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| **Name:** |  |
| **Date:** |  |

 **Wellness Recovery Action Plan (WRAP)**

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| **Daily maintenance plan:** | **Triggers:** | **Early warning signs:** |
| Describe yourself when you are well and a list of things that you need to feel well every day. | Describe events that if they happened, they might make you feel worse – like getting into an argument or reading something upsetting. | Describe events that if they happened, they might make you feel worse, anxious or making you unable to sleep. |
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| **When things are breaking down:** | **Crisis plan:** | **Post crisis care:** |
| Describe signs that let you know that you are feeling much worse, like you are very sad or are hearing voices. | Identify signs that let your loved one know that they need to take over responsibility for your care and decision making and they need to actively support you during this time. | After a crisis, describe how you overcame the crisis and if you have any unmet needs that you can ask for, if you need support again. |
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