SHARP. Mesa Vista Hospital OUTPATIENT SERVICES

INDIVIDUAL Wellness Recovery Action Plan

First name and Last initial

Program

DAILY MAINTENANCE LIST

What I'm like when I am feeling all right...

Things I need to do for myself every day to keep myself feeling all right...

Additional things I might need to do (or that would be good to do)...

TRIGGERS

Things that, if they happen, might cause an increase in my symptoms...

<u>Action Plan</u>: Things that I can do if my triggers come up to keep them from becoming more serious symptoms...

Wellness Recovery Action Plan					
Trigger	Response				

EARLY WARNING SIGNS

Some early warning signs that others have reported and/or I have observed...

Things I must do if I experience early warning signs...

Things I can do if they feel right to me...

WHEN THINGS ARE BREAKING DOWN

Signs/symptoms that indicate that things are getting worse...

<u>Action Plan</u>. Things that can help reduce my symptoms when they have progressed to this point...

This crisis plan is written when I am well. The purpose is to instruct others about how to care for me when I am not well. This keeps me in control even when it seems like things are out of control.

Part 1 – What I'm like when I'm feeling well..

(reference Daily Maintenance List)

Part 2 – SYMPTOMS that indicate that others need to take over full responsibility for my care and make decisions on my behalf...

Part 3 – These are my **SUPPORTERS**, the people who I want to take over for me when the symptoms I listed in Part 2 come up...

Name:

Relationship to me:

Phone number:

Role I want this person to play and/or tasks I need him/her to do...

Name:

Relationship to me:

Phone number:

Role I want this person to play and/or tasks I need him/her to do...

The people I do not want involved in any way and why...

Part 4 – Medications

Medications I am currently taking and why I am taking them...

Medications I <u>prefer to take</u> if medication or additional medications become necessary, and why I choose them...

Part 4 – Medications (continued)

Medications that are <u>acceptable</u> to me if medication become necessary and why I choose them...

Medications that *must be avoided* and reasons why...

Part 5 – Treatments

Treatments that help reduce my symptoms and when they should be used...

Treatments I want to avoid and why...

Part 6 – Community Plan

What can be put into place in order for me to stay at home or in my community and still get the care I need...

Part 7 – Treatment Facilities

Treatment facilities where I prefer to be treated or hospitalized if that becomes necessary...

Treatment facilities I want to avoid and why...

Part 8 – Help From Others

Things that others can do for me that would help reduce my symptoms or make me more comfortable...

What I need/would like done	Who I'd like to do it

Things others might do, or did in the past, that would not/did not help and/or might make symptoms worse...

Part 9 - Inactivating the Crisis Plan

Symptoms, lack of symptoms or actions that indicate that my supporters no longer need to use this Crisis Plan...

Name (print)

Signature

Date

Witness/Supporter

Witness/Supporter

Part 10 – Addendum to the Plan (Devised by Lori Harris-Brocious & Keystone Center participants)

The following is a list of possessions that I wish to be taken care of in my absence if I require an extended stay (2 months or more) in an inpatient facility.

<u>HOUSING</u>

Who has the authority to rescind, pay or call the leaser or mortgage holder?

Name:	_ Phone #:
Address:	
Name on the lease/mortgage:	
When is the lease/mortgage due to expire?	
What is the date of payment?	
Where and how is the payment made and to wh	
Name:	_ Phone #:
Address:	
Account #:	
I have special financing (such as Section 8). information:	The following is necessary

ς	pecial	instru	uctions	for a	are	storage	or	sale	of	personal	aoods.
	1				,						

<u>VEHICLE(S)</u>

In the event of an extended stay, please contact my insurance company and agent. Authorize my insurance to be stopped with as little explanation as possible.

Name of insurance company:	
Agent's name:	
Company address:	
Company phone number:	
Police number:	
My vehicle is fully owned by me. Please store it wi	ith/at:
Name:	Phone #:
Address:	
My vehicle is <u>NOT</u> owned entirely by me. Please s	ee that it is paid for at:
Name:	Phone #:
Address:	
Store vehicle with:	
Name:	Phone #:
Address:	
Permission to sell my vehicle:	

In the event of an extended stay, I wish my vehicle to be sold:

Special instructions: _____

<u>ANIMALS</u>

In the event of an extended stay, please se	ee that my animals are cared for by:
Name:	Phone #:
Address:	
Veterinarian's name:	
Phone #:	
Address:	
My pet is on medication. Instructions:	
My pet's daily schedule, treats and social in	nstructions:
	· · · · · ·
I do <u>NOT</u> wish my animals to be sold	d or put in a shelter(INITIALS)
I CIVE DEPLAISSION for the colo of	
I <u>GIVE PERMISSION</u> for the sale or local shelter.	
(INITIALS)	



Acknowledgements & Resources

Source material for this workbook was developed from the following resources:

- Copeland, Mary Ellen (1992) *The Depression Workbook: A Guide for Living With Depression and Manic Depression*. Oakland, CA: New Harbinger Publications
- Carson, S. (1986) Out of Our Minds. Buffalo, NY: Prometheus
- Ilardo, J. (1992) *Risk-Talking for Personal Growth: A Step-by-Step Workbook*. Oakland, CA: New harbinger Publications
- McKay, M., and P. Fanning. (1992) *Self Esteem*. Oakland, CA: New Harbinger Publications.
- Spaniol, L., and M. Koehler. (1994) *The Experience of Recovery*. Boston: Center for Psychosocial Rehabilitation.
- Spaniol, L., M. Koehler and D. Hutchinson. (1994) *The Recovery Workbook*. Boston: Center for Psychosocial Rehabilitation
- Zinman, S., and H. Harp. (1994) *Reaching Across II*. Sacramento, CA: California Network of Mental Health Clients.
- Depression & Related Disorders Association Meyer 4-181 600 N. Wolfe Street Baltimore, MD 21205
- National Alliance for the Mentally III 2101 Wilson Blvd, Suite 302 Arlington, VA 22201
- National Association for Rights, Protection, and Advocacy c/o Mental Health Association of Minnesota 2021 E. Hennepin, Suite 412 Minneapolis, MN 55413
- National Association of Protection and Advocacy Systems (NAPAS) 900 2nd Street NE Suite 211 Washington D.C. 20002



Article: A Wellness Tool Developing and Keeping a Circle of Support

by Mary Ellen Copeland Reprinted by permission from HelpHorizons.com, <u>www.helphorizons.com</u>

In the first column, I described how to develop your own Wellness Recovery Action PlanTM. When you begin developing your Wellness Recovery Action PlanTM, you develop a list of wellness tools to be used in planning how you will keep yourself feeling well every day and how you will help yourself to feel better when you begin to feel badly. One of the most important wellness tools for many people is spending time with people you enjoy. They have found that regular contact with family members and friends who are supportive keeps them well. They have even found that telling another person how they feel when they don't feel well can help them to feel better. This column will discuss the issue of support and describe things you can do to build yourself a strong circle of friends and supporters.

You may feel that you don't have any supportive people in your life, or that you have so few of these people that you feel lonely much of the time. You may feel that your lack of support and loneliness makes you feel sad or depressed some or most of the time. This problem may be worse if you live by yourself. Most people agree that they would benefit from having at least five close friends and supporters in their life that they really enjoy.

Everyone needs and wants to have friends. They enrich your life. They make you feel good about yourself and about being alive. Friends are especially helpful when you need special attention and care. A good friend is someone who:

- you like, respect and trust, and who likes, respect and trust you
- accepts and likes you as you are, even as you grow and change
- listens to you and shares with you, both the good and the bad
- you can tell anything to and know they will not betray your confidence
- lets you express your feelings and emotions, and does not judge, tease or criticize
- gives you good advice when you ask for it, assists you in taking action that will help you feel better, and works with you to figure out what to do next when you are having a hard time.





- lets you help them when they need it
- you want to be with, (but you aren't obsessed about being with them)
- doesn't ever take advantage of you

You can probably think of some other attributes you would like from your friends.

You will find that some friends meet some needs and others meet other needs. Don't expect one friend to meet all of your needs for friendship and support. Appreciate your friends for the things you like about them and don't try to change them to better meet your needs.

Make a list of the people in your life that you feel closest to - those people who you would turn to in times of need. Is there something you could do to improve your relationships with these people? You could invite them to your home to visit, share a meal, play a game, watch a video, or share some other activity. You could do something nice for them or visit them when they are having a hard time.

Developing New Friendships

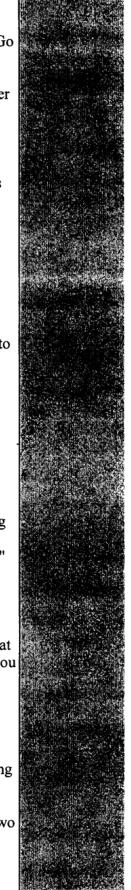
How do you reach out to others to establish friendships? This is not an easy task. You may find that you would feel more comfortable staying at home than going to an activity where you can meet other people. Almost everyone feels this way. Try to ignore those feeling and get out to activities in the community where you can meet other people - people with whom you might develop closer connections.

Meet potential friends and supporters by:

- Attending a support group. It could be a group for people who have similar health issues or life challenges, or a group for of people of the same age or sex.
- Going to community events, taking a course, joining a church or civic group.
- Volunteering. Strong connections are often formed when people are working together on projects of mutual interest and concern.

Some friendships develop casually. You may be hardly aware that your relationship with the other person is getting closer and more comfortable. More often it takes some special effort on someone's part to help the relationship grow. You could do this by:

- 1. asking the person whom you like to join you for coffee or lunch, to go for a walk or to do something together you both enjoy;
- 2. calling the person on the phone to share something you think they might be interested in;
- 3. sending a short, friendly e-mail and see if they respond;
- 4. talking with them when you see them about something of interest to both of you;



5. helping the person with a project you are both interested in.

You may be able to think of some other enjoyable activity that the two of you could share. Go slowly. This will give you a chance to decide if this is really a person you want for a friend. And others may be intimidated if you "come on too strong". As you both enjoy each other more the friendship deepens. Notice how you feel about yourself when you are with the other person. If you feel good about yourself, you may be on the road to a fulfilling friendship.

Keeping Friendships Strong

Keeping your friendships strong needs consistent attention from you. There are many things you can do to help keep your friendships strong.

In addition, if you feel ready, you could become further involved if you choose to by:

1. Like yourself. If you don't like yourself, don't feel that you have any value or don't think others will like you, you will have a hard time reaching out to people who may become friends.

2. Enjoy spending time alone. People who enjoy spending time alone and are not desperate to have people around all the time make better friends. Being desperate can drive others away from you. Fill time alone with activities you enjoy and that enrich your life. Perhaps a pet would help.

3. Have a variety of interests. Develop interests in lots of different things that make you an interesting person for others to be with.

4. Friendships must be mutual. Be there for your friends as much as they are there for you.

5. Listen and share equally. Listen closely to what the other person is saying. Avoid thinking about what your response is going to be while the person is talking. If a person is sharing something intense and personal, give them your full attention. Don't share an "I can top that" story. Be willing to listen to your friend share the details of a difficult time over and over again - until they have "gotten it out of their system".

6. Communicate as openly as you can. Tell your friends what you need and want and ask them what they want and need from you. Do not share so much information about details that the other person gets bored. Watch the response you are getting from the person or people you are talking to so you can know if this is the right time to be sharing this, or the right subject for this person.

7. Avoid giving advice unless it is requested.

8. <u>Never make fun of what the other person thinks or feels.</u> Avoid judging, criticizing, teasing or sarcasm.

9. Never betray the confidence of a friend. Have a mutual understanding that anything the two of you discuss that is personal is absolutely confidential, that you will not share personal information about each other with other people.

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10. Have a good time. Spend most of your time with your friends doing fun, interesting activities together.

11. Stay in Touch. Keep regular contact with your friends and supporters, even when things are going well.

12. Don't overwhelm the person with phone calls or other kinds of contact. Use your intuition and common sense to determine when to call and how often. Don't ever call late at night or early in the morning until you both have agreed to be available to each other in case of emergency (such as if one of you is sick or has gotten some very bad news).

13. Know and honor each other's boundaries. People commonly set limits or boundaries around things like the amount of time and place of getting together, the kind and frequency of shared activities, phone call time limits - time of day, frequency and length, amount and kind of support given, connection with other family members, and the amount of physical touch. Say "no" to anything you don't want. You have the right to ask for what you need, want and deserve.

Problems In Relationships

If a difficult situation comes up in your relationship with a friend, you will both have to use your resourcefulness to resolve the situation and keep the friendship strong. Some things you might try, depending on the situation, include:

- talking with the other person by describing how you feel rather than making an assumption about how the other person feels;
- working with your friend to develop a plan for resolving the situation that includes the steps each of you are going to take and when you are going to take them;
- asking yourself what is really happening and deciding on solutions that will work for you;
- being clear with yourself and with your friends about your boundaries, saying "no" when necessary.

Ending A Friendship

You may want to end a relationship with another person if circumstances arise that you cannot tolerate or there are issues that cannot be resolved. Some good reasons to end a friendship would be if the other person shares personal information about you with others, does all the talking and no listening, violates your boundaries, puts others or you down, teases, ridicules, "badmouths" friends and family, lies or is dishonest, wants you to be their friend only, wants you to spend all your time with them, wants to always know where you are and who you are with, doesn't want to be seen with you in public, is clingy or very needy, talks inappropriately about sex or personal matters, asks questions that make you feel uncomfortable, asks for risky favors, engages in illegal behavior or is physically, emotionally or sexually abusive.

You may be tempted to pursue a relationship with someone even though they treat you or others badly. However, it is better not to have a certain friend than to have them treat you

badly.

In Conclusion

The process of developing and keeping a circle of support goes on for as long as you live. I hope this column has been helpful to you in figuring out what you need to do next. Proceed slowly. Take small steps so you don't become overwhelmed. You may want to begin writing about your efforts in a journal. Later you can read about your progress and honor yourself for your efforts. You may want to refer to my new book, The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections (Copeland, M.E. New Harbinger Publications. Oakland, CA, 2000.)

Other articles by Mary Ellen Copeland

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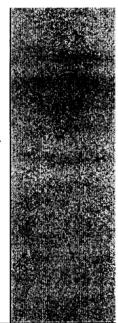
Mary Ellen Copeland, PhD PO Box 301 West Dummerston, VT 05357

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Article: Developing a Wellness Toolbox

The first step in developing your own Wellness Recovery Action Plan[™], is to develop a Wellness Toolbox. This is a listing of things you have done in the past, or could do, to help yourself stay well; and, things you could do to help yourself feel better when you are not doing well. You will use these "tools" to develop your own WRAP.

Insert several sheets of paper in the front of your binder. List on these sheets the tools, strategies and skills you need to use on a daily basis to keep yourself well, along with those you use frequently or occasionally to help yourself feel better and to relieve troubling symptoms. Include things that you have done in the past, things that you have heard of and thought you might like to try, and things that have been recommended to you by health care providers and other supporters. You can get ideas on other tools from self-help books including those by Mary Ellen Copeland including The Depression Workbook: A Guide to Living With Depression and Manic Depression, and Living Without Depression and Manic Depression: A Guide to Maintaining Mood Stability Depression, The Worry Control Book, Winning Against Relapse, Healing the Trauma of Abuse, The Loneliness Workbook. You can get other ideas from the audio tapes Winning Against Relapse Program and Strategies for Living with Depression and Manic Depression.

The following list includes the tools that are most commonly used to stay well and help relieve symptoms.

- 1. Talk to a friend-many people find this to be really helpful
- 2. Talk to a health care professional
- 3. Peer counseling or exchange listening
- 4. Focusing exercises
- 5. Relaxation and stress reduction exercises
- 6. Guided imagery
- 7. Journaling--writing in a notebook
- 8. Creative affirming activities
- 9. Exercise
- 10. Diet considerations
- 11. Light through your eyes
- 12. Extra rest
- 13. Take time off from home or work responsibilities
- 14. Hot packs or cold packs
- 15. Take medications, vitamins, minerals, herbal supplements
- 16. Attend a support group
- 17. See your counselor
- 18. Do something "normal" like washing your hair, shaving or going to work
- 19. Get a medication check
- 20. Get a second opinion

- 21. Call a warm or hot line
- 22. Surround yourself with people who are positive, affirming and loving
- 23. Wear something that makes you feel good
- 24. Look through old pictures, scrapbooks and photo albums
- 25. Make a list of your accomplishments
- 26. Spend ten minutes writing down everything good you can think of about yourself
- 27. Do something that makes you laugh
- 28. Do something special for someone else
- 29. Get some little things done
- 30. Repeat positive affirmations
- 31. Focus on and appreciate what is happening right now
- 32. Take a warm bath
- 33. Listen to music, make music or sing

Your list of tools could also include things you want to avoid like:

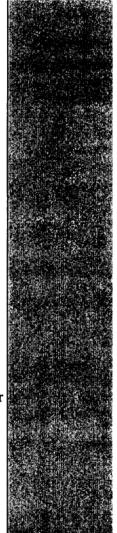
- 1. alcohol, sugar and caffeine
- 2. going to bars
- 3. getting overtired
- 4. certain people

Refer to these lists as you develop your Wellness Recovery Action PlanTM. Keep it in the front of your binder so you can use it whenever you feel you need to revise all or parts of your plan.

Other articles by Mary Ellen Copeland

CONTACT US | HOME PAGE Mary Ellen Copeland, PhD PO Box 301 West Dummerston, VT 05357

Mary Ellen Copeland and her staff cannot address personal mental health problems and issues. We care very m about your concerns but we must focus our efforts on group education, web site, newsletter, and books. For more information on how to get help for yourself or the people you are supporting, please use the resources on this we site. © 1995-2005 Mary Ellen Copeland, PhD All Rights Reserved



Disability of Mental Illness: The Evolution



A Person develops a serious mental illness.

Shame: Missed opportunity to develop life skills & learn from life experiences. Fearful, fears losing dreams and sense of self. Early Secondary Results: Poor decisions increase Harm; family/friends support exhausted; substance abuse; increase sense of powerlessness; relinquishes dreams; loss of self.

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latrogenic Effect: Hierarchical systems with client on bottom; culture of control; powerthefts; low expectations; medication side effects.

Ø

disability is the direct result of a client's is the direct result of the mental illness. When we understand that much of the Too often we see the disability, not the mental illness, our belief in the power client. And we believe that disability treatment provider's reaction to a of a client's journey is heartened. personal, familial, societal and

can do to support this person's recovery It becomes clear that there is much we process. We have approaches that can factors identified here, and to recover. support a client overcome each of the

> Social Factors: Effect of poverty, oppression, discrimination, stigma, segregation, no employment experience, diminished expectations, dismisses own strengths.

> > Ø

Acceptance of Status Quo: By treatment providers, family, support system and the person, passive acceptance of perception of disability.

Client has lost hopes and dreams and a sense of self. Choices often result Client and others accept belief that the Disability is the illness: in increased harm in lives of the client and others.



Recovery: The Journey

This person has a strong sense of self and values the process of recovery. Choices result in leading a meaningful and conbegins to take actions and assesses personal choice making skills with Actively works on personal Recovery process. Abilities more promi-Recovery is central to life. Actively engaged in making difficult attempts to improve. Questions beliefs about disability. Believes the tributing life. Has a life plan with hopes and dreams. choices and taking actions that result in increased personal nent than disabilities. Has choice making skills that bring more Identifies self as in Recovery. Engaged in the process of change, future can be different, has some hopes and dreams. strengths than harm to the person's life. strengths and abilities.

Beginning awareness that choices can produce harm or personal strengths. Client considers Recovery and acceptance of responsibility for self. Begins to feel hopeful.

hopes and dreams and a sense of self. Choices often result in increased harm in Client, and others, accept belief that the Disability is the illness. Client has lost the lives of the client and others.

more than the disability – more than an begin to have hope and accept responillness and its accompanying personal, strengths and their recovery as unique They actively work to make choices to Clients begin to believe that they are begin to recognize themselves, their sibility for their actions and choices. help them fulfill their dreams. They family, and treatment effects. They The Journey and sacred.

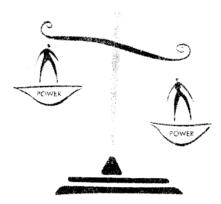
many essential components, and thus is disability. The process of Recovery is difroles, overcoming the challenge of the ferent for every individual, yet shares grows. It includes redefining a sense of self, and recovering important life physically and emotionally as s/he The individual's process of selfdiscovery that involves healing a common human experience. The Definition of Recovery

The Disability The Self 常

Power-Ful Ways to Make a Difference

We can:

- 1. Recognize that one's recovery is sacred.
- 2. Give up power over others.
- 3. Leave each exchange with the other person having an increased sense of personal power.
- 4. Make power visible. Talk about it.
- 5. Acknowledge our own need to feel powerful.
- 6. Be aware of our own cultural and spiritual beliefs, allowing others to discover their truths.
- 7. Know warning signs for potential power crimes.
- 8. Fight:
 - Our own power inclinations
 - The power distribution defined by our culture
 - Others' conditioned assumptions of powerlessness
- 9. Share the wealth!



The Four Stages of Recovery

Recovery has four stages: (1) hope, (2) empowerment, (3) self-responsibility and (4) a meaningful role in life.

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During times of despair, everyone needs a sense of hope, a sense that things can and will get better. Without hope, there is nothing to look forward to and no real possibility for positive action. Hope is a great motivator, but for hope to be truly motivating, it has to be more than just an ideal. It has to take form as an actual, reasonable vision of what things could look like if they were to improve. It's not so much that people with mental illness will attain precisely the vision they create, but that they need to have a clear image of the possibilities before they can make difficult changes and take positive steps.

Empowerment

To move forward, people need to have a sense of their own capability and their own power. Their hope needs to be focused on things they can do for themselves rather than on new cures or fixes that someone else will discover or give them. To be empowered, they need access to information and the opportunity to make their own choices. They may need encouragement to start focusing on their strengths instead of their losses. Sometimes they need another person to believe in them before they're confident enough to believe in themselves.

"Readiness" often occurs only in retrospect after they have done something successfully, so waiting until a person with mental illness is ready to move on can often be stagnating and disempowering. Often people have to experience success before they believe they can be successful.

Self-Responsibility

As people with mental illness move toward recovery, they realize they have to take responsibility for their own lives. This means they have to take risks, try new things and learn from their mistakes and failures. It also means they need to let go of the feelings of blame, anger and disappointment associated with their illness. This is a particularly difficult stage for people with mental illness and their caregivers. Old patterns of dependency must be broken, and mental health professionals need to

http://www.village-isa.org/Ragin's%20Papers/Road%20to%20Recovery.htm

10/19/2006

encourage clients to take charge instead of settling for the ease and safety of being taken care of.

A Meaningful Role in Life

Ultimately, in order to recover, people with mental illness must achieve some meaningful role in their lives that is separate from their illness. Being a victim is not a recovered role, and frankly, neither is being a survivor. Newly acquired traits like increased hopefulness, confidence and self-responsibility need to be applied to "normal" roles such as employee, son, mother and neighbor. It is important for people to join the larger community and interact with people who are unrelated to their mental illness. Meaningful roles end isolation and help people with mental illness recover and "get a life."

This series of stages can provide a roadmap, albeit a fluid one, of the process of recovery that can be applied, specifically, to helping people recover from having a serious mental illness. For me, it has been a much better roadmap than the medical model's version. Although the medical model relies on objective, measurable signs and symptoms and scientifically defined illnesses, psychiatric histories rarely feel "real." On the other hand, subjective, experiential stories of recovery almost always do. I have heard many moving accounts by people with serious mental illness who have described to me what it is like to travel on a road to recovery.