

# **W R A P**

## **Wellness Recovery Action Plan for Teens**

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# **WRAP:**

## **Your Personal Guide to Feeling Happy and Healthy**

**This is not about someone else telling you  
what you need to do. This is to help you  
figure out what you need to do to help  
yourself feel better.**

If you have troubling, uncomfortable, or severe emotional feelings or symptoms that are keeping you from enjoying your life, this CD-ROM will help you\*\* to develop a plan for relieving those symptoms when they occur, and for keeping yourself well. You can safely develop and use this plan along with any other health care you are receiving. It is not a replacement for medications. If you are using medications, do not stop using them without first getting the advice of your doctor and other people who care about you. Never abruptly stop any medication. Your doctor will know how and when to safely stop taking or change medications.

For some helpful resources that you can order, take a look at the file  
Order\_form.pdf.

**The symptoms you have may include feelings like these. If you want to, you  
can check off those symptoms that are troubling to you.**

- hopeless, worthless, useless, not caring about anything, like you  
might as well be dead, like you are a failure
- that there is no solution to your problems
- numb, like you don't have any feelings
- like you have nothing to look forward to
- like you never have any fun anymore
- ugly, like everyone is staring at you
- like nobody would miss you if you were gone
- like sleeping all the time, or sleeping much more than ten hours a  
day; or you have trouble sleeping
- like you don't want to eat anything or like you want to eat all the time
- tired almost all the time, lethargic, like you move very slowly
- irritable, angry and/or anxious
- unmotivated
- very lonely, even when you are with others
- like you are a bad person
- like there is no one you can trust or talk to, that no one likes or cares  
about you

**Are you:**

- losing weight - lost over 10 pounds recently because you just don't feel like eating?
- secretly cutting, burning or hurting yourself?
- doing strange or risky things – like wearing winter clothes in the summer and summer clothes in the winter, or driving too fast
- believing unusual things – like that the television or radio are talking to you, or that the smoke alarms or digital clocks in public buildings are taking pictures of you
- saying things over and over that don't make any sense
- hearing voices in your head
- seeing things you know aren't really there
- feeling like everyone is against you or out to get you
- feeling out of touch with the world
- having periods of time go by when you don't know what has happened or how the time has passed--you don't remember being there but others say you were
- feeling unconnected to your body
- having an unusually hard time keeping your mind on what you are doing
- a sudden or gradual decrease or increase in your ability to think, focus, make decisions and understand things
- feeling like you want to cut or hurt yourself

- cry easily for no apparent reason
- being very quiet all the time
- having a negative attitude
- always thinking about mistakes you have made in the past?

**Do you try to hide the way you feel or make yourself feel better by:**

- smiling when you don't feel like it?
- taking risks, such as driving too fast?
- going to bed with lots of different partners?
- using drugs and alcohol?
- getting in fights?
- secretly hurting yourself, for example cutting your skin or  
burning yourself?
- not showing your feelings?

**You may have other troubling symptoms that make your life difficult. If so,  
and you feel like it, you can write them here.**

You may be told you have a condition like ADHD, that you are learning disabled or that you have a psychiatric disease or mental illness like depression, bipolar disorder or manic depression, schizophrenia, borderline personality disorder, obsessive-compulsive disorder, post traumatic stress disorder, an eating disorder or an anxiety disorder.

Many people have these symptoms from time to time. If you do, they can make your life very difficult. They can interfere with your school work, your relationships with friends and family members and make it hard for you to do the things you like to do.

**No matter what kind of symptoms you have, developing a WRAP can help you to take control of your life and help you to feel better.** And you have lots of courage and strength to do whatever it is you need to do to help yourself feel better.

Before you get started on developing your WRAP, there is an important point you must remember. This is your plan. No one else can develop it for you because no one else knows you as well as you do. You don't have to show it to anyone else unless you want to. And no one else can make you do the things you have listed on your plan. It is all up to you.

## How do you develop a WRAP?

### Step 1. Begin by developing a Wellness Toolbox

Make a list of healthy, safe things you have done in the past to feel better. There is a list of possibilities included here. You can check off the ones you think would work for you and include them in your list. Add to the list others you can think of. You could also ask your friends and family members for suggestions, or you could look for ideas in self help books (there are many of these in libraries). You will be using these tools to develop your plans.

**Ideas for your wellness toolbox:**

- Get together with one or several friends or family members who really treat you well
- Get up at the same time each morning
- Go to bed at a regular time
- Do an activity that makes you move, such as: shooting hoops, playing tennis, running, swimming, biking, aerobics, hiking, dancing, canoeing, working out on weight machines, playing soccer, volley ball, football or baseball. (Some of these may be so important to you that you want to list them individually in your plan instead of grouping them.)
- Spend time doing something you enjoy, like: watching sitcoms or a funny video, going to a movie, reading a comic, reading a light novel, playing video games, listening to music, making music (playing the guitar, piano, drums-whatever you enjoy), painting, drawing, working with clay, sculpting, building something, making jewelry, sewing, knitting, writing, cooking, playing with a pet, etc. (Again, you may want to list separately those that are most important to you)
- Eat something healthy that you like, such as: a dish of cereal, a sandwich, a salad, Oriental food, or pizza. (You can make your own list of healthy foods you enjoy)
- Drink 8 glasses of water a day
- Eating three healthy meals a day

Do something nice for someone else, like helping your parents with chores around the house, call or write a note to an elderly relative, stop and visit someone at a nursing home or in the hospital, etc.

Writing in your journal

Writing poetry

Doing your nails

Taking a shower or bath

You may want to include a list of things you don't want to do. This list might include things like **avoiding**:

alcohol, street drugs and/or certain prescription or over-the counter medications

indiscriminate sex

careless or reckless activities (things you wouldn't do if you felt happy).

making any major decisions about your life

making any major decisions until you feel better -- like leaving home or dropping out of school

watching the news or other shows on television with a lot of violence

spending time with people who are judgmental, critical, make you feel bad about yourself, try to pick fights, harass you, ridicule you, blame you or try to shame you

caffeine (coffee, tea, some sodas, and chocolate)

sugar

junk food that is loaded with sugar, fat and additives (candy, cookies, cake, donuts, chips, fries, soda, etc.)

You can continue to work on your Wellness Toolbox over time, adding to your list whenever you get an idea of something you'd like to try, and deleting things if you find they no longer work for you.

Open the file `Teen_Forms.pdf` and begin filling in the section titled Wellness Toolbox.

## Step 2. Develop a Daily Maintenance Plan

If you did certain things every day, there is a good chance you would feel very well. The trick is to know what those things are. Go back and look over your wellness toolbox list.

Then make a list of things you plan to do every day to keep yourself feeling well. Make sure the list is "do-able"--that you could actually accomplish those things in a day, along with the other things you must do, like going to school or your job, homework, household chores or tending your pets.

Your list might look like this: (remember **this is only a sample list--each person must develop a list that will work for them**).

- eat three healthy meals a day, including breakfast
- avoid junk food, sugar and caffeine, alcohol and illegal substances
- drink 6-8 oz. glasses of water
- exercise for at least 1/2 hour
- talk to a person who I can tell how I really feel
- check in with my parents or some trusted adult for at least 10 minutes
- spend at least 1 hour enjoying a fun activity
- get at least seven hours of sleep
- get up by 7:30 in the morning
- go to bed by 10 PM

These are some ideas. Now go to Teen\_forms.pdf and fill in your own Daily Maintenance Plan.

It helps to review this list every day to make sure you are taking good care of yourself.

You can also make a reminder list (if you want to) of those things you don't necessarily need to do everyday, but that you need to do from time-to-time to relieve stress in your life and/or to keep you healthy and happy.

On the next page in Teen\_forms make a list of things to consider doing that might include things like:

- spend some time with my best friend
- clean my room
- plan something fun for the weekend
- talk with my parents
- work on a project for school
- fill out an application
- work on my education or career goals
- spend some extra time with my pet.
- give myself a treat for being a great person

## Step 3. Triggers

The second section of the plan is called triggers. Triggers are things that, if they occurred, might make you sad or upset in some way. Think about what kinds of things, when they happen, are very upsetting to you. They might include:

- family friction and fights
- fighting with or breaking up with your boyfriend or girlfriend
- being teased, made fun of, or put-down
- feeling judged or criticized
- being physically, emotionally or sexually abused
- situations that remind you of past abuse
- a bad grade or grades
- a big disappointment, like not getting accepted at the school of your choice or not getting a job you really wanted
- rejection
- feeling left out
- being very overtired
- having a physical illness

Now go to Teen\_forms and fill in your own Triggers list.

Make a list of things you can do to keep yourself from getting very upset or doing things you might later wish you hadn't done if one or more of these triggers occurs. Use your Wellness Toolbox for ideas.

You might include:

- make sure I do everything on my daily maintenance list
- call a friend and ask them to listen while I talk about the situation
- call my counselor
- talk to my parent, parents or another trusted adult about the situation
- do some deep breathing
- write in my journal
- do some vigorous physical activity like playing basketball or bicycle riding
- punch a punching bag
- listen to music
- do something creative like drawing or painting

Review this list regularly and when these triggers come up, do one or several of the things on your list. Soon you will know your triggers so well and have practice in responses so that you will only need to refer to these lists occasionally.

## Step 4. Early Warning Signs

The next section is *Early Warning Signs*. Everyone has different early warning signs that they are starting to feel badly. Often it is difficult to detect these early warning signs. It may be necessary to think back to the time just before you began feeling badly to discover what the early warning signs were. Ask family members and friends to help you discover changes in your behavior that may have indicated you were beginning to feel badly.

Following are some early warning signs of depression that other young people have experienced. They may help you discover your early warning signs of depression.

- not enjoying activities you usually enjoy
- not wanting to spend time with friends you usually like to be with
- having trouble getting to sleep or staying asleep
- sleeping more than usual
- not feeling like eating
- wanting to eat more than usual, especially foods containing sugar or snack foods
- feeling like you look fat and/or ugly
- feeling more tired than usual
- feeling irritable and angry

- feeling like you are not worth anything
- feeling like your situation is hopeless
- feeling like crying a lot
- having difficulty with schoolwork that is usually easy for you
- having a very negative attitude
- having more trouble than usual getting along with family members
- getting into more trouble in school and/or at home
- thinking about hurting yourself

Fill in your own Early Warning Signs in Teen\_forms.

You may find that you experience early warning signs of depression without stopping to think what they mean. Thinking about them and checking them will help you become aware of your early warning signs so that you can take action right away to feel better.

Review your list daily, (before going to bed is often the best time), to see if you experienced any of the early warning signs of depression. If several of them occurred and they continued for several days, it's time to take action.

As with triggers, there are things you can do when you experience early warning signs to try to keep these signs from worsening and to help you to feel better. Make a list of them. Refer to your Wellness Toolbox for ideas. Some may be the same as those you listed under Triggers.

You can list some things you must do like:

- tell my parents
- call my counselor
- get some vigorous exercise
- spend at least one hour doing an activity I enjoy
- ask someone else to take care of my chores for a day

You could also list some things you could do if you want to, like:

- write in my journal for at least fifteen minutes
- take the dog for a long walk
- spend some time with a good friend
- watch a favorite video

You will need to refer to these pages often at first until you come to know what your early warning signs are and how to respond when they happen. If your responses do not help, try other tools until you find ones that really work for you.

## Step 5. When Things are Much Worse

In this section you will identify those signs that will tell you things have gotten much worse but you can still do things to help yourself. You can still take positive action in your own behalf. Write those symptoms that indicate you are feeling much worse. They might include:

- being unable to sleep
- sleeping all the time
- getting in lots of fight with family members and friends
- wanting to be totally alone
- not wanting to go anywhere
- not doing the things I usually enjoy
- thinking about ways I could hurt myself
- stop eating
- crying all the time
- grades in school getting much worse
- unable to focus on school work or other work
- substance abuse

These are some ideas. Now go to Teen\_forms and fill in your own.

Go back to your Wellness Toolbox. Review it. Which things on that list do you think would help you to feel better when things have gotten much worse. Make a list of things you must do if some of these symptoms come up to keep the situation from becoming anymore serious. They might include:

- ask my parents or other trusted adults to contact the doctor for me
- ask my parents or other trusted adults to be sure I am safe at all times
- arrange a special visit with my counselor right away
- talk to at least two supporters and tell them how I am doing
- arrange, or ask a supporter to help me arrange, to take several days off from school or work
- ask someone else to take care of my responsibilities
- ask for extra time to complete difficult tasks or projects
- spend extra time--several hours a day--doing things I enjoy
- get outdoors or do something active

Review this section often at first so you know the signs that things are much worse. Then, when you notice the signs, do the things in your plan. You may want to tell your parents or another trusted adult what is in this part of your plan so they can help you and support you in doing the things you need to do for yourself.

Create your own list in Teen\_forms.pdf.

## Step 6. A Safety Plan

The next section is your safety plan. When you have been depressed or feeling very badly and are finally feeling better, you may not want to think about the possibility of feeling badly again. Through careful use of the other parts of your plan, it may never happen again. But it might. It's a good idea develop a safety plan for yourself in case you are feeling so badly that you can no longer take care of yourself or keep yourself safe.

Often, when someone is having a very hard time, other people want to be helpful but they really don't know what to do. Sometimes they think they are doing things that would be really helpful, but they are actually not helpful or may even be harmful. When you have a plan like this, people can do the things for you that will be most helpful to you--and that are your choice--to keep you safe and help you feel better.

Develop this plan when you are feeling well. Take your time. Don't try and do it all at once. There is no time limit. You may even want to skip over some parts of the plan.

You may want to ask your parents or other trusted adults in your life to help you in developing this plan. Then the next time you have symptoms of depression, they can easily do for you things that will help you to feel better as quickly as possible.

Make copies of your safety plan to give to all the people you have listed that you want to take action for you when you can't take action for yourself.

### **Part 1. Signs or symptoms**

It may be hard for other people to know when you are feeling so badly that you cannot take care of yourself. In this part, write those signs and symptoms that will let others know that you need their help. Since you will be giving this plan to your supporters, write it so they will understand exactly what you mean.

The following signs and symptoms that others have noticed may be helpful to you in developing your personal list:

- using drugs or alcohol
- doing things that are clearly against the law
- physically hurting myself
- physically hurting others
- washing my face so much it bleeds
- not eating at all
- sleeping all the time
- not recognizing friends or family members
- giving away my favorite things

Fill in your own Signs and Symptoms in Teen\_forms.

**Part 2.** The next step is to identify those people you want to help you in these hard times--people who have been helpful in the past, people to whom you feel close and people who use good judgment and treat you well. You may want people who are empathetic and understanding. A good listener can be very helpful. They must be people you choose, not people someone else tells you must be on your plan.

You may want to include some of your most helpful friends, some adults you like and trust, perhaps a parent or parents, your doctor, a teacher or even a member of the clergy. Perhaps it will be the leader of a group you are involved in like scouts or the debating club. These are the people who are your best supporters when you are well.

It is helpful to have at least five people on your list. Then no one feels like it is "too much" for them. And you can be sure at least several of them will be available when you most need them.

There may be some people you definitely do not want to help you during hard times. List them as well. They may have treated you badly in the past, you may not trust them or you just may not be comfortable with them. This is your choice.

**Part. 3** If you are using medications or health care products like vitamins for any reason, list them here. Your supporters and your doctors need this information in case:

- they suspect your symptoms may be caused or worsened by a medication or health care product
- to avoid dangerous medication interactions if new medications or health care products are recommended

Make the following lists in Teen\_forms as part of your Safety Plan.

List any allergies you have to foods or medications (the doctor needs this information in considering new medications)

List other health conditions your supporters and doctor should know about in planning your treatment.

**Part 4.** List the safe things your supporters can do for you that would help you to feel better, and the things they need to avoid doing or suggesting that would not be helpful or would be unsafe. Think of things that have helped you to feel better in the past. This list might include things like:

- rent me a funny video (you could even name some videos you enjoy watching again and again)
- play me good music (name the type of music, performer, tape or CD)
- feed me good food (name foods that help you feel better)
- listen to me without interrupting

- encourage me to do something physical like playing basketball, running or punching a punching bag
- set me up so I can draw or paint
- hold me
- just stay with me

**Part 5. List the things you don't want your supporters to do. DO NOT:**

- leave me alone
- encourage me to use illegal substances
- give me any alcohol or drugs that have not been prescribed for me
- get me junk food to eat (pizza and Chinese food are OK)
- encourage me to have sex
- yell at me, scold me or lecture me
- nag me
- blame me

You may also list some things you need others to do to help you out during this hard time, things like:

- tell my teachers I am sick and get my assignments or ask for extensions
- call my employer and tell him/her I am sick and need (?) days off
- take care of my household chores
- feed my pets
- water my plants

**Part. 6** How will your supporters know, without your directly telling them, when you are better and they no longer need to care for you? This will help them know when they can "back off" and you can take care of yourself again. Describe how your supporters will know in Teen\_forms.pdf.

When you have developed a safety plan that you think will work for you, make copies of it and give a copy to each of your supporters. You may want to discuss the plan with them when you give it to them so they clearly understand it.

Review your safety plan regularly so you are very familiar with it's contents. As you learn more about yourself and depression, you may want to change your plan. When you do, give new copies to your supporters.

## How to Use Your WRAP

In order to use this plan successfully, when you first begin using it, 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 your plan but any time of day that works for you is fine. 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 plan.

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 in. Then follow the action plan you have designed.

For instance, if you feel very anxious because you got a bad grade or had a fight with a friend, 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 your friends, follow the plan you designed for the Early Warning Signs section. If you notice symptoms that indicate things are getting much worse, like you are thinking a lot about drinking or doing things that are illegal, or you are not sure you can control your behavior, follow the plan you developed for "When things are getting worse".

If your supporters need to help you use your safety plan, either they will notice because of the symptoms you have listed in your plan, or hopefully you will be able to let them know.

Sometimes, you may not be aware or willing to admit that you are having a very hard time. This is why having a strong team of supporters is so important.

**If you find your plan or any part of your plan is not working for you, revise it or redo it completely. If you revise your Safety Plan, be sure to give updated copies to your supporters and advise them of the changes.**

**WRAP:**  
**Your Personal Guide to Feeling**  
**Happy and Healthy**

**Wellness Toolbox**

\_\_\_\_\_ 's (Your name) Wellness Toolbox

# Daily Maintenance Plan

**Reminder list of things I may need to do  
today:**

# Triggers

**Things I can do for myself if I am triggered:**

## Early Warning Signs List

**Things I must do for myself if I notice I have  
Early Warning Signs**

**Things I might do for myself if I notice I have  
Early Warning Signs**

**Things are Much Worse when:**

## **Things I Must do if Things are Much Worse**

**Things that would be helpful to do if I have  
time and if I feel like it:**

## **Safety Plan**

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

**If I have the following signs or symptoms, it  
is an emergency and others need to help me:**

## Supporters

When I clearly have some of the above symptoms, I want the following people to help me to do the things I have outlined in this plan:

Name	Connection/role	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I do not want the following people to involved in any way in my care or treatment:**

Name	Why you do not want them involved (optional)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Medications and health care products I am  
using and why:**

**Medication and food allergies**

**Other health conditions your supporters and doctor should know about in planning your treatment:**

**Safe things I want my supporters to do for  
me when I am experiencing symptoms:**

**What I don't want from my supporters when I  
am experiencing these symptoms:**

**Things I need others to do for me and who I  
want to do it:**

**My supporters no longer need to follow this  
plan when I:**