

# The Foundational Principles of Recovery

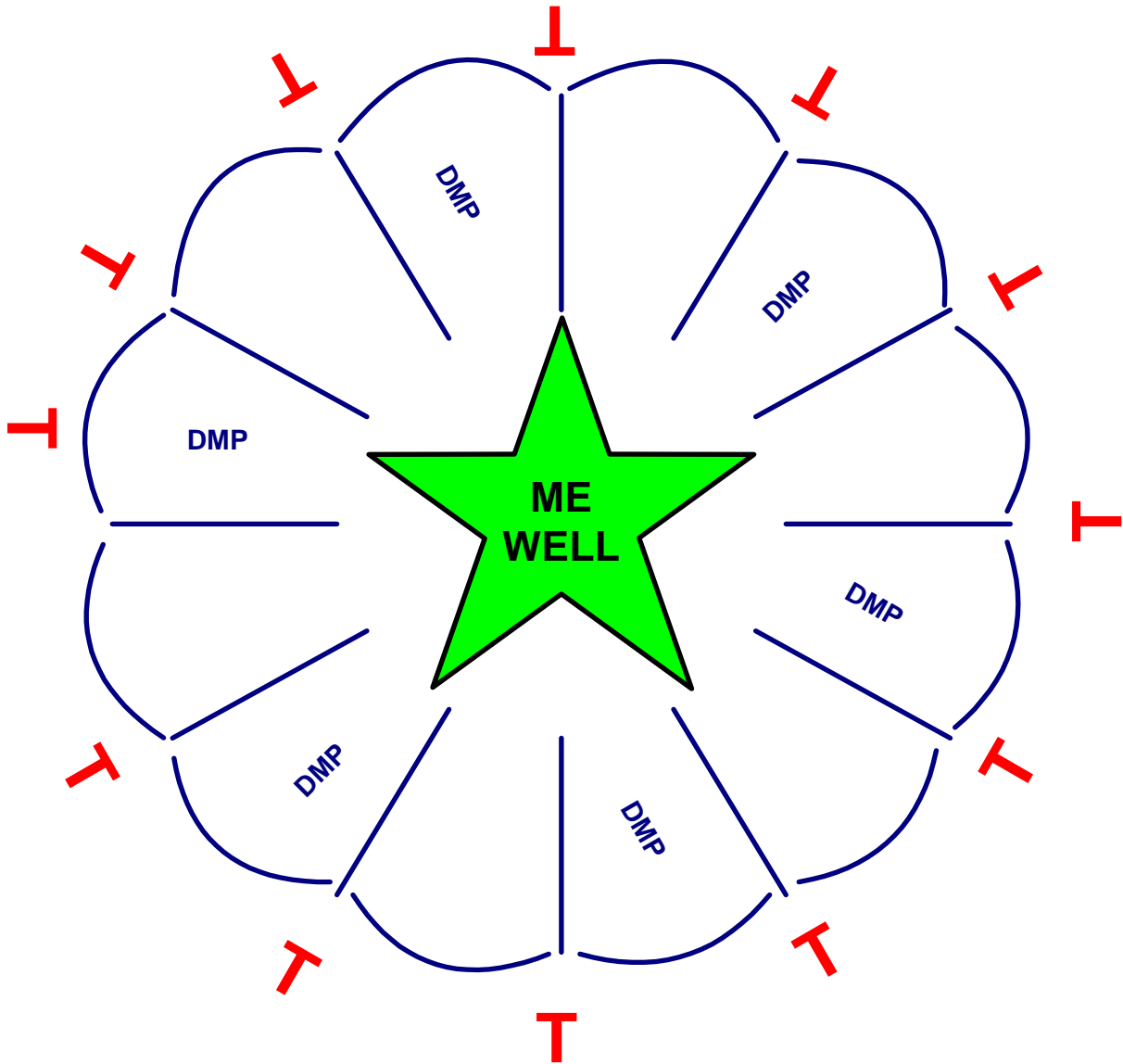


A VISION OF RECOVERY  
THE FOUNDATIONAL PRINCIPLES  
Adapted from M.E. Copeland  
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**Wellness Recovery Action Plan (WRAP)  
Conceptual Design**

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**DMP** = **DAILY MAINTENANCE PLAN**  
**T** = **TRIGGER** → **ACTION PLAN**

Rev. 9/8/04



# Wellness Recovery Action Plan (W R A P)

## MENTAL HEALTH RECOVERY EDUCATION:

### I. FOUNDATIONAL PRINCIPLES

- Hope
- Personal Responsibility
- Support
- Education
- Self-Advocacy
- Spirituality

### II. WELLNESS TOOLBOX

### III. WELLNESS RECOVERY ACTION PLAN

- Daily Maintenance Plan
  - What I am like when I am well
  - Things I need to do every day to stay well
- Triggers / Action Plan
- Early Warning Signs / Action Plan
- Signs That Things Are Breaking Down / Action Plan
- Crisis Planning
- Post Crisis Planning

### IV. RECOVERY TOPICS

- |                       |  |
|-----------------------|--|
| • Self-Esteem         | • Suicide Prevention                         |
| • Trauma Recovery     | • Changing Negative Thoughts to Positive     |
| • Work-Related Issues | • Motivation                                 |
| • Peer Support        | • Lifestyle/Living Space/Enhancing Your Life |

## **GUIDELINES FOR WRAP FACILITATORS & RECOVERY EDUCATORS**

- stress that this program is complementary to health care
- complementary means it is not a replacement for one's treatment program
- important note: one should not stop taking medications without advice/consultation of physician - medications are one of many tools consumers may choose in recovery
- WRAP is built on the principle of self-determination
- Self-determination means YOU DECIDE:
  - If you want to write one
  - How much time it takes you to do it
  - When you want to do it
  - What you want and don't want in it
  - Which parts you want to do
  - Who you want, if anyone, to help you with it
  - How you use it
  - Who you show it to
  - Where you keep it
  - Who, if anyone, has copies of your crisis plan

## **VALUES AND ETHICS FOR WRAP FACILITATORS**

- This work is based on self-determination: it opens the door for individuals, but doesn't dictate their path
- This is a mutual learning model, where both people work together to increase understanding and promote wellness
- It is simple and safe for anyone, regardless of the severity of their symptoms
- Honor the participants; accept them as unique and special individuals
- Remind them that there are "no limits" to anyone's recovery
- Give them a sense of hope
- Validate their experiences
- Treat them with dignity, compassion, respect and unconditional high regard
- Give each person choices and options, not final answers
- Support the concept that each person is the expert on themselves



## ‘WRAPPIN’ & WROLLIN’ IN ILLINOIS’ LEVELS OF WRAP EDUCATION - IL DHS/DMH

Level of WRAP Education	Educational Opportunity	Pre-Requisites <small>* knowledge *skills *attitudes</small>	Qualified To...	Certificate
<b>Level 1</b>	Seminar Intro / Orientation to WRAP	<ul style="list-style-type: none"> <li>* Interested in recovery</li> <li>* Interested in WRAP implementation</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a WRAP</li> <li>- Get a WRAP Buddy</li> <li>- Attend WRAP classes</li> <li>- Tell others about WRAP</li> </ul>	<b>WRAP Orientation</b>
<b>Level 2</b>	8wk / 12 wk WRAP class	<ul style="list-style-type: none"> <li>* Interested in recovery</li> <li>* Attended a WRAP presentation</li> <li>* Registered for WRAP classes</li> </ul>	<ul style="list-style-type: none"> <li>- Be a WRAP Buddy</li> <li>- ‘Shadow’ a Certified WRAP Facilitator</li> </ul>	<b>WRAP Graduate</b>
<b>Level 3</b>	Shadowing/ Trainee for an 8 wk /12 wk WRAP class	<ul style="list-style-type: none"> <li>* Completed WRAP classes</li> <li>* Written 1<sup>st</sup> WRAP Plan</li> <li>* Received Facilitator recommendations</li> </ul>	<ul style="list-style-type: none"> <li>- Apply to attend 40 hour Facilitator's Training course</li> <li>- Co-Lead Seminars/Workshops with certified Facilitators</li> </ul>	<b>WRAP Facilitator Trainee</b>
<b>Level 4</b>	40 hour Facilitator’s Training	<ul style="list-style-type: none"> <li>* Attended WRAP Seminar or Completed WRAP Classes AND</li> <li>* Written WRAP Application for Training submitted; selected to attend</li> </ul>	<ul style="list-style-type: none"> <li>- Co-Facilitate/Facilitate WRAP classes</li> <li>- Lead a Seminar</li> <li>- Participate in Strategic Planning Team for WRAP</li> <li>- ‘Shadow’ at a Facilitator's Training Event</li> </ul>	<b>WRAP Facilitator</b>
<b>Level 5</b>	Shadowing / Co-Training at a 40 hr Facilitator’s Training Event	<ul style="list-style-type: none"> <li>* Completed Facilitator’s Trng</li> <li>* Provided Presentations</li> <li>* Co-/ Facilitated WRAP classes</li> <li>* Received Recovery Educator recommendation</li> <li>* Submitted application; selected to attend</li> </ul>	<ul style="list-style-type: none"> <li>- Participate as a member of a training team for WRAP Facilitators Training Events</li> <li>- Provide Coaching for WRAP Facilitators</li> <li>- Provide Technical Assistance to Agencies Implementing WRAP</li> </ul>	<b>WRAP Recovery Educator</b>



# Four Parts of Recovery Education using W.R.A.P.

## 1. Foundational Principles of Recovery

Being connected to...  
 Hope, Personal Responsibility, Support, Education, Self Advocacy, Spirituality

## 2. Wellness Toolbox

A list of simple, safe coping and wellness strategies I can use any time to help me to stay well, or to help me feel better when I am not well

## 3. Action Plans

Daily Maintenance Plan	Triggers	Early Warning Signs	Things Breaking Down	Crisis Planning	Post-Crisis Planning
<p>C a description of me <i>at my best</i>, which helps me stay focused on a vision for my wellness every day</p> <p>C the things I do EVERY DAY to help me <i>stay the best I can be for today</i></p>	<p>C a list of events and circumstances that can compromise my wellness, <u>IF</u> I do not respond to them</p> <p>C Identify Signs C Develop Action Plan</p>	<p>C a list of internal signs (thoughts, feelings, sensations) that I am having difficulty; only I know they are happening</p> <p>C Identify Signs C Develop Action Plan</p>	<p>C a list of signs that I am having difficulty, which others begin to notice, <u>but</u> I can still take action on my own behalf</p> <p>C Identify Signs C Develop Action Plan</p>	<p>C a plan I develop when I am well to be used at a time when someone else needs to step in and take over</p> <p>C Identify Signs C Develop Action Plan</p>	<p>C steps I will take after a crisis has ended, to help ensure a smooth recovery and return to wellness</p> <p>C Identify Signs C Develop Action Plan</p>

## 4. Recovery Topics

- Self-Esteem
- Work-Related Issues
- Suicide Prevention
- Lifestyle/Living Space/Enhancing Your Life
- Trauma Recovery
- Peer Support
- Motivation
- Changing Negative Thoughts To Positive

Based on the work of Mary Ellen Copeland [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)  
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## Guide to Developing a WRAP: Wellness Recovery Action Plan

The following handout will serve as a guide to developing Wellness Recovery Action Plans. This handout, or any part of this handout, may be copied for use in working with individuals or groups.

### The Foundational Principles of Recovery

Every WRAP is built on a foundation. Just like the foundation of a house, it is the foundation that keeps the WRAP strong against the storms of life. The foundational principles of recovery are what we start with when building a WRAP. They are:

- i Hope** - Believing in Your Dreams. Setting Goals for Yourself.
- i Personal Responsibility** - Taking Action Toward Your Goals.
- i Support** - Giving and Receiving Encouragement, Empathy, and Accountability.
- i Education** - Getting Good Information to Help Achieve Your Goals.
- i Self-Advocacy** - Communicating Effectively in Each Situation You Face.
- i Spirituality** - Finding Meaning and Purpose in Your Life.

### The Wellness Toolbox

A Wellness Toolbox is a list of things you do to keep yourself well, and the things you do to help yourself feel better when you don't feel well. You may have discovered them yourself or learned about them from others. Most of them are simple, safe, and free. Keep adding to your list. Use these ideas to develop your action plans described in the 6 sections of your WRAP. Here are some examples (you can add your own!):

- |  |   |                             |
|--|---|-----------------------------|
| < reaching out to others for support         | < doing things that divert your attention, things you enjoy | < modifying your daily life |
| < checking in with a care provider           | < journal writing   | < keeping yourself safe     |
| < stress reduction and relaxation techniques | < exercise  | < daily planning            |
|  | < light   | < spiritual activities      |

### Section 1 - Daily Maintenance

- **'At My Best'** - Describe yourself when you are feeling all right. Try to think of the best day you can remember, or a day you would like to have. Ask a friend to describe your really good days. It may help to write this down. What is most important is for you to know it for yourself.
- **'Daily Maintenance Plan'** - Think of a few things, maybe 3- 5 things, you need to do for yourself every day to keep yourself feeling the best you can possibly be. Think of ways you can help yourself remember to do these things every day.

### Section 2 - Triggers

Triggers are events or circumstances that, if they happen, may produce symptoms that make you feel like you are getting worse. These are normal reactions to events in our lives, but if we don't respond to them and deal with them in some way, they may actually cause a worsening in our symptoms.

- **Identify** - Think of things that, if they happened, might cause an increase in your symptoms. They may have triggered or increased symptoms in the past. It may help to write them down or talk to a supporter about them.
- **Plan** - Develop an action plan to use if triggers come up, using the Wellness Toolbox you have developed as a guide. It is sometimes good to have a plan for each one. Think of ways you can help yourself remember your plan if you encounter one of your triggers.

### Section 3 - Early Warning Signs

Early warning signs are signs that only you recognize. They may or may not be related to stressful situations. They are subtle signs of change that indicate we may need to take some further action to prevent things from getting worse.

- **Identify** - Think of any early warning signs you have noticed. You may want to write them down or talk to a supporter about them.
- **Plan** - Develop an action plan to use if early warning signs come up, using the Wellness Toolbox you have developed as a guide.

### Section 4 - Things are Breaking Down or Getting Worse

In spite of our best efforts, our symptoms may progress to the point where others begin to notice them, but we are still able to take action on our own behalf. Our feelings may be very uncomfortable, serious and even dangerous. This is a very important time. It is necessary to take immediate action to prevent a crisis

- **Identify** - Think of the symptoms which, for you, mean that things have worsened and are close to the crisis stage. You may want to write them down or talk to a supporter about them.
- **Plan** - Develop an action plan to use *When Things are Breaking Down*, using the Wellness Toolbox you have developed as a guide.

### Section 5 - Crisis Planning

In spite of our best planning and assertive action, we may find ourselves in a crisis situation where others will need to take over responsibility for our care. Developing a crisis plan when you are well to instruct others about how to care for you when you are not well, keeps you in control even when it seems like things are out of control. Others will know what to do, saving everyone time and frustration, while insuring that your needs will be met. Develop this plan slowly when you are feeling well. You may wish to use the Copeland crisis planning form, which includes space to write and share with your supporters:

- those symptoms that would indicate to others they need to take action in your behalf
- who you would want to take this action
- medications you are currently taking, those that might help in a crisis, and those that should be avoided
- treatments that you prefer and those that should be avoided
- a workable plan for at home care
- acceptable and unacceptable treatment facilities
- actions that others can take that would be helpful
- actions that should be avoided
- what my supporters should do if I am a danger to myself or others
- instructions on when the plan no longer needs to be used

### Section 6 - Post Crisis Planning

The Post Crisis Plan is different from other parts of your Wellness Recovery Action Plan. For example, it is anticipated that two weeks after the crisis you will be feeling much better than you did after one week and therefore your daily activities would be different. It's up to you to decide whether or not you want to develop a Post Crisis Plan. Like the rest of the plan, the best time to develop your Post Crisis Plan is probably when you are feeling well. You may wish to use the Copeland post crisis planning form, which includes space to write:

- how I would like to feel when I have recovered from this crisis
- post recovery supporters list
- arriving at home (if you have been hospitalized or away from home)
- issues to consider
- timetable for resuming responsibilities
- other issues I may want to consider



# Wellness Recovery Action Plan (WRAP)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Wellness Toolbox

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

# Daily Maintenance List

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

# Triggers

# Triggers Action Plan

# Early Warning Signs

# Early Warning Signs Action Plan



# Feeling Much Worse

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

## **Crisis Plan**

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

**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 or actions 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** \_\_\_\_\_