

**Opportunity Works
Recovery Action Plan for
Business Owners & Other Employed Individuals**

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Opportunity Works is funded in
part by the Government of
Canada's Opportunities Fund

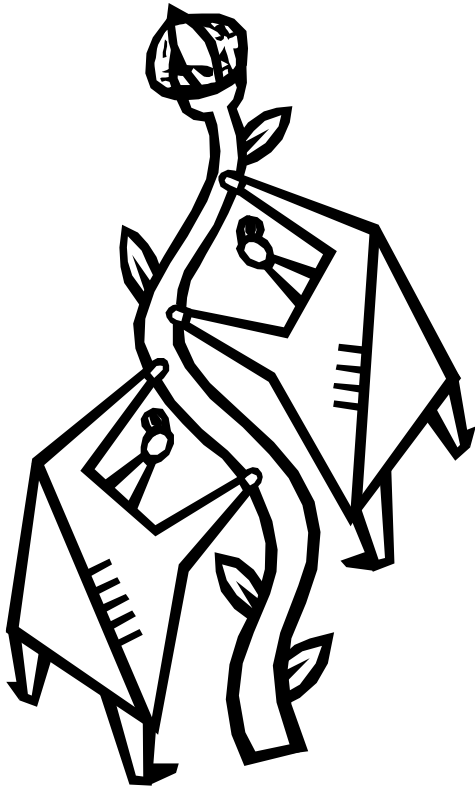
Funding also provided by:



anonymous and private donors

Introduction

Opportunity Works of Calgary, Alberta, Canada provides self-employment skill development and small business ownership support to individuals who identify themselves as mental health consumers.



Opportunity Works provides intensive, flexible, one-to-one ongoing support to participants around both business and mental health issues. This support includes one-to-one practical assistance in the business development process, as well as person-centered mental health support, information and referral services.

This workbook, outlining the process to create an individualized Recovery Action Plan, has been adapted from the work of **Mary Ellen Copeland** and the **Georgia Certified Peer Specialist Project**. It is designed to assist our participants increase their self awareness and self management of their mental health issues and is specific to small business owners and the region of Calgary, Alberta.

What is a Recovery Action Plan?

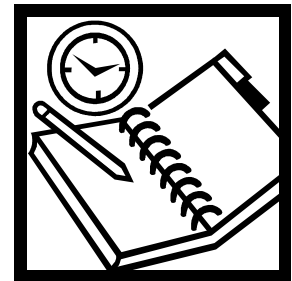
The **Recovery Action Plan (RAP)** is a type of problem solving process designed to protect your personal and legal rights, and to ensure a dignified existence. This is a type of mental health self-management/self-advocacy tool intended to assist you in getting what you need, when you need it.

The RAP can help you avoid or solve problems with family, loved ones, doctors, lawyers, employers, associates, and friends. A well planned RAP can help ensure you receive the care you need, while at the same time help you maintain control over who will assist you, where you will receive treatment and what medications will be administered. The key to successfully using your RAP proactively is communication. A completed RAP provides a critical documented coping strategy that you can share with your support network. It empowers them to recognize the behaviour changes/physical signs you have identified which reflect a decline in your mental health status and relay observations to you in a non-threatening manner. It is then your responsibility (not theirs) to implement the strategies you have identified. The RAP provides an outline of coping strategies to increase mental health sustainability and stability throughout the many cycles of mental health issues and small business ownership or employment.

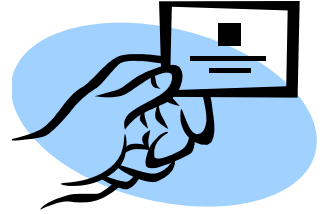
Steps in Developing a **Recovery Action Plan (RAP)**:

You will identify:

- your successes: those accomplishments that you often forget but that you need to be mindful of, as a reminder of all the things you are capable of;
- the individuals and groups that support you with your mental health issues;
- how you feel, behave and appear when you are feeling well;
- what symptoms and behaviors you know are associated with a decline in your mental health;
- activities or strategies you currently use to cope with your mental health issues;
- other skills and supports that you may wish to develop to increase your stability and wellness;
- a Crisis Plan that will help others help you when, in spite of your best proactive planning, your mental health does decline to a crisis situation. This last step is designed to give you control at a time when you may feel you have none.



My Successes Page



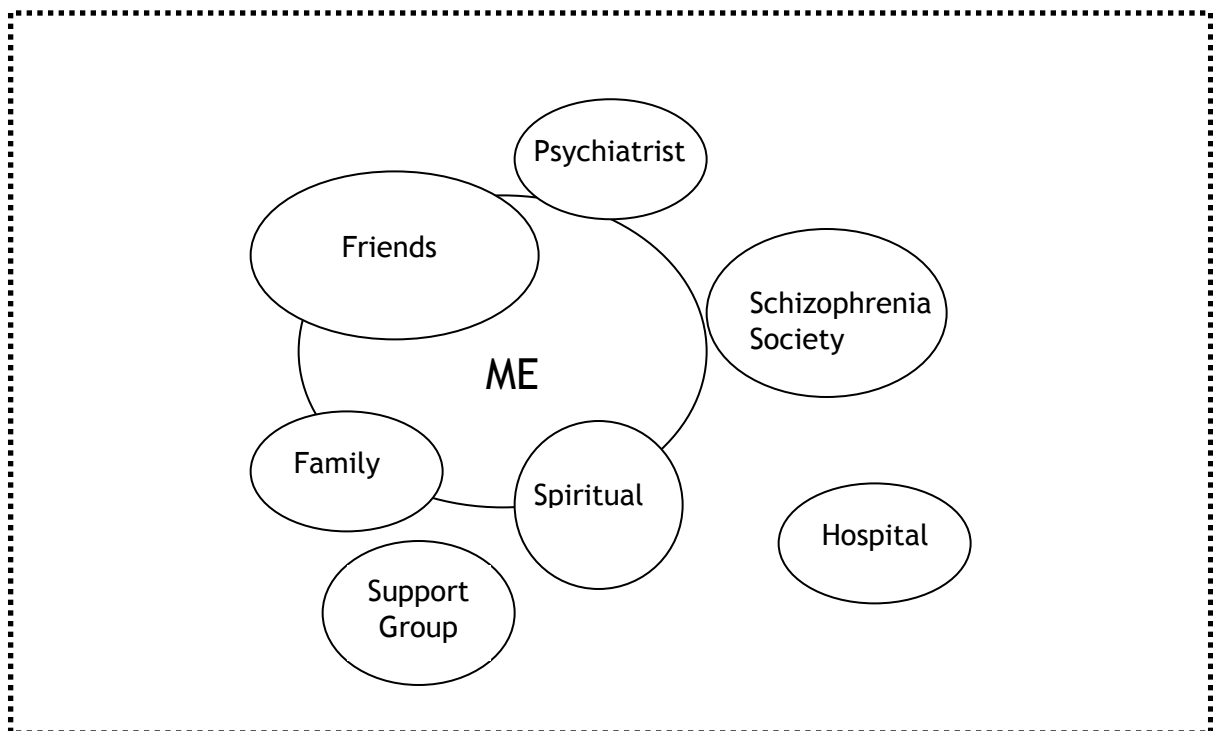
Personal Network Support Map and Mental Health Supports

A Support Map is a simple, functional drawing of how you see yourself and your formal and informal mental health support network. Your support map helps to identify supports that are important to you and those you can access to help you maintain or improve your mental health today. Developing a support map can be ***an opportunity to have a little fun and show your creativity.***

Exercise:

- Begin by drawing a circle (or other figure) in the middle of the blank page (on the following page) to represent you.
- Around that circle, indicate the people, groups and organizations that currently provide support to you. These may be family, friends, peers, counselors, health professionals, business associates, support groups, etc.
- Place each of these supports in circles; these may or may not overlap with your own circle. The degree to which their circles overlap with yours indicates your level of contact/connection.

For Example



Personal Support Map

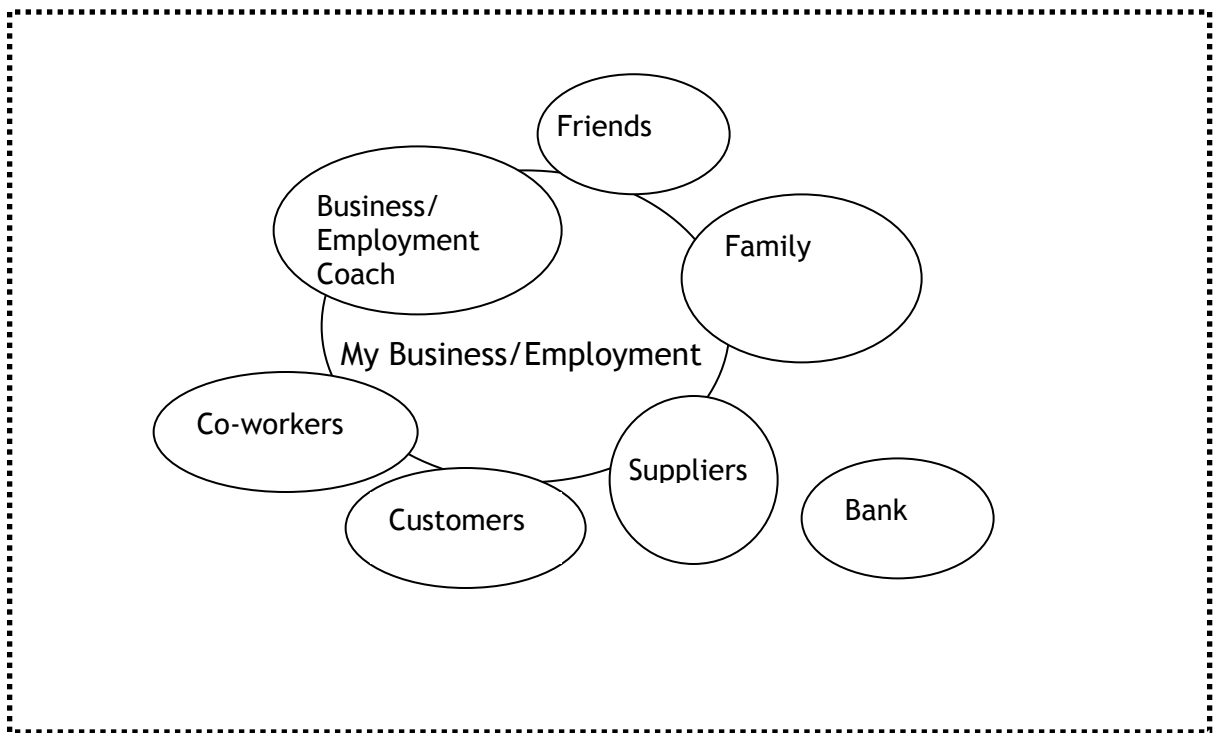
Small Business/Employment Support Map and Mental Health Supports

This Support Map is similar to the one you just completed. However, this one focuses on your business or work related supports, both formal and informal. Your support map helps to identify supports that are important to your business or employment and those you can access to help you maintain your business or employment stability. It is helpful to remember that when you are in a personal crisis your business or employment is separate from you.

Exercise:

- d) Begin by drawing a circle (or other figure) in the middle of the blank page (on the following page) to represent your business/employment.
- e) Around that circle, indicate the people, groups and organizations that currently provide support to you and that you rely on. These may be family and friends (source of love money) who can help fund the business, access to a line of credit, suppliers and customers. Place each of these supports in circles; they may or may not overlap with you own circle. The degree to which their circles overlap with yours indicates your level of contact/connection.

For Example



Small Business/Employment Support Map

Contact Names & Emergency Numbers for My Area

Access Mental Health	943-1500
Bridging the Gap (teens and young adults)	216-0660
Canadian Mental Health Association	297-1700
Suicide Services (CMHA)	297-1744
Calgary Association of Self Help	266-8711
Calgary Counseling Services	265-4980
Calgary Family Services	269-9888
Catholic Family Services	233-2360
Crisis Mobile Response Team	266-1605
Distress Centre (24 hours)	266-1605
Men's Line	266-1605
Eastside Family Centre	299-9696
Jewish Family Services	287-3510
OBAD (Organization for Bipolar Disorder)	263-7408
Centre for Suicide Prevention & Training	245-3900
8 th & 8 th Health Centre	781-1200
24 Hour Mental Health Line	1-877-303-2642
Schizophrenia Society of Alberta	264-5161
Community/Gov't/ Health/Social Services Info/Referral Line	211
City of Calgary Services Line	311
Family Physician – Dr.	
Psychiatrist – Dr.	
Therapist –	
Find a Physician – www.cpsa.ab.ca/findaphysician	943-5465

Hospitals		
Foothills Medical Centre	Main	944-1110
	Emergency	944-1315
	Poison Information	944-1414
	Volunteer Dept.	944-1336
The Peter Lougheed Centre	Main	943-4555
	Emergency	943-4999
Rockyview General Hospital	Main	943-3000
	Emergency	943-3449
Mental Health Clinics		
Alberta Mental Health Clinic Calgary Central		297-7311
Crisis Response Team		266-1605
Assertive Community Treatment Team		297-4235
Alberta Mental Health Clinic Calgary Northeast		297-7196
Alberta Mental Health Clinic Calgary Northwest		297-7345
Alberta Mental Health Regional Office		297-4520

Miscellaneous	Phone Number
Community Kitchens Program of Calgary	275-0258
Momentum (MCC Employment Services)	272-9323
Prospect Human Services Society (CVS)	273-2822
Calgary Drop In Society	266-3600
Potential Place	216-9250
Champions Career & Employment Centre	265-5374
Calgary Public Library - W.R. Castell Lib. - 3 rd flr - Business	260-2782
Ability Society	262-9445
CAP Sites - Public Internet Access Sites	www.informcalgary.ca
Good Food Box	275-0258
Women's Centre	264-1155
Calgary Business Information Centre	221-7800
Eau Claire YMCA	237-9622

Notes:

Are you Stressed?

The following checklist is of common major stressors. Constant daily experience with any one can cause sufficient disruption to account for the onset of physical stress symptoms. Check any three and you'd better keep a watch for immune system failures such as recurrent colds, 'flu, various stress-related infections. Check any five (especially if in the same category) and you had best take action to reduce your stressors. If you check more than five then check in with a psychology professional.

Job/Self Employment Stress

- ☐ Unemployed
- ☐ Fear impending unemployment or loss of business
- ☐ Unhappy with work or business
- ☐ Unhappy with boss or organization
- ☐ Unhappy with co-workers
- ☐ Frustrated ambitions
- ☐ Under-rewarded/under-paid
- ☐ Job "politics"
- ☐ Too much or too little independence
- ☐ Too much or too little responsibility
- ☐ Numerous conflicting demands
- ☐ Too much or too little work

Money

- ☐ Insufficient earnings
- ☐ Insufficient savings or retirement fund
- ☐ Large debt or overdue bills
- ☐ Unable to get credit
- ☐ Cash flow difficulties
- ☐ On fixed income

Spouse/Partner

- ☐ Fighting and arguing with spouse
- ☐ Physical abuse by spouse
- ☐ Intimidation by spouse
- ☐ Sexual dissatisfaction or sexless marriage
- ☐ Substance abuse
- ☐ Divorce or separation
- ☐ No communication

Children

- ☐ Insufficient child care resources
- ☐ Fighting and arguing
- ☐ Constant money struggles
- ☐ Disobedience and defiance
- ☐ School difficulties
- ☐ Substance abuse
- ☐ Dating
- ☐ Sex
- ☐ Pregnancy
- ☐ Struggles over college plans

Environment (Home, work and school)

- ☐ Noisy
- ☐ Disordered and disorganized
- ☐ Dangerous neighborhood or facilities
- ☐ Uncomfortable or unpleasant surroundings

Time/Task

- ☐ Too much to do
- ☐ Tight schedule
- ☐ Too little to do
- ☐ Too much "waiting"
- ☐ Too many unpleasant things
- ☐ Too many things left undone

Coping Strategies

Coping strategies refer to the specific efforts, both behavioral and psychological, that you may employ to master, tolerate, reduce, or minimize stressful events.

On the following page are three tables with coping strategy statements for different perspectives: Situational, Ourselves and Support. Each table identifies strategies and tools for coping with stress, anxiety and mental health symptoms. Understanding the strategies you are currently using and becoming aware of others that are available to you are very helpful in maintaining your mental health status.

Exercise:

- a) With a highlighter, mark those strategy statements that you currently employ in each of three perspectives or areas.
- b) Next, with a different colour highlighter, mark those strategy statements you would like to use in the future.

This process assists you in determining what coping strategies you already employ to control stress and some you would like to undertake. Refer back to this list when developing a strategy to control or alleviate stress.



LIVE SMART Coping Strategies

Situational

Accept what cannot be controlled	Anticipate change and challenge
Avoid time wasters	Be more assertive
Break tasks down	Change jobs
Choose your “battles”	Cooperate
Delegate	Evaluate previous action
Watch for unrealistic expectations	Find new challenges/look for variety
Set goals	Just do something
Keep perspective/reframe	Employ conflict management techniques
Learn new skills	Say “No”
Don’t personalize	Make a plan
Mentally rehearse	Negotiate
Organize	Plan ahead
Problem solve	Reduce uncertainty
Set priorities	Set limits
Stay flexible	Simplify/Let go
Manage time	Take a break
Face choice	Make to-do lists

Ourselves

Enjoy a bath/sauna	Be positive
Build self-esteem	Celebrate every success
Daydream	Keep a diary/journal
Drink plenty of water	Enjoy nature/gardening
Exercise/play sports/gym	Evaluate lifestyle
Get outdoors/light breaks	Have a hobby
Find humour/comics/laughter	Use positive imagery
Know your energy cycles	Know your values
Limit unreasonable beliefs/expectations	Get a massage
Limit cigarettes/drugs/caffeine/alcohol	Go to the movies
Use meditation	Eat well/proper
Let go of past/live today	Listen to music/chimes
Identify emotions	Use positive self talk
Take quiet moments to yourself	Read
Recognize signs of stress	Use relaxation techniques
Rest/learn to nap	Go shopping/retail therapy
Find emotional catharsis/shower sobbing	Shed superman/woman image
Employ stomach breathing	Get more sleep
Watch how much you worry	Stretch/yoga
Zone out/quiet your mind	Use vacations wisely
Refuse to think as a victim	Work off anger

Support

Ask for help from boss, HR, co-workers, family, friends, mentor, community	Ask the expert – lawyer, financial advisor, boss, parenting group, counselor
Be part of a community	Join community groups
Forgive self/others	Give and ask for hugs, compliments and thank-you's
Improve communications	Seek interest groups
Limit blame/criticisms	Enjoy pets
Play	Pray
Rely on family/friends; develop a network	Find a “safe” place
Join self help group	Take self-reflection time
Socialize with co-workers, friends	Believe in something – spirituality
Therapy	Talk to someone
Vent	Volunteer

Remember: **POPP!!** **P**atience, an **O**pen mind, **P**actice and **P**ersistence are required to incorporate new coping skills and techniques into your life.

Exercise:

- Pick two activities, (*from the lists above*) that you would think you would like to incorporate into your life.
- What steps are required to achieve them?
For example: I want to try yoga. The steps I will take to achieve that are:
 - Find out where, when and cost of classes are offered.
 - Register for a beginner class
 - Go to first class
 - I will do this by _____ (what date)

Activity	Steps to Take	Timelines
e.g. learn Yoga	Find out where and when classes are	Sep.1, 2006
	Register for a beginner class	Oct.2, 2006
	Attend first class	Nov.1, 2006
Activity	Steps to Take	Timelines
Activity	Steps to Take	Timelines

Daily Maintenance List



The Daily Maintenance List is a description of how you feel when you are well and those things you do, or should do, to keep yourself well. There are three steps to developing your daily maintenance list:

- 1) Create a list of words that describe yourself when you are feeling well;
- 2) Make a list of things you need to do for yourself every day to keep yourself feeling well; and
- 3) Using the LIVE SMART Coping Strategies, you might also need to make a reminder list of things to do daily and post it in a visible location (i.e. bedroom mirror).

Step One: Create a list of words or phrases that describe you when you are feeling well both personally and in your business.

When I am feeling well, the following would describe me:

Words	Describe how you relate to your customers or co-workers
e.g. motivated	e.g. friendly
e.g. rested	e.g. approachable
e.g. focused	

Step Two: Make a list of things you do now or need to do for yourself every day during business hours and outside of business hours to keep yourself feeling well. Use the [Live Smart Coping Strategies](#) as a guide.

I use the following strategies regularly to keep me well:

[illegible]

Step Three: Make a reminder list in point form of those things you need to do daily to feel well in a format that can be posted in a visible location (i.e. design a poster).

I have used the following coping strategies to improve or maintain my wellness in the past but must remind myself to do them more regularly:

Example Reminder List



1. take my meds

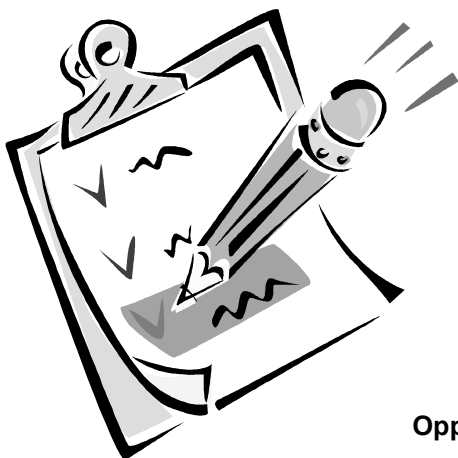
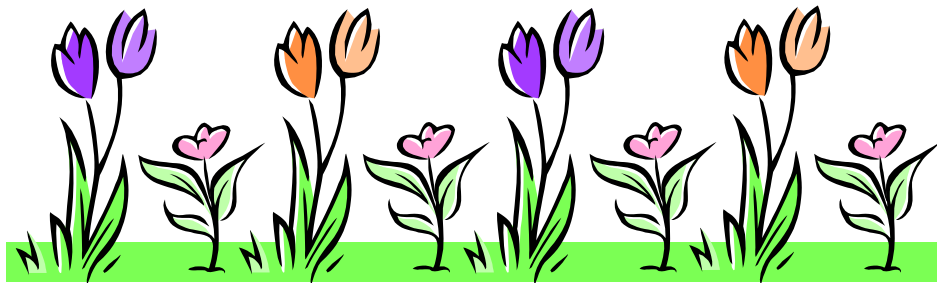
2. eat breakfast

3. check day planner

4.

5.

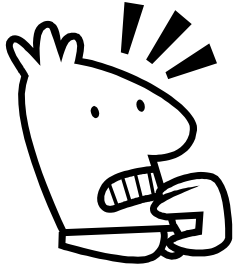
6.



Reading through these lists on a daily basis will help you stay on track and remain aware of your mental health status.

Reminder List

Triggers & Cycles



A trigger is an environmental or internal stimulus that sets off a particular response or sometimes a challenging behavior. Triggers may produce serious symptoms that make you feel like you are becoming ill. If you don't respond or deal with these triggers, they may actually cause your symptoms to worsen.

Cycles refer to reoccurring periods of time that symptoms occur, years, months, days, hours, that impact your wellness. Knowing when these will arise is very important in planning your small business activities and work pursuits. A good tool to determine if cycles affect you is a "Mood Chart". On this chart you document daily mood levels. It should become readily apparent, using this tool, if you are affected by mood cycles. If this tool sounds applicable to you, ask your coach for a mood chart.

Exercise:

- a) Step One: Record those environmental or personal stimuli that, if they happen, might cause an increase in your symptoms. These may be events or circumstances that have triggered or increased symptoms in the past.
- b) Step Two: Write an action plan to implement if triggers arise, using the mental health recovery and maintenance strategies discussed earlier. The action plan will outline what you plan to do to counteract your symptoms.
- c) Step Three: Consider past occurrences of symptoms and identify length of time noting any patterns that have become apparent.

Step One: Record those environmental or personal stimuli that, if they happen, might cause an increase in your symptoms.

e.g. hearing two people argue or yelling at each other
e.g. dealing with someone who reminds you of an abuser
e.g. a dissatisfied customer or co-worker

Step Two: Using the Live Smart Coping Strategies discussed earlier, write an action plan to use if triggers arise. The action plan will outline what you plan to do to counteract your symptoms.

Action Plan

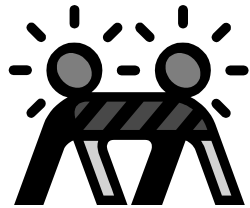
Trigger	Action Steps
e.g. an argument	Leave the situation immediately
	Take two deep breaths
	Find a safe place to sit for awhile
e.g. dissatisfied customer	Take a message and call back later
	Talk to a support person
	Reprogram negative self-talk

Step Three: Note your observations on cycles. Identify them and what actions you can take to lessen the impact they may have on you and your business/employment.

Action Plan

Cycle	Actions to take
e.g. month of November	Plan to do less during this month
	Arrange for family member to call customers

Early Warning Signs



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

Exercise:

- a) This exercise includes two steps, similar to the ones you just completed for Triggers. The first step is to make a list of early warning signs you have noticed.
- b) Next, using the Live Smart Coping Strategies discussed earlier, describe the action steps you will take if early warning signs come up. Indicate clearly what you plan to do to counteract your symptoms.

Action Plan

Early Warning Sign	Action Steps
e.g. heart starts beating faster	Sit down in a quiet place slow down my breathing.
e.g. feeling irritated and short with customers	Take some time off Talk to support person Put the answering machine on or turn cell phone off
e.g. begin to think of not being here	Call the Distress Centre Talk to my doctor/therapist/psychiatrist/counselor Identify and remove stressors as much as possible

Things are Reaching a Crisis

In spite of your best efforts, symptoms may progress to the point where they are very uncomfortable, serious and even dangerous. It is important to remember that you are still able to take some action on our own behalf. This is a very important time. It is necessary to take immediate action to prevent a crisis.

Exercise:

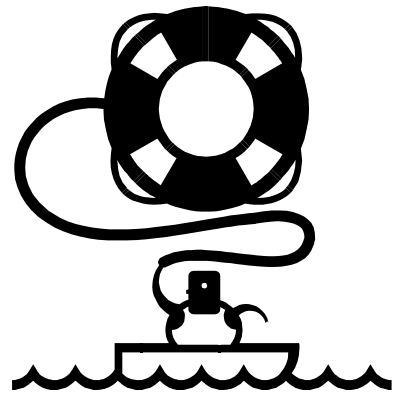
- a) The first step of this exercise is to make a list of the symptoms that indicate your mental health status has worsened and you are close to the crisis stage.
- b) In the second step, describe the actions steps you will use **"When Things are Reaching a Crisis"**, using the Live Smart Coping Strategies discussed earlier. Indicate in very clear terms what you plan to do to counteract your symptoms.

Crisis Symptoms	Action Steps
e.g. I start shaking and crying	Sit down in a quiet place and slow down breathing. Relax
e.g. I'm afraid to go to work	Contact support network
e.g. obsessed with negative thoughts	Check in with my daily maintenance plan
e.g. taking steps towards planning suicide	Call my most trusted formal support person

Crisis Planning

In spite of your best planning and proactive action, you may still find yourself in a crisis situation where others will need to take over responsibility for your care. You may feel like you are totally out of control.

Writing a crisis plan when your mental health is stable is a positive step. You can instruct others with regard to how to care for you when you are not well, keeping you in control even when it seems like things are out of your control. Others will know clearly what to do, saving everyone's time and frustration, while insuring that your needs will be met. It is important that you develop this plan slowly and when you are feeling well. The crisis planning form includes space to write:



- Those symptoms that would indicate to others they need to take action on your behalf
- Who you would want to take this action
- Medications you are currently taking – those that might help in a crisis, and those that should be avoided
- Treatments that you prefer and those that should be avoided
- A workable plan for at-home care
- Acceptable and unacceptable treatment facilities
- Actions that others can take that would be helpful and actions that should be avoided
- What your supporters should do if you are a danger to yourself or others
- Instructions on when the plan no longer needs to be used
- Ongoing support that would be helpful
- Actions necessary to protect your business or employment

Developing such a plan takes time. It is important to take the time needed to complete the plan; don't expect to do it in one sitting. Work on it together with family members, friends, your counselor, case manager or psychiatrist. Plan with people you feel comfortable with and who you trust to help you when you need it most. Once you have completed the plan, keep a copy for yourself, and give copies to all your supporters. Review it at least once a month to ensure your information is up to date.

CRISIS PLAN

For: _____

Started Date: _____ Completion Date: _____

Revised Date: _____

Revised Date: _____

Revised Date: _____

When I am feeling well, I am (describe yourself when you are feeling well):

The following symptoms indicate that I am no longer able to make decisions for myself, and that I am no longer able to be responsible for myself or to make appropriate decisions:

When I clearly have one or more of the above symptoms, I give permission to the following people to make decisions for me and to ensure that I receive appropriate treatment, care and support:

Name	Relationship	Phone # (incl. area code)

I do not want the following people involved in any way in my care or treatment. List full names and *(optionally)* why you do not want them involved:

Name	Reason (optional)

Current Medications and Dosages:

Name of Medication	Strength	Frequency	Date Started Using

Preferred medications and why:

Name of Medication	Why it is Preferred

Acceptable medications and why:

Name of Medication	Why it is Not Acceptable

Unacceptable medications and why:

Name of Medication	Why it is Not Acceptable

Acceptable treatments and why:

Name of Treatment	Why it is Acceptable

Unacceptable treatments and why:

Name of Treatment	Why it is Not Acceptable

Preferred treatment facilities and why:

Name of Treatment Facility	Why it is Preferred

Unacceptable treatment facilities and why:

Name of Treatment Facility	Why it is Not Acceptable

What I want from my supporters when I am experiencing these symptoms:

What I don't want from my supporters when I am experiencing these symptoms:

What I want my supporters to do if I'm a danger to myself or others (*i.e. suicidal*):

Things I need others to do for me and whom I want to do it:

How I want disagreements between my supporters settled:

Things I can do for myself:

Indicators that supporters no longer need to use this plan:

Ongoing support that would be helpful:

I ☐ give, or ☐ do not give permission for my supporters to talk with each other about my symptoms and to make plans on how to assist me.

I completed this document myself with the help and support of:

Signed: _____ Date: _____

Witness: _____ Date: _____