TAKING ACTION: An Evidence-Based Self-Help and Peer Support Approach to Wellness and Recovery

Part 2: Action Planning Workbook

DOORS TO
WELLBEING
A Program of the Copeland Center

Acknowledgments

The Doors to Wellbeing Technical Assistance Center is funded in part by SAMHSA National Consumer and Consumer Supporter Technical Assistance Centers grant award H79SM082653 at Doors to Wellbeing.

Taking Action: *An Evidence-Based Self-Help and Peer Support Approach to Wellness and Recovery, Part 2: Action Planning Workbook* is adapted from the original document Taking Action: A Mental Health Recovery Self-Help Educational Program, HHS Pub. No. 14-4857 prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA), under contract number 03M00027201D with SAMHSA, U.S. Department of Health and Human Services (HHS). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2014.

The authors wish to thank the following individuals for their contributions:

Editorial and production support was provided in part by SAMHSA contract number 75S20322D00041/ 75S20323F42001, the SAMSHSA Program to Advance Recovery Knowledge. CAPT Wanda Finch, MSW, M.Ed., LICSW, CAS, served as contracting officer representative. Audene Watson, LCSW-C, served as the alternative contracting officer representative.

Additional product contributors and reviewers, including:

Alliance for Rights and Recovery
Bay State Community Services
C4 Innovations
Faces and Voices of Recovery
On Our Own of Maryland
South Florida Wellness Network

Most importantly, the many individuals in recovery that contributed their stories and have been involved over the past 30 years of this work’s development.

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WELCOME

Congratulations on completing Part 1 of ***Taking Action*** and advancing to action planning with Part 2! Before we start, here are a few reminders about ***Taking Action***: who it's for, what's included, and how to participate. We strongly recommend completing Part 1 before moving onto Part 2.

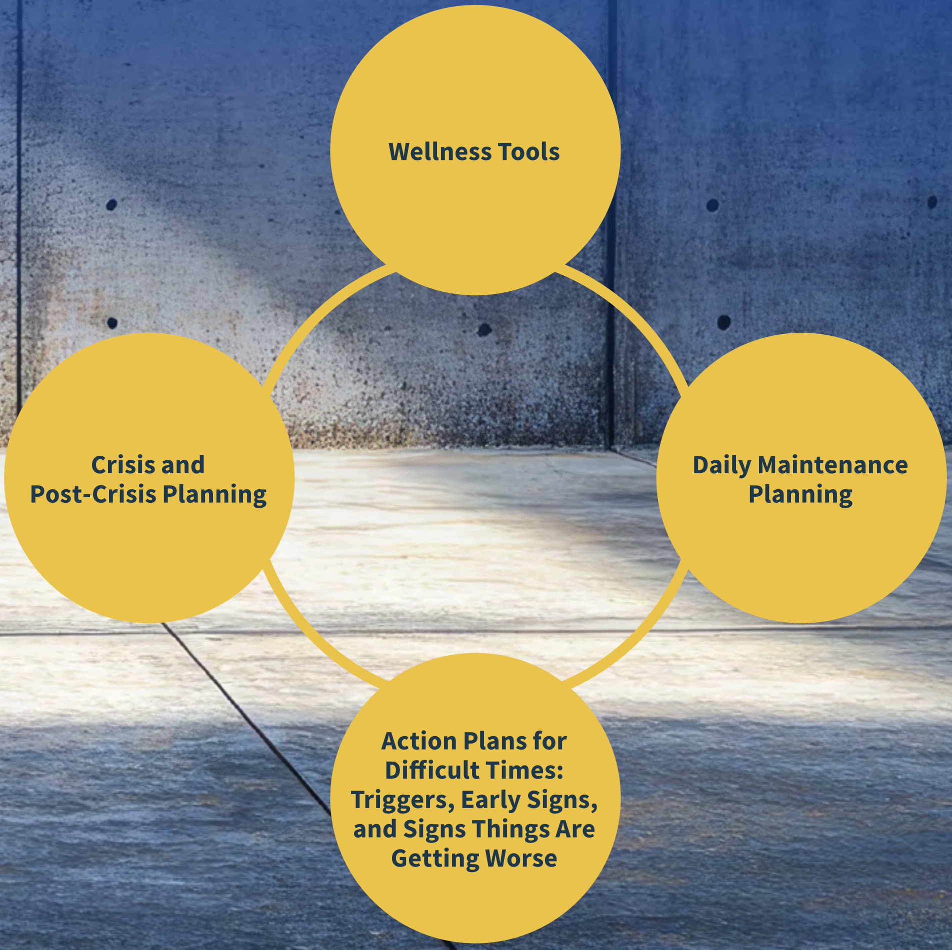
Who Is ***Taking Action*** for?

Taking Action is for anyone working on their recovery and wellness related to mental health and substance use conditions. Many of the strategies and tools in ***Taking Action*** could also help those of us who are seeking positive change, wellness, recovery, or improved health more generally. The ***Taking Action*** workbook and action planning resources work to support your learning and engagement. These include self-help concepts, skills, and strategies to help you achieve your goals and address your interests.

Below, take a look at what's included in ***Taking Action.***

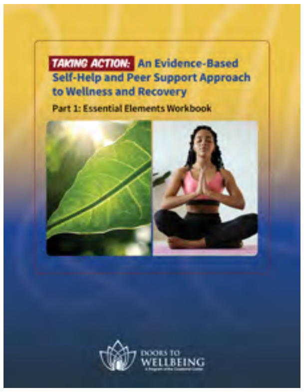
Taking Action: A Proactive Strategy to Begin Recovery, Get Well Through a Crisis, and Sustain Wellness

While designing *Taking Action,* we tapped into the experiences and collective knowledge of people with lived and living experience with mental health and substance use conditions. We also used our personal expertise in dealing with and overcoming multiple health and life challenges. This graphic illustrates the key elements of *Taking Action*.



With the most recent updates, ***Taking Action*** resources now include:

Part 1: Essential Elements Workbook. This workbook reviews key concepts and essential elements for ***Taking Action*** and invites participants to develop their own Wellness Toolbox.



TAKING ACTION: An Evidence-Based Self-Help and Peer Support Approach to Wellness and Recovery

Part 1: Essential Elements Workbook

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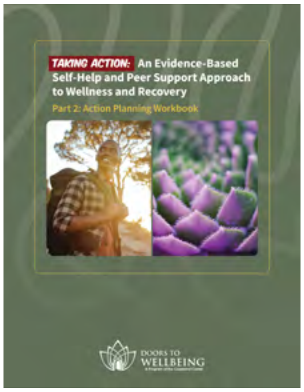
YOU ARE
HERE



TAKING ACTION: An Evidence-Based Self-Help and Peer Support Approach to Wellness and Recovery

Part 2: Action Planning Workbook

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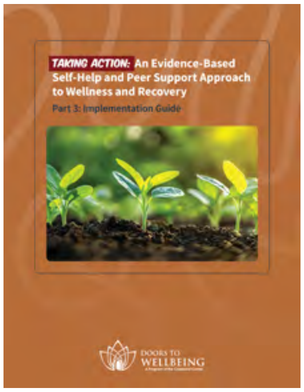
Part 2: Action Planning Workbook. This workbook includes information and prompts to guide you in developing a personal Action Plan to support your recovery and wellness. You'll also be able to plan for times when you may need additional support. The planning process includes these steps: creating a daily maintenance plan, forming action plans for difficult times, and preparing for crisis and post-crisis.

Part 3: Implementation Guide. This guide helps ***Taking Action*** planners, facilitators, and supporters to successfully plan and implement ***Taking Action,*** while ensuring fidelity to best practices proven to produce superior results.



TAKING ACTION: An Evidence-Based Self-Help and Peer Support Approach to Wellness and Recovery

Part 3: Implementation Guide

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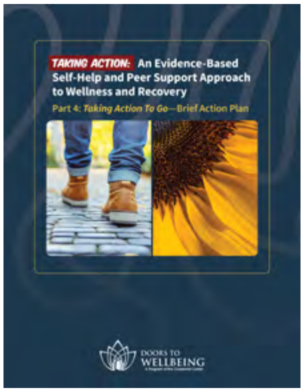

TAKING ACTION: An Evidence-Based Self-Help and Peer Support Approach to Wellness and Recovery

Part 4: *Taking Action To Go*—Brief Action Plan

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Part 4: *Taking Action To Go*—Brief Action Plan. This concise planning tool is for use by those of us who may be unable to participate in a full ***Taking Action*** group support process. It features key information and prompts for basic ***Taking Action*** planning.

Taking Action resources include information, ideas, and strategies that people from across the country have found to enhance wellness and recovery. The concepts, activities, and systematic approaches incorporated into ***Taking Action*** are research-based. This means that studies show these strategies relieve and prevent troubling feelings and reduce feelings that can lead to a crisis.[1]

How to Participate in Taking Action

You can use these versatile resources in several ways:

- in a group setting with a trained facilitator
- on an individual basis
- one-to-one with a peer supporter
- in grassroots peer-to-peer and mutual aid groups

We've found that ***Taking Action*** works best, however, in a peer-led group using the concepts and approaches in this material with a trained peer facilitator.

Participation in *Taking Action* should always be completely voluntary. Even though ***Taking Action*** might look different from community to community, participation in a facilitated group must always be voluntary and self-directed. This means that *we* decide how, when, and for what we're ***taking action*** to improve our own well-being. Someone else should never require, coerce, or direct us to participate in ***Taking Action***.

> "I DISCOVERED THAT WELLNESS WAS NOT JUST SOME CONCEPT—IT WAS A SET OF SKILLS I COULD USE TO KEEP MYSELF WELL AND GROUNDED."
>
> —ALLIE

ACTION PLANNING: A PROACTIVE APPROACH TO RECOVERY, WELLNESS, AND LIFE CHALLENGES

Congratulations on completing ***Taking Action*** Part 1, the Essential Elements Workbook. By this point, we've learned many helpful recovery and wellness concepts. We've also created a wellness toolbox containing resources that we can use day-to-day.

During the second part of ***Taking Action***, these tools will help support our recovery and well-being. They will also be useful as we create action plans and work through the Action Planning Workbook. These are reasons that action plans for prevention and recovery are effective:

- they are easy to develop and easy to use
- they are tailored to fit us (no one else can do it for us, but we can reach out to others for assistance and support)
- they improve our ability to communicate effectively with family members, loved ones, healthcare providers, and others
- they address our most troubling feelings, challenges, circumstances, and events with plans to respond to them
- they renew our sense of hope that things can and will get better
- they show how we can have control over our decisions

Before We Begin: Gather Materials

Remember that there are many ways to reflect and record your ideas for *Taking Action*. In addition to using the pages in this workbook, you may want to journal, create collages, take photos, or record your plans through audio or video recordings.

The most important part is that our plans are easily available to us and secure. This will help us find, review and use, revisit and revise, and share our plans as we wish.

Gather any materials you think you might need (such as blank journals, notepads, photo albums, audio recording tools, camera, cell phone, magazines, markers, pens). When you arrive at an "Action Planning" prompt in the workbook, you can write, journal, use other favorite materials, or simply consider the prompt and discuss it with your peers.

In the sections ahead, we'll work together to create these six action plans:

- Daily Maintenance
- Navigating Difficult Times
- Preparing Information for Your Physician
- Crisis Planning
- Post-Crisis Planning
- Using Our Action Plans

Each section describes the purpose of these action plans and includes prompts to help you write your own. Action plan templates are in Appendix A to use as you progress through the workbook.

LET'S BEGIN!

Daily Maintenance Plan[1]

Daily maintenance is the first part of action planning. This helps us recognize and plan for times when we're feeling well. We can identify daily activities that help us in our recovery and well-being. We'll begin by creating four lists for the daily maintenance plan:

- Feeling Well
- Dreams and Goals
- Daily List
- Reminder List

FEELING WELL

First, describe yourself when you feel all right or well. If you can't remember, or don't know how you feel when you are well, describe how you would like to feel. Make it easy. Make a list. Descriptive words that others have used include *bright, talkative, quiet, reflective, outgoing, energetic, peaceful, humorous, reasonable, able to engage in conversation or conflict,* and so on. If you wish, add actions or activities that you know might help you to feel this way. *(For example, I feel energetic when I am drinking enough water every day. I sleep better when I stretch before bed.)* **Refer to this list often,** especially when you are not feeling well.

DREAMS AND GOALS

You may also list your dreams and goals in your daily maintenance plan. It's helpful to remember our goals and dreams so that we always have something to look forward to. Then, we can identify steps to achieve them and incorporate these small steps into our daily maintenance plan. If it's helpful, make a list of goals that you want to work toward. These can be goals that feel big or small.

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[1] **This section is adapted from** SAMHSA Action Planning for Prevention and Recovery Publication SMA-3720.

DAILY LIST

For the daily list, we describe things that we know we need to do every day to maintain our wellness. Our wellness toolbox from Part 1 is a terrific source for ideas. Writing down these things and reminding ourselves to do them daily is a key step toward wellness. When we start to feel not like ourselves, we can often trace it back to not doing something on this list.

Create a list that's easy to do and that's not overwhelming. **Remember,** this is a list of essential things you should do every day (or just about every day) for your wellness. It's not a list of things you would *choose* to do or a detailed list of every daily activity. Here 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
- go outside and get at least 30 minutes of natural light exposure
- take medications and vitamin supplements
- write in my journal or record my thoughts in some way for at least 15 minutes
- spend at least half an hour enjoying a fun, affirming, or creative activity
- do daily self-reflection
- take 20 minutes for relaxation or a guided meditation
- complete a daily personal inventory (step 10 in 12-step recovery)
- check in with a loved one for at least 10 minutes
- check in with myself: how am I doing physically, emotionally, spiritually?
- go to work or volunteering if it's a scheduled workday
- go to school if it's a school day

It is okay to have as few—or as many—items on your Daily List as you need. For some of us, having one thing to work on, one day at a time, is a great place to begin.

Above are some ideas to get you started. Which ones have been most helpful in your experience?

REMINDER LIST

Next, make a reminder list of things you *might* need to do daily or weekly. Once you make your list, check it each day. This step helps keep track of the main things that you need to do on occasion to stay well. Here is a sample reminder list:

- check in with my peer, recovery coach, or mentor
- meet with my sponsor
- spend time with a good friend
- be in touch with my family or other loved ones
- meet with peers to provide and receive support
- attend a recovery meeting
- set up an appointment with one of my healthcare professionals
- do housework
- buy groceries
- do laundry
- have personal time
- plan something fun for the evening or weekend
- write letters
- go to a support group
- make a gratitude list
- volunteer or help someone in need

PERSONAL EXPERIENCE: TAKING ACTION

Shared by Allie

When I first came home from incarceration, it was overwhelming. The streets were what I knew, and falling back into old habits seemed like the easiest way to survive. I remember thinking, "I need money now." But deep down, I knew that path would lead me right back to where I started—locked up again. I had to make a change, and it was the community that helped me find the tools and support I needed to turn my life around.

At first, public assistance was my lifeline. Welfare helped me get the basics: food, medical care, and even job training. My mom handed me stacks of paperwork for services I could use, and at that point, I just thought, "Okay, let's try it." I got placed in a job skills program, found work at a bakery, and then later, when that job ended, I found work at an attorney's office, even though I had no experience. That was a huge boost for my confidence—I saw that I could step into a more professional world and be successful. I could hold a steady job, even in an office with my own desk and responsibilities. It made me feel like I was becoming someone new.

The biggest shift for me came when I was introduced to the world of peer support and wellness. My sister, who had also been incarcerated, was already working in this field and told me about a job opportunity in peer support. She said, "You need wellness tools; you need things that will help you feel good and stay focused." I was hesitant, but I needed work, so I went for it. The job required two weeks of training, where I learned about wellness tools, maintenance plans, and other ways to take care of myself. That peer support training changed everything. I discovered that wellness was not just some concept—it was a set of skills I could use to keep myself well and grounded.

Therapy was another essential piece of my journey. I knew I had traumas I needed to address, and finding the right therapist was a struggle at first. But once I connected with Nivea, everything clicked. She helped me open up and work through the layers of pain and shame I'd been carrying. Writing also became a big part of my healing process. I started writing letters to myself, sometimes even burning them afterward as a way of letting go. It was a way of releasing those feelings I'd kept bottled up.

Self-care became my anchor. I never used to care about how I looked—I was all about sweats, baggy jeans, and baseball caps. But as I started to change inside, I wanted my outside to reflect that growth. I started dressing up, doing my makeup, and wearing colors that made me feel good. Pink, for example, reminds me to be soft and feminine, to embrace this new side of myself. It might sound small, but this routine became a reminder that I deserve to feel pretty and confident. And when I feel good, I'm ready to face the world.

Now, my daily maintenance plan is everything. Therapy, writing, grooming, and making lists have all become part of my routine. I make plans and have backup plans, writing out tasks and crossing them off to feel accomplished, even for the little things. This structured approach keeps me focused and gives me a sense of control.

I went from being someone who barely knew where to start after coming home to someone who has found real stability, confidence, and purpose. My community gave me the support and tools I needed, and now I get to pay that forward by teaching others about wellness and peer support. It's a journey I'm proud of—proof that with the right tools and support, we can all find our way forward.

YOU DID IT! That was the first section of ***Taking Action*** using our wellness toolbox and creating action plans to help us maintain our well-being. Come back and update your ideas and plans often. You can cross off items if they stop working and add new items as you discover them.

In the action planning sections ahead, you may find it helpful to borrow ideas from our maintenance planning lists.

Just getting this far can enhance your well-being. Bravo! Let's keep going and continue taking positive steps to be in control of your life!

Navigating Difficult Times

This next part of action planning encourages you to build on your own expertise and gather ideas from others. This combined expertise can help you plan, prepare, and act in powerful ways.

Many of us have deep personal knowledge and insight into the unique, individual situations and signs that cause us to become frustrated, upset, hurt, or unhappy. We have that same expertise on what we need to get through those challenging times. When we combine our personal expertise with the mutual sharing of our peers, we can build action plans that are powerful and effective.

A NOTE ON LANGUAGE

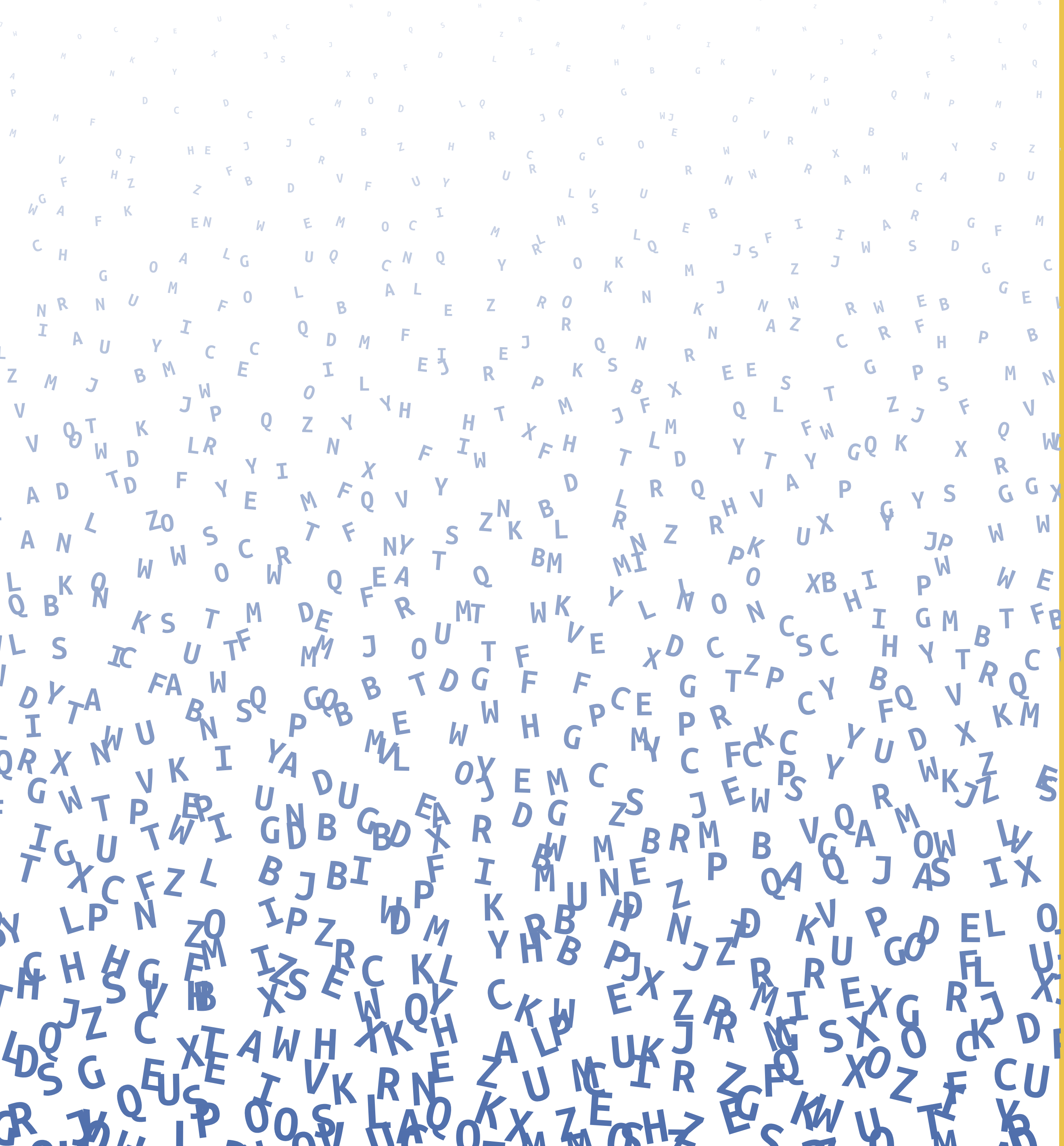
Many of us prefer to use different terms for key ***Taking Action*** concepts. For example, we are about to explore things that may indicate or make us feel challenged, unsafe, or at risk for difficulty.

Some of us prefer the term “triggers,” while others may not like this word. Some prefer using language such as “at risk for returning to use,” “trauma cues,” or “feeling activated.” Similarly, some people use the terms “signs or symptoms.”

We designed ***Taking Action*** to meet individual needs and preferences (including language preferences) of the people who use the program. Within ***Taking Action*** groups, the facilitator may take time to acknowledge, invite, and respect everyone’s preferences and differences.

If a facilitator is interested in translating ***Taking Action*** into another language altogether, please visit the Centers for Disease Control and Prevention’s resource on Health Literacy, Culture, and Language for guidance.

There are many pathways to understanding challenges and how to recover from them. It’s okay to self-define any of these concepts in ways that are meaningful to you.



TRIGGERS

Now, we have a good foundation of concepts, wellness tools, and action plans for everyday use. It is time to focus on ***taking action*** when things come up that challenge us. Triggers are also known as *challenges, trauma cues, signs or symptoms, or feeling activated.*

It is ideal when we can avoid people, places, and things that cause us to feel unsafe or lead to difficult times. We may not always be able to avoid these situations in life. However, we can plan and act in these circumstances, which will help us to stay well.

The rest of the action planning process will support us to react less, and to respond and act in ways that work for us. This action planning will help us to have hope, to self-direct, to feel empowered, to use our supports, and to learn new approaches for well-being.

Each of us has different circumstances or experiences that may produce uncomfortable emotions, thoughts, and behaviors. These responses may be related to anxiety, panic, discouragement, despair, cravings, substance use, other addictions, or negative self-talk. They may also produce other reactions that affect our whole health such as pain, low blood sugar, dehydration, shaking, or trembling. (Some of these responses may be related to other health conditions.)

While these reactions are common, it is important to learn to recognize and respond to them in ways that work for us. Otherwise, they could cause a downward spiral and lead to us feeling worse.

This section of our plan will help us to become more aware and to develop plans to avoid or deal with challenging events. Doing so will improve our ability to cope and prevent the development of more severe symptoms. In the upcoming pages, we will be able to map out additional action plans to help with triggers.

PERSONAL EXPERIENCE: TAKING ACTION

Shared by Lynn

My story of recovery has been a long road filled with ups, downs, and hard lessons. After years of addiction, a cycle of incarceration, and losing custody of my daughter, I knew I had to change. I've been in recovery for 15 years now, but staying that way means staying aware of the triggers and challenges that come my way, especially from my own family.

A lot of my family uses alcohol or has substance use issues, and at family gatherings, alcohol is almost always present. Early in my recovery, I had to make tough decisions about which gatherings I could attend. I knew I couldn't put myself in situations where I'd be around that kind of temptation, especially at cookouts or reunions. When I did decide to go, I'd bring an accountability partner—someone I could trust to help me stay grounded. I'd also have a "plan A" and "plan B" in case I needed to leave, and I made sure I always knew where the nearest 12-step meeting was.

Some communities have a sort of unspoken language around alcohol and gatherings. I knew not to go near the back room at parties, and I stayed clear of the infamous red cup. Early on, my ex-husband, who is also in recovery, would sometimes come to pick me up and bring me back safely. I've had to learn that I don't need to be present at every family event. Now, when I do attend, I'm more confident, and my family respects my boundaries. They know not to push.

I am also aware of my early warning signs. These signs let me know when I need to take action for my wellness, such as:

- *Feeling irritable or like I'm losing my cool too quickly*
- *When my mind and my actions are all over the place*
- *When I'm stressed out*

These signs are like my alarm bells, and they remind me to get back to the things I need to do every day to maintain my wellness. Doing things like going to my home group and talking with my sponsor keeps me grounded and well. It helps me manage everyday stress so that it doesn't get to the point that I am taken away from the person I want to be.

I'm a lot different than I was when I was living through addiction. I have invested a lot in myself. For me to relapse at this point in my life, I would be risking too much. I refuse to do it. There are so many new things I get to do and enjoy. There is so much that I am grateful for. I protect these gifts by being prepared to face life. And so, today, my life is about staying balanced, grounded, and grateful for all that I've been given. I never take it for granted because I've come too far to risk it all.

IDENTIFYING POSSIBLE TRIGGERS OR CHALLENGES

Here is where we list things that, if they occur, might cause us to feel not as well as we'd like. These are things that may have created stress or increased challenges for us in the past.

An important step is for us to notice how these situations create discomfort. We might experience sensations in our bodies in response to challenging situations (for example, feeling hot or cold, feeling dizzy, trembling, having blurred vision). In some ways, building awareness of our response to challenging situations, how it feels, and how we want to respond, is more important than the specific type of triggering event.

From here, we can begin to take note of our environment and look for patterns that perhaps we didn't notice before. We can create plans for action and change. Using this process, we find ways to cope and heal during challenging times through emotional awareness. *Emotional awareness* is the ability to identify and understand your emotions and those of people around you.

It may be difficult to remember these challenging situations right away. Some of them may be subtle or less obvious when they show up. As you create your list, you can write triggers that are more likely to happen for you or those that may already be happening in your life. You can always add items to your list as you become aware of them. Here are several examples. Below, you can check off examples of triggers that you may experience, or add your own.

☐ the anniversary dates of losses or trauma
☐ news of a suicide
☐ accidental overdose
☐ frightening news events
☐ gun violence
☐ car accident or other types of accidents
☐ bright or flashing lights
☐ aggressive-sounding noises or exposure to anything that makes you feel uncomfortable
☐ physical exertion
☐ exposure to allergic conditions (bees, foods, medication side effects)
☐ certain smells, tastes, or noises
☐ change in weather, air pressure, temperature, or humidity
☐ too much to do
☐ feeling overwhelmed
☐ other ______________________________
☐ other ______________________________

☐ holidays
☐ celebrations or parties
☐ spending too much (or not enough) time alone
☐ family friction or conflict
☐ the end of a relationship
☐ being around someone who has treated you badly
☐ physical illness
☐ health scare
☐ being judged, criticized, teased, or put down
☐ sexual harassment
☐ being yelled at
☐ poor performance evaluation at work
☐ job loss
☐ financial problems
☐ having a big bill to pay
☐ other ______________________________
☐ other ______________________________

Navigating Cravings and Urges

We all experience cravings or urges in different ways. At times, these feelings can be challenging to our recovery and well-being.

For example, when we develop dependency on alcohol or drugs, it can create both a physiological craving and a psychological obsession. These cravings can flare up at different times. Our action plan can support us and help predict situations that may lead to drug or alcohol use. With planning, we can decide to avoid or minimize our exposure and to develop an action plan for when those situations occur.

We can also experience cravings that are not related to substance use. This could include forms of self-harm such as self-injury, binge eating, restricted eating, or other behaviors that create feelings or sensations that we might crave. Our action plan can similarly help us plan for and respond to these feelings when they arise.

HELPFUL ACTIONS FOR RESPONDING TO TRIGGERS OR CHALLENGES

By identifying potential challenges, we become more aware of when and how these experiences arise for us. We can better plan, respond, and take action to stay well.

Next, we will create a list of practical tools that we can use when we experience these challenges. These tools can help us to create plans that are comforting, supportive, and bring us back to a state of wellness. These plans can also keep our reactions from becoming more serious.

You can include tools that have worked for you in the past along with ideas you've learned from others. It may be helpful to refer to the wellness toolbox you created in Part 1 for ideas, or the maintenance plan you created earlier in this Part 2 workbook.

In your plans, you may want to include things that you must do at these times, as well as things you *might* do if you have time or think they may be helpful. Your plan might include wellness tools such as these:

- make sure I do everything on my daily maintenance list
- call a support person and ask them if they can listen while I talk through the situation
- do a half-hour relaxation exercise
- write in my journal for at least half an hour
- ride my stationary bicycle or do other exercise for 45 minutes
- pray or meditate
- play the piano or work on a creative activity for an hour
- practice calming techniques such as the STOP method (**S**top, **T**ake a Breath, **O**bserve, **P**roceed)[2] or other breathing and mindfulness practices
- practice urge surfing[3] or other mindfulness-based approaches to recognizing and navigating the feelings of cravings or other urges as they come and go

If you do the actions you planned and find them helpful, then keep them on your list. If they are only somewhat helpful, you may want to revise your action plan. If they aren't helpful at all, keep looking for and trying new ideas until you find the most helpful actions.

We can always learn about new tools that may help us. It can be helpful to talk with peers who experience similar challenges, attend workshops and groups, or read self-help books or articles. We all have various ways of discovering new ideas for our wellness and recovery.

PERSONAL EXPERIENCE: TAKING ACTION

Shared by Michael

Handling triggers has become an essential part of my recovery journey. It's not just about avoiding them; it's about facing and processing them. Even now, I still have drug dreams. In these dreams, I'm using so vividly that my body physically reacts, like I'm actually experiencing it. When I wake up from one, I've learned to speak to it out loud: "This is not part of my life anymore. You're not welcome here." Saying it aloud makes it real and gets it out of my head, so it doesn't fester and take root in silence.

Suicidal ideation was also a major struggle, one I dealt with for many years. It wasn't until I started really working on myself that I began to understand its origins. My grandmother died by suicide when I was just four, and I believe that event left an unconscious lesson for me—that when things get bad, the answer is to escape. I attempted multiple times, but through hard work, I've come to realize that I have to face these thoughts instead of acting on them. Now, if they return, I acknowledge them, take a step back, and ask myself what's really going on inside that's bringing up these feelings. It's about confronting it directly rather than letting it lurk beneath the surface.

Surprisingly, positive experiences can be just as triggering. Buying my house, for instance, was one of the most stressful things I've ever done. I leaned hard on my support system through that process. My friends checked in constantly, rotated phone calls, and helped me sort through all the challenges and emails. When the first house failed inspection and I had to start over, I was living out of an Airbnb, with six U-Haul trucks loaded and ready to go. U-Haul even thought I'd stolen the trucks at one point because of the delay!

But finally, after everything, I signed the papers and got the keys to my new home. That night, November 18th, I slept on the floor with my laundry as a pillow, but it didn't matter—it was mine. The next morning, my friend drove all night from South Florida with the first truck, and we began unloading. It felt like the biggest achievement, made possible by the people who had my back every step of the way.

Self-care is crucial when dealing with these triggers. I make sure to celebrate small victories, enjoy time with friends, and take moments just for myself. I know that talking to my support network is essential. I don't isolate when I feel triggered, even if my first instinct is to retreat. I trust the people I can turn to, those I know will listen without judgment and help me through. Self-care and connection are now the cornerstones of how I face the inevitable challenges along the way.

EARLY WARNING SIGNS

Early warning signs are indicators of challenges that we notice in our lives. These signs can tell us when we need to take action to get well and stay well. They are like the indicators on a car dashboard that alert us if we need fuel or repairs.

Our wellness indicators are, of course, different than those on a car. With ***Taking Action***, we think about indicators that may be very subtle or be obvious to ourselves and others. These signs may or may not arise in reaction to stressful situations. They can happen despite our best efforts to take care of ourselves. They tell us that we may need to take further action.

If we recognize and address early warning signs right away, often we can prevent more severe challenges. Reviewing these early warning signs regularly helps us to become more aware of them.

Make a list of your early warning signs, which might include things such as these:

☐ anxiety
☐ nervousness
☐ forgetfulness
☐ unexplained sadness
☐ increased cravings
☐ negative thinking
☐ increased irritability
☐ lower back pain
☐ feeling hot
☐ inability to experience pleasure
☐ lack of motivation
☐ feeling slowed down or speeded up
☐ restlessness
☐ being uncaring
☐ not wanting to get out of bed
☐ lack of community engagement
☐ spending too much time on social media
☐ feeling angry or resentful
☐ lack of spiritual connection
☐ avoiding others or isolating
☐ reconnecting with people who you used alcohol or drugs with in the past
☐ worrying a lot about something
☐ displaying irrational thought patterns
☐ feeling unconnected to your body
☐ noticing things that may not be there
☐ noticing things that are different than how you experienced them before
☐ not keeping appointments
☐ changes in appetite
☐ poor performance at work, volunteering, or school

You may want to ask people you trust, such as friends, family members, loved ones, and other supporters, for any early warning signs that they've noticed.

HELPFUL ACTIONS FOR RESPONDING TO EARLY WARNING SIGNS

Next, let's develop an action plan for each sign. The action plan items will support you in returning to a sense of well-being. You can refer to your wellness toolbox for ideas. Some of the things you list may be the same as those you wrote on other parts of your action plans. **The key is to act when you notice these signs, while you can still prevent further challenges.**

Here is a sample plan for ***taking action*** with early warning signs:

I would want to do the following things

- do the things on my daily maintenance plan, whether I feel like it or not
- tell a peer, supporter, or counselor how I'm feeling and seek advice; ask them to help me figure out how to take action
- participate in peer support at least once each day
- do at least three 10-minute relaxation exercises daily (simple exercises that help you relax through deep breathing and focusing your attention on certain things)
- write in my journal for at least 15 minutes each day
- spend at least an hour each day involved in an activity that I enjoy
- ask others to take over my household responsibilities for the day

I might also want to do the following things, depending on the circumstances

- check in with my physician or other healthcare professional
- read a good book
- dance, sing, listen to music, or play a musical instrument
- exercise
- go fishing
- fly a kite

Action Plan for Early Warning Signs

As before, if you use this plan and it doesn't help you feel better, you can revise the plan or write a new one.

PUTTING IT TOGETHER: ACTIONS FOR EARLY WARNING SIGNS

Now that you have identified early warning signs and actions that are helpful to you, write down specific actions that you might take to address specific early warning signs. It may be that some actions help you to address one type of warning sign, but not others.

Early warning sign	Helpful action

PERSONAL EXPERIENCE: TAKING ACTION

Personal Story on Early Warning Signs by Eric C. Larson, Certified Peer Specialist and Wellness Co-Facilitator

The nature of self-care is that there is no external validation from society that you are doing something of value. Hence the tendency to relinquish self-care as a rite of passage to work hard as a historical trend.

Unfortunately, some of my career success has been built upon the self-made premise that I show up consistently even when I don't feel well. Granted sometimes I feel better if I just get out the door and push through morning malaise but other times it is more distinct, and this is where I lack awareness.

Awareness of Early Warning Signs has been a struggle for me. My awareness is further complicated by medication side effects. Any person that has had the experience of taking psychotropic medications knows that there are often unpleasant and sometimes, debilitating side effects. Unfortunately, too often one is required to tolerate negative side effects for a period of time before you can expect to have positive effects and benefits from taking the medications.

I seek to define a balance between sitting with a reasonable amount of discomfort and clearly taking action when Early Warning Signs appear. For me, the distinction between the two is found in the long-term benefit. Consistently ignoring subtle signs of fatigue and anxiety without taking restorative action and appropriate rest usually results in a crash for me. It is commonplace when you look around at fellow coworkers or community members to buy into a collective feeling of malaise.

Another interesting self-observation I have made is that if I have too much rest I stagnate and miss other forms of energy input like being in the company of good people who have a common cause. My peer supporter and I have had conversations philosophizing about how to maintain effectiveness in relation to the big complex picture. I have a tendency to be paralyzed by the trauma of past experiences. Especially when being needed to perform while lacking needed energy.

One tool for me is holding a vision of where I am heading while focusing on one step at a time, versus focusing on all the details and complexities of the whole journey to the point of feeling overwhelmed and discouraged. Mainly the interplay between the concepts of ***Taking Action*** *(Hope, Self-determination, Empowerment, Education Self-Advocacy, Community Inclusion, and Building Support) often results in an unexpected faith for me that in the long term, things really can turn out OK if I just take a step at a time and plan according to my vision for wellness.*

COMMUNICATING MEDICAL INFORMATION

For some of us, one good action to take when we notice an early warning sign may be to visit a healthcare provider. To take action and receive good health care, it's helpful to prepare information and questions to take to the visit. In ***Taking Action***, we want our healthcare provider to be able to see the whole picture.

Some of us need support to communicate with physicians, either related to medications or other questions or concerns. The next two sections, "Information for the Physician" and "Medications," can help us map out key information and questions. In addition to being helpful for our action planning, these resources can help gather and organize information and questions related to our general medical care. In Appendix B, you'll find templates for communicating medical information that you can use as you progress through this section of the workbook.

If these sections are not of interest, feel free to move to the next section, When Things Are Breaking Down or Getting Worse.

Information for the Physician

1. List all medications, vitamins, supplements, and other healthcare treatments or remedies you are using for any reason.

Medication	Dosage	When and how used

2. Create a brief medical history summary for yourself and your family, including your substance use or mental health history. Take this information with you to new doctor appointments.

Your personal health history	Mother's side of the family	Father's side of the family

3. Describe any change in these common health indicators.

Health indicator	Description of change
Appetite or eating	
Sleep patterns	
Sexual interest	
Ability to concentrate	
Memory	
Substance use	
Other	
Other	

4. Have you recently experienced any of these health concerns? If so, please describe them in the comments section.

Yes/No	Health condition	Comments
☐	Headaches	
☐	Numbness or tingling anywhere	
☐	Loss of balance	
☐	Double vision or other vision problems	
☐	Periods of amnesia	
☐	Coordination changes	
☐	Weakness in arms or legs	
☐	Fever	
☐	Nausea or diarrhea	
☐	Fainting or dizziness	
☐	Seizures	
☐	Return to use	
☐	Increased alcohol or drug use or misuse	
☐	Accidental overdose	
☐	Stressful life events	
☐	Other concerns	
☐	Other concerns	

5. Please provide any additional relevant information:

MEDICATIONS

Medications are powerful chemical substances. We need to manage them carefully with the guidance of a person who is an expert, such as primary care and medical specialists, psychiatrists, addiction medicine physicians, psychopharmacologists, or pharmacists.

Medications also carry side effects and health risks. It's important to consider the pros and cons of using any medication. Make sure that your provider addresses all your questions and concerns.

Decisions about medications are personal choices and should rest with you and no one else. A provider can work with you to find the lowest effective dose. They should also help you monitor any health conditions that the medication could aggravate. Working together, a trusted prescriber can ensure that you continue to feel that the benefits of a medication outweigh its risks or side effects.

GUIDELINES FOR TAKING MEDICATIONS

- Take medications only on the recommendation of a trusted healthcare provider.
- Make sure to ask if you have all the information about alternative treatment options before making a decision.
- Know the possible side effects and health risks, including the effects of long-term use. If they occur, report them to your provider.
- Use medications only as prescribed by a trusted provider.
- Know the potential for medication misuse or dependency.
- If you are in recovery from a substance use condition, remind your provider and ask how the medication has affected people with a similar history.
- Even if you have never had a problem, avoid using alcohol or other drugs when taking prescribed medications.
- Work closely with a competent pharmacist who knows you well.
- Use a simple system to ensure regular use of medication. Report any lapses in taking your medication to your provider.
- Talk about any misuse of medication with a trusted support person or counselor.
- Insist on regular blood testing and monitoring of any health conditions that the medication could affect.
- Think about lifestyle choices that can help you to maintain whole-body wellness, such as eating, exercise, light exposure, rest, stress, and how the medication affects them.
- Understand how to safely discontinue use of the medication. Communicate with your provider before stopping a medication.

INFORMATION ABOUT MEDICATION

These prompts may be helpful to you in determining whether a medication is a good fit for you.

Generic name

Product name

Product category

Suggested dosage level

How does this medication work?

What does the doctor expect it to do?

How long will it take to achieve that result?

What are risks associated with taking this medication?

What kind of an effectiveness track record does this medication have?

What short-term side effects does this medication have?

What long-term side effects does this medication have?

Is there any way to minimize the chances of experiencing these side effects? If so, how?

Are there dietary or lifestyle suggestions or restrictions when using this medication?

If so, what are they?

Why does the doctor recommend this medication?

Has the doctor had other patients who used this medication? If so, how have they done?

How is this medication monitored?

What tests will I need before taking this medication?

How often will I need these tests while taking the medication?

What signs indicate that the provider should change the dosage or stop the medication?

Be sure to request a copy of any printed information your doctor or pharmacist may have about the medication.

PERSONAL EXPERIENCE: TAKING ACTION

Matthew Federici, MS, CPR, is program director for SAMHSA's Doors to Wellbeing National Technical Assistance Center for Mental Health Recovery and CEO of the Copeland Center for Wellness and Recovery.

At the height of emotional crisis in my life, things could've gone really differently, fatal even. Thankfully for me, I had a strong support system that not only loved me but advocated for me and could see the hope for my life beyond the current emotional crisis. At that time, I had been a long way into dealing with emotional pain by cutting and burning myself. It became a way to divert my overwhelming emotions towards a physical sensation. It had become an addiction, with the high of adrenalin, cravings, secrecy from those I love, while never being enough and wreaking havoc in my personal life.

When I began to take action to move beyond this way of coping because it was harming important relationships in my life, I began to take action and notice triggers and early signs and try different things. In hindsight, a big part of what was going on with me was feeling disconnected from myself, from the world around me. For others, this addictive behavior of physical sensations was just plain unhealthy; for me it was a way to experience some connection at times of heightened disconnection.

A key trigger that threw me into complete crisis was the emotional pain and disconnection involving relationships, whereby the normal experience of a break-up felt like such a painful rejection and disconnection. I began to take action for my wellness as I learned to navigate intimate and close relationships with people through mindfulness of my triggers and taking different actions to stay well. Some wellness tools at those times were to find ways to experience connection with self, and to experience connection though alone. I found I could do this with my wellness tools of music and poetry. Reading poetry, listening to music, journaling outside in nature at a park, and making playlists in my room were all simple, easily available wellness tools that helped me on my journey to wellness.

I also found that I could notice early signs such as negative self-talk, wanting to give up or quit on things, and going to bed later and later each night. These all became important signs that I could transform through taking different actions. For my wellness in those moments, it was taking long walks if necessary, no matter what time of day, and connecting with friends that were reliably self-esteem boosting. I also found a version of the 12 steps that supported me to discontinue my addiction to psychical self-harm.

Today I have a very rich, rewarding marriage of over 20 years, two amazing children, and my triggers and early warning signs are different, but I still pay attention to what they look like today and how I can take action to keep moving forward in greater levels of wellness.

When Things Are Breaking Down or Getting Worse

Despite our best efforts, challenges to our whole health and well-being may progress to the point where they are very uncomfortable, serious, or even dangerous. This is a critical time. It's necessary to take immediate action to prevent a crisis or loss of control. We may feel terrible. Others may be concerned for our wellness or safety. Even in this time, we can still do the things that help us to feel better and keep ourselves safe.

TAKING CARE WHILE TAKING ACTION

Taking Action explores personal topics that may feel uncomfortable at times. This is an invitation to start exactly where you are—we all start somewhere—and with hopefulness. You are always welcome to take a break or revisit your wellness tools to help yourself feel better.

SIGNS THAT THINGS ARE BREAKING DOWN OR BECOMING WORSE

Make a list of signs that indicate to you that things are breaking down or becoming much worse. Signs vary from person to person. What may mean “things are getting much worse” to one person may mean a “crisis” to another. Our warning signs may include things such as these:

- feeling very oversensitive and fragile
- crying a lot
- 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 alone
- increased use or misuse of alcohol or other drugs
- taking out anger on others
- knowingly taking risks
- chain smoking
- eating too much

Next, let's create an action plan to help address these signs. **Your plan needs to be very direct, with fewer choices and very clear instructions.** Here are several ideas for an action plan:

- call my recovery coach or peer support specialist, sponsor, or mentor
- call and talk for as long as necessary to my supporters
- arrange for someone to stay with me around the clock if needed
- make arrangements to get help right away if I feel worse
- make sure I am doing everything on my daily check list
- arrange and take at least three days off from any responsibilities
- increase frequency of peer support sessions
- go to a mutual support group meeting and share what you are experiencing with others
- consider staying at a peer respite or crisis center
- visit your local recovery community organization
- do three deep-breathing relaxation exercises
- write in my journal for at least half an hour
- call my therapist, doctor, or other healthcare professional; ask for and follow their instructions
- schedule a physical examination or doctor's appointment or consult with another healthcare provider
- ask to have medications checked by my prescriber
- talk with a recovery coach or healthcare provider about the urge to return to using substances (if in remission)

As with your other plans, make note of the parts of the plan that work well. If something doesn't work or doesn't work as well as you'd wish, once you're feeling better, revise this plan or create a new one. Always be on the look for new tools that might help you through difficult situations.

IS CRISIS PLANNING SOMETHING THAT I REALLY NEED TO DO?

We each experience crisis in different ways. Crises can occur for medical reasons or result from other personal situations.

We can think of *crisis* as being any situation where we feel overwhelmed or have such difficulty that we want supporters to step in. In these moments, we want our supporters to take on responsibilities, following our instructions for ourselves. These instructions are actions that typically we would not rely on others to do for us.

It can be helpful to think about various situations in life when having this plan could support us. Furthermore, the plans can offer helpful instructions to others about how to take the best care of us until we're ready to take back control again.

Even if you are unsure that you're ready to create a crisis plan, it may be helpful to review this section of the workbook.

Crisis Planning

Using our wellness tools is effective in reducing the chances that we will find ourselves in crisis. Research has proven this based on the experience of thousands of people.[4]

It is critical, however, to plan for the possibility of crisis. Despite our best planning and assertive action on our own behalf, we could find ourselves in a situation where others will need to take over responsibility for our care. This is a difficult situation, one that no one likes to face.

In a crisis, we may feel as if we are out of control. Writing a clear crisis plan when we are well and instructing others how to care for us when we're not feeling well can help us maintain responsibility for ourselves. A crisis plan can help in these ways:

- keeping our family members, friends, loved ones, and other supporters from wasting valuable time trying to discern what to do for us
- relieving guilt that supporters may feel if they wonder whether they're taking the right action on our behalf
- ensuring that care providers, even those who don't know us well, will meet our needs so that we recover as quickly as possible

While it's best to develop a crisis plan when you are feeling well, you can't do it quickly. Decisions such as these take time, thought, and often collaboration with healthcare providers, family members, loved ones, and other supporters.

In this section, we'll review information and ideas that others have included in their crisis plans. These ideas can help you as you develop your own plan.

CREATING A PLAN THAT OTHERS WILL USE

The crisis plan differs from the other action plans that we created for ourselves.

Don’t rush the process. This plan is likely to take more time to create than the others. Work at it for a while, then leave it for several days. Keep returning to the plan until you think that it has the best chance of working. Remember that others may use your plan. So, when writing your crisis plan, make it clear, easy to understand, and legible.

The other sections of the action planning process are just for ourselves, you don’t need to share them with anyone else. You can create them using shorthand writing (using abbreviations and symbols), photos, recordings, or other materials that only you might understand. One exception might be the section that you would show to your physician.

Once you complete your crisis plan, you may wish to give copies of it to the people you name in the plan as your supporters.

DEVELOPING A CRISIS PLAN

This crisis plan sample has nine parts to it, each addressing a particular concern. You may choose to write your initial thoughts in the space here, or you may prefer to write your plan in a notebook, journal, or on a computer or tablet.

Part 1. Feeling Well

Earlier in this workbook, we described what our wellness looks like when we feel well. Describe your wellness in ways that your supporters and care providers can clearly see, hear, or observe. We want our supporters to know when we’re not in crisis or when the crisis is over.

This information 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 or help someone who doesn’t know you well, or at all. You may be able to use ideas you’ve already recorded in your daily maintenance plan.

Through a careful, well-developed crisis plan, you can stay in control—even when things seem to be out of control.

Part 2. Indicators or Signs

Describe signs that would indicate to others that they will need to step in to help with your care and make decisions on your behalf. This is hard for everyone. No one likes to think that someone else might need to assume responsibility for their care. Yet, through a careful, well-developed crisis plan, we can stay in control even when things seem to be out of control.

Allow yourself ample time to complete this section. Ask friends, family members, loved ones, and other supporters for their input. Always remember that the final determination must be your own. Be very clear and specific in describing each item. Don't just summarize. Use as many words as it takes.

A list of signs that you're in crisis might include situations like these:

- being unable to recognize or correctly identify familiar people in our lives
- uncontrollable pacing or 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'm not
- thinking I can do something that I cannot
- alcohol or drug misuse, inability to stop, or using greater quantities
- recent accidental overdose or overdose reversal
- severe withdrawal (for example, post-acute withdrawal symptoms[5], which can include cravings, irritability, sleep disturbances, fatigue, impaired focus and memory, and other challenges)
- not getting out of bed (for how long?)
- refusing to eat or drink

Part 3. Supporters

In this next section of the crisis plan, list the people who you want to take over for you when the signs you listed in the previous section arise. Before listing people in this part of the plan, talk with them about what you want from them. Make sure that they understand and agree to be in the plan. Supporters can be family members, friends, other loved ones, peer supporters, or healthcare providers. They should be committed to following your plans, not their own ideas.

It's best to have at least five people on your list of supporters. If we have only one or two, and if they are on vacation or get sick, they might not be available when we really need them. It's also helpful to acknowledge that a few of our loved ones may be great supporters in our day-to-day lives, but not in times of crisis. Consider these scenarios when writing your plan.

Developing supporter relationships. If you don't have that many supporters now, you may need to focus on developing new or closer relationships with people. Ask yourself how you can best build these kinds of relationships. You can seek new friends by doing things such as volunteering, going to support groups, pursuing a hobby, or participating in community activities.

Being clear about who should not be involved. In the past, healthcare providers or loved ones may have made decisions that were not according to your wishes. You may not want them involved in your care again. If so, write on the plan, *"I do not want the following people involved in any way in my care or treatment."* Then, list those people by name and why they are not involved. They may be people who have treated you badly in the past, have made poor decisions, or who become too upset when you are having a hard time.

Managing disputes and making decisions. Many people like to include a section in their plan that describes how to settle possible disputes between supporters. For instance, we may want to say that if a disagreement occurs about a course of action, most of our supporters can decide, or a particular person will make the determination. We also might request that a peer-led or advocacy organization become involved in the decision-making.

Part 4. Healthcare Providers and Medications

Name the physician, pharmacist, and other healthcare providers you want involved in a crisis, along with their phone numbers. Then list the following:

- medications you currently use, the dosage, and why you use them
- 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 them again
- medications that would be acceptable to you if medications became necessary and why you would choose those
- medications that you must avoid—such as those you are allergic to, that conflict with another medication, or cause undesirable side effects—and give the reasons that you should avoid them

In addition, list any vitamins, herbs, alternative medications (such as homeopathic remedies), and supplements that you are using. Note which you should increase or decrease if you are in crisis, and which you have discovered are not good for you.

Part 5. Treatments

There may be treatments that you like in a crisis and others that you want to avoid. The reason may be as simple as this treatment has (or has not) worked in the past. Or you may have concerns about the safety of this treatment. Maybe you just don’t like the way a particular treatment makes you feel. *Treatments* can mean medical procedures or alternative therapies such as injections of B vitamins, massage, 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
- cultural practices or treatments that you prefer
- treatments that would be acceptable if deemed necessary by your support team
- treatments that you must avoid and why

Part 6. Planning for Our Care

Here, you describe how you would like to receive care for the purposes of a respite or a supportive retreat. Think about family, friends, loved ones, or other supporters. Would they be able to take turns providing care? Could you arrange transportation to healthcare appointments? Is there a community agency that could provide care part of the time, with other supporters taking care the rest of the time?

Many of us prefer to stay at home rather than being in the hospital or residential treatment program. To make this choice possible, we set up these kinds of plans. We may need to ask trusted supporters what options are available to us.

If you are having a hard time coming up with a plan, start by imagining the ideal scenario and writing that down.

Part 7. Treatment Facilities

Describe the best treatment facilities to use should you need it. A treatment facility may be necessary if loved ones or community-based providers (for example, peer crisis respite centers) cannot provide respite care. Or your situation or condition may require a level of care that requires a hospital stay.

If you're unsure which facilities to use, write down a description of what the ideal facility would be like. This description can include facilities that are near your home, offer a small setting, allow children to visit, or other factors that are important to you. Then, talk to your supporters about the available choices. Call the facilities and request information that may help in making a decision. The facilities available and our insurance coverage may limit our options.

In addition, **list treatment facilities to avoid,** such as places where there has been poor care in the past.

Part 8. What We Need from Others

Describe what supporters can do that will help. This part of the plan is very important and deserves careful attention. Describe everything that supporters can do (or not do) for your best care. Collect additional ideas from trusted supporters and healthcare professionals.

Here are suggestions for things that others might do to help us:

- listen to me without giving me advice, judging me, or criticizing me
- hold me (how? how firmly?)
- let me pace
- encourage me to move or help me to move my body
- lead me through a relaxation or stress reduction technique
- provide me with materials so that 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
- make sure I take my vitamins and other medications
- dispose of any alcohol or drugs in my home, car, and personal space
- go with me to a support group meeting
- play me funny videos
- play me good music (list the kind)
- let me rest
- pray with me

In addition, include a list of specific tasks that others can do for you, who can do which task, and provide any specific instructions they may need. Here are examples of these kinds of task:

- buying groceries
- watering the plants
- feeding the pets
- taking care of my children
- paying the bills
- taking out the garbage or trash
- doing the laundry
- talking to my sponsor or recovery coach
- talking to my employer, supervisor, or teachers
- talking with my landlord or roommates

You may also want to list things supporters should not do. This list would include things that supporters might do because they think it would be helpful, but that might be harmful or worsen the situation. Here are a few examples:

- forcing us to do anything, such as walking
- scolding
- becoming impatient
- taking away cigarettes or coffee
- talking continuously
- talking to people I don’t want to know what I’m going through

Some people include instructions in this section on how they want their supporters to treat them. These instructions might include statements such as “kindly, but firmly, tell me what you are going to do,” “don’t ask me to make any choices at this point,” or “make sure to take my medications out of my top dresser drawer right away.”

Part 9. 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. This information lets them know that they no longer need to follow your crisis plan to support you. Here are several examples:

- when I am eating at least two meals a day
- when I am awake for 6 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
- when I am no longer actively using alcohol or drugs and have started or returned to treatment or mutual support groups
- when I have reconnected with a peer specialist or recovery coach
- when I have resumed taking my medication as prescribed
- when my withdrawal challenges have subsided

YOU HAVE NOW COMPLETED YOUR CRISIS PLAN! Remember, you can update this plan as you learn new information or change your mind about things. Date the crisis plan each time it changes and give revised copies to supporters.

REFLECTION:

Describe how you feel about the effectiveness of planning for support around crisis:

Psychiatric Advance Directives

Many of us may be interested in formalizing our crisis plans. We can use a crisis plan to create legal documents known as advance directives for healthcare decisions or psychiatric advance directives (PAD). PADs are a helpful planning tool for people who may want to legally document their preferences for treatment and support regarding future mental health crises. PADs function similarly to a living will or other advance care planning tools.[6]

If you are interested in doing this, it may be helpful to take a class or consult a legally trained professional. They can support you in transferring information from your crisis plan into a legal document. Each state has different requirements for making this a legal document. Be sure you understand the specific laws in your state.

A PAD will typically include your specific instructions on how you would like to be supported if you become seriously ill or unable to communicate your wishes. In some states, it will include a designated person to serve as a health care power of attorney.

Anyone can develop a PAD. Advance care planning isn't just for people who are very old or ill. For many of us, it's a helpful step in the process of crisis planning, so that we can ensure that we get the medical care we want and that someone we trust will be there to make decisions for us.

For more information on PADs and to see advance care planning templates, visit these websites:

- National Resource Center on Psychiatric Advance Directives: https://nrc-pad.org
- SAMHSA's Practical Guide to Advance Directives: https://www.samhsa.gov/resource/ebp/practical-guide-psychiatric-advance-directives
- National Alliance on Mental Illness Psychiatric Advance Directives: https://www.nami.org/advocacy/policy-priorities/responding-to-crises/psychiatric-advance-directives

Post-Crisis Planning

We've now done lots of work to ***take action*** in support of our well-being. The experience we gained through this process will guide us with ease through creating a post-crisis plan. Having a plan to support our continued recovery will help us avoid future crises.

Post-crisis planning is the last part of your action planning process. It differs from the other parts of your action plan because your needs change as you get better. Each difficult experience and recovery process will be different, depending on whether the crisis was related to a medical condition, mental health or substance use condition, or other personal difficulty. You'll want to refine this part of the plan as soon as you begin feeling better.

Those who supported you through this hard time may be helpful in this process. This assistance may include specific post-crisis support roles for people who helped you navigate the crisis.

If you are in a facility or program and are working with staff to develop your discharge plan, you may want to let your supporters know about your post-crisis plan.

As you develop your post-crisis plan, remember to refer to your wellness toolbox and other parts of your action plans for ideas.

Indicators That I Am Well Enough to Use This Plan

Describe the signs indicating that you're feeling well enough to use your post-crisis plan.

I am well enough to use the post-crisis plan when I…

ARRIVING AT HOME

We need this section in our plan if we were hospitalized, incarcerated, stayed in a respite center, spent time in a residential treatment center or detox, or another place while we were having a difficult time. It’s helpful to think through various questions or plans for returning home after a crisis. Here are several questions to consider.

Returning Home

- Who would I like to take me home?
- Who would I like to stay with me?
- When I get home, I would like to . . .
- What will I do to ensure that I will feel and be safe at home?
- Where would I like to stay (and for how long) before I go home?
- What are a few things I might need as soon as I get home or as soon as I start feeling better?
- What are some favorite foods I would like to have when I get home?
- Will I need any help to clean my room or my home?
- Will I have clean, comfortable clothes when I go home?
- Is there anything to do before I return home (such as asking someone to dispose of any alcohol or drugs left behind)?

Early Steps and Actions

- What are some things that can wait until I feel better?
- What do I need to do for myself every day while I am recovering from this difficult time?
- What can I ask others to do for me?
- How would I like to feel when I have recovered from this?
- What things and people do I need to avoid while I am recovering?
- What are favorite activities I would like to get back to doing?
- How often should I attend support group meetings?
- What should I share with my peers and others in my support circle?
- What signs would show me that I may be beginning to feel worse? (for example, anxiety, excessive worry, overeating, not eating enough, sleep disturbances, thinking a lot about using alcohol or drugs)
- What wellness tools will I use if I start to feel worse?

Substance Use Considerations

- Are there substances or items that should not be in my home when I return?
- If I misused alcohol or other drugs while I was having a difficult time, can I commit to avoiding these substances or abstaining from them?
- What actions do I need to take if I feel like I might return to alcohol or drug misuse?
- What can I do to ensure that I use drugs safely and avoid overdose or infection?
- How can I ensure I never use alone?

Relationships

- Who are the people I might need to thank?
- Who are the people I might need to apologize to? When and how might I do that?
- Who are the people I might need to make amends with? When and how will I do that?
- Are there supporters, meetings, and groups that I need to inform about the difficulties I’ve had?
- Are there people or places that may be difficult to return to or talk to about the crisis?

Actions to Support My Recovery

- What possible medical, legal, or financial issues might I need resolved? How will I do that? What resources can I draw on for help?
- What might I need to do to prevent further loss from this crisis? (for example, canceling credit cards, getting official leave from work that I left without giving notice, talking to my probation officer, cutting ties with destructive friends)
- What things do I need to do for myself every day while I recover from this crisis?
- How will I know when this phase is over so I can return to using my daily maintenance plan as my guide to things to do for myself every day?

Plans for the Future

- Are there changes I could make in the first four sections of my action plan to help prevent such a crisis in the future?
- Is there anything in my post-crisis plan that I might need to change?
- Are there changes I could make to my advance directives that might ease my recovery?
- Are there changes that I want to make in my lifestyle or life goals?
- What did I learn from this crisis?
- Are there changes I want or need to make in my life because of what I've learned?
- Are there reasons it may be difficult to return home? What could make returning home easier?

SUPPORTERS POST-CRISIS

I would like the following people to support me if possible, during this time (include names, phone numbers, and what you would like them to do):

DEVELOPING PLANS WHEN RETURNING HOME

We all have different needs when returning to our lives and routines. For some of us, this may be returning to work, volunteering, school, parenting, or other responsibilities. For others, it may be important to create goals and structures that will help us stay out of the hospital. Here is a basic, sample plan that you can adapt during your post-crisis planning.

SAMPLE PLAN

Goal: Staying out of the hospital

I want to create a plan for my first three months home so that I don't have to return to the hospital.

Steps to work toward this goal:

- *connect or reconnect with a peer supporter*
- *talk to my peer supporter once daily by phone*
- *ask a friend or family member to visit me one or two times a week*
- *update my action plan to find additional ways to work on my recovery*

1. **Goal:**

   What do I want to achieve:

   What are steps that will help me?

   Who can help me work toward this goal?

2. **Goal:**

What do I want to achieve:

What are a few steps that will help me?

Who can help me work toward this goal?

CREATING A TIMETABLE FOR RESUMING RESPONSIBILITIES

It can also be helpful to develop plans for resuming responsibilities that others may have had to take over or weren't addressed while you were having a hard time. These might include responsibilities such as childcare, pet care, a job, cooking, and household chores. Here is a sample that you can adapt for your post-crisis plan.

SAMPLE PLAN

Responsibility: Getting back to work

While I am resuming this responsibility, I need (who) to drive me to work so that I don't have to take the bus.

Plan for resuming responsibility:

- *In 3 days, return to work for 2 hours a day for 5 days.*
- *For 1 week, go to work half-time.*
- *For 1 week, work three-fourths time.*
- *Resume full work schedule.*

1. **Responsibility:**

Who has been doing this while I was in crisis:

While I am resuming this responsibility, I need (who/what)

to plan for resuming

2. **Responsibility:**

Who has been doing this while I was in crisis:

While I am resuming this responsibility, I need (who/what)

to plan for resuming

3. **Responsibility:**

Who has been doing this while I was in crisis:

While I am resuming this responsibility, I need (who/what)

to plan for resuming

WHAT HAPPENS NEXT?

We have now completed our action plan for recovery and well-being. What comes next?

Using Our Action Plans

At first, we may find it helpful to spend 15 to 20 minutes each day reviewing our plans. Many of us find that the morning, either before or after breakfast, is the best time. As we become familiar with our daily lists, triggers, signs, and plans, we may find the review process doesn't take as long. After a while, we'll know how to respond without even referring to our plans.

Developing a Lifestyle that Supports Our Recovery and Well-Being

LIVING SPACE

Our living space affects how we feel. For instance, if we need to live in a space that is always neat and tidy, but others are always messing it up, this is going to affect how we feel. If we like to live in a space that is full of "stuff," we will not like living in a space that doesn't have much in it. Some of us may need a light, colorful space.

To the extent that we can choose our housing, our living space should be a space where we feel safe and secure. If there is violence or substance use in our home or neighborhood, it adds stress and makes it difficult to feel safe.

Many of us may not have a private place to keep our own things. Not everyone has the privilege of independent housing. Even when staying in temporary housing or housing that does not belong to us, there may be ways to create a living space that supports us. It could be as small or simple as how we keep our room, our bed, a nightstand, a closet, a corner, or shelves that belong to us. Or we can set goals for moving from our current situation into different housing.

Here are questions to consider when thinking about housing options. Not all questions apply to everyone, and that's okay.

Self-assessment: Do I look forward to going home or to my living space? Why or why not?

- Is my home or living space safe and secure?
- Is it free from violence, substance use, and conflict?
- Do I like my home or living space the way it is? If not, what can I change?
- Is my home or living space comfortable for me?
- Do I have private space that others respect?
- Is my home located nearby the services that I need?
- Is my space easy to maintain?

Living with Others: If we live with others, do they help us stay well or make it hard for us to stay well?

- If they help me stay well, how do they do that?
- If they make it hard for me to stay well, what can I do about it?
- Am I always taking care of others and not taking care of myself?
- Do I wish I had more fun?
- Do I . . .
    - try to do too much every day?
    - take on more than I should?
    - have more things than I need?
    - do these things make my life difficult to manage?

- Are there people who make my life feel chaotic?
- Are there people in my life who are abusive?
- Do I need to make lifestyle changes? If so, how and when will I make these changes?

WORKING, VOLUNTEERING, OR GOING TO SCHOOL

For many of us, being able to work, volunteer, or learn are important parts of our recovery and our personal goals. This can help us to feel a sense of purpose, to build skills, and connect with others. As part of our ***Taking Action*** planning, we might be thinking about how to continue, begin, or return to work, volunteering, or school. It may be helpful to consider these questions:

What type of schedule will help best in my recovery?

- How many hours is ideal for me?
- What times of day work best?
- How many courses are ideal for me?
- Are there online as well as in-person options?
- How much do I need to earn to meet my basic needs or my household's basic needs?
- Are there roles that I feel are a better fit for where I am in my recovery?
- Who can guide me and help me navigate my options?
  - What type of supervision or guidance can I find?
  - How can I ask for more support if I need it?
  - Are there specific accommodations that would help me do my best and maintain my well-being? Who can help me figure this out?
- What are signs that my workload, schedule, or course load are too much for me? What options do I have for flexibility?
- How does my commute to work, volunteering, or school affect me?

SUPPORT FROM LOVED ONES

Loved ones—friends, family members (biological or chosen), partners, other supporters—can be a major source of support as we work toward our recovery and well-being. It is also important to recognize if some relationships are less positive and less helpful to us. These are questions to ask ourselves about our supporters:

- Who can I turn to for support?
  - What kinds of support are they able to provide?
  - What should I not expect from my supporters?
- How do I feel after spending time with my family or other supporters?
- How much time is good for me to spend with supporters right now?
- Are there individuals I need to avoid to support my recovery?
  - Who can support me in setting boundaries?
- What are the best ways for me to communicate my needs to my supporters?
- Are there resources that my loved ones and I might use to improve our relationships or well-being? Where can we find help?

CONCLUSION

Congratulations on completing ***Taking Action*** Parts 1 and 2!

You have now created a wellness toolbox and an action plan that will help you be well, to navigate difficult times, and to manage through times of crisis and recovery.

From here, we must put our plans into action. We can return at any time to review, learn, and update our plans based on what works best. We can find ways to continue ***taking action*** in our own lives and with peers in our community. As we exchange our experiences, we learn from our peers, share our wisdom, and inspire others.

Together, let's take action for the well-being of ourselves and our communities.

APPENDIX A: ACTION PLAN TEMPLATES

DAILY MAINTENANCE PLAN

Feeling Well: What it feels like and looks like when I am feeling well.

Dreams and Goals: Big or small goals that I have in mind.

Daily List: Things I know I must do every day to maintain my wellness.

Reminder List: Things I might need to do day-to-day or week-to-week.

Identifying Triggers or Challenges

Helpful Actions for Responding to Triggers or Challenges

Identifying Early Warning Signs

Helpful Actions for Responding to Early Warning Signs

WHEN THINGS ARE BREAKING DOWN OR GETTING WORSE

Signs that things are breaking down or getting worse

Helpful actions for when things are breaking down

Your plan needs to be very direct, with fewer choices and very clear instructions

CRISIS PLANNING

Part 1. Feeling Well

What it looks like when I am feeling well, so my supporters can understand.

Part 2. Indicators or Signs

Signs that indicate to others they need to step in and help or make decisions on my behalf.

Part 3. Supporters

Who I do and do not want to support me during crisis.

People to include:

People not to include:

How my supporters will handle decision-making and conflict:

Part 4. Healthcare Providers and Medications

Providers I want involved (physicians, pharmacists, other healthcare providers and their contact information):

Medications I am currently taking and why I am using them:

Medications I prefer not to take and why:

Medications I might accept and why:

Medications I need to avoid and why:

List any vitamins, herbs, supplements, or homeopathic remedies:

Part 5. Treatments

Treatments I would prefer, accept, or avoid, and why.

Treatments I am currently undergoing and why:

Treatments I would prefer in a crisis and why:

Cultural practices or treatments I would prefer in a crisis and why:

Treatments I would accept in a crisis and why:

Treatments I must avoid and why:

Part 6. Planning for Our Care

Sometimes it is helpful to have a place to stay briefly and receive care, other than a hospital or residential treatment setting.

Options for respite care or a supportive retreat:

My ideal scenario for respite or retreat during a crisis:

Part 7. Treatment Facilities

Sometimes we need to seek treatment at a hospital or treatment facility.

Options for treatment facilities:

My preferred characteristics of a treatment facility:

Treatment facilities I do not want to go to and why:

Part 8. What We Need from Others

What supporters can do to help me:

What supporters should not do to help me:

What specific tasks supporters can do for me:

Task:

Person:

Instructions:

Task:

Person:

Instructions:

Task:

Person:

Instructions:

Part 9. Recognizing Recovery

What does it look like when a crisis is over and I am moving into recovery?

POST-CRISIS PLANNING

Indicators I am well enough to use my post-crisis plan:

Arriving at home:

What I need to have or to do when I return home

SUPPORTERS POST-CRISIS

Who should help me and how they can help

Supporter:

How to help:

Supporter:

How to help:

Supporter:

How to help:

My personal goals and plans for when I return home

1. **Goal:**

   What do I want to achieve:

   What are some steps that will help me?

   Who can help me work toward this goal?

2. **Goal:**

   What do I want to achieve:

   What are some steps that will help me?

   Who can help me work toward this goal?

Responsibilities I need to resume when I return home

1. **Responsibility:**

   Who has been doing this while I was in crisis:

   While I am resuming this responsibility, I need (who/what)

   to plan for resuming:

2. **Responsibility:**

   Who has been doing this while I was in crisis:

   While I am resuming this responsibility, I need (who/what)

   to plan for resuming:

3. **Responsibility:**

   Who has been doing this while I was in crisis:

   While I am resuming this responsibility, I need (who/what)

   to plan for resuming:

APPENDIX B: TEMPLATES FOR COMMUNICATING MEDICAL INFORMATION

INFORMATION FOR THE PHYSICIAN

1. **List all medications, vitamins, supplements, and other healthcare treatments or remedies you are using for any reason.**

Medication	Dosage	When and how to use

2. **Give a medical history of yourself and your family, including your substance use or mental health history**

Your personal health history	Mother's side of the family	Father's side of the family

3. **Describe changes in:**

Appetite or eating	
Sleep patterns	
Sexual interest	
Ability to concentrate	
Memory	
Substance use	
Other	
Other	

4. **Have you recently experienced**

Yes/No	Health condition	Comments
☐	Headaches	
☐	Numbness or tingling anywhere	
☐	Loss of balance	
☐	Double vision or vision problems	
☐	Periods of amnesia	
☐	Coordination changes	
☐	Weakness in arms or legs	
☐	Fever	
☐	Nausea or diarrhea	
☐	Fainting or dizziness	
☐	Seizures	
☐	Return to use	
☐	Increased alcohol or drug use	
☐	Accidental overdose	
☐	Stressful life events	
☐	Other concerns	
☐	Other concerns	

Other relevant information:

INFORMATION ABOUT MEDICATION

The information that you will gather to answer these questions may help you find out whether a medication is a good fit for you.

Generic name

Product name

Product category

Suggested dosage level

How does this medication work?

What does the doctor expect it to do?

How long will it take to achieve that result?

What are the risks associated with taking this medication?

What kind of an effectiveness track record does this medication have?

What short-term side effects does this medication have?

What long-term side effects does this medication have?

Is there any way to minimize the chances of experiencing these side effects? If so, how?

Are there any dietary or lifestyle suggestions or restrictions when using this medication?

If so, what are they?

Why does the doctor recommend this medication?

Has the doctor had other patients who used it?

If so, how have they done?

How is this medication monitored?

What tests will I need before taking this medication?

How often will I need these tests while taking the medication?

What signs indicate that I should stop the medication or adjust the dosage?

Ask for copies of any printed information on the medication.

What signs indicate I should call you or my primary care physician immediately?

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