Breakout 7 — Monday: Wellness Toolbox and Daily Maintenance

One sentence for the board: Nobody knows your wellness better than you do — WRAP turns that knowledge into a written plan, in your own words, before you need it.

Purpose	Teach the first half of the WRAP framework as recovery education — the Wellness Toolbox and the Daily Maintenance Plan — and give every participant supported time to draft those parts. Teach the parts assigned to the day in depth and name the rest briefly, so a client who attends only one session still hears where it sits in the whole plan. Personal WRAP plans belong to the participant and stay with the participant.
Who chooses this group	Curriculum groups meet separately for men and for women. Breakout groups are coed unless otherwise specified. Placement for participants who do not fit a men/women split follows the participant's stated preference, confirmed with staff for safety and privacy. Nothing about a participant's placement is disclosed to the group. Any participant. Especially valuable for participants approaching transitions, passes, or discharge, and for any participant who wants their hard-won knowledge of their own warning signs written down where they can use it. No participant is asked to share the contents of their plan in group. The stated preference stands unless a stated safety reason requires a private conversation. Safety and privacy are the only criteria.
Length	60 minutes
Materials	Paper and pens for every client, whiteboard or flip chart and markers, and the topic resources named in this outline

Time	Segment	What happens
0–5 min	Welcome	Ground rules, confidentiality limits, right to pass. State plainly at the start: your WRAP is yours — drafts stay with you and are never collected.
5–30 min	Teaching	The Wellness Toolbox and the Daily Maintenance Plan, in depth, on the board; the Thursday parts named briefly. Teach the parts assigned to the day in depth and name the rest briefly, so a client who attends only one session still hears where it sits in the whole plan.
30–45 min	Discussion	Prompts below. General examples only — no one is asked to share their plan's contents.
45–55 min	Practice — draft your Toolbox and Daily Maintenance Plan	Participants start their own draft: the Wellness Toolbox, the “when I am well” description, and daily actions. Drafts stay with the participant.
55–60 min	Close	Takeaways, and a note of Thursday's sitting for participants building the later parts.

Teaching points

- **Where WRAP comes from.** WRAP — the Wellness Recovery Action Plan — was developed by Mary Ellen Copeland, working with people who had lived experience of mental health challenges, and is carried forward by the Copeland Center for Wellness and Recovery. It is a self-designed plan: the person it protects is the person who writes it. WRAP starts from strengths, not deficits. This group teaches the framework as recovery education and starts the drafting. A full WRAP is built and revised over time; it is not finished in one session, and it is never finished for good — it changes as you learn.
- **Wellness Toolbox.** The toolbox comes first because every later part of the plan draws from it. It is your personal list of things that help you stay well or feel better — people to contact, rest, food, movement, music, writing, time outside, meetings, and anything else that genuinely

works for you. If it helps and it is safe, it belongs in the toolbox, whether or not it would help anyone else.

- **Daily Maintenance Plan.** Two parts. First, a plain description of what you are like when you are well — how you feel, act, and spend your day — written while you are well enough to recognize it. Second, the daily wellness actions that keep you there: the toolbox tools you use every day, plus the ordinary responsibilities you handle daily. On a hard day, this page answers the question: what does a well day for me actually require?
- **The rest of the framework, named briefly.** Thursday teaches the rest, in order: Triggers; Early Warning Signs; When Things Are Breaking Down; Crisis Plan; Post-Crisis Plan. A participant who attends only Monday still hears where each part sits in the whole plan.

Discussion prompts

- "What is in your Wellness Toolbox already — including things you use without calling them tools?"
- "What are you like when you are well, in ordinary words? What would someone who knows you say?"

Practice — draft your Toolbox and Daily Maintenance Plan (10 minutes, your plan stays with you)

1. Start your Wellness Toolbox: list at least five things that help you stay well or feel better.
2. Write your "when I am well" description: three to five plain sentences someone who knows you would recognize.
3. List your daily wellness actions: the toolbox tools and daily responsibilities that keep a well day well.
4. Note which Thursday part you most want to draft on Thursday — triggers, early warning signs, or the supporters you would name in a crisis plan — and bring this draft on Thursday.
5. Keep your draft. It is yours. Nothing written in this practice is collected, copied, or kept by the facilitator or the program.

Facilitator boundaries — WRAP

- **The plan belongs to the client.** Facilitators do not collect, copy, photograph, file, or keep a client's WRAP or draft, and never require a client to show or share any part of it. A client may choose to share a Crisis Plan with supporters or staff — that choice, and exactly what is shared, is the client's.
- **Teach it as education.** This session is recovery education that teaches the WRAP framework and starts personal drafting. It is not a Copeland Center WRAP seminar and does not certify anyone — participant or facilitator — in WRAP. Do not present yourself as a certified WRAP facilitator unless you hold that credential.
- **Care is never replaced.** A WRAP supports a client's care; it does not replace their treatment plan, medication, or clinical support, and it never delays help. If a client is in crisis in the room,

follow program procedure and connect them to staff the same day. The plan is preparation — it is not how an emergency in group is managed.

- **Warrior close:** Close with ownership: “Nobody here needs permission to know themselves. You know what keeps you well and what knocks you down — now it is getting written, in your words, where future-you can find it. That is a warrior's preparation.”
- **Escalation.** See the escalation box at the front of this packet and the Facilitator Guide crisis protocol.

How the plans fit together. A licensed counselor completed an assessment, safety plan, and treatment plan before the first group. The safety plan reviewed in Session 8 is the Appendix A / Handout 1 plan, and that counselor-completed safety plan governs in a crisis. The chain (Appendix C / Handout 4) is the participant's five-stage warning-sign worksheet — Drift; Setup / denial; High-risk situation; Craving / decision point; Use — carried by the participant to spot trouble early. A WRAP Crisis Plan is the participant's own written preferences for supporters; it supplements the counselor's safety plan and never replaces it. A WRAP is never collected: facilitators do not collect, copy, photograph, file, or keep it.

Sources & Evidence

Clinical evidence: Copeland Center for Wellness and Recovery — originator and steward of the Wellness Recovery Action Plan (WRAP), developed by Mary Ellen Copeland with people with lived experience of mental health challenges. The seven parts taught in this outline — Wellness Toolbox; Daily Maintenance Plan; Triggers; Early Warning Signs; When Things Are Breaking Down; Crisis Plan; Post-Crisis Plan — follow the WRAP framework as the Copeland Center presents it. WRAP is recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice and was listed in NREPP in 2010; NREPP was discontinued in January 2018; the current resource is SAMHSA's Evidence-Based Practices Resource Center, which carries no NREPP ratings.

Recovery-support evidence: Cook, J. A., Copeland, M. E., Jonikas, J. A., et al. “Results of a Randomized Controlled Trial of Mental Illness Self-Management Using Wellness Recovery Action Planning.” Schizophrenia Bulletin, 38(4), 881–891 (2012) — in that trial of peer-led WRAP groups, participants reported greater reductions in psychiatric symptoms and greater improvements in hopefulness and quality of life than the comparison group, sustained at six-month follow-up. A further randomized trial by Cook and colleagues reported reduced self-reported need for and use of formal mental health services among WRAP participants over time. This outline teaches the framework as one hour of group education; it does not reproduce the studied multi-session, peer-led WRAP format, and, like every group in this packet, it promises no outcome.

Note: No outcome is promised for any group in this packet.

Breakout 7 — Thursday: Triggers, Warning Signs, Crisis Planning, and Post-Crisis Plan

One sentence for the board: You can spot trouble early and plan for it while you are well — including what supporters should do if you cannot speak for yourself.

Purpose	Teach the second half of the WRAP framework as recovery education — Triggers, Early Warning Signs, When Things Are Breaking Down, the Crisis Plan, and the Post-Crisis Plan — and give every participant supported time to draft those parts. Teach the parts assigned to the day in depth and name the rest briefly, so a client who attends only one session still hears where it sits in the whole plan. Personal WRAP plans belong to the participant and stay with the participant.
Who chooses this group	Curriculum groups meet separately for men and for women. Breakout groups are coed unless otherwise specified. Placement for participants who do not fit a men/women split follows the participant's stated preference, confirmed with staff for safety and privacy. Nothing about a participant's placement is disclosed to the group. Any participant. Especially valuable for participants approaching transitions, passes, or discharge, and for any participant who missed Monday — the Thursday-first recap names Monday's parts. No participant is asked to share the contents of their plan in group. The stated preference stands unless a stated safety reason requires a private conversation. Safety and privacy are the only criteria.
Length	60 minutes
Materials	Paper and pens for every participant, whiteboard or flip chart and markers, and the

	topic resources named in this outline

Time	Segment	What happens
0–5 min	Welcome and Thursday-first recap	Ground rules, confidentiality limits, right to pass. Thursday-first recap (2 minutes within this segment): the Wellness Toolbox and Daily Maintenance Plan in brief, for anyone who missed Monday. State plainly: your WRAP is yours — drafts stay with you and are never collected.
5–28 min	Teaching	Triggers, early warning signs, when things are breaking down, the Crisis Plan, and the Post-Crisis Plan, in order, on the board. Teach the parts assigned to the day in depth and name the rest briefly, so a client who attends only one session still hears where it sits in the whole plan.
28–43 min	Discussion	Prompts below. General examples only — no one is asked to share their plan's contents.
43–55 min	Practice — draft the Thursday parts	Participants draft the Thursday parts: triggers, early warning signs, breaking-down actions, Crisis Plan preferences, and the Post-Crisis Plan. Drafts stay with the participant.
55–60 min	Close	Takeaways, the Monday catch-up note, and which WRAP sitting comes next.

Teaching points

- **Monday's parts, named briefly.** The Wellness Toolbox is the personal list of things that help you stay well or feel better, and the Daily Maintenance Plan describes what you are like when you are well plus the daily actions that keep you there. Thursday teaches the rest in depth.

- **Triggers.** Triggers are external events or circumstances that, if they happened, could make things worse — an argument, bad news, a loss, a bill, a place, an anniversary. Naming them in advance is not dwelling on them; it is reconnaissance. For each trigger, the plan names an action plan: the toolbox actions you will use if it happens, decided before the moment arrives.
- **Early Warning Signs.** Early warning signs are internal and subtle — changes in sleep, appetite, patience, thinking, or follow-through that tell you things are beginning to move the wrong way while you are still managing. They are easy to explain away in the moment, which is exactly why they are written down in advance. The plan pairs them with an action plan: the stronger daily actions you will take as soon as you notice them.
- **When Things Are Breaking Down.** This part names the signs that things are clearly getting worse — you are uncomfortable and at risk, but can still act on your own behalf with effort. The action plan here is firmer and more specific: which tools to use, which obligations to set down for now, who to tell, and what help to accept. The purpose is to take charge early enough that a crisis does not have to happen.
- **Crisis Plan.** The Crisis Plan is written while you are well, for a time when you may not be able to speak for yourself. It names your supporters and what you want them to do and not do, who should be contacted and who should not, your preferences for care and for help with responsibilities at home, and what has helped — and not helped — in past crises. Unlike the rest of the plan, this part is often shared with supporters on purpose, by your choice, so they can follow it.
- **Post-Crisis Plan.** Recovery after a crisis is planned, not improvised: what you need in the first days, who checks on you, how you ease back into daily responsibilities, what supporters can do that genuinely helps, and what you learned that should be folded back into the earlier parts of the plan. A crisis that teaches you something makes the whole plan stronger.

Monday catch-up: a participant who missed Monday is not behind. The Thursday-first recap names Monday's parts, and Monday's drafting is picked up at the next Monday sitting. Nothing is gated, and no participant waits to join Thursday.

Discussion prompts

- “Which is harder to spot in yourself: a trigger arriving from outside, or an early warning sign starting inside? What helps you catch each one?”
- “Who would you want named in a crisis plan — and what would you want them to know before a crisis, not during one?”
- “What should a Post-Crisis Plan hold for the first days after a crisis — and what did a past crisis teach that belongs in the earlier parts of the plan?”

Practice — draft the Thursday parts (12 minutes, your plan stays with you)

1. Draft your Triggers: name two external events or circumstances that could make things worse, and the toolbox action you will use for each.

2. Draft your Early Warning Signs: name two internal, subtle changes, and the stronger daily actions you will take as soon as you notice them.

3. Draft When Things Are Breaking Down: the signs that things are clearly getting worse, which tools you will use, which obligations you will set down, who you will tell, and what help you will accept.

4. Draft your Crisis Plan preferences: supporters and what you want them to do and not do, who should and should not be contacted, your preferences for care and for help with responsibilities, and what has helped — and not helped — in past crises. Sharing this part with supporters is your choice.

5. Draft your Post-Crisis Plan: what you need in the first days, who checks on you, how you ease back into daily responsibilities, and what you learned that should be folded back into the earlier parts of the plan.

6. Keep your draft. It is yours. Nothing written in this practice is collected, copied, or kept by the facilitator or the program.

Facilitator boundaries — WRAP (Thursday)

- **The plan belongs to the client.** Facilitators do not collect, copy, photograph, file, or keep a client's WRAP or draft, and never require a client to show or share any part of it. A client may choose to share a Crisis Plan with supporters or staff — that choice, and exactly what is shared, is the client's.
- **Teach it as education.** This session is recovery education that teaches the WRAP framework and starts personal drafting. It is not a Copeland Center WRAP seminar and does not certify anyone — participant or facilitator — in WRAP. Do not present yourself as a certified WRAP facilitator unless you hold that credential.
- **Care is never replaced.** A WRAP supports a client's care; it does not replace their treatment plan, medication, or clinical support, and it never delays help. If a client is in crisis in the room, follow program procedure and connect them to staff the same day. The plan is preparation — it is not how an emergency in group is managed.
- **Escalation.** See the escalation box at the front of this packet and the Facilitator Guide crisis protocol.
- **Warrior close: Close with ownership: "You planned for trouble while you were well — that is preparation future-you can use.** Keep the draft with you, share only what you choose, and let the plan grow as you learn."

How the plans fit together. A licensed counselor completed an assessment, safety plan, and treatment plan before the first group. The safety plan reviewed in Session 8 is the Appendix A / Handout 1 plan, and that counselor-completed safety plan governs in a crisis. The chain (Appendix C / Handout 4) is the participant's five-stage warning-sign worksheet — Drift; Setup / denial; High-risk situation; Craving / decision point; Use — carried by the participant to spot trouble early. A WRAP Crisis Plan is the participant's own written preferences for supporters; it supplements the counselor's safety plan and never replaces it. A WRAP is never collected: facilitators do not collect, copy, photograph, file, or keep it.

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Plan; Triggers; Early Warning Signs; When Things Are Breaking Down; Crisis Plan; Post-Crisis Plan — follow the WRAP framework as the Copeland Center presents it. WRAP is recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice and was listed in NREPP in 2010; NREPP was discontinued in January 2018; the current resource is SAMHSA's Evidence-Based Practices Resource Center, which carries no NREPP ratings.

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