This plan template was created to help you create your own Action Plan for Prevention & Recovery.

Please see the Action Plan Instructions document – also on ndbh.com – for more details and ideas.

All material was adapted from SAMHSA’s Action Planning for Prevention and Recovery.

**Wellness Toolbox**

Identify and list the things you use to help yourself feel better when you are having a hard time. Some of them are things you know you must do, like eating healthy meals and drinking plenty of water; others are things you could choose to do to help yourself feel better. You can also list things you would like to try using to keep yourself well or to help

yourself feel better. You will refer to this list for ideas when you are developing the tabbed sections of your plan.

Some ideas for your Wellness Toolbox might be—

* eating three healthy meals a day
* drinking plenty of water
* getting to bed by 10:00 p.m. (or at a good regular time for you)
* doing something you enjoy–like playing a musical instrument, watching a favorite TV show, knitting, or reading a good book
* exercising
* doing a relaxation exercise
* writing in your journal
* talking to a friend on the telephone
* taking medications
* taking vitamins and other food supplements

You can get more ideas for your Wellness Toolbox by noticing the good things you do as you go through your day, by asking your friends and family members for suggestions, and by looking into self-help resource books. Write down everything, from really easily accessible things, like taking deep breaths, to things you only do once in a while, like getting a massage. This is a resource list for you to refer back to when you are developing your plans. Your Wellness Toolbox works best for you if you have enough entries so you feel you have an abundance of choices. Just how many entries you have is up to you. If you feel positive and hopeful when you look at the list, then you have enough. You can continue to refine your Wellness Toolbox over time, adding to your list whenever you get an idea of something you’d like to try, and crossing things off your list if you find they no longer work for you.

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**Daily Maintenance Plan**

**Feeling Well**

Describe yourself when you are feeling all right. If you can’t remember or don’t know how you feel when you are well, describe how you would like to feel. Some descriptive words include: bright, talkative, outgoing, energetic, humorous, reasonable, argumentative. When you aren’t feeling very well you can refer back to how you want to feel.

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**Dreams & Goals**

Make a list of goals you could work toward. You can write down far-fetched goals or more easily achievable ones. It is helpful to remember your goals and dreams so you always have something to look forward to. Then, you can identify steps to take to achieve them and incorporate these small steps into your daily maintenance plan.

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**Daily List**

Describe those things you need to do every day to maintain your wellness. Use your Wellness Toolbox for ideas. When you start to feel “out of sorts,” you can often trace it back to “not doing” something on this list. Make sure you don’t put so many things on this list that you couldn’t possibly do them all. Remember, this is a list of things you must do, not things you would choose to do. Following is a sample daily maintenance list—

* eat three healthy meals and three healthy snacks that include whole grain foods, vegetables, and smaller portions of protein
* drink at least six 8-ounce glasses of water
* get exposure to outdoor light for at least 30 minutes
* take medications and vitamin supplements
* have 20 minutes of relaxation or meditation time or write in my journal for at least 15 minutes
* check in with myself: “how am I doing physically, emotionally, spiritually?”
* go to work if it’s a workday

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**Triggers**

**Identifying Triggers**

Write down those things that, if they occur, might cause an increase in your symptoms. They may have triggered or increased symptoms in the past. It may be hard to think of all of your triggers right away. Add triggers to your list whenever you become aware of them. It is not necessary to project catastrophic things that might happen, such as war, natural disaster, or a huge personal loss. If those things were to occur, you would use the actions you describe in the triggers action plan more often and increase the length of time you use them. When listing your triggers, write those that are more possible or sure to occur, or which may already be occurring in your life. Some examples of common triggers are—

the anniversary dates of losses or trauma frightening news events

too much to do, feeling overwhelmed family friction

the end of a relationship spending too much time alone

being judged, criticized, teased, or put down financial problems, getting a big bill

physical illness sexual harassment

being yelled at being around someone who has treated you badly

certain smells, tastes, or noises

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**Triggers Action Plan**

Develop a plan of what you can do, if a trigger come up, to comfort yourself and keep your reactions from becoming more serious symptoms. Include tools that have worked for you in the past, plus ideas you have learned from others, and refer back to your Wellness Toolbox. You may want to include things you must do at these times, and things you could do if you have time or if you think they might be helpful in this situation. Your plan might include—

make sure I do everything on my daily maintenance list do a half-hour relaxation exercise

write in my journal for at least half an hour ride my stationary bicycle for 45 minute

play the piano or work on a fun activity for 1 hour pray

call a support person and ask them to listen while I talk

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**Early Warning Signs When Things Are Getting Worse**

**Identify Early Warning Signs**

Make a list of early warning signs you have noticed in yourself in the past. How do you feel when you know you are not feeling quite right? How did you feel just before you had a hard time in the past or when you noticed that your habits or routines changed? Your early warning signs might include things such as—

anxiety nervousness

forgetfulness inability to experience pleasure

lack of motivation feeling slowed down or speeded up

being uncaring avoiding others or isolating

restlessness being obsessed with something that doesn’t really matter

irrational thought patterns feeling unconnected to my body

increased irritability increased negativity

not keeping appointments changes in appetite

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**Signs that Things are Getting Worse**

Make a list of symptoms that indicate to you that things are breaking down or getting much worse. Remember that symptoms and signs vary from person to person. What may mean “things are getting much worse” to one person may mean a “crisis” to another. Your signs or symptoms might include—

feeling very oversensitive and fragile responding irrationally to events and the actions of others

feeling very needy being unable to sleep

sleeping all the time avoiding eating

wanting to be totally alone substance abusing

taking out anger on others chain smoking

eating too much

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**Action Plan for when Things are Getting Worse**

Write an action plan that you think will help reduce your symptoms when they have progressed to this point. Some ideas for an action plan are—

* call my doctor or other health care professional, ask for and follow his or her instructions
* call and talk for as long as necessary to my supporters
* arrange for someone to stay with me around the clock until my symptoms subside
* make arrangements to get help right away if my symptoms worsen
* make sure I am doing everything on my daily check list
* arrange and take at least three days off from any responsibilities
* have at least two peer counseling sessions
* do three deep-breathing relaxation exercises
* write in my journal for at least half an hour
* schedule a physical examination or doctor appointment or a consultation with another health
* care provider
* ask to have medications checked

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**Crisis Planning**

In a crisis, you may feel as if you are totally out of control. Writing a clear crisis plan when you are well, to instruct others about how to care for you when you are not well, helps you maintain responsibility for your own care. It will keep your family members and friends from wasting time trying to figure out what to do for you. It relieves the guilt that may be felt by family members and other caregivers who may have wondered whether they were taking the right action. It also insures that your needs will be met and that you will get better as quickly as possible.

You need to develop your crisis plan when you are feeling well. However, you cannot do it quickly. Decisions like this take time, thought, and often collaboration with health care providers, family members and other supporters.

Over the next few pages, information and ideas that others have included in their crisis plans will be shared. It can help you develop your own crisis plan.

The crisis plan differs from the other action plans in that it will be used by others. When writing a crisis plan, you need to make it clear, easy to understand, and legible. While you may have developed other plans rather quickly, this plan is likely to take more time. Don’t rush the process. Work at it for a while, then leave it for several days and keep coming back to it until you have developed a plan you feel has the best chance of working for you. Once you have completed your crisis plan, give copies of it to the people you name in this plan as your supporters.

**Feeling well**

Write what you are like when you are feeling well. You can copy it from your Daily Maintenance Plan. This can help educate people who might be trying to help you. It might help someone who knows you well to understand you a little better, for someone who doesn’t know you well—or at all—it is very important.

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**Symptoms**

Describe symptoms that would indicate to others that they need to take over responsibility for your care and make decisions on your behalf. This is hard for everyone. No one likes to think that someone else will have to take over responsibility for his or her care. Yet, through a careful, well-developed description of symptoms that you know would indicate to you that you can’t make smart decisions anymore, you can stay in control even when things seem to be out of control. Allow yourself plenty of time to complete this section. Ask your friends, family members, and other supporters for input, but always remember that the final determination is up to you. Be very clear and specific in describing each symptom. Don’t just summarize; use as many words as it takes. Your list of symptoms might include—

* being unable to recognize or correctly identify family members and friends
* uncontrollable pacing; inability to stay still
* neglecting personal hygiene (for how many days?)
* not cooking or doing any housework (for how many days?)
* not understanding what people are saying
* thinking I am someone I am not
* thinking I have the ability to do something I don’t
* displaying abusive, destructive, or violent behavior, toward self, others, or property
* abusing alcohol and/or drugs
* not getting out of bed (for how long?)
* refusing to eat or drink

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**Supporters**

In this next section of the crisis plan, list these people who you want to take over for you when the symptoms you listed in the previous section arise. Before listing people in this part of your plan though, talk with them about what you’d like from them and make sure they understand and agree to be in the plan. They can be family members, friends, or health care providers. They should be committed to following the plans you have written. When you first develop this plan, your list may be mostly health care providers. But as you work on developing your support system, try to add more family members and friends because they will be more available.

It’s best to have at least five people on your list of supporters. If you have only one or two, when they go on vacation or are sick, they might not be available when you really need them. If you don’t have that many supporters now, you may need to work on developing new and/or closer relationships with people. Ask yourself how best you can build these kinds of relationships. Seek new friends by doing things such as volunteering and going to support groups and community activities.

Many people like to include a section that describes how they want possible disputes between their supporters settled. For instance, you may want to say that if a disagreement occurs about a course of action, a majority of your supporters can decide or a particular person will make the determination. You also might request that a consumer or advocacy organization become involved in the decision making.

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**Health care providers and medications**

Name your physician, pharmacist, and other health care providers, along with their phone numbers. Then list

the following—

* the medications you are currently using, the dosage, and why you are using them
* the medications you would prefer to take if medications or additional medications became necessary—
* like those that have worked well for you in the past—and why you would choose those
* the medications that would be acceptable to you if medications became necessary and why you
* would choose those
* the medications that must be avoided—like those you are allergic to, that conflict with another

medication, or cause undesirable side effects—and give the reasons they should be avoided.

Also list any vitamins, herbs, alternative medications (such as homeopathic remedies), and supplements you are taking. Note which should be increased or decreased if you are in crisis, and which you have discovered are not good for you.

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**Treatments**

There may be particular treatments that you like in a crisis situation and others that you would want to avoid. The reason may be as simple as “this treatment has or has not worked in the past,” or you may have some concerns about the safety of this treatment. Maybe you just don’t like the way a particular treatment makes you feel. Treatments here can mean medical procedures or the many possibilities of alternative therapy, (such as injections of B vitamins, massages, or cranial sacral therapy). In this part of your crisis plan, list the following—

* treatments you are currently undergoing and why
* treatments you would prefer if treatments or additional treatments became necessary and why you would choose those
* treatments that would be acceptable to you if treatments were deemed necessary by your support team
* treatments that must be avoided and why

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**Planning for your care**

Describe a plan for your care in a crisis that would allow you to stay where you like. Think about your family and friends. Would they be able to take turns providing you with care? Could transportation be arranged to health care appointments? Is there a program in your community that could provide you with care part of the time, with family members and friends taking care of you the rest of the time? Many people who would prefer to stay at home rather than be hospitalized are setting up these kinds of plans. You may need to ask your family members, friends, and health care providers what options are available. If you are having a hard time coming up with a plan, at least write down what you imagine the ideal scenario would be.

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**Treatment Facilities**

Describe the treatment facilities you would like to use if family members and friends cannot provide you with care, or if your condition requires hospital care. Your options may be limited by the facilities available in your area and by your insurance coverage. If you are not sure which facilities you would like to use, write down a description of what the ideal facility would be like. Then, talk to family members and friends about the available choices and call the facilities to request information that may help you in making a decision. Also include a list of treatment facilities you would like to avoid—such as places where you received poor care in the past.

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**What you need from others**

Describe what your supporters can do for you that will help you feel better. This part of the plan is very important

and deserves careful attention. Describe everything you can think of that you want your supporters to do

(or not do) for you. You may want to get more ideas from your supporters and health care professionals.

Things others could do for you that would help you feel more comfortable might include—

listen to me without giving me advice, judging me, or criticizing me hold me (how? how firmly?)

let me pace encourage me to move, help me move

lead me through a relaxation or stress reduction technique peer counsel with me

provide me with materials so I can draw or paint give me the space to express my feelings

don’t talk to me (or do talk to me) encourage me and reassure me

feed me nutritious food play me good music (list the kind)

make sure I take my vitamins and other medications play me comic videos

just let me rest buying groceries

watering the plants feeding the pets

taking care of the children paying the bills

taking out the garbage or trash doing the laundry

You may also want to include a list of things that you do not want others to do for you—things they might otherwise do because they think it would be helpful, but that might even be harmful or worsen the situation. These might include—

forcing you to do anything, such as walking scolding you

becoming impatient with you taking away your cigarettes or coffee

talking continuously

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**Recognizing recovery**

In the last part of this plan, give your supporters information on how to recognize when you have recovered

enough to take care of yourself and they no longer need to use this plan. Some examples are—

* when I am eating at least two meals a day
* when I am awake for six hours a day
* when I am taking care of my personal hygiene needs daily
* when I can carry on a good conversation
* when I can easily walk around the house

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You have now completed your crisis plan. Update it when you learn new information or change your mind about things. Date your crisis plan each time you change it and give revised copies to your supporters.