Well

Describe yourself when you are feeling well.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Part 2— Signs That Others Need to Take Over

Describe those signs that would indicate to others that they need to take over responsibility for your care and make decisions in your behalf.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Part 3— Supporters

List those people you want to take over for you when the signs you listed above are obvious. They can be family members, friends or health care providers. Have at least five people on your list of supporters. 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.

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________________

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There may be health care providers, family members, or friends who have made decisions that were not according to your wishes in the past. They could inadvertently get involved if you don’t 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)

Name
Why you do not want them involved (optional)

Settling Disputes Between Supporters

Describe how you want possible disputes between supporters settled. For instance, you may want to say that a majority need to agree, or that a particular person or two people make the determination.

Part 4—Medication and Health Care

Physician Phone Number
Physician Phone Number
Physician Phone Number

List the medications you are currently using and why you are using them. Include the name of your doctor and your pharmacy.

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List those medications you would prefer to take if medications or additional medications became necessary, and why you would choose those.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

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________________________________________________________________________
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Part 5— Treatments

List treatments that help you feel better and when they should be used.

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________________________________________________________________________
________________________________________________________________________

List treatments you would want to avoid.

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________________________________________________________________________
________________________________________________________________________
Part 6— 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 and support you need.

Part 7— Treatment Facilities
List treatment facilities where you prefer to be treated or hospitalized if that becomes necessary.

List treatment facilities you want to avoid.

Part 8— Help From Others
List those things that others can do for you that would help you feel better or make you more comfortable.

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 make you feel worse.

Part 9—Inactivating the Crisis Plan

Describe signs, lack of signs or actions that indicate supporters no longer need to use this plan.

You can help assure 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 appoint a durable power of attorney.

I developed this plan on (date) _______ with the help of ____________________________.

Any plan with a more recent date supersedes this one.

Signed ____________________________ Date ____________

Witness ____________________________ Date ____________

Witness ____________________________ Date ____________

Attorney ____________________________ Date ____________

Durable Power of Attorney (If you have one)

Phone number ____________________________
My Post Crisis Plan

If you’ve been in a Crisis, the Post Crisis Plan is a list of questions that will help you figure out what you need to do to get past the Crisis. Familiarize yourself with this section when you develop the rest of your WRAP, and complete it when you are recovering from a Crisis. That is when you will know what you really need and want. Using and living WRAP will make this process easier for, easing your recovery and assuring you that you will soon be using your Daily Maintenance Plan again.

I will know that I am “out of the crisis” and ready to use this Post Crisis Plan when I:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How I would like to feel when I have recovered from this Crisis:

(You may want to refer to the first section of your Wellness Recovery Action Plan—What I am Like When I am Well. This section may be different from what you felt like before—your perspective may have changed in this Crisis.)

________________________________________________________________________

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Post Recovery Supporters List

I would like the following people to support me if possible during this Post Crisis time:

<table>
<thead>
<tr>
<th>Who:</th>
<th>Phone number:</th>
<th>What I need them to do:</th>
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If you are being discharged from a treatment facility, do you have a place to go that is safe and comfortable? ___ yes ___ no
If not, what do you need to do to insure that you have a safe, comfortable place to go?

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

If you have been hospitalized, your first few hours at home are very important. Will you feel safe and be safe at home?
___ yes ___ no

If your answer is no, what will you do to insure that you will feel and be safe at home?

__________________________________________________________________________

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I would like ___________________________ or ___________________________ to take me home.

I would like ___________________________ or ___________________________ to stay with me.

When I get home I would like to ___________________________ or ___________________________.

If the following things were in place, it would ease my return:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Things I must take care of as soon as I can:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Wellness Recovery Action Plan®

Things I can ask someone else to do for me:

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Things that can wait until I feel better:

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Things I need to do for myself every day while I am recovering from this Crisis:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Things I might need to do every day while I am recovering from this Crisis:

________________________________________________________________________
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Things and people I need to avoid while I am recovering from this Crisis:

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Wellness Recovery Action Plan®

Signs that I may be beginning to feel worse:
(examples: anxiety, excessive worry, overeating, sleep disturbances)

Wellness Tools I will use if I am starting to feel worse:
(star those that you must do, the others are choices)

Things I need to do to prevent further repercussions from this Crisis—and when I will do these things:

People I need to thank:
Person: When I will thank them: How I will thank them:

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### Wellness Recovery Action Plan®

#### People I need to apologize to:
- **Person:**
  - **When I will apologize:**
  - **How I will apologize:**

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<th>Person</th>
<th>When I will apologize</th>
<th>How I will apologize</th>
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#### People with whom I need to make amends:
- **Person:**
  - **When I will make amends:**
  - **How I will make amends:**

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<th>Person</th>
<th>When I will make amends</th>
<th>How I will make amends</th>
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#### Medical, legal, or financial issues that need to be resolved:
- **Issue:**
  - **How I plan to resolve this issue:**

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<th>Issue</th>
<th>How I plan to resolve this issue</th>
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#### Things I need to do to prevent further loss: (canceling credit cards, getting official leave from work if I left without notice, cutting ties with destructive people, etc.)

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Signs that this Post Crisis phase is over and I can return to using my Daily Maintenance Plan as my guide to things to do for myself every day:

________________________________________________________________________
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Changes in the first 4 sections of my Wellness Recovery Action Plan that might help prevent a Crisis in the future:

________________________________________________________________________
________________________________________________________________________
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Changes in my Crisis Plan that might ease my recovery:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Changes I want to make in my lifestyle or life goals:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What did I learn from this Crisis?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Changes I want or need to make in my life as a result of what I have learned:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

When and how will I make these changes:

________________________________________________________________________

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________________________________________________________________________

Timetable for Resuming Responsibilities

Develop plans for resuming responsibilities that others may have taken over or that did not get done while I was having a hard time (things like child care, pet care, my job, cooking and household chores).

SAMPLE

Responsibility: going back to work

Who has been doing this while I was in Crisis: co-workers

While I am resuming this responsibility, I need (who):

Jane and Eric to help with record keeping

Plan for resuming:

Steps:

- in three days go back to work for 2 hours a day for five days
- for one week go back to work half time
- for one week work ¾ time
- resume full work schedule

Responsibility: __________________________________________________________________

Who has been doing this while I was in Crisis: _______________________________________

While I am resuming this responsibility, I need (who):

_______________________________________ to _____________________________________
Wellness Recovery Action Plan®

Plan for resuming:


Responsibility: ________________________________

Who has been doing this while I was in Crisis: ________________________________

While I am resuming this responsibility, I need (who):

______________________________ to ________________________________

Plan for resuming:


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