

My WRAP Plan



Materials adapted, with permission, by The University of Kansas School of Social Welfare
© 1995-2005 · Mary Ellen Copeland, MS, MA · All Rights Reserved · P.O. Box 301, West Dummerston, VT 05357
· www.mentalhealthrecovery.com

Copeland Center for Wellness & Recovery · P.O. Box 6464, Chandler, AZ 85246
(866) 436-9727 (toll-free) · (480) 855-3282 · (480) 855-5118 (fax) · copelandcenter.com



Personal Information

This Wellness Recovery Action Plan belongs to:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail _____

Special instructions _____



What is WRAP?

WRAP stands for
Wellness Recovery Action Plan™

WRAP is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviors
- Increase personal empowerment
- Improve quality of life
- Assist people in achieving their own life goals and dreams.

WRAP is a structured system to monitor uncomfortable and distressing symptoms that can help you reduce, modify or eliminate those symptoms by using planned responses. This includes plans for how you want others to respond when symptoms have made it impossible for you to continue to make decisions, take care of yourself or keep yourself safe.

People who are using WRAP say:

- “It helps me feel prepared.”
- “I feel better more often and I’m able to improve the overall quality of my life.”

The person who experiences symptoms is the one who develops their personal WRAP. The person may choose to have supporters and health care professionals help them create their WRAP.

The **WRAP** system was developed by people who have been dealing with a variety of psychiatric symptoms for many years and who are working hard to feel better and get on with their lives. Mary Ellen Copeland has shared it with people with other illnesses and they too believe that it can be easily adapted for use with other conditions.

Reprinted from www.copelandcenter.com

What People are Saying About WRAP. . .

"Recovery & WRAP have changed my life."

"I've gone from being totally disabled to being able to live a full and rich life. I am so grateful."

"Everything has improved at our organization. People are recovering and moving forward with their lives. Our work is so much more fulfilling."

"Finally, something I can do to help myself."

"I used to spend months, even years, in the hospital. Now I have a bad afternoon or a bad day. And it's all because I use WRAP."

"WRAP for me is about personal responsibility. I can just let my "symptoms" take over my life. Or I can take personal responsibility, use my WRAP, and do what I need to do to take care of myself and feel better."

"In the years that I have been using WRAP, everything has changed in my life. I used to spend all my time just sitting around, watching TV and smoking. Now I hardly ever watch TV, I've given up smoking, I've gone back to school and I have a real job. And I have a wonderful partner. I never thought life could be this good."

"This has changed my life completely. I used to think of myself as this "mentally ill" person. Now I am a person who knows how to take care of myself and help myself in difficult time. If I am feeling badly or having a hard time, I take action. And there are so many simple, safe things I can do."

"When I was feeling badly I used to call the doctor or call the hotline. Now I check my list of Wellness Tools and do something I really enjoy. Usually its call a friend to go for a walk, go to a movie, watch a video or just talk."

"The word crisis has a different meaning for me now. I used to think it was a crisis when I felt really anxious and upset. I thought I needed to go into the hospital or get my medications increased. Now a crisis is when everything is so bad I need others to take over for me. And I don't have them anymore, because now I know how to take care of myself."

Reprinted from www.copelandcenter.com

WRAP: *The Wellness Recovery Action Plan*

by Mary Ellen Copeland, MA, MS



WRAP is a self-designed plan for staying well and for helping you to feel better when you are not feeling well to increase personal responsibility and 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.

Section 5 is a **Crisis Plan** or **Advance Directive**. In the crisis plan, you identify those signs that let others know they need to take over responsibility for your care and decision making, who you want to take over for you and support you through this time, health care information, a plan for staying at home through this time, things others can do that would help and things they might choose to do that would not be helpful. This kind of proactive advanced planning keeps you in control even when it seems like things are out of control.

Section 6 is the **Post Crisis Plan**. You may want to think about this part of the plan in advance and even write some things to do in that time. However, you may want to write most of it as you

are beginning to recover from the crisis—when you have a clearer picture of what you need to do for yourself to get well.

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.

Copeland Center for Wellness & Recovery

P.O. Box 6464 · Chandler, Arizona 85246

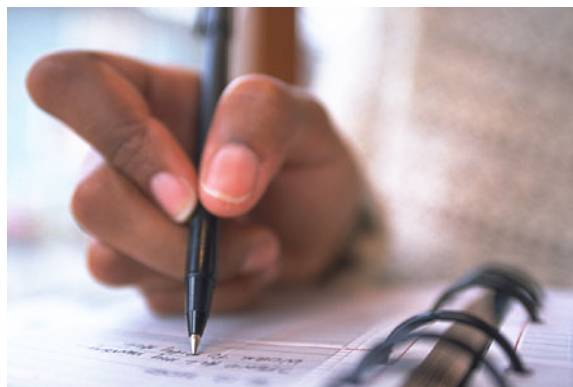
(866) 436-9727 (toll-free) · (480) 855-3282 · (480) 855-5118 (fax)

E-mail · info@copelandcenter.com

www.copelandcenter.com

www.mentalhealthrecovery.com

How to Use the WRAP Program



*Reprinted from Wellness Recovery Action Plan
by Mary Ellen Copeland, MS, MA
Published by Peach Press © 1995-2005*

In order to use this program successfully, you have to be willing to spend up to 15 or 20 minutes daily reviewing the pages, and be willing to take action if indicated. Most people report that morning, either before or after breakfast, is the best time to review the book. As you become familiar with your symptoms and plans, you will find that the review process takes less time and that you will know how to respond to certain symptoms without even referring to the book.

Begin with the first page in Section 1, Daily Maintenance Plan. Review the list of how you are if you are all right. If you are all right, do the things on your list of things you need to do every day to keep yourself well. Also refer to the page of things you may need to do to see if anything “rings a bell” with you. If it does, make a note to yourself to include it in your day.

If you are not feeling all right, review the other sections to see where the symptoms you are experiencing fit it. Then follow the action plan you have designed.

For instance, if you feel very anxious because you got a big bill in the mail or had an argument with your spouse, follow the plan in the triggers section. If you noticed some early warning signs (subtle signs that your symptoms might be worsening) like forgetting things or avoiding answering the phone, follow the plan you designed for the early warning signs section. If you notice symptoms that indicate things are breaking down, like you are starting to spend excessive amounts of money, chain smoking or have more intense pain, follow the plan you developed for “when things are breaking down.”

If you are in a crisis situation, the book will help you discover that so you can let your supporters know they need you to take over. However, in certain crisis situations, you may not be aware or willing to admit that you are in crisis. This is why having a strong team of supporters is so important. They will observe the symptoms you have reported and take over responsibility for your care, whether or not you are willing to admit you are in a crisis at that time. Distributing your crisis plan to your supporters and discussing it with them is absolutely essential to your safety and well-being.

If you have just been through a crisis, refer to your post crisis plan to guide you as you heal from this difficult time. When you feel you are ready, you can return to using the other parts of your Wellness Recovery Action Plan as you did before the crisis.



Building My Daily Maintenance Lists

- 1.** On the first page of this section, make a list of things that describe you when you're feeling well. This will include what you are like when you're feeling happy & doing well.
- 2.** Next, list what you absolutely need to do each day in order to stay well. You may find it helpful to create a schedule of your daily routine.
- 3.** Make a reminder list for things you might need to do. These things don't need to be done every day, but they could be helpful in keeping you well. Looking at this list each day can help you stay on track & avoid the stress caused by forgetting if or when they need to be done.
- 4.** Finally, list the things you want to do weekly &/or monthly.



Building My Daily Maintenance Lists

You may have discovered certain things you need to do every day to maintain your wellness. This plan helps you recognize those things which you need to do to remain healthy, and then plan your days accordingly. When you are starting to feel out of sorts, you can often trace it back to not doing something on your Daily Maintenance List.

This is how I am when I am feeling good (or how I'd like to be when I'm feeling well).

These are the things I know I need to do for myself **EVERYDAY** to make sure I stay well.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

These are the things I need to do **WEEKLY** to make sure I stay well:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



Building My Daily Maintenance Lists, cont.

These are the things I need to do **MONTHLY** to make sure I stay well:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

These are the things I need to do **PERIODICALLY** to make sure I stay well:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I can do these **special little things** for myself when I need to feel better.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



Identifying My Triggers

Triggers are external events or circumstances that may make you feel like you are getting ill. These are normal reactions to life events but, if you don't respond to them, they may actually make you feel worse. The awareness of triggering events will increase your ability to cope and to avoid the development of an onset of more severe symptoms.

- 1.** On the next page, make a list of the life stressors that are likely to trigger your symptoms. This might include such things as events, activities, people, places, anniversaries, work, & other situations.
- 2.** Then, develop a plan to cope with your triggers when they do occur. Pay close attention to your daily maintenance list. You might also want to make plans to call family &/or friends for more support or use more of your things from your wellness toolbox.



Identifying My Triggers

These are the things that may happen to **cause an increase in my symptoms**. If any of the following things come up, I will do some of the activities listed to help keep my symptoms from getting worse.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

If any of my triggers come up, I **will do** of the following things:

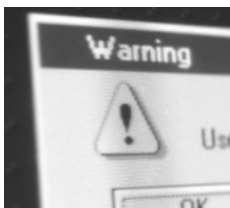
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---



Identifying My Triggers, cont.

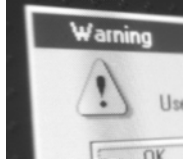
Some of these activities **might also** be helpful:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



Looking for My Early Warning Signs

- 1.** On the first page of this section, list some of the subtle thoughts, feelings, sensations, & behaviors that you tend to experience when you are first starting to have a problem. These may or may not be related to any specific situation. Be sure to ask your friends, family, or professionals for early warning signs they have noticed.
- 2.** On the next pages, list what you will do to respond to your early warning signs. Be sure to make good use of your wellness toolbox. You may also look at cutting back on some of the non-essential things you are doing.



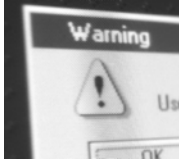
Looking for My Early Warning Signs

This is a list of my **early warning signs**:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

These are the things I **MUST** do:

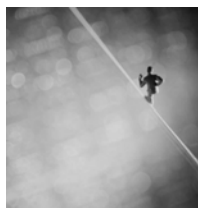
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



Looking for My Early Warning Signs, cont.

These are the things I **COULD** choose to do if they feel right to me:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

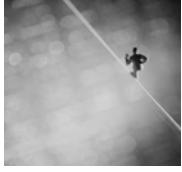


When Things are Breaking Down or Getting Worse

You may begin to feel even worse—very uncomfortable, like the situation is serious—and even dangerous—but you are still able to take some action in your own behalf. This is a very important time. It is necessary to take immediate, assertive action to prevent a crisis.

- 1.** On the first page, write out a list of any signs, symptoms, & circumstances that would show you that things are breaking down. Some of these may be early warning signs that are more intense

- 2.** On the next page, write out a plan that you think will help to reduce your signs & symptoms when they have reached this point.
 - Your plan needs to be clear & specific. You may re-list previous tools & strategies, but you may need to do them more often &/or for longer periods of time.
 - Focusing on more intense support, getting more rest and better stress management is often necessary.



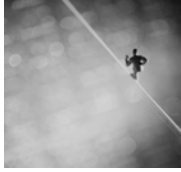
When Things are Breaking Down or Getting Worse

Symptoms that, for me, mean that things have **gotten worse** & are close to the crisis stage:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

If the previous symptoms come up, I need to do **ALL** of the following things:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



When Things are Breaking Down or Getting Worse

These are things that might **also help**:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

These are **questions** I may need to ask myself:



My Notes & Ideas



My Crisis Plan

In spite of your best planning & assertive action, you may find yourself in a crisis situation where others will need to take over responsibility for your care. You may feel as though you are totally out of control. Your crisis plan will instruct others about how to care for you when you are not well. It keeps you in control even when it seems like things are out of control. Others will know what to do, saving everyone time & frustration, while insuring that your needs will be met.

1. On the first page of this section, make a list of the words that describe you when you are feeling well, in case you need to avoid emergency responders misinterpreting what is going on with you.
2. Next, make a list of things that will let others know that you are in a crisis & that you need them to take over for you. Be very clear & specific.
3. List the people you want to take over if the things you described occur.
4. Next, list any health care professionals or family members that you do **NOT** want involved.
5. Describe how disputes or differences of opinion regarding what you have written in your plan should be settled (for example, majority rules, one person has final say, etc.).
6. Finally, write out a list of preferred, acceptable medications to be used in case of a crisis as well as medications that are unacceptable & why. Include the name, dosage, & purpose of your preferred & acceptable medications. Name a person & the method you want used to evaluate previously untried or unstudied medications.



My Crisis Plan: Part #1

What I'm Like when I'm Feeling Well

This is what I'm like when I'm **feeling well**:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



My Crisis Plan: Part # 2

My Symptoms

These are the **symptoms** or **behaviors** that indicate to others that I need them to take over responsibility for my care & make decisions on my behalf.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



My Crisis Plan: Part # 3

People to Take Over

I would like the following people to take over for me when the symptoms or behaviors listed on the previous page become obvious.

Person's Name	Connection, role, or relationship to me	Phone Number

If there are disputes between my supporters, the following is how I would like the situation handled: _____



My Crisis Plan: Part # 3, cont.

People I Don't Want Involved

I would like for the following health care providers, family members, or friends to **NOT BE INVOLVED IN ANY WAY** in my care or treatment.

Person's Name	Connection, role, or relationship to me	Reason for no involvement



My Crisis Plan: Part # 4

Medications

These are the medications that I am **currently** taking:

Name of Medication	Dosage	What I Take This Medication For

These are the medications that I would **prefer** to take if medications or additional medications become necessary.

Name of Medication	Dosage	What I Take This Medication For



My Crisis Plan: Part # 4, cont. *Medications*

These medications would be **acceptable** to me if medications became necessary.

Name of Medication	Dosage	What I Take This Medication For

These are the medications that **must be avoided**:

Name of Medication	Dosage	Why I Want to Avoid This Medication



My Crisis Plan: Part # 5

Treatments

These treatments may help **reduce** my symptoms.

Treatments That May Help Me	When These Treatments Should Be Used

These are treatments I want to **avoid**.

Treatments to Avoid	Why These Treatments Should Be Avoided



My Crisis Plan: Part # 6

Staying in the Community

This is my plan so that I can stay at home or in the community and still get the care that I need.

Service or Help That I Desire	By Whom	Other Details



My Crisis Plan: Part # 7

Treatment Facilities

These are the facilities that I prefer to be treated or hospitalized at if that becomes necessary.

Name of Facility	Location	Other Details

These are the treatment facilities that I want to **avoid**.

Name of Facility	Location	Other Details



My Crisis Plan: Part # 8

Things Others Can Do for Me

These are the things that **other people can do for me** that would help to reduce my symptoms & make me more comfortable.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

These are the **other tasks** that I need others to do for me.

What I Need Done	Who I'd Like to Do It



My Crisis Plan: Part # 8, cont.

Things That Wouldn't Help

These are things that others **might** do, or have done in the past, that would **NOT** help. They might even worsen my symptoms.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



My Crisis Plan: Part # 9

Inactivating the Plan

These are a description of my symptoms, lack of symptoms or actions that indicate my supporters no longer need to use this plan.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



Signatures

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 and name an agent to act on your behalf—a durable power of attorney.

NOTE: Any plan with a more recent date supersedes this one.

I, _____ developed this plan on _____
Name Date

I developed this crisis plan with the help of the following persons:

1. _____
2. _____
3. _____
4. _____
5. _____

Signed _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

Attorney _____ Date _____



Post Crisis Planning

The Post Crisis Plan is different from other parts of your WRAP plan in that it is constantly changing as you heal. It is hoped 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. After you feel you are no longer in the post crisis time, you could go back to using your Daily Maintenance Plan and other parts of your WRAP.

- 1.** First, describe how you will know when you are out of a crisis and ready to use your post crisis plan.
- 2.** Next, list the persons who you would like to support you in this post crisis period. Include information that will help make you feel safe during this period.
- 3.** List the things you need to do for yourself while you are recovering from a crisis, including information on what you need to do to prevent a future crisis from occurring in the same manner.
- 4.** Next, list signs that indicate your post crisis phase is over, allowing you to return to your Daily Maintenance Plan and other sections of your WRAP plan.
- 5.** Finally, explain your timetable for resuming responsibilities for yourself.



Post Crisis Planning: *Returning after a Crisis*

1. I will know that I am “out of crisis” and **ready to use** this post crisis plan when I: _____

2. How I would **like to feel** when I have recovered from this crisis (*You may want to refer to the first section of your WRAP: What I am Like When I am Well. This may be different from what you feel like when you are well—your perspective may have changed in the crisis*): _____



Post Crisis Planning: *Post Recovery Support List*

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

Name	Phone Number	What I need them to do:

If I am being discharged from a treatment facility, do I have a place to go that is safe & comfortable?

- Yes
 No

If not, these are the things **I need to do** to insure that I have a safe & comfortable place to go: ____

If I have been hospitalized, my first few hours at home are very important. Will I feel **safe and be safe** at home?

- Yes
 No

If my answer is no, this is what I **need to do** to insure that I will feel and be safe at home: _____

I would like _____ or _____
to take me home.

I would like _____ or _____
to stay with me.

When I get home, I would like to _____
or _____

If the following things were in place, it would **ease my return** home: _____

These are the things I must take care of **as soon as I can**: _____

These are the things **I can ask someone else to do** for me: _____

These are things that **can wait** until I feel better: _____

These are the things **I need** to do for myself every day while I am recovering from a crisis: _____

These are things **I might** need to do every day while I am recovering from this crisis: _____

These are the things and people I need to avoid while I am recovering from crisis: _____

These are signs that I may be beginning to feel worse (examples include *anxiety, excessive worry, overeating, sleep disturbances, etc.*): _____

These are the wellness tools I will use if I am starting to feel worse (put a star beside those that you *must* do, the others are choices): _____

These are the things I need to do to prevent further repercussions from this crisis—and when I will do these things:

Things I need to do	When I will do these things

These are the people I need to thank:

Person	When I will thank them	How I will thank them

These are the people I need to apologize to:

Person	When I will apologize	How I will apologize

These are the people with whom I need to make amends:

Person	When I will make amends	How I will make amends

Medical, legal or financial issues that need to be resolved:

Issue	How I plan to resolve this issue

These are the things I need to do to prevent further loss (examples include *canceling credit cards, getting official leave from work, cutting ties with destructive friends, etc.*): _____

These are signs that this post crisis is over and I can return to using my Daily Maintenance Plan as my guide to things to do for myself every day: _____

These are changes to my earlier WRAP plan (Daily Maintenance, Triggers, Early Warning Signs, When Things are Breaking Down) that might help prevent such a crisis in the future: _____

These are the changes in my crisis plan that might ease my recovery: _____

These are changes I want to make in my lifestyle or life goals: _____

This is what I learned from this crisis: _____

These are the changes I want or need to make in my life as a result of what I have learned: _____

If I want or need to make changes, this is when and how I will make these changes:

When will I make changes	How will I make changes



Post Crisis Planning: *Resuming Responsibilities*

It is important to develop plans for resuming responsibilities that others may have had to take over or that did not get done while you were having a hard time.

Responsibility: _____

Who has been doing this for me? _____

While I am resuming this responsibility, I need to: *(e.g. to do everything on my Daily Maintenance Plan, ask my spouse to continue doing household chores, etc.):*

Responsibility: _____

Who has been doing this for me? _____

While I am resuming this responsibility, I need to *(e.g. to do everything on my Daily Maintenance Plan, ask my spouse to continue doing household chores, etc.):*



Post Crisis Planning: *Resuming Responsibilities, cont.*

Responsibility: _____

Who has been doing this for me? _____

While I am resuming this responsibility, I need to: *(e.g. to do everything on my Daily Maintenance Plan, ask my spouse to continue doing household chores, etc.):*

Responsibility: _____

Who has been doing this for me? _____

While I am resuming this responsibility, I need to: *(e.g. to do everything on my Daily Maintenance Plan, ask my spouse to continue doing household chores, etc.):*



My Notes & Ideas



Kansas WRAP Project

University of Kansas School of Social Welfare
Office of Mental Health Research & Training
1545 Lilac Lane
Lawrence, KS 66046
www.wrap@ku.edu
(785) 864-4720