

This is my Family Treatment Court Recovery Wellness Plan.

NAME: _____

I have reviewed all areas of my life to ensure that I am taking good care of myself and that I have thought about future life situations and problem-solved so I can continue a healthy life with my family in recovery.

I have shared this plan with the following people:

Signature of treatment counselor *Date*

Signature of social worker *Date*

Signature of recovery support person *Date*

In order to have the most successful future, I know I need to take care of my recovery needs, but I also need to make sure my children’s needs are met. To do this, I need to have my own Recovery Toolbox! Let’s get started.

My Recovery Wellness Plan:

Structure and routine are good ways to keep yourself and your kids on track. They provide a level of “normalness” and “certainty” that is healthy for everyone. When everyone knows what is expected and allowed, it maintains good rules and boundaries. On the following page, use the weekly calendar to help map out what a routine week looks like, such as when everyone gets up, eats meals, goes to bed and other standing appointments. Don’t forget to include recovery support meetings and enough sleep! Here’s an example:

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00		Get everyone Up	Get everyone Up	Get everyone Up	Get everyone Up	Get everyone Up	
7:30		Breakfast+meds	Breakfast	Breakfast	Breakfast	Breakfast	
8:00							
8:30							
9:00							Get up
9:30	Get up						Breakfast
10:00	Breakfast+meds						
10:30							Outdoor Activity
11:00		WORK/SCHOOL	WORK/SCHOOL		WORK/SCHOOL	WORK/SCHOOL	with kids/pets
11:30							
12:00				Support Group Mtg			
12:30		lunch	lunch	or meet w/ sponsor	lunch	lunch	
1:00				lunch			Support Group Mtg
1:30							or meet w/ sponsor
2:00							
2:30							
3:00			WORK/SCHOOL	KID Therapy	WORK/SCHOOL	WORK/SCHOOL	
3:30				Parent Group			
4:00							
4:30		Homework/Play	Homework/Play	Homework/Play	Homework/Play	Homework/Play	
5:00	Dinner + clean-up		Dinner + clean-up		Dinner + clean-up		Dinner + clean-up
5:30		Dinner + clean-up		Dinner + clean-up		Dinner + clean-up	
6:00		Support Group Mtg					
6:30		or meet w/ sponsor					
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							



As you think about your Recovery Wellness Plan, remember things to do on a regular basis to keep well, but also keep a reminder list of things you need to do or follow-up on, and set goals and tasks for them.

Daily list ideas:

- Eat three balanced meals and healthy snacks to get energy throughout the day
- Drink at least six 8-ounce glasses of water throughout the day
- Get outside for at least 30 minutes. Not only is fresh air healthy, but exposure to daylight can boost mood and energy. Take little FIDO for a walk!
- Take all medications as prescribed and plan for refills at least two weeks out
- Plan to get a good night's sleep (avg. 8 hours/night)
- Carve out time to relax, meditate, laugh, play games or read!



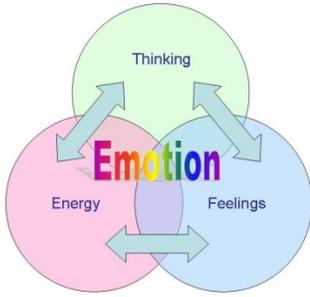
Reminder list ideas:

- Grocery lists
- Errands around town
- Follow-up on scheduling appointments for Dr, therapy, kids, medication refills
- Plan a fun event/outing
- Spending time with recovery support groups/people
- Hair cuts, oil changes, kid activities, etc.

Dreams/goals ideas:

- Planning to get a GED: Call Clark College, get high school transcript
- A new or better job, check out employment programs such as Goodwill, WorkSource, Partners In Careers or Val Ogden Center. People are there to help guide you!
- Get healthy – check out all the free programs with SeaMar, Public Health or CVAB. Check out the Firstenburg or Marshall centers for scholarships. Go to the YMCA or Planet Fitness.
- Get a driver's license. Go to an office or online to find out what you need to do to get your license (www.dol.wa.gov). If you have old District Court fines holding up your license, you may qualify to have your fines reduced or waived. To learn more, call 397-2304.

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00							
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EMOTIONAL: Coping effectively with life and creating satisfying relationships.

Be aware of and listen to your feelings. Express your feelings to people you trust.

Identifying Triggers and having a plan in place to get through them

Triggers are events or circumstances that may produce unhealthy thoughts and feelings. To be best prepared to **RESPOND** to triggers rather than **REACT**, you need to know your common triggers and how to overcome them.

Examples of common triggers.

- * anniversary dates of losses or traumas
- * getting scary news
- * family
- * isolating, too much time alone
- * financial stress
- * being yelled at/bullied
- * holidays
- * feeling overwhelmed, too much to do
- * ending a close relationship
- * feeling inadequate, less than, put down
- * not feeling well, physically
- * certain smells, tastes, noises, songs or places

Please list your Common Triggers and create a few action plan items to **RESPOND**, not react:

Trigger 1: _____	Response(s)	_____

Trigger 2: _____	Response(s)	_____

Trigger 3: _____	Response(s)	_____

Trigger 4: _____	Response(s)	_____

Trigger 5: _____	Response(s)	_____

Common strategies to overcome Triggers:

- * call sponsor/mentor, go to meetings, TALK
- * walk the dog, do some chores to take mind off
- * take a nap.
- * write in journals, meditation, exercise
- * make a meal, snack, cookies
- * be social!

Triggers happen when we are HUNGRY, ANGRY, LONELY, TIRED

LIST 4 PEOPLE/PLACES that are UNHEALTHY for ME:	LIST 4 PEOPLE/PLACES that SUPPORT ME
1.	1.
2.	2.
3.	3.
4.	4.

How will I avoid these people or places or leave if I find myself in this situation, besides “not going to the place or getting in contact with them:

1) _____

2) _____

Write down an action plan: This action plan will help eliminate my triggers/stressors. Ideas:

- Call my sponsor/mentor/support person
- Call my doctor or treatment provider and ask for very specific instructions
- Arrange for my support person to stay with me until the feelings are gone
- Schedule a daily check-in with someone I trust, will listen and not judge, but tell me the truth!
- Do three-deep breathing exercises / go for a walk
- Write, create or do some type of art that relaxes me....check out what’s going on at REACH Too
- Say three affirmations to myself

“I AM WORTH IT, I CAN DO THIS, I LOVE MYSELF -- I don’t want to lose what I have gained”!

My personal action plan:

This is a contract with myself that I will do the following when I’m feeling triggered

Who	What	When	How

It’s important to review this plan frequently so you and your support system know exactly what to do when you’re feeling triggered. You will know how to respond and what plans you have in place in order to maintain your recovery.



Mental health: a person's condition with regard to their psychological and emotional well-being

Currently I take the following prescriptions for my mental health:

MY Medication: _____ Dosage: _____ Times per day: _____

MY Medication: _____ Dosage: _____ Times per day: _____

MY Medication: _____ Dosage: _____ Times per day: _____

Mental health diagnosis: _____ Counselor: _____.

My prescribing Doctor's name is _____ Phone: _____.

My mental health provider is: _____ Where: _____ Phone: _____

I attend mental health treatment _____ times per _____

My child(ren):

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Mental health diagnosis: _____ Counselor: _____.

CHILD (_____) Mental health diagnosis: _____ Counselor: _____.

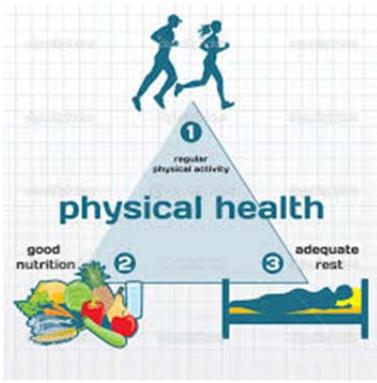
CHILD (_____) Mental health diagnosis: _____ Counselor: _____.

CHILD (_____) Mental health diagnosis: _____ Counselor: _____.

CHILD: _____ Prescribing Doctor's name is _____ Phone: _____.

CHILD: _____ Prescribing Doctor's name is _____ Phone: _____.

CHILD: _____ Prescribing Doctor's name is _____ Phone: _____.



PHYSICAL WELLNESS: Recognizing the need for physical activity, healthy nutrition/diet and sleep. One must learn to manage one's disease and/or symptoms.

Take the stairs instead of the elevator; walk or bicycle when possible instead of driving. Take the kids and dog for a walk! Get enough sleep—your body needs it to rejuvenate and stay well. Drink plenty of water!

I currently have the following chronic medical issues:

What _____ last seen by your doctor _____

What _____ last seen by your doctor _____

What _____ last seen by your doctor _____

My Dr. is _____ Clinic: _____ Phone number _____

Medication: _____ Dosage: _____ Times per day: _____

Medication: _____ Dosage: _____ Times per day: _____

Do I make annual Physicals? Get tested for age-related issues (mammograms, colonoscopy, gynecology, hep c, hiv)

Next appointment with my primary care physician: _____

My action plan:

GOAL	What	When	How
i.e. Eat Better	Eat less fast food Cook more w/ veggies	Over the next 6 weeks	Cut out 1 fast food meal a week over the next 2 months, then cut out 2

My child(ren): have the following **chronic medical issues:**

CHILD (_____) What _____ Doctor _____ Phone _____

CHILD (_____) What _____ Doctor _____ Phone _____

CHILD (_____) What _____ Doctor _____ Phone _____

CHILD (_____) What _____ Doctor _____ Phone _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

CHILD (_____) Medication: _____ Dosage: _____ Times per day: _____

Do I make annual exams for each child? Up-to-date on shots?

My child(ren) currently have the following source of medical coverage: _____

If my or my child(ren)'s medical coverage should unexpectedly be inadequate or unavailable and/or if any symptoms change or worsen, I have the following plan to maintain stability:

Plan A:

Plan B:

<https://www.washingtonconnection.org/home/>

www.211.org or call 211 for resources!

<https://www.wahealthplanfinder.org/content/Homepage.html>



FINANCIAL: Satisfaction with current and future financial situation.
 Living within your financial means and learning to manage your finances.

How am I financially providing for myself and my family? \$\$\$\$\$\$\$\$\$\$

(please circle all that apply)

- * Employment/wages
- * Child support
- * Public assistance
- * Other: _____
- * Financial aid
- * Social Security/Disability
- * Partner/Relatives

Do I feel like I am able to financially provide for my child(ren)? YES NO

Please explain your answer:

If changes to my financial status or benefits threaten my ability to pay all necessary bills, I have the following plan to maintain my financial stability:

Plan A:

Plan B:

Other financial resources:

Clark County Community Action Program: The Clark County Community Action Program distributes money to community nonprofit organizations to provide emergency needs, basic and essential services, and programs to improve self-sufficiency. Examples of services provided through the nonprofit agencies include emergency shelter, energy assistance, food, employment, non-criminal legal assistance and homeless prevention through rent or mortgage assistance with case management.

The program can be reached at (211) or www.211info.org

Please fill out the following budget sheet:

Personal budget calculator		NOTES / COMMENTS
Results:	Monthly	
Household/personal income		
Wages/SSI/SSD/TANF/SNAP/Pension/Retirement	\$	
Child support, alimony received, school grants/loans	\$	
Other (settlements, inheritance, claims)	\$	
TOTAL INCOME	\$	
<u>NECESSARY Expenses</u>		
Rent/mortgage payment (include if you have HEN)	\$	
Water/sewer/gGarbage	\$	
Clark Public Utilities (electricity)	\$	
NW Natural Gas	\$	
Food/groceries	\$	
Insurance (car, home, renter's, healthcare, life, pet)	\$	
Clothing (not excessive, just basic needs)	\$	
Laundry	\$	
Transportation: gas \$, bus pass, Uber, tires, bike repairs	\$	
Child care + baby costs: diapers, formula	\$	
Taxes from paycheck, property, Oregon job, etc.	\$	
Medications _____	\$	
Other _____	\$	
Other Expenses	\$	
Subtotal here:	\$	
<u>OTHER Expenses</u>		
OLD fines / fees / loans / child support	\$	
Current fines / fees / loans / child support	\$	
Phone (home + cell)	\$	
Internet / Cable costs	\$	
Credit cards	\$	
Treatment costs	\$	
Membership dues (gym, other)	\$	
Repairs + Maintenance (car oil, home, bike, tires, etc.)	\$	
Pet care	\$	
Retirement deposits (401K, IRA, etc.)	\$	
Hair cuts _____	\$	
School/work/sport supplies (self, partner, kids)	\$	
Other expenses _____	\$	
Subtotal here:	\$	
Add both Subtotals for Grand TOTAL EXPENSES	\$	
Subtract TOTAL INCOME - TOTAL EXPENSES	\$	
This is your leftover amount to save or spend	\$	



SOCIAL: Developing a sense of connection, belonging, a well-developed support system. Relationships and social networks that provide support, friendship, love and hope are important to recovery!

Make at least one social connection per day by calling, emailing or visiting someone. Get active in a support group. Check out REACH Too Activities!

Please write the names of 3 support people you can contact on a regular basis:

Name	Phone number	Associated from

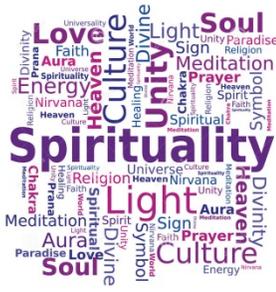
List your most common support groups such as AA, NA, SMART Recovery, Celebrate Recovery, REACH Too, church, etc.

What group	Times you meet with them

Does/do your child(ren) have any supports that they attend? (circle) YES NO

Would you like them to? (circle) YES NO

Name of child	Interest / hobby / activity	Activity or support group to attend



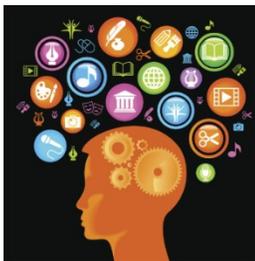
SPIRITUAL: Expanding our sense of purpose and meaning in life.

- The search for the source of everything
- The inner path to find one’s unique purpose and/or essence
- A passageway to peace
- Mind, Body, Spirit, Truth and Unity

Make time for practices that enhance your sense of connection to self, nature and others. Take time to discover what values, principles and beliefs are most important to you.

From the example above: Please write/describe what spirituality means to you? REMEMBER: there is NO right or wrong answer, the team just wants to know what motivates you to continue your positive journey.

Examples: I’m religious, I believe in... or I’m spiritual I believe in... or I’m really neither but I believe that there is a ...



INTELLECTUAL: Recognizing creative abilities and the ability to acquire and apply knowledge and skills.

Ways to expand on your creative abilities, knowledge and skills:

- | | | | |
|--------------|-----------------------|----------------|------------------------------|
| *Art | *Music | *Writing | *taking classes |
| *Painting | *Singing | *Story-telling | *reading |
| *Photography | * Playing instruments | * Plays | * counseling |
| *Dance | *Journaling | * Poems | * watching videos (youtube)! |
| * Drawing | | | |

These are just examples. Please tell us what type of skills/things you do to express your creativity... BE CREATIVE!

Or just circle the above. Use this space to write-in others

Describe by which methods you prefer to learn (reading, hands-on, classes, watching videos, etc.)

Do you share/do any of these things with your child(ren)? If yes, please explain:



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OCCUPATIONAL/PURPOSE: Personal satisfaction and enrichment derived through work/school/purpose. Meaningful daily activities such as a job, school, volunteerism, family caretaking or creative endeavors. The independence, income and resources to participate in society are key factors to a healthy recovery.

Are you currently enrolled in school? Employed? Volunteering? Write your plans: _____

What is your area of interest? _____ If you don't know, it's OK!

What drives you to this career or volunteer activity? _____

What kind of goal and time frame are you looking for? _____

Do you need support in achieving this ? (circle) YES NO We have a list of resources, just ask!

Here are some resources to better help serve you: You can always google a school and search jobs fairs;

WorkSource, Partners In Careers (PIC), Goodwill Job Connections and the Val Ogden Employment Center can help!

<https://www.worksourcewa.com/microsite/Content.aspx?appid=WAWORKSHOPS&pagetype=simple&seo=events>

http://www.clark.edu/campus-life/careers/events/career_days.php

<http://www.pcc.edu/resources/careers/fairs/cascade/>

TIPS for APPLYING FOR JOBS:

If you are a job seeker, you will probably have to fill out one or more applications. You should know that employers do read the applications and that how you prepare them can make a BIG difference in getting an interview and being hired for the job.

Be prepared: Be sure you know the correct names, dates, places and other information you will need. It may be helpful to create a sample application to bring with you when you apply for a job, in case you must fill out an application on the spot.

Ask if you may take a blank application home: Filling out the form at home can be easier as you will be able to take your time and do a good job. If possible, ask for an extra form, just in case.

Read the form: Before you start writing, look for instructions that say "use pen only" or that tell you to list information in a certain order.

Be neat: Use a pen or, if you take the form home, you might want to type in the information. If you need to correct a mistake, use correction fluid.

Answer all questions completely and correctly: Know proper dates, addresses and how to spell names and places. Don't make up answers.

Be positive: List what you have been doing, not what you haven't done. For example, if you have been unemployed for a time, show the work you have been busy with such as going to school, managing a household, or doing carpentry on your home. If paid experience is not specified, list any volunteer jobs or activities that show your skills and ability to work.

Be clear: Know the position title you are applying for and the right salary range. You may have to do some research to find this information. The Employment Center can probably help you. Also, most application forms ask when you will be available to start work. Be prepared to answer this question.

Alert references: List people with whom you have checked and who have agreed to give a reference. There are two kinds of references: character or friend; and employer. Do not use relatives as references.

Re-read the application when you finish: Make sure you correct any errors or omissions. Check your spelling. Then, hand it in or mail it. If you are mailing the form, it is a good idea to make a copy for yourself and note the date you send the application. Also, when mailing an application, be sure to send a cover letter re-stating your interest and qualifications.

Directions about writing a resume and cover letter are on the following websites: Please don't hesitate to ask for help!

<https://resumegenius.com/cover-letters-the-how-to-guide>

<https://theinterviewguys.com/how-to-make-a-resume-101/>

ALWAYS HAVE SOMEONE READ YOUR STUFF BEFORE SUBMITTING IT!



ENVIRONMENTAL: Good health by occupying pleasant, stimulating environments that support well-being. Appreciate nature and the beauty that surrounds you. Seek out people and activities that have a calming and supportive effect on you.



To support long-term recovery: an individual goes through a process of change by which they improve their health and wellness, live a self-directed life, and strive to reach their full potential.

HEALTH

HOME

PURPOSE

COMMUNITY

Dimensions of Recovery



Are you currently living in a safe/stable/supportive place? (circle) YES NO

Where do you live? _____

With whom do you live? _____

Are you looking to move? _____

If I should have problems with paying rent or any other complication that risks the security of my housing and storage of my or my child(rens') belongings, I have the following plans to maintain stability:

Plan A:

Plan B:

Transportation: I currently get to work/appointments by _____.

Should my transportation method fail to get me or my children to my appointments or my ability to legally operate a vehicle change, I have the following plan to maintain stability:

Plan A:

Plan B:

Stability and sustainability for my child(ren)

I have taken the following parenting classes (first table) and the following therapy :

NAME OF PARENTING CLASS/THERAPY:	Most important thing I learned from this class/counseling

NAME OF CHILD CARE for EACH CHILD:	Who is a good back-up/alternate?

Please list the names and/or resources you know to contact if you are experiencing any issues and need help, whether it is an emergency or you feel you are just at your wits end!

- 1.
- 2.
- 3.
- 4.

