Action Planning

for Prevention and Recovery

A Self-Help Workbook





The Community Care Steps of Hope program is providing this workbook* to assist you in making a behavioral health action plan for prevention and recovery. People with a written action plan report that by being prepared and taking steps as necessary, they feel better more often and have improved the overall quality of their lives.

An action plan for prevention and recovery works because it is easy to develop and easy to use. YOUR plan—developed by you with assistance and support from others—directly addresses the feelings, symptoms, circumstances, and events that are most troubling to you and lists actions to respond to them. Sharing your written plan with your supporters and health care providers will ensure that your wishes are carried out.

You may want to review and revise your plan as you learn new things about yourself and ways you can help yourself feel better. You may want to carry this plan, or parts of it, with you so you can refer to it if triggers or symptoms come up when you are away from home.

People who have an action plan usually find that they have fewer difficult times, and that when they do have a hard time, it's not as bad as it used to be and doesn't last as long. A plan of action will renew your sense of hope that things can and will get better. You have control over your life and the way you feel. Start planning!

* This workbook was designed to be used independently or with "Action Planning for Prevention and Recovery, A Self-Help Guide," produced by the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), and prepared by Mary Ellen Copeland, MS, MA, under contract number 99M005957. Acknowledgement is given to the many mental health consumers who worked on this project offering advice and suggestions.



Develop a Wellness Toolbox. List the things you use to help yourself feel better when you are having a hard time. Ideas for your Wellness Toolbox include eating healthy, drinking plenty of water, getting to bed at a good regular time, doing something you enjoy, exercising, doing a relaxation exercise, writing in your journal, talking to a friend, and taking medications, as well as vitamins, and other food supplements. Ask your friends and family members for suggestions and look into self-help resource books. The toolbox works best if you have a lot of choices. Continue over time to add ideas to your Wellness Toolbox and cross off ideas that no longer work for you.

MY WELLNESS TOOLBOX

MY WELLNESS TOOLBOX (continued)

Remember to review your plan regularly. Cross out items that stop working for you and add new items as you think of them. Tear out pages and/or use extra sheets if you need them. You will be surprised how much better you feel after taking these positive steps on your own behalf.

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

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WHEN I AM FEELING WELL	B 1 aily
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Dreams and Goals. Make a list of goals you could work toward. Write down far-fetched and easily achievable ones. Then write the steps to take to achieve them. Make these steps part of TAB 1 Daily Maintenance Plan your daily maintenance plan. DREAMS/GOALS **STEPS TO TAKE**

Daily List. Describe the things you need to do every day to maintain your wellness. Use your Wellness Toolbox for ideas. Don't write so many things 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. Examples of things to write include: eat three healthy meals and three healthy snacks; drink at least 8 ounces 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; write in my journal; spend at least half an hour enjoying an activity; and check in with my partner and with myself.

Wellness Toolbox for ideas. Don't write so many things 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. Examples of things to write include: eat three healthy meals and three healthy snacks; drink at least 8 ounces 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; write in my journal; spend at least half an hour enjoying an activity; and check in with my partner and with myself.	Daily Maintenance Plan
THINGS I MUST DO TO MAINTAIN WELLNESS	

TAB 1 Daily Maintenance Plan	Reminder List. Make a reminder list for yourself of things you <i>might</i> need to do. Check the list each day to be sure that you do those things that you need to do sometimes to keep yourself well. Remembering important but occasional tasks will help you avoid the stress that comes from forgetting. Include things on this list such as: set up an appointment with one of my health care professionals; spend time with a friend or be in touch with my family; do peer counseling; do some housework; buy groceries; do the laundry; have some personal time; plan something fun; write some letters; and go to a support group.
	DO I NEED TO?

Identifying Triggers. Write down those things that, if they happen, might increase your symptoms. They might be things that triggered your symptoms in the past. Continue to add triggers to your list as you become aware of them. Some examples of common triggers are: anniversary dates of losses or trauma; frightening news events; feeling overwhelmed; family friction; the end of a relationship; spending too much time alone; being judged, criticized, teased, or put down; financial problems; physical illness; sexual harassment; being yelled at; exposure to anything that makes you uncomfortable; being around someone who has treated you badly; and certain smells, tastes, or noises.

TRIGGERS	
	TAB 2 Triggers
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Triggers Action Plan. List what you can do if a trigger comes up to comfort yourself and keep your reactions from becoming more serious symptoms. Include tools that have worked for you in the past and new ideas. Refer back to your Wellness Toolbox. Your plan might include: make sure I do everything on my daily maintenance list; call a support person and talk through the situation; do a relaxation exercise; spend at least a half hour writing in my journal; exercise; pray; work on a fun activity for an hour. Keep looking for and trying new ideas until you find what is the most helpful. Learn new tools in workshops and lectures, by reading self-help books, and by talking to providers and others who experience similar symptoms.

	TRIGGERS ACTION PLAN
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Identify Early Warning Signs. List early warning signs you noticed in yourself in the past. How do you feel when you know you are not feeling quite right? How did you feel right 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: anxiety; nervousness; forgetfulness; inability to experience pleasure; lack of motivation; feeling slowed down or speeded up; being uncaring; avoiding others; being obsessed with something that doesn't really matter; irrational thought patterns; feeling unconnected to your body; increased irritability or negativity; and changes in appetite.

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	TAB 3 Early Warning Signs
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Early Warning Signs Action Plan. Develop a plan for responding to your early warning signs. Refer to your Wellness Toolbox for ideas. Some of the things you list may be the same as those you wrote on your Triggers Action Plan. **If you notice these symptoms, take action while you still can.** The following is a sample plan for dealing with early warning signs: do my daily maintenance tasks whether I feel like it or not; tell a supporter how I am feeling; do at least three relaxation exercises daily; write in my journal at least 15 minutes every day; do an activity I enjoy at least an hour every day; and ask others to take over my household responsibilities for the day. Revise or re-write your list until you have a plan that helps you feel better.

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When Things Are Breaking Down or Getting Worse. Make a list of symptoms that tell you that things are getting worse. **Remember that symptoms and signs vary from person to person.** What may mean "things are getting much worse" to one person may mean "crisis" to another. Your signs or symptoms might include: feeling 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 anger out on others; chain smoking; and eating too much.

WHEN THINGS ARE BREAKING DOWN	
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	TAB 4 When Things are Breaking Down

		Action Plan for When Things are Breaking Down or Getting Worse. Write an action plan that you think will help reduce your symptoms when they have progressed to this point. The plan now needs to be very direct, with fewer choices and very clear instructions. Some ideas for an action plan are: call my health care professional; talk to my supporters; arrange for someone to stay with me until my symptoms subside; get help right away if my symptoms worsen; do everything on my daily checklist; take time off from any responsibilities; have at least two peer counseling sessions; do three relaxation exercises; and ask to have medications checked. Always look for new tools that might help you through difficult situations. Revise your plan as needed.
		ACTION PLAN TO REDUCE SYMPTOMS
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TAB 4	When Things are Breaking Down	
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In spite of your best planning and assertive action on your own behalf, you could find yourself in a situation where others will need to take responsibility for your care. A written clear crisis plan instructs others how to care for you when you are not well and helps you maintain responsibility for your own care.

Part 1. Feeling Well. Write what you are like when you are well. You can copy from your Daily Maintenance Plan. This can educate the people trying to help you. Writing down what you are like when you are well might help someone who knows you well understand you a little better, and for someone who doesn't know you well—or at all—it is very important.

PART 1. FEELING WELL	
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Part 2. Symptoms. Describe symptoms that would indicate to others that they need to be responsible for you and make decisions on your behalf. A careful, well-developed description of symptoms that indicate that you can't make smart decisions anymore will allow you to stay in control. Be very clear and specific. Your list might include: being unable to recognize or identify family and friends; uncontrollable pacing; inability to sit still; neglecting personal hygiene (for how many days?); not cooking or doing housework (for how many days?); not understanding what people are saying; thinking I am someone I am not, or that I have the ability to do something I don't; displaying abusive, destructive, or violent behavior; and substance abusing.

PART 2. SYMPTOMS	

Crisis Planning

Part 3. Supporters. List the people you want to take over for you when the symptoms you listed in the previous section arise. Before you list someone, talk with him or her about your plan and what you'd like from them. Make sure they understand and agree to be in the plan. Include the family members, friends, or heath care providers who are committed to following your written plan. List at least five people to make sure you have enough help available when you need it. You may want to list the people you don't want to be involved in your care and include a section that describes how to settle possible disputes between supporters.

PART 3. SUPPORTERS	

Part 4. Health Care Providers and Medications. List the information related to your providers and your medications as described below. Use more paper if needed.

PART 4. HEALTH CARE PF	ROVIDERS AND MEDICATIONS
Physician:	Phone:
Pharmacist:	Phone:
Other Health Care Provider:	Phone:
Other Health Care Provider:	Phone:
Other Health Care Provider:	Phone:
List the medications you are currently using	, the dosage, and why you are using them:
List medications you would prefer to take if m necessary—like those that have worked well for	nedications or additional medications became for you in the past—and why you would choose them

PART 4. HEALTH CARE PROVIDERS AND MEDICATIONS (continued)

List the medications that would be **acceptable** to you if medications became necessary and why you would choose them:

List 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 why:

List any vitamins, herbs, alternative medications, and supplements you are taking. Note which should be increased/decreased if you are in crisis, and which are not good for you.

Part 5. Treatments. The word "treatment" here means medical procedures or the many possibilities of alternative therapy (such as vitamin B injections, massages, or cranial sacral therapy).	
PART 5. TREATMENTS	
List the treatments you are currently undergoing and why:	

List the treatments you would prefer if treatments or additional treatments became necessary and why you would chose those:

PART 5. TREATMENTS (continued)	
List the treatments that would be acceptable to you if treatments were deemed necessary by your support team:	
List the treatments that must be avoided and why:	
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Part 6. Planning For Your Care. Describe a plan for your care in a crisis that would allow you to stay where you'd like. Think about your family and friends. Would they be able to take turns providing you with care? Maybe you would like a community program to take care of you part of the time, with your family and friends to care for you the rest of the time. Consider things like transportation and the accessibility of community programs when you make your plan. Ask your family, friends, and 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.

PART 6. PLANNING FOR YOUR CARE

Crisis Planning

Part 7. Treatment Facilities. Describe the treatment facilities you would like to use if family members and friends cannot care for you, or if your condition requires hospital care. Your choices may be limited by the facilities available in your area and by your insurance coverage. If you aren't sure which facilities you would like to use, write down a description of what the ideal facility for you would be like. Request information about potential facilities to help you make 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.

PART 7. TREATMENT FACILITIES	
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Part 8. 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 ideas from your supporters and health care professionals.

PART 8. WHAT YOU NEED FROM OTHERS

List the things others could do for you that would help you feel more comfortable, like listen to me without giving me advice, judging, 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; encourage and reassure me; and play music for me.

PART 8. WHAT YOU NEED FROM OTHERS (continued)

Include a list of specific tasks you would like others to do for you, whom you would like to do which task, and any specific instructions they might need. Tasks might include: taking care of the children; buying groceries; feeding the pets; watering the plants; paying the bills; taking out the garbage or trash; and doing the laundry. Include instructions on how you want to be treated by your caregivers, such as "kindly, but firmly."

You may want to list things that you want others NOT to do for you, such as forcing you to walk, scolding, being impatient, taking away your cigarettes or coffee, or talking continuously.

Part 9. Recognizing Recovery. 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; and when I can easily walk around the house.

PART 9. RECOGNIZING RECOVERY

Crisis Planning

You've now completed your action plan for prevention and recovery. Review it regularly. Update it when you learn new information or change your mind about things. Date your plan each time you change it and give revised copies to your supporters. Signing your plan in the presence of two witnesses may ensure that your plan will be followed.

Having a strong team of supporters is so important. Distributing your crisis plan to your supporters and discussing it with them is absolutely essential to your safety and well-being.

The Community Care Steps of Hope program is built on the idea that recovery can and does happen. Steps of Hope staff can help you find hope on your road to recovery. To learn more about Steps of Hope, call (toll-free) 1-866-225-8044.

Community Care is a recovery-oriented nonprofit behavioral health managed care organization that manages mental health as well as drug and alcohol services primarily for individuals receiving Medical Assistance. Part of the UPMC Insurance Services Division, Community Care's mission is to improve the health and well-being of the community through the delivery of effective and accessible behavioral health services. Visit www.ccbh.com.







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