



WRAP for WORK:

Recovery at Work

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WORKBOOK

To be used in conjunction with the
Wellness Recovery Action Plan
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Foreword

Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP) is a valuable and important tool for personal recovery. Identifying tasks for daily personal maintenance, managing triggers and early warning signs, and preparing crisis plans helps give us control over our illnesses. The more we know about the things that trigger and support us, the more power we have to create lives of meaning and fulfillment.

The world of work offers unique recovery opportunities and challenges. Studies show positive outcomes for mental health consumers who participate in competitive employment. Work brings new issues to manage in recovery. This workbook will help you create a wellness recovery action plan (WRAP for Work) that specifically relates to work issues. It is recommended that you complete a personal WRAP prior to this workbook so that you can think about how that information affects and relates to your work life.

I. Wellness Toolkit

The WRAP for WORK toolkit offers questions to help you think about how to maintain your wellness and recovery at work. These questions may help you gain a clearer understanding of what you are like at work on good and bad days and identify what you can do to have more good days at work. Refer to this toolkit when completing other sections of your WRAP for WORK plan.

When I am feeling good and performing well at work:

My thinking is _____? (i.e. clear, focused, better at making decisions, more positive, good memory and recall, organized, etc.)

I feel _____ (i.e. competent, optimistic, valued, responsible, cheerful, friendly, etc.) _____

How do you relate to your boss and coworkers? (i.e. friendly, feel comfortable asking questions, communicate clearly, ask for and offer support, etc.) _____

I am really good at performing these sorts of tasks: _____

I take care of myself at work by..._____ (i.e. eating healthy, going for walks on breaks, maintaining a task list, keeping my work area organized, talking to supportive people, displaying inspiring quotes or pictures, etc.)

I take care of myself during non-work hours by _____ (i.e. getting enough sleep, preparing healthy meals, exercising, talking to friends, keeping work clothes organized, getting up early enough to do morning tasks, not getting upset if tied up in traffic, etc.) _____

When I am feeling bad and not performing well at work:

My thinking is..._____ (i.e. fuzzy, more negative, harder to focus, trouble remembering things, more critical of other people, easily distracted, racing thoughts, etc.) _____

I feel _____ (i.e. overwhelmed, confused, worthless, helpless, unsupported, etc.) _____

How do you relate to your supervisor and coworkers? (i.e. irritated, superficial, over-react to criticism, stop asking questions, think people are mad at me, avoid them, etc.) _____

It is really hard to perform these sorts of tasks: (i.e. math, talking to people, reading, taking directions, telling others what to do, filing paperwork on time, etc.)

Some things that do not help me feel and perform better are _____
(i.e. self-medicating, worrying about how others feel about me, withdrawing and not expressing myself, focusing on my negative self talk, never being wrong, etc.) _____

I can feel better sometimes by doing these things at work _____
(i.e. asking a coworker to give me feedback about my work, prioritizing my work tasks, talking to a support person, going for a walk, doing a task better than is expected, etc.) _____

I can do these things at home to make the next workday better _____
(i.e. going to bed early, exercising hard, talking to a support person, doing something fun, getting advice from friends and family, helping someone else in need, etc.) _____

What other things affect the way you work or feel about your co-workers?

II. Daily Maintenance Plan for Work

Your daily maintenance plan may change over time, as you meet different levels of stress and find out about what works and doesn't work to maintain your recovery at work. Your personal WRAP and toolkit may help you develop your daily maintenance plan for work.

Some things I could do each day AT HOME to perform well at work _____
(i.e. go to bed and get up on time, have work clothes set out the night before, eat breakfast, prepare a healthy lunch, positive self-talk, etc.).

Some things I could do each day AT WORK to perform well are (i.e. make a "to do" list, smile, read and respond to emails twice a day, check in with boss and coworkers, ask for clarification if needed, listen to others, keep workspace organized, etc.) _____

III. Triggers

Triggers are **upsetting events** that occur in our work or personal lives and start symptoms, feelings or behaviors that block us from doing well at work. Think about what happens **before the feelings and behaviors occur**. Once you know what your triggers are, you can plan to avoid trigger situations or do self-care steps if you can not.

What has happened or could happen at work that might trigger you? (i.e. feeling overwhelmed, being criticized, dealing with someone who reminds you of an abuser, making a mistake, having to do a task you're not good at, etc.)

Do you notice any small problems that could turn into triggers at work?

I can do these things to avoid these triggers in the future: _____
(i.e. discuss my sensitivity with the person who triggers me (if they are safe), talk to a support person about how to desensitize myself or deal with the situation; ask my boss to make accommodations so I am not triggered as much, etc.)

If these triggers occur, some things I can do are _____
(i.e. journal, go for a walk, breathe deeply, talk to a support person or co-worker, challenge and reprogram negative self talk, etc.) _____

What triggers in your personal life might increase stress and affect your ability to do well at work? (i.e. change in living arrangements or relationships, family visits or disagreements, alcohol or drug use, watching a movie that reminds you of a traumatic or disturbing event, etc.)

I can know if triggers from my personal life are affecting my work if .
(i.e. hard to get out of bed, not sleeping well, unable to complete tasks on daily work maintenance plan, frequent headaches or physical complaints, etc.)

What can you do to manage triggers from your personal life so they don't affect your performance at work? (i.e. view work as an opportunity to get away from home triggers for a while, talk to a support person, don't accept personal phone calls at work that might upset you, etc.) _____

IV. Early Warning Signs

Early warning signs are internal and may be unrelated to reactions to stressful situations. In spite of our best efforts at reducing symptoms, we may begin to experience early warning signs, subtle signs of change that indicate we may need to take some further action.

What early warning signs might you see at work that would indicate that you need to take further action? (i.e. arrive to work late or not at all, easy tasks seem hard, feel incompetent, can't concentrate, jump from task to task, feel angry and impatient with others, weepy, etc.) _____

How might these warning signs appear to your boss or coworkers? (i.e. undependable, lazy, bossy, angry, incompetent, hard to deal with, etc. Would it be safe to talk to them about it?) _____

If you use alcohol or drugs, how do they affect your ability to do your job? (i.e. heightened sense of competence or confidence, apathy, foggy thinking, slow reflexes, inaccurate perceptions, easily irritated, less critical, low energy, etc.)

What could you do at work to prevent your symptoms from getting worse? (i.e. talk to your boss, coworkers and/or support team, ask for someone to answer your phone calls, ask for more breaks at work, ask for an adjusted schedule, take several days off, make sure you're doing everything on your daily maintenance plan, stay busy, etc.) _____

V. When Things are Breaking Down

Symptoms can get to the point where they are very uncomfortable, serious or even dangerous, no matter how hard you try. **Immediate and specific action needs to be taken in order to prevent a crisis or loss of control.** You can do things that will help yourself feel better and keep yourself safe, even if you feel terrible or if others are concerned about your safety.

When things are breaking down at work I _____? (i.e. am afraid to go into work, afraid to speak to boss or coworkers, feel very needy, feel oversensitive and fragile, substance abuse at work, suspicious, obsessed with negative thoughts, avoid or block feelings, seek risk-taking behaviors, act irrationally, takeout anger on others, can't keep track of what I'm supposed to be doing, have frequent thoughts of resigning, thoughts of self-harm or harming others, etc.) _____

When my symptoms have progressed to this point, I can reduce my symptoms by _____ (i.e. seeking and following the advice of a trusted healthcare provider, calling and talking as long as necessary to a support person, arranging for someone to stay with me until my symptoms subside, doing everything on my daily maintenance plan, adding extra things from my wellness toolkit, exercising, doing relaxation exercises, etc.) _____

VI. Crisis Planning

No one wants to experience a crisis at work. If we make plans when we are well, we have more control over situations and make it easier for others around us.

What symptoms would indicate to your coworkers that someone needs to take responsibility for your care or make decisions on your behalf? (i.e. uncontrollable pacing, inability to stay still, thinking you are someone you are not, thinking you have the ability to do something that you do not, displaying abusive, destructive or violent behavior toward your self, others or property, abusing alcohol and/or drugs, etc.)

Who would you like to support you while you are in crisis at work?

Name	Phone Numbers
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Who at work do you not want to support you while you are in crisis?

Describe how you want each person to support you: (i.e. call a supportive family member, friend, or healthcare provider, call a therapist, take you to a specific hospital or other safe place where you can get the care described in your personal WRAP, cancel any scheduled appointments, take over your work load, triage your emails, arrange for extended sick leave, notify appropriate people at work, etc.)

What information do you need to provide to each supporter so they can help you in the way that you request? (i.e. give them a copy of your personal WRAP crisis plan, complete with names, phone numbers, addresses, and specific information about health care providers and medications; tell them where you keep keys or passwords to voicemail and computer; help them understand your task list; tell them how to access your appointment book; write simple instructions for tasks that must be done in your absence; orient them to your work space, etc.)

How will you and others know when you are ready to return to work? (i.e. you've been doing your personal daily maintenance plan for a specific (you determine) length of time; you're comfortable running errands and interacting with people; you can focus for a certain period of time (you determine); etc.)

What support and/or accommodations might be helpful when you return to work? (i.e. shorter work days, a lighter work load, help prioritizing work, a meeting with boss and coworkers to talk about your crisis and help them understand how to best support you now, etc.) _____

VII. Post Crisis Plan

When the crisis at work is over, it is important to focus on recovering and moving on. Planning and learning from the crisis experience is useful at this point.

I will know that I am “out of crisis” and ready for post-crisis planning and re-assuming work responsibilities when I can

When I have recovered from my crisis, I would like to feel

What do I need to do now to prevent having problems because of my recent crisis? What can I do at a later time, and when will I do it?

NOW

LATER

I would like the following people to help and/or support me during this post-crisis time:

Name	Phone number	Relationship	What they could do to help
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What people and things do I need to avoid while I am recovering from my recent work crisis?

It would be useful do these things every day while recovering from my crisis at work:

How will I know if I am beginning to feel bad or am in risk of returning to a crisis phase? (i.e. worry, tearfulness, anxiety, trouble sleeping, tardiness, etc.)

What wellness tools can I use if I start to feel bad or am in risk of having another crisis at work? (Make a star next to those you must do.)

What have I learned from my crisis-at-work?

What changes do I want to make in my life as a result of what I have learned?

How do I intend to make these changes?

Resuming Responsibilities (use the space below to list who has been helping you while you were in your crisis-at-work, what they were doing for you and how you plan to return to these duties.)

Responsibility #1

What? _____

Who was helping? _____

Plan for resuming responsibility

Responsibility #2

What? _____

Who was helping? _____

Plan for resuming responsibility

Responsibility #3

What? _____

Who was helping? _____

Plan for resuming responsibility

Using your Plan

Creating a **WRAP for Work** plan will help to support your recovery at work. It's important to keep your plan handy as a reminder and so you can change it as you learn more about what you need to do to maintain your wellness on a daily basis. It's also very important to give a copy of your crisis plan to your chosen supporters at work, making sure they understand what you need from them in the event of a crisis. Planning for the best and the worst is an admirable and worthwhile effort that will help you recover and create the life you desire.

Happy working recovery!

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This workbook includes revisions of the EWRAP Workbook draft by Mary Shuman/Appalachian Consulting Group (April 2004) for the Depression and Bipolar Support Alliance and The Wellness and Recovery Action Plan Workbook by Julie Spores, Ike Powell and Lynn Thogersen (January 2005), Their hard work, help and support was invaluable in the creation of this guide.

This Workbook Belongs To:

Name

Address

City

State

Zip Code

Telephone Number

If this workbook is found, please return to me at the above address. Thank you.

I created this plan on (date) _____

With the help of _____

Any plan with a more recent date supersedes this one.

Signed _____ Date _____

Witness _____ Date _____

Witness _____ Date _____



This Workbook was compiled by Randy Tucker
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