

WRAP[®]
Wellness Recovery Action Plan[®]
Workbook

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Peach Press
Dummerston, Vermont
WRAPandRecoveryBooks.com

My Crisis Plan

A Crisis Plan or Advance Directive is a plan that you develop for yourself when you are feeling well, and that you give to your supporters so they can use it to support you in getting well and staying well when you cannot help yourself. This part of WRAP is harder to develop and usually takes more time. You will get ideas on how to do this from your Wellness Toolbox and from the Action Plans you have already developed. Hopefully your supporters will never have to follow your Crisis Plan, but if they do, they will know what to do, and what not to do, easing the way to recovery and wellness for you.

Part 1— What I'm Like When I'm Feeling Well

Describe yourself when you are feeling well.

Part 2— Signs That Others Need to Take Over

Describe those signs that would indicate to others that they need to take over responsibility for your care and make decisions in your behalf.

Part 3— Supporters

List those people you want to take over for you when the signs you listed above are obvious. They can be family members, friends or health care providers. Have at least five people on your list of supporters. You may want 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.

Name _____ Connection/role _____ Phone number _____

Name _____ Connection/role _____ Phone number _____

Name _____ Connection/role _____ Phone number _____

Name _____ Connection/role _____ Phone number _____

Name _____ Connection/role _____ Phone number _____

There may be health care providers, family members, or friends who have made decisions that were not according to your wishes in the past. They could inadvertently get involved if you don't include the following:

I DO NOT want the following people involved in any way in my care or treatment:

Name _____

Why you do not want them involved (optional)

Name _____

Why you do not want them involved (optional)

Name _____

Why you do not want them involved (optional)

Settling Disputes Between Supporters

Describe how you want possible disputes between supporters settled. For instance, you may want to say that a majority need to agree, or that a particular person or two people make the determination.

Part 4— Medication and Health Care

Physician _____ Phone Number _____

Physician _____ Phone Number _____

Physician _____ Phone Number _____

List the medications you are currently using and why you are using them. Include the name of your doctor and your pharmacy.

List those medications you would prefer to take if medications or additional medications became necessary, and why you would choose those.

List those medications that would be acceptable to you if medications became necessary and why you would choose those.

List those medications that must be avoided and give the reasons.

Part 5— Treatments

List treatments that help you feel better and when they should be used.

List treatments you would want to avoid.

List those things that others might do, or have done in the past, that would not help or might make you feel worse.

Part 9— Inactivating the Crisis Plan

Describe signs, lack of signs or actions that indicate supporters no longer need to use this plan.

You can help assure that your Crisis Plan will be followed by signing it in the presence of two witnesses. It will further increase its potential for use if you appoint a durable power of attorney.

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 (If you have one)

Phone number _____