

UIC Solutions Suite Webinar Series

Transcript for how-to webinar on Action Planning for Prevention & Recovery

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Thank you for visiting the University of Illinois at Chicago's Health & Recovery Solutions Suite. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Solutions Suite to obtain free tools that promote health, self-direction, and employment for the behavioral health field.

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Hello. My name is Jessica Jonikas. I am the Associate Director of the University of Illinois at Chicago's Center on Integrated Health Care and Self-Directed Recovery. Our Center offers an online Solutions Suite, containing free tools for the behavioral health field. These tools promote wellness, self-direction, and employment for people in mental health recovery. You can visit our Solutions Suite on the web site where you found this webinar, at www.center4healthandsdc.org. Today, I'll be discussing how to implement the workbook, Action Planning for Prevention and Recovery, which is a publicly-available version of Wellness Recovery Action Plan, or WRAP® for short.

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The UIC Solutions Suite is jointly funded by two federal agencies. First is the National Institute on Disability, Independent Living, and Rehabilitation Research, of the U.S. Department of Health and Human Services, Administration for Community Living. Second is the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The work of the Center does not necessarily represent the policy of any agency or endorsement by the federal government.

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People use the workbook, Action Planning for Prevention and Recovery, to self-manage their mental and emotional wellness. The workbook is grounded in WRAP, and it was prepared by WRAP's lead author, Dr. Mary Ellen Copeland. WRAP is an evidence-based approach that people use to get and stay well, while improving their quality of life. It is a versatile, safe, and effective program being used all over the world for mental illness self-management, and is publicly available through the Action Planning workbook. You can learn more about WRAP and its evidence base by visiting The Copeland Center for Wellness and Recovery's web site at www.copelandcenter.com.

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The Action Planning workbook can be used on your own or with help from a relative, friend, or provider. It's designed to be a self-help tool, but many people find that working with their supporters makes the planning process easier. Let's walk through the Action Planning workbook, and how to use it. This part of the webinar is most beneficial if you can download it from our web site to follow along.

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The workbook opens with a statement reminding us that people are able to do many things on their own to become emotionally well. At the same time, it's common to forget your wellness strategies when stressed, anxious, or starting to experience troublesome symptoms. Knowing what helps to feel better doesn't mean that we'll actually do it. That's why action plans are so effective. They provide a framework for supporting your emotional wellness, even in times of stress or crisis. Plans are intentionally simple, safe, and low-cost so they can be activated at any time. They are beneficial because they're based solely on what works for the user. They also directly address a person's most troubling feelings, symptoms, or circumstances. Plans provide hope that life gets better when we do the things we've identified as being healthiest and best for us.

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To create their plans, users are encouraged to purchase an inexpensive three-ring binder. They will need 5 dividers or tabs, along with three-hole punched paper. These supplies will help people to organize the main sections of their action plans for prevention and recovery. Users also need to set aside time on a regular basis to create their plans, and then update them as their needs change.

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The action plan begins with creation of a Wellness Toolbox. Each person's toolbox is unique. It's a list of things to do to feel better when symptoms flare up or during challenging times. Some activities should be done daily, like talking walks, drinking plenty of water, and taking needed medications or vitamins. Others can be chosen on a given day to promote your well-being. This might include doing something personally enjoyable like reading a book or watching a movie, doing yoga, painting or crafting, or exercising.

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When building a Wellness Toolbox, users are encouraged to ask family and friends for suggestions, and to notice and record what makes them feel better. They can also consult self-help resources for more ideas. Everything should be recorded, and nothing is considered too small. For example, if taking 5 deep breaths brings relief when stressed or helps with anger management, it would be included. Smaller strategies can be harder to recognize sometimes, at least when compared to getting a massage or seeing a friend, but they can be equally important. Users want to generate a long list here, because they will draw upon it while creating other parts of their action plans. Once it's completed, the Wellness Toolbox is placed at the front of the user's three-ring binder, before the 5 dividers or tabs.

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The next section of the binder is the Daily Maintenance Plan. The first page is a description of what users are like when feeling well. . If they aren't sure or haven't felt well in too long to remember, then they can write how they would like to feel on their best day. This should be in the form of a simple list, with descriptive words like energetic, easy to laugh, calm, quick to smile, and connected with others. People can consult this list whenever they're not feeling well so they remember what they're working towards in their recovery.

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The next page should be dedicated to the user's dreams and goals. This page is considered optional, but it's one that can motivate people as they work on their wellness. Goals can be ones that are both easier and harder to achieve. For example, a goal can be to get 30 minutes more sleep each night. Or, it can be to save up money to take a computer class to earn more income. As users start to feel better, they might decide to incorporate steps towards these goals into their Daily Maintenance Plans, as a reminder to work on them each day.

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Next comes the heart of the Daily Maintenance Plan, which are things people do every day to maintain their wellness. These are not optional, but are things they will do daily to support their well-being. Therefore, the list needs to be manageable. If it has more than about 10 activities, it will become challenging to do them daily. Things commonly found on the Daily List include eating 3 healthy meals and 2 snacks, drinking 6 glasses of water, taking medications, spending 20 minutes on a relaxing activity, checking in with a loved one, and going to work or school.

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The next page of the Daily Plan is a reminder of things users must do regularly, but not necessarily daily. This reminder list often includes seeing a doctor or counselor, getting laundry and shopping done, doing house or yard work, and going to a support group or a fun event. Users should check this list every day to see if there's something they need to do. They also can write at the top of the page, "Do I need to do something from this list today?" as a reminder that doing these things regularly supports wellness and stability.

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The next two sections of the action plan focus on triggers and early warning signs. Triggers are external events or circumstances that lead people to have uncomfortable reactions, like anxiety, panic, despair, or extremely negative feelings about themselves. Reacting to triggers is normal. But, if not recognized and self-managed, they can lead to a crisis. So, this part of the action plan helps users to first figure out what triggers their bad feelings. They will put these into a list, such as the anniversary date of a loss, family friction, having too many responsibilities, or spending a lot of time alone. It can be hard for people to think about these things, so having peer support when making this part of the plan is often very beneficial.

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Next, users make a Triggers Management Plan of what they'll do in order to start feeling better right away. This list often begins with a reminder to do what's in the Daily Maintenance Plan. Then, people list other strategies, like contacting someone for extra support, writing in a journal, or a spiritual activity. As people use the Triggers Management Plan over time, they should retain what works and remove what doesn't. People often find that reading books, doing online searches, and attending workshops can provide new tools to put into a Triggers Management Plan.

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Sometimes, even after using both the Daily and Triggers Management Plans, people still don't feel better. They may see signs that things are getting worse for them. Using their action plans now is very important because there are still things they can do to head off a full-blown crisis. The first section of this Early Warning Signs plan often lists things like feeling slowed down or speeded up, increased irritability, changes in appetite, avoiding others, and not caring what happens. The next page in this section is a list of how to respond to early warning signs. This might include meeting with a peer supporter daily, calling your doctor or counselor, doing a 10-minute relaxation exercise every hour, or asking someone to take over your personal responsibilities for the week.

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In spite of a person's best efforts, symptoms or feelings may continue to get worse. This is a time when people feel very badly and often others are becoming concerned for their safety and well-being. This part of the plan is called, When Things are Breaking Down, and it is a critical time. There are still things that people can do to feel better and keep themselves safe. These might include calling a doctor, requesting a medication check, asking a supporter to stay over until the bad feelings subside, or taking off several days from all responsibilities to focus on self-care. This part of the plan should be very direct, have clear instructions, and be limited to only a few options.

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The next part of the action plan is called Crisis Planning. It acknowledges that sometimes, no matter how hard people try, a crisis occurs and it is time for trusted others to take over. Few people like to think about these times. But, planning in advance for a crisis provides the best chance for people to maintain responsibility for their own care even when they are not well. It also helps family and friends avoid wasting valuable time trying to figure out what their loved ones would prefer. When creating a Crisis Plan, peer support can be very beneficial as users reflect on their hardest times and what they'd like others to do to help.

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Crisis Planning should be done when people are feeling well. It includes 9 separate sections, so writing it takes time, careful planning, and the help of supporters. In fact, this is the only part of the action plan that needs to be shared with others, so it must include clear and simple instructions. Note, that in this planning workbook, the traditional WRAP Crisis and Post-Crisis Plans are combined, which is why it has 9 sections. Part 1 of the Crisis Plan in this workbook addresses what the person is like when well. This can be copied from the list that's made for the Daily Maintenance Plan. Part 2 is a list of symptoms that suggest it's time for others to take over care and decision-making. Being descriptive and specific with this list is the best way to ensure that supporters can tell the difference between someone having a difficult time versus a crisis.

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Part 3 of the Crisis Plan is for listing names of the people who should take over care and decision-making. Typically, this includes family members, friends, peers, or mental health care providers. The list should include at least 5 people, if possible, so that the user has plenty of people to call on for extra help. Users also can provide instructions for what to do if supporters

themselves don't agree on a course of action. This might be instructing the group to go with what the majority decides or what 1 designated person, such as a parent, determines. Part 4 contains a list of a person's current mental and physical health providers, along with medications, vitamins, and supplements. It's helpful for users to list the medications to which they're allergic or intolerant, and why they want to avoid them. Part 5 contains lists of currently used, preferred, and undesired mental health treatments. This gives supporters guidance for what the person wants to try and to avoid when recovering from the crisis.

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In the next section of the Crisis Plan, users record where they would like to stay during a crisis. Sometimes, family or friends are willing to stay over or take in the person who's having a crisis, in order to avoid a hospitalization. In many communities, there are hospital-diversion or respite programs where people can stay, sometimes referred to as Living Rooms. To write this section of the plan, many users need help from service providers, especially if users are unfamiliar with alternatives to hospitalization. In the event that someone's condition does require hospital care, Part 7 of the plan is dedicated to recording one's preferred treatment facilities, along with those they would like to avoid.

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The next part of the Crisis Plan requires time and attention. Users are asked to record what they would like others to do during times of crisis. These should be both small and big things that would be helpful, in as much detail as possible. This can include everything from how firmly to hold someone when crying, to encouraging pacing, to making someone nutritious meals throughout the day. Also in this section is a list of tasks that need managing and by whom. For example, a sister might take over caring for children, and an aunt might agree to pay bills and do laundry. Some people make a list of what they want others to avoid doing, such as taking away cigarettes, scolding, or withholding affection. Lastly, users record how others will know that the crisis has passed and they are feeling better. This list should include specific things, such as "We'll know that my crisis has passed when I'm eating at least two meals a day," or "We'll know that my crisis is over when I can carry on a good conversation." This concludes the Crisis Plan.

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Users are encouraged to spend 15-20 minutes daily reviewing their action plans for prevention and recovery. Many people find this is best done in the morning, after a healthy breakfast. During their daily review, users will consider how they're feeling, and activate the plans that match their current emotions and behaviors. If there is a crisis situation, the plans help people more quickly realize that they need to reach out for assistance. They may even ask supporters to take over decision-making, using their plans for preferred treatment. Daily review also helps people to remove the strategies that they aren't using or that aren't working. Over time, users will know how to implement their written action plans without needing to refer to them daily.

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After using their action plan for several months, people who want to teach this self-management approach to others can receive WRAP facilitator training. As I mentioned earlier, more

information about WRAP training, consultation, and technical assistance is available from The Copeland Center for Wellness and Recovery.

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Thanks so much for your time today. If you still have questions, you can request free technical assistance from our Center, which we offer on a time-limited basis. Call us at 312.355.1696 or click the “free technical assistance” button on the web page where you found this webinar.

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Announcer: Thank you for listening. You can obtain additional Solutions Suite recordings, or download a transcript, by visiting the Center’s web site.