

# Wellness Recovery Action Plan

# ‘WRAP’

*(adapted in 2024 by Lavender Space)*

## Acknowledgments

This paperwork is an abbreviated version of WRAP and is adapted from *the 'Wellness and Recovery Action Plan'*, by Mary Ellen Copeland and *The Wellness Recovery Action Plan 'WRAP'* at <https://www.getselfhelp.co.uk/docs/WRAP.pdf>

Unabbreviated WRAP plan:

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

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# Wellness Recovery Action Plan (WRAP)

The Wellness Recovery Action Plan (WRAP) was originally developed by Mary Ellen Copeland and a group of people engaged in mental health services who wanted to work on their recovery. They found that this plan worked for them and helped them recover from their mental health difficulties.

The Wellness Recovery Action Plan is a framework for developing an effective approach to managing distressing symptoms and gaining insight into behavior patterns. Each section you fill out is a tool for planning and insight. Separate tools for maintaining wellness and action plans for periods of imminent crisis, active crisis, and post-crisis are included.

The crisis plan can guide others on how best to make decisions for you and take care of you when your problems and symptoms make it very difficult for you to do this for yourself.

Developing your WRAP will take time, it can be done alone or with a trusted supporter.

Once you have started your WRAP, you can continue developing it and changing it as you gain more information about yourself.

## The WRAP is unique to you

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

## Personal Details

Name:

Address:

Phone no:

Email address:

Next of kin:

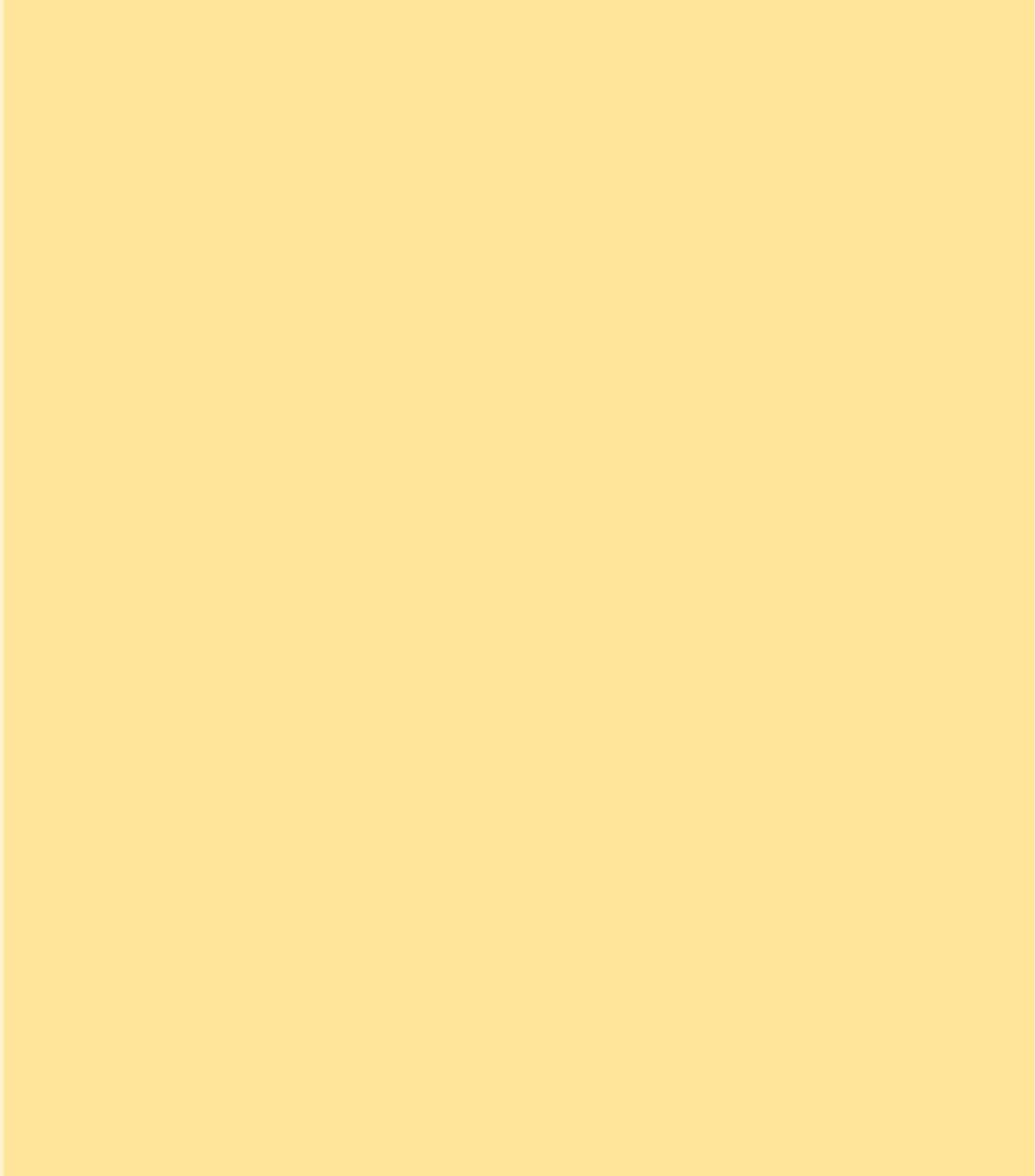
Contact details:

Allergies:

PCP & contact details:

## Wellness

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

A large, solid yellow rectangular area that occupies most of the page below the text. It is intended for the user to write their response to the prompt above.

## Wellness Toolbox

Developing a Wellness Toolbox can help you identify the things at your disposal that promote your wellness.

**These are things that I know support my wellness:**



## Wellness Toolbox

**These are things that give me meaning, inspire me, and remind me of my values:**

A large, solid yellow rectangular area intended for the user to write their responses to the prompt above.



## Wellness Toolbox

**These are some new things that I would like to try to support my wellness:**

A large, solid yellow rectangular area intended for the user to write their responses to the prompt above.

## Wellness Toolbox

**These are threats to my wellness and other things I should avoid:**

A large, empty rectangular area with a solid yellow background, intended for users to write their answers to the prompt above.

## Daily Maintenance Plan

These are the **daily** things I should do to keep myself feeling as well as possible:

A large, solid yellow rectangular area intended for the user to write their daily maintenance plan.

## 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:

A large, empty rectangular box with a solid yellow background, intended for the user to write their maintenance plan.

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

A large, empty rectangular box with a solid yellow background, intended for the user to write their reminders.

# Triggers

## a. Recognition

Triggers are things that happen to us that are likely to set off a chain reaction of uncomfortable or unhelpful behaviors, thoughts, or feelings.

## b. Action Plan

What can I do about these triggers?

**The action plans in this section are designed to:**

- limit your exposure to triggers
- avoid triggers from occurring
- help you cope if these triggers do occur
- prevent things from getting worse

**This is a list of my triggers:**

A large, solid yellow rectangular area intended for the user to list their personal triggers.

## Triggers & Action Plans

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

<b>Trigger:</b>
<b>Action Plan:</b>

<b>Trigger:</b>
<b>Action Plan:</b>

<b>Trigger:</b>
<b>Action Plan:</b>

**Trigger:**

**Action Plan:**

**Trigger:**

**Action Plan:**

**Trigger:**

**Action Plan:**

## Early Warning Signs

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

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

A large, solid yellow rectangular area intended for the user to write their early warning signs and action plan.



## Early Warning Signs & Action Plans

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

<b>Early Warning Sign:</b>
<b>Action Plan:</b>

<b>Early Warning Sign:</b>
<b>Action Plan:</b>

<b>Early Warning Sign:</b>
<b>Action Plan:</b>

**Early Warning Sign:**

**Action Plan:**

**Early Warning Sign:**

**Action Plan:**

**Early Warning Sign:**

**Action Plan:**

## When Things Start Getting Worse

Despite your best efforts, your symptoms may progress to the point where they are very uncomfortable, serious, and even harmful. 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, prevent things from getting worse, and return to a state of wellness?

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



## When Things Start Getting Worse & Action Plans

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

<b>Signs:</b>
<b>Action Plan:</b>

<b>Signs:</b>
<b>Action Plan:</b>

<b>Signs:</b>
<b>Action Plan:</b>

**Signs:**

**Action Plan:**

**Signs:**

**Action Plan:**

**Signs:**

**Action Plan:**

## Signing your WRAP

This plan was made on (date) \_\_\_\_\_ and takes priority over any plans with earlier dates.

**Signed:**

This plan can be just for personal 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 Planning

Despite your best efforts, you might find yourself in a situation where you feel totally out of control and you are in active 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 must be 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 relevant parts of it to the people who play a role within it.

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 on its own. There is a template for an advance medical directive at the end of this document and, if completed and notarized, it can be used as a legal document in medical settings.

## Remembering what I am like when I'm feeling well

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

A large, solid yellow rectangular area intended for the user to write their response to the question above.

## When it gets too bad

My signs of a crisis are:

A large, solid yellow rectangular area intended for the user to write their response to the question above.



## Supporters

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

**Name:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

## 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:**

<b>Name of supporter:</b>	<b>Contact details:</b>
<b>Details of support needed:</b>	

<b>Name of supporter:</b>	<b>Contact details:</b>
<b>Details of support needed:</b>	

<b>Name of supporter:</b>	<b>Contact details:</b>
<b>Details of support needed:</b>	

<b>Name of supporter:</b>	<b>Contact details:</b>
<b>Details of support needed:</b>	

<b>Name of supporter:</b>	<b>Contact details:</b>
<b>Details of support needed:</b>	

## Exclusions

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.

**I do not want the following people 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 PCP is \_\_\_\_\_ Phone no. \_\_\_\_\_

My therapist is: \_\_\_\_\_ Phone no. \_\_\_\_\_

My care co-ordinator is: \_\_\_\_\_ Phone no. \_\_\_\_\_

My psychiatric medications are prescribed by \_\_\_\_\_

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 choose 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 who have agreed to support you to sign below:

Name	Relationship or Role	Signature	Do they have a copy of the plan?

## Crisis Plan statement

I developed this plan on (date) \_\_\_\_\_

With the help of (name) \_\_\_\_\_

**Signature:**

Today's date: \_\_\_\_\_

**This plan takes over from any with an earlier date.**



# Post Crisis Plan

There may be times that despite determined efforts you may still experience a crisis – this is not the end of the world, nor does it mean you will not recover. Recovery is an ongoing process that you can start again at any time after any difficult experience, no matter how bad.

It may be helpful to reflect on what has happened. Some people feel this is good to do alone and others are greatly helped by having someone we trust to turn to and talk it over together.

After a crisis, you may feel worn out, so *when you are ready*, you may want to talk and think through what has happened. You can compare that reality with your WRAP plan and make any edits or updates that feel are necessary.

## Indicators That I Am No Longer in Crisis

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



## Post Crisis Support Plan

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

Support needed:	People who will support me:

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

A large, empty rectangular area with a solid yellow background, intended for the user to list their most important wellness tools.

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

A large, empty rectangular area with a solid yellow background, intended for the user to list indicators of recovery from their crisis.

## 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 to your WRAP to make crisis less likely in the future?**

A large, solid yellow rectangular area that occupies most of the page below the reflection prompt, intended for the user to write their response.

# Advance Medical Directive

If completed and notarized, the following pages can be used as a legal document in medical settings.

**There are 2 basic components of an advanced medical directive document:**

**a. Living Will**

your personal values and what would be most important to you at the end of life

**b. Durable Power of Attorney**

selecting your health care decision maker(s).

## About Me

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Decision Makers

### Primary Decision Maker

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Apt no. \_\_\_\_\_

City/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone no. \_\_\_\_\_ Email \_\_\_\_\_

### Secondary Decision Maker

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Apt no. \_\_\_\_\_

City/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone no. \_\_\_\_\_ Email \_\_\_\_\_

- OR -

I choose NOT to name a health care decision maker. (CHECK BOX IF APPLIES)

## My Quality of Life Preferences

The following prompts are related to your quality of life. Quality of life is about the things you are able to do or not do, and how much those things matter to you. It is important to consider what matters most to you and makes your life worth living. Some things matter more to certain people, and others matter less. Your document should express what matters most to you.

	This is worse than dying comfortably	This is neither better nor worse than dying comfortably	This is better than dying comfortably
I am confused all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on a feeding tube to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on a breathing machine to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot control my bladder or bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need care all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot live outside of a hospital or medical facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to stay at home all day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am in moderate pain all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot get out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am wheelchair bound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What else do you want your doctors to know about your quality of life goals?**



## My Medical Treatment Preferences

Life sustaining treatments replace or support bodily functions that are no longer working. When people have treatable conditions, life support is used temporarily until the illness or disease can be stabilized and the body can resume normal functioning. However, when a person becomes very sick, the body never regains the ability to function without life support or life-sustaining treatment. It is important to consider what treatments you would want your doctors to use long-term if you were not going to get better.

**Now imagine that you are very sick. Your doctors tell you that you will not get better, and you may not have long to live. Overall, what do you want to be the goal of your medical care?**

- I want treatments to focus on comfort and my quality of life.
- I want to focus on prolonging my life, but I only want to try life support treatments for a short time. If my doctors decide that the treatments are not helping, I want them stopped.
- I want all treatments to prolong my life.
- I only want some treatments to prolong my life. (Select a list of treatments you want)

**Cardiac resuscitation**  
Cardiac resuscitation means pressing very hard on your chest and giving you shocks if your heart stops.

**Breathing machine**  
A breathing machine, or ventilator, helps you breath. You cannot talk while you are connected to the ventilator.

**Dialysis**  
Dialysis uses a special machine to clear your blood when your kidneys do not work.

**Surgery**

**Chemotherapy for cancer**

**Artificial nutrition**  
Artificial nutrition is given through a feeding tube placed in your mouth, nose, or stomach. Sometimes nutrition is also given directly into the blood through a tube in a vein (IV).

**Hydration**  
Fluid is given directly to the blood through a tube in a vein (IV).

**Antibiotics**  
Antibiotics are given to treat infections. Sometimes they are taken as a pill. Other times they are given through a tube in a vein (IV).

**Blood transfusions**  
Blood is given through a tube in a vein (IV).

## Organ Donation

Donating your organs after you die can help save lives. A single person who chooses to donate organs after death can help save as many as 10 people. It's a way to give back and support others.

Everyone can sign up for organ donation and most people choose this option, regardless of age or illness. Even people with serious medical illnesses can donate their organs.

Choosing to be an organ donor doesn't affect your health care when you are alive. Our Care Wishes recommends choosing to donate your organs so you can help save or improve other people's lives.

### Select one that applies:

After I die, I would like to donate any organs that can help someone else

After I die, I will donate all my organs EXCEPT:

I choose NOT to donate any of my organs

## Signing

On behalf of myself, my executors and heirs, I hold my health care decision maker and my health care providers harmless and indemnify them against any claim for their good faith actions in recognizing my health care decision maker's authority or in following my treatment instructions.

I, having carefully read this document, have signed it this  day of  revoking all previous health care powers of attorney and health care treatment instructions.

### Signature:

**Name:**

## Witnesses

Witnesses must be at least 18 years of age, know you, and see you sign this form.  
Witnesses cannot be your health care decision maker or health care provider.

By signing, I promise that  signed this  
form while I watched and was both thinking clearly and not forced to sign it.

### Witness #1

#### Signature:

Full Name

Street Address

Apt no.

City/State

Postal Code

### Witness #2

#### Signature:

Full Name

Street Address

Apt no.

City/State

Postal Code