



Wellness

Recovery

Action

Plan

WRAP

Wellness Recovery Action Plan

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**WRAP is a self-designed plan that anyone can use to get well, stay well, and live the life they want to live.
WRAP can help you to feel better and increase personal responsibility
for improving your quality of life.**

The first part of WRAP is developing a personal Wellness Toolbox. This is a list of resources you can use to develop your WRAP. It includes things like contacting friends and supporters, peer counseling, focusing exercises, relaxation and stress reduction exercises, journaling, creative, fun and affirming activity, exercise, diet, light, and getting a good night's sleep.

Section 1 of WRAP is the **Daily Maintenance Plan**. It includes three parts: 1.) a description of yourself when you are well, 2.) those Wellness Tools you know you must use every day to maintain your wellness, and 3.) a list of things you might need on any day.

Section 2 is identifying those events or **Triggers** that, if they happened, might make you feel worse--like an argument with a friend or getting a big bill. Then, using Wellness Tools, you develop an action plan you can use to get through this difficult time.

Section 3 is identifying **Early Warning Signs**, those subtle signs that let you know you are beginning to feel worse, like being unable to sleep or feelings of nervousness. Then, again, using your Wellness Toolbox, developing an action plan for responding to these signs you feel better quickly and prevent a possible difficult time.

Section 4 is **When Things are Breaking Down**. In this section, you list those signs that let you know you are feeling much worse, like you are feeling very sad all the time or are hearing voices. And again, using your Wellness Toolbox, develop a powerful action plan that you that will help you feel better as quickly as possible and prevent an even more difficult time.

Review your plans every day, noting how you feel and doing what you need to do to help yourself get better or to keep yourself well. As you become familiar with your plan, you will find that the review process takes less time and that you will know how to respond without even referring to the book. People who are using these plans regularly and updating them as necessary are finding that they have fewer difficult times, and that when they do have a hard time it is not as bad as it used to be, and it doesn't last as long.

The WRAP approach empowers you to take control of your own health and wellness. Since its development, the system has been shared with thousands of people through the books—Wellness Recovery Action Plan and Winning Against Relapse, the Winning Against Relapse audio tape, the Creating Wellness video series, numerous support groups, workshops and seminars, and through the www.mentalhealthrecovery.com web site.

5 Key Recovery Concepts

Hope

Taking Personal Responsibility

Education

Self-Advocacy

Support Network

My Personal Rights

Things to Remember Every Day

Copy the following personal rights on a piece of paper. Fold it up and carry it in your pocket or purse. Take it out and read it whenever you have a few moments to spare.

- I have the right to be treated with dignity, compassion, and respect at all times.
- I have the right to make my own decisions about the course of my life.
- I have the right to have goals and to work toward making these goals come true.
- I have the right to feel good about myself.
- I have the right to choose my friends, whom I will spend time with, and whom I will trust.
- I have the right to make mistakes.
- I have the right to change my mind.
- I have the right to be happy.
- I have the right to ask for what I want.
- I have the right to follow my own values and standards.
- I have the right to express all of my feelings, both comfortable and uncomfortable.
- I have the right to say no.
- I have the right to determine my own priorities.
- I have the right not to be responsible for others' behavior, actions, feelings, or problems.
- I have the right to my own needs for personal space and time.
- I have the right to be in a non-abusive environment.
- I have the right to change and grow.
- I have the right to have my needs and wants respected by others.
- I have the right to be uniquely myself.

MY WRAP TOOLBOX

List any tools you have learned, either from IOP or from your own life experience. List things that you would like to try, even if you have not already. Keep adding news ones and/or crossing out ones you decide are not right for you. Keep this list in a prominent place so you can refer to it often.

Write in the space below:

WRAP TOOLBOX *OF IDEAS TO HELP KEEP YOU WELL*

1. Talk to a friend
2. Talk to a therapist or psychiatrist
3. Relaxation exercises
4. Meditation
5. Guided Imagery
6. Journal/Write
7. Positive Affirmations
8. Make a gratitude list
9. Exercise
10. Eat a healthy meal
11. Take time off (from home and work responsibilities)
12. Drink a glass of water
13. Take medications
14. Do a routine task
15. Call a helpline
16. Surround yourself with someone positive, affirming, loving
17. Wear something that makes you feel good
18. Look at uplifting pictures
19. Make a list of your accomplishments
20. Spend 10 minutes writing good things down about yourself
21. Do something that makes you laugh
22. Do something special for someone else
23. Practice Mindfulness: focus on and appreciate the moment
24. Take a warm bath or shower
25. Listen to music
26. Get a massage
27. Spend time with a friend
28. Play with my children
29. Play with my pets
30. Do some housework
31. Buy groceries
32. Do the laundry
33. Have some personal time
34. Plan something fun
35. Write a letter/send an e-mail or text
36. Send a card (birthday, thank you)
37. Get outdoors – garden, fish, walk!
38. Go to a support group or join a club
39. Doodle, draw or paint

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40. Watch a favorite TV show
41. Go see a movie
42. Do a crossword puzzle
43. Paint your nails
44. Clean something
45. Knit, crochet or sew
46. Read a good book
47. Aromatherapy (light a candle, use lotion, essential oils)
48. Bake cookies
49. Alphabetize CDs/DVDs/Books
50. Rip paper into itty bitty pieces
51. Play a sport
52. Hug a friend or family member
53. Hug a pillow or stuffed animal
54. Dance
55. Make hot chocolate, milkshake or smoothie
56. Play with clay or Play-dough
57. Go for a drive
58. Draw on yourself with a marker
59. Try a new hobby
60. Look up recipes and cook a meal
61. Create or build something
62. Pray/access your spirituality
63. Jump on a trampoline
64. Ride a bicycle/motorcycle
65. Feed the ducks or birds
66. Color
67. Read or write a poem
68. Stretch
69. Window shop
70. Make a playlist of your favorite songs
71. Plan an event
72. Plant some seeds
73. Try to make as many words out of your full name as possible
74. Give yourself a facial
75. Start collecting something
76. Play a video or computer game (limit time)
77. Clean up trash at your local park
78. Perform a random act of kindness
79. Text or call an old friend
80. Write yourself an "I love you because ..." letter
81. Rearrange furniture
82. Write a letter to someone that you may never send/give
83. Smile at 5 people
84. Put a puzzle together
85. Clean and organize your room/closet/garage
86. Yoga/Pilates
87. Teach your pet a new trick
88. Learn a new language
89. Make a list of goals for the next week, month and year
90. Work on my car
91. Go on a date
92. Sit in the sun
93. Repair something
94. Water plants
95. Go swimming
96. Fly a kite
97. Learn to play an instrument
98. Join a club or social group
99. Arrange flowers
100. Arts and Crafts
101. Make a gift for someone
102. Join a book club
103. Go hiking/sightseeing
104. Read the newspaper
105. Go to a play or concert
106. Watch a comedy show
107. Make a To Do List
108. Take pictures
109. Lift weights
110. Go on a picnic
111. Put on your favorite outfit
112. Go to a sporting event
113. Go to a park or zoo
114. Sit in an outdoor café
115. Say "I love you" to someone

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| 116. Go to a sauna | 121. Go to the library |
| 117. Check out a garage sale | 122. Water plants |
| 118. Play cards/board games | 123. Listen to nature sounds |
| 119. Get a haircut | 124. Watch a funny Tik Tok/You Tube |
| 120. Volunteer | 125. Read cartoons/comic strips |

Personal Health Inventory

Wellness Recovery Action Plan

Describe what I am like when I am well

AND/OR

what I would want to be like well:

How do I feel? (Describe feeling words):

How do I look? (Dress, grooming, etc

How do I take care of myself? (Sleep, eating, hygiene, exercise, relaxation, pampering):

How do I function at home/work/school? (Responsibilities/commitments, attendance, organization, etc

How do I interact with others? (Socializing and social activities):

How do I engage in life? (“Bigger picture” goals, aspirations, etc

What do I do that I enjoy and find meaning in? (Hobbies, interests, talents, spirituality):

Daily Maintenance Plan
Wellness Recovery Action Plan

This is what I need to do for myself **every day** to keep myself feeling as well as possible: *write in the space below:*

This is what I need to do **regularly** to keep my overall wellness and sense of well-being: *write in the space below:*

Things that I need to **avoid** (*people, places, situations, triggers, habits, ways of thinking*) to stay well: *write in the space below:*

Wellness Recovery Action Plan

TRIGGERS/STRESSORS (External events that make me feel unwell)	ACTION PLAN TO ADDRESS IT (Tools, Skills, Supports, Etc)
Example: I don't feel like doing anything	Opposite Action Planned Pleasant Activity
Example: I'm being self-critical	Positive Affirmations 3 C's
Example: My manager scolded me	Belly Breathing Urge Surfing
Example: I am having intrusive memories of my trauma	TIP Grounding with the 5 Senses

Wellness Recovery Action Plan

EARLY WARNING SIGNS (Internal, subtle signs I am feeling worse)	ACTION PLAN TO ADDRESS IT (Tools, Skills, Supports, Etc)
Example: I'm isolating	Contact a support person Schedule a planned pleasant activity
Example: My sleep is getting worse	Sleep 101 Skills Talk to my doctor
Example: I am skipping meals	Meal Prep Accountability partner
Example: I stopped exercising	Start where you are at and build momentum Set a SMART goal for physical activity

When Things Are Breaking Down:

How do I know if I am in crisis?

Who do I need to call?

Where do I need to go?

What do I need to do?