# Wellness Recovery Action Plan

# (WRAP)

**Name:** Anybody in Recovery **Date:** 08/07/2026

## Wellness Toolbox

To develop my wellness recovery action plan, it was necessary for me to create a resource list. In it I identified and listed the things I use to help myself feel better when I am having a hard time. Some of them are things I know I must do, like eating healthy meals and drinking plenty of water; others are things I could choose to do to help myself feel better.

Some ideas for my Wellness Toolbox are—

1. eating three healthy meals a day
2. drinking plenty of water
3. Getting to bed by 10:00 p.m.
4. I enjoy playing a musical instrument, watching a favorite TV show, reading a book
5. exercising
6. doing a relaxation exercise
7. writing in my journal
8. taking medications
9. taking vitamins and other food supplements

This is a resource list for me to refer back to when I am developing and updating my plans. I continue to refine my Wellness Toolbox over time, adding to my list whenever I get an idea of something I'd like to try, and crossing things off my list if I find they no longer work for me.

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# What I'm Like When I'm Feeling Well

There are certain things I need to do every day to maintain my wellness. Writing them down and reminding myself to do these things on a daily basis is an important step to maintaining my wellness. A daily maintenance plan helps me recognize those things that I need to do to remain healthy and plan my days accordingly.

As part of my wellness recovery action plan, my daily maintenance plan provides a daily structure that ensures I am taking optimal care of myself.

The first part of my daily maintenance plan is a description of what I am like when I am well. This serves as a reference point, so when I am not feeling very well I can refer back to how I want to feel.

For example, I would describe myself as,

1. Retaining a sense of self as a valuable person who has something to live for
2. I am able to play and enjoy life.
3. I am able to use anger constructively
4. I am able to help myself and others.
5. I accept the unique person I am and appreciate life around me.

# Daily Maintenance List

The next part of my daily maintenance plan is to describe those things I need to do every day to maintain my wellness. I use my Wellness Toolbox for ideas. This is a list of things I must do, not things I would choose to do.

The following is a sample of my daily maintenance list—

1. eat healthy meals & healthy snacks that include smaller portions of protein
2. drink at least six 8-ounce glasses of water
3. get exposure to outdoor light for at least 30 minutes
4. take medications and vitamin supplements
5. have relaxation or meditation time or write in my journal
6. spend time enjoying a fun, affirming, and/or creative activity
7. Check in with myself: " how am I doing physically, emotionally, spiritually? "

# Things to Consider Doing Each Day to Relieve Stress and Maintain My Wellness/Recovery

I also use my plan to make a list of dreams and goals to work toward i.e.…:

1. Fully understanding and coping with my mental illness and psychiatric disability
2. Start to realize, “ There is more to me than mental illness. I am a whole person. ”
3. Start to dream again about who I am and who I can be.
4. Develop the capacity to love other people and be loved in return.
5. Start to want things again.
6. Feel hopeful about meaningful work, and grateful to those who help me along the way.
7. Connect or re-connect with others who care about me.
8. I can help others along the path I have struggled to travel.

# Triggers

Triggers are external events or circumstances that if they happen, may make me feel upset, and I may begin to experience anxiety, panic, discouragement, despair, or negative self-talk. Triggers are often something that I can't completely plan for or avoid.

Because I have a dual-diagnosis: Depression & Cocaine Addiction it is important that my WRAP Plan includes a focus on my work-related issues.

In this section of my wellness recovery action plan I identify my triggers and make a list of them. I develop this plans to avoid or deal with triggering events, increasing my ability to cope and feel better quickly. By developing a plan like this, I intervene and take positive action at a time when it is easy to do, before the situation has escalated or worsened.

List those things that if they happened at work or were in some way related to work might upset me.

1. Having a disagreement with a co-worker
2. Making a big mistake
3. Being notified that benefits are being decreased
4. Equipment breakdowns
5. Stigma
6. Having too much to do
7. People at work not getting along well with each other
8. Missing breaks
9. Transportation problems
10. Being late

# Triggers Action Plan

In this section of my wellness recovery action plan I identify my Triggers Action Plan and make a list of tools from my Wellness Toolbox, I develop plans to avoid or deal with triggering events, increasing my ability to cope and feel better quickly.  By developing a triggers action plan I intervene and take positive action at a time when it is easy to do, before the situation has escalated or worsened.

If I am triggered, depending on the trigger I might:

1. Take a five minute break and do some deep breathing
2. Speak to my employer
3. Contact my vocational rehab counselor
4. Speak to co-workers
5. Arrange to have dinner with a supporter
6. Do extra stress reduction exercises
7. Take a day off
8. Arrange an appointment with my counselor

# Early Warning Signs

My Early Warning Signs are internal and may be unrelated to stressful situations. In spite of my best efforts at reducing my symptoms, I may begin to experience early warning signs, subtle signs of change that indicate I may need to take some further action. Because I have a dual diagnosis (depression illness and cocaine addictive disorder), I must also be aware of early warning signs that can include old behaviors that were related to my drinking and drug use.

Reviewing my substance abuse early warning signs regularly helps me to become more aware of them. If I can recognize and address my early warning signs right away, I often can prevent more severe symptoms and prevent spiraling down into bad feelings and more severe symptoms and illness. Using my wellness recovery action plan and addressing early warning signs is much easier, less stressful, and healthier than trying to deal with the situation after it has worsened.

In this section of my WRAP plan I make a list of my early warning signs that alert me that my condition might be worsening.

They are changes in the way I think, act, and/ or feel…

1. Negative thinking increases
2. Feeling overtired
3. Having aches and pains
4. Difficulty sleeping
5. Excessive overeating
6. Anxiety
7. Feelings of abandonment or rejection
8. Compulsive behaviors

# Early Warning Signs Action Plan

Once I notice my early warning signs I use my early warning signs action plan that I have developed to stabilize and hopefully reverse the symptoms. For me the best response to my early warning signs is my circle of support. Using the lessons that I have learned from Mary Ellen Copelands ‘ WRAP for Veterans and WRAP for Persons with Dual Diagnosis ’ I've learned that self-talk can be very gloomy and self-defeating; I realize what I say to myself, the behavior I engage in based on that self-talk and the consequences of that behavior.

The work is to change my attitudes that produce negative self-talk and problem behaviors. I've learned skills for dealing with my own thoughts, emotions and behaviors, and those of others who react to me. I've learned how to ask for the kind of help I need, and evaluate whether that help is useful, I've learned to help myself and others.

Early Warning Signs Action Plan

If I notice several of my early warning signs I will do the following:

1. Take a personal day and do something or several things I really enjoy
2. Spend time doing only relaxing or fun things in the evening
3. Talk to a supporter each day
4. Peer counsel once a day
5. Do a focusing exercise
6. Arrange a special visit with my counselor
7. Ask for help with specific tasks
8. Temporarily shorten my work hours
9. Negotiate job changes

# Feeling Much Worse

When Things are Breaking Down In spite of my best efforts, my symptoms may progress to the point where they are very uncomfortable, serious, and even dangerous. This is a very important time. It is necessary for me to take immediate action to prevent a crisis or loss of control.

I may be feeling terrible and others may be concerned for my wellness or safety, but I can still do the things that I need to do to help myself feel better and keep myself safe. At this time, more intensive, structured, and directive action is needed.

In this section of my WRAP plan I make a list of symptoms that indicate to me that things are breaking down or getting much worse. Some of the things on this list may be the same things I have put on my early warning signs list. The difference may be in intensity, durations, and the addition of other symptoms and signs that are appearing at the same time.

My signs or symptoms might include—

1. feeling very oversensitive and fragile
2. responding irrationally to events and the actions of others
3. being unable to sleep
4. avoiding eating
5. wanting to be totally alone
6. substance abusing
7. taking out anger on others
8. chain smoking
9. eating too much
10. obsessed with negative thoughts
11. suicidal thoughts
12. paranoia
13. not feeling anything

# Action Plan for Helping Myself to Feel Better When I am Feeling Much Worse

My Action Plan for Relieving Symptoms When Things Are Breaking Down and Heading toward a Crisis

Responding when my symptoms, circumstances, or events have begun to further increase in severity is much more difficult. During these times it becomes very important to know how I recover and what I need to do to promote the healing process. In this section of my WRAP, I write an action plan that I think will help reduce my symptoms when they have progressed to this point.

The plan now needs to be very direct, with fewer choices and very clear instructions.

Some ideas for my action plan are—

1. call my doctor /health care professional, ask for and follow his or her instructions
2. call and talk for as long as necessary to my supporters
3. arrange for someone to stay with me around the clock until my symptoms subside
4. make arrangements to get help right away if my symptoms worsen
5. make sure I am doing everything on my daily check list
6. arrange and take at least three days off from any responsibilities
7. have at least two peer counseling sessions
8. do three deep-breathing relaxation exercises
9. write in my journal for at least half an hour
10. schedule a physical exam or appointment / consultation with health care providers
11. ask to have medications checked

# Crisis Plan

## What I'm Like When I'm Feeling Well.

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For example, I would describe myself as,

1. Retaining a sense of self as a valuable person who has something to live for
2. I am able to play and enjoy life.
3. I am able to use anger constructively
4. I am able to help myself and others.
5. I accept the unique person I am and appreciate life around me.

## I need help when I:

# Supporters

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

# Supporters - continued

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

Name _____

Address _____

Phone Number _____

Area of expertise or specific task I would like them to take care of

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

| Name | Why I do not want them involved (optional) |
| --- | --- |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Also, list those people you want your supporters to notify if you are in a crisis, such as your employer or family members--along with what to tell each of them.

## People to Notify

| Please notify | Tell them |
| --- | --- |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## How I want disputes between my supporters settled

# Medical Information/Medications / Supplements / Health Care Preparations

**Physician**

Name _____ Phone number _____

**Psychiatrist**

Name _____ Phone number _____

**Other Health Care Providers**

Name _____ Phone number _____

Area of expertise _____

Name _____ Phone number _____

Area of expertise _____

Name _____ Phone number _____

Area of expertise _____

**Pharmacy** _____ Phone number _____

**Allergies**

**Insurance numbers and other insurance information**

**Medication / Supplement / Health Care Preparations**

Name _____ Dosage _____

Purpose

Name _____ Dosage _____

Purpose

Name _____ Dosage _____

Purpose

Name _____ Dosage _____

Purpose

Name _____ Dosage _____

Purpose

Name _____ Dosage _____

Purpose

Name _____ Dosage _____

Purpose

**Medication / Supplement / Health Care Preparation to be used if needed**

Name _____ Dosage _____

When to use _____

Name _____ Dosage _____

When to use _____

Name _____ Dosage _____

When to use _____

Name _____ Dosage _____

When to use _____

**** Medications / Supplements / Health Care Preparations to avoid**

Name _____

Should be avoided because _____

Name _____

Should be avoided because _____

Name _____

Should be avoided because _____

Name _____

Should be avoided because _____

Name _____

Should be avoided because _____

****take special note**

# Treatments and Complementary Therapies

**Treatment/Complementary Therapy**

Name _____

When and how to arrange for use

Name _____

When and how to arrange for use

Name _____

When and how to arrange for use

Name _____

When and how to arrange for use

Name _____

When and how to arrange for use

Name _____

When and how to arrange for use

Name _____

When and how to arrange for use

# Home/Community Care/Respite Center

If possible, help me use the following care plan:

# Hospital or other Treatment Facilities

**If I need hospitalization or treatment in a treatment facility, I prefer the following facilities in order of preference**

Name _____

Contact Person _____

Phone Number _____

I prefer this facility because

Name _____

Contact Person _____

Phone Number _____

I prefer this facility because

Name _____

Contact Person _____

Phone Number _____

I prefer this facility because

Name _____

Contact Person _____

Phone Number _____

I prefer this facility because

**Avoid using the following hospital or treatment facilities**

| Name | Reason to avoid using |
| --- | --- |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

# Help From Others

**Please do the following things that would help reduce my symptoms, make me more comfortable and keep me safe.**

I need (name the person) _____ to (task)

_____

I need (name the person) _____ to (task)

_____

I need (name the person) _____ to (task)

_____

I need (name the person) _____ to (task)

_____

I need (name the person) _____ to (task)

_____

**Do not do the following. It won't help and it may even make things worse.**

# When My Supporters No Longer Need To Use This Plan

**The following signs, lack of symptoms indicate that my supporters no longer need to use this plan.**

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 _____**

**Substitute for Durable Power of Attorney _____**

# POST CRISIS PLAN

## 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 may be different from what you feel like when you are well since your perspective may have changed during this crisis.

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

## Post Recovery Supporters List

I would like the following people to support me if possible during this post crisis time.

| Who | Phone Number | What I need them to do |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## Arriving At Home (if you have been hospitalized or away from home)

If you have been hospitalized, your first few hours at home are very important.

Do you feel you will 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?

**Things I must take care of as soon as I get home.**

**Things I can ask someone else to do for me.**

**Things that can wait until I feel better.**

**Things I need to do for myself every day while I am recovering from crisis.**

**Things I might need to do every day while I am recovering from this crisis.**

**Things and people I need to avoid while I am recovering from this crisis.**

**Signs that I may be beginning to feel worse (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.**

## Issues to Consider

**What do 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 |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**People I need to apologize to.**

| Person | When I will apologize | How I will apologize |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**People with whom I need to make amends.**

| Person | When I will apologize | How I will apologize |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Medical, legal, or financial issues that need to be resolved.**

| Issue | How I plan to resolve this issue |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Things I need to do to prevent further loss (cancel credit cards, get official leave from work if it was abandoned, cut ties with destructive friends, etc.).**

## Timetable for Resuming Responsibilities

There is a worksheet at the end of these forms that may assist you in this process.

SAMPLE
(e.g. child care, pet care, job, cooking, household chores, etc.)

| Responsibility | Plan for resuming this responsibility |
|---|---|
| Work | In 3 days go back to work for 2 hours a day for 5 days<br>For one week go back to work half time<br>For one week work 3/4 time<br>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:

Plan for resuming responsibility:

**Responsibility** _____

Who has been doing this while I was in crisis? _____
While I am resuming this responsibility, I need (who) to:

Plan for resuming responsibility:

**Responsibility** _____

Who has been doing this while I was in crisis? _____
While I am resuming this responsibility, I need (who) to:

Plan for resuming responsibility:

**Responsibility** _____

Who has been doing this while I was in crisis? _____
While I am resuming this responsibility, I need (who) to:

Plan for resuming responsibility:

**Responsibility** _____

Who has been doing this while I was in crisis? _____
While I am resuming this responsibility, I need (who) to:

Plan for resuming responsibility:

**Responsibility** _____

Who has been doing this while I was in crisis? _____
While I am resuming this responsibility, I need (who) to:

Plan for resuming responsibility:

**Responsibility** _____

Who has been doing this while I was in crisis? _____
While I am resuming this responsibility, I need (who) to:

Plan for resuming responsibility:

## Other issues I may want to consider

**Signs that this post crisis phase is over and I can return to my Daily Maintenance Plan as my guide to things to do for myself every day.**

**Changes in my Wellness Recovery Action Plan℠ that might help prevent this crisis in the future.**

**Changes in my Crisis Plan that might ease my recovery.**

**Changes I want to make in my lifestyle or life goals.**

**What did I learn from this crisis?**

**Are there changes I want or need to make in my life as a result of what I have learned?**

**If so, when and how will I make these changes?**

## Post Crisis Planning Worksheet

| Task/Responsibility | Steps | When you would like to take this step |
|---|---|---|
| _____ | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| _____ | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| _____ | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
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