

WRAP as an Evidence-Based Practice:



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Today's Agenda

We'll discuss:

- History of WRAP®
- What is an evidence-based practice?
- Intervention version of WRAP tested
- Setting of the research & its design
- Results of the research
- Disseminating WRAP as an EBP through training and quality control

Copeland Center History:

The Copeland Center for Wellness and Recovery is named in honor of, and dedicated to, the memory of Kathryn Strouse Copeland (1912-1994)



- Recognizing her own need to talk with others, she began gathering patients together in small groups to share their experiences.
- The hospital administration became uncomfortable with these meetings (the first peer support) and Kate was discharged at the age of 45. Kate went on from there to get a highly coveted job as nutritionist in an inner city high school.

WRAP® was developed by a group of people who had been dealing with difficult feelings and behaviors for many years, people working together to feel better and get on with their lives.

The Copeland Center has continued this MUTUAL LEARNING process through the training of WRAP® Facilitators and Advanced Level Facilitator.

Who Could Use WRAP?

- Anyone who wants to create positive change in the way they feel, or increase their enjoyment in life.
- **Anything from deep sadness, arthritis, hearing voices, diabetes to “burn out.”**

4 Parts to the Study of Mental Health Recovery:

1. Key Concepts
2. Wellness toolbox
3. Wellness Recovery Action Plan
4. Recovery Topics
 - Building Self Esteem
 - Peer Support
 - Trauma Recovery
 - Work related issues

The WRAP Research Study

What is an evidence-based practice?

An intervention that has been shown to be effective by causing pre-defined outcomes in people's lives when tested in a randomized controlled trial

What is a Randomized Controlled Trial?

- People randomly assigned to experimental (E) or control (C) group
- E group receives intervention, C doesn't
- Creates 2 equal groups to compare before & after receiving an intervention
- Any changes (outcomes) are due to the intervention



WRAP Tested in This Study

- Lasted for 8 weeks
- Met for 2 and ½ hours every week
- Followed a highly standardized curriculum designed by Mary Ellen Copeland
- Facilitator curricular departures discouraged
- Used a detailed Facilitators Manual and Overhead Slides

Intervention WRAP Sessions

- Session 1: Key concepts of WRAP & recovery
- Session 2-3: Personalized wellness strategies. Exercises to enhance self-esteem, build competence, & explore benefits of peer support.
- Session 4: Daily maintenance plan. Plan for recognizing & responding to symptom triggers.
- Session 5: Early warning signs and how these signal a need for additional support
- Session 6-7: Crisis plan, names of individuals willing to help, & types of assistance preferred.
- Session 8: Plan for post-crisis support, retooling WRAP plan after a crisis, Graduation ceremony

Toledo

Lorain

WRAP STUDY SITES



Cleveland

Canton

Dayton

Columbus

“Participatory Action Research”
UIC Researchers worked with Mary Ellen Copeland, Ohio consumers, & mental health organizations to mount the study

Facilitators in the Ohio WRAP Study



Why OHIO was chosen



- Availability of advanced level & certified WRAP facilitators state-wide
- Large population base for study recruitment
- Regions were not “saturated” with WRAP
- Cultural diversity
- State includes rural, urban & suburban areas
- Supportive state & county mental health authorities and organizations

WRAP Study Design

- Targeted sample size was 500 people with severe mental health challenges
- Recruited at CMHC & peer programs
- Subjects were randomized to receive WRAP right away or 9 months later
- Telephone interviews at study entry (baseline), 2 months post-baseline, 8 months post-baseline by blinded interviewers from UIC Survey Research Laboratory
- Participants were paid for their research time

Outcomes Assessed

- Recovery – Recovery Assessment Scale
- Empowerment – Empowerment Scale
- Self-Advocacy – Pt. Self-Advocacy Scale
- Social Support – Medical Outcomes Study
- Hopefulness – Hope Scale
- Symptoms – Brief Symptom Inventory
- Coping – Brief Cope Scale
- Stigma – Mental Illness Stigma Scale
- Physical Health Perceptions – MOS

Importance of Fidelity

- Establishing & maintaining fidelity assures that the critical ingredients of the intervention are being delivered
- Fidelity checklist reviewed after each session by WRAP experts & researchers
- On-site observations conducted by WRAP Master Trainer
- Weekly supervision calls between facilitators, local project coordinator, and research staff to review fidelity scores & address any “drift”
- Use of detailed Intervention Manual was important to this process

Role of State & County MH Authorities

- OH Dept. of MH helped convene the initial kick-off meeting in Columbus
- ODMH provided location for WRAP facilitator training
- Linked researchers with County MH boards
- MH Boards helped identify recruitment sites
- MH Boards hosted WRAP at some sites & helped locate places to hold WRAP sessions in other sites

Quantitative Results

- ❖ 850 individuals screened for Waves 1-5
 - 680 eligible & agreed to participate
 - 555 (82%) completed Time 1 interviews
- ❖ 276 randomized to E group, 279 C group; 7% combined attrition; E=251, C=268
- ❖ Average of 5 classes attended (out of 8)
 - 53% attended 6+ groups; 16% attended 0 groups (still counted as receiving WRAP)
- ❖ Average fidelity=91% over all waves (90% wave 1-92% wave 5; no site differences)

Study Participant Characteristics

- 66% female, 34% male
- Average age: 46 years, range from 20-71 years old
- 63% White, 28% Black, 2.9% American Indian/Alaskan Native, <1% Asian/Pacific Islander, 7% other
- 4.8% Hispanic/Latino
- 82% High school graduate/GED or more
- 88% unmarried
- 67% living in their own home or apartment
- 76% had been hospitalized for psychiatric reasons
- Most common self-reported diagnoses: 38% bipolar disorder; 25% depression; 21% schizophrenia spectrum
- 85% not employed; 51% expected to work next year

No significant differences by study condition

WRAP Outcomes

- WRAP recipients improved more than controls from baseline to 8-month follow-up on multiple outcomes:
 - Reduced psychiatric symptoms, especially depression & anxiety (new finding)
 - Increased hopefulness
 - Increased quality of life
 - Increased recovery
 - Increased empowerment
 - Increased self-advocacy (new finding)

“Patient” Self-Advocacy

PSA is the propensity to engage in self-activism during health care encounters. There are 3 components:

- **Education** - belief in the benefits of acquiring information & propensity to learn about the illness & treatment options
- **Assertiveness** - willingness to be assertive during a health care encounter in order to gain more information & appropriately challenge a provider’s recommendations
- **Mindful non-adherence** - inclination to disregard a provider’s recommendations based on the pt’s own medical knowledge, health care needs, & personal beliefs/values

Studies find that patients who seek health information, communicate with health care providers, & express treatment preferences have better information to inform their decision-making, greater desire to engage in services/treatment, & fewer symptoms
(Brashers et al., 1999, *Health Communication*)

Results: WRAP & Self-Advocacy

We found that...

- WRAP participants reported higher levels of overall self-advocacy
- Among the 3 subscales, WRAP significantly affected only mindful non-adherence
- Higher self-advocacy was associated with greater hopefulness, better quality of life, & less severe psychiatric symptoms

Additional Findings

- ❖ The greater the # of WRAP classes attended, the greater WRAP participants' ...
 - Reduction in overall symptom severity
 - Reduction in symptoms of depression
 - Reduction in symptoms of anxiety
 - Increased quality of life
 - Increased sense of recovery



Some Qualitative Findings

Positive impact on the WRAP facilitators...

- Working on the research study enhanced their WRAP facilitation skills
- Used research findings in statewide advocacy
- Became aware of how practical help provided to participants had a life-changing effect in addition to WRAP (e.g., transportation)
- Facilitators told us that being in the study had changed their lives for the better

First Journal Article Reporting the Results of a Randomized Controlled Trial Study of WRAP Effectiveness

Schizophrenia Bulletin Advance Access published March 14, 2011

Schizophrenia Bulletin
doi:10.1093/schbul/sbr012

Results of a Randomized Controlled Trial of Mental Illness Self-management Using Wellness Recovery Action Planning

Judith A. Cook^{1,3}, Mary Ellen Copeland², Jessica A. Jonikas¹, Marie M. Hamilton¹, Lisa A. Razzano¹, Dennis D. Grey¹, Carol B. Floyd², Walter B. Hudson², Rachel T. Macfarlane¹, Tina M. Carter¹, and Sherry Boyd⁴

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The purpose of this study was to determine the efficacy of a peer-led illness self-management intervention called Wellness Recovery Action Planning (WRAP) by comparing it with usual care. The primary outcome was reduction of psychiatric symptoms, with secondary outcomes of increased hopefulness, and enhanced quality of life (QOL). A total of 519 adults with severe and persistent mental illness were recruited from outpatient community mental health settings in 6 Ohio communities and randomly assigned to the 8-week intervention or a wait-list control condition. Outcomes were assessed at end of treatment and at 6-month follow-up using an intent-to-treat mixed-effects random regression analysis. Compared to controls, at immediate postintervention and at 6-month follow-up, WRAP participants reported: (1) significantly greater reduction over time in Brief Symptom Inventory Global Symptom Severity and Positive Symptom Total, (2) significantly greater improvement over time in hopefulness as assessed by the Hope Scale total score and subscale for goal directed hopefulness, and (3) enhanced improvement over time in QOL as assessed by the World Health Organization Quality of Life-BREF environment subscale. These results indicate that peer-delivered mental illness self-management training reduces psychiatric symptoms, enhances participants' hopefulness, and improves their QOL over time. This confirms the importance of peer-led wellness management interventions, such as WRAP, as part of a group of evidence-based recovery-oriented services.

Key words: illness self-management/recovery/peer-led intervention

Introduction

Illness self-management programs for people with chronic medical conditions are an important part of patient-centered care as articulated by the Institute of Medicine.¹ These programs produce positive changes in health outcomes, attitudes, and behaviors via acquisition of new information and skills to better manage troublesome symptoms, maintain higher levels of health and functioning, and enhance quality of life (QOL).²⁻⁷ Recently developed mental illness self-management programs have extended this approach to behavioral health by imparting information, teaching wellness skills, and providing emotional support to enhance recovery.^{8,9} One example is the Illness Management and Recovery (IMR) program, consisting of 3-6 months of weekly sessions delivered by mental health agency staff such as case managers or other clinicians.¹⁰ IMR helps participants learn structured problem solving, develop personalized strategies for managing symptoms, set personal goals, and develop social support systems.¹¹ In a study of IMR delivered to 24 individuals,¹² participants showed significant decreases in symptom severity, increases in recovery, improvement in functioning, and increased knowledge about mental illness at 3-month follow-up; moreover, satisfaction with the program was high. A study of IMR delivered to 324 community mental health center clients found significant increases in hope at 6-month and 12-month follow-up but no changes in satisfaction with services.¹³ IMR was also evaluated among 210 individuals with severe mental illness receiving community rehabilitation using a randomized controlled trial design comparing it with treatment as usual.¹⁴ At posttest immediately following the intervention, compared with controls, IMR participants showed increased knowledge of their illness and improved personal goal

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WRAP Selected for Inclusion in NREPP

NREPP is the National Registry of
Evidence-Based Programs & Practices

<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208>

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Intervention Summary

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Wellness Recovery Action Plan (WRAP)

Date of Review: September 2010

Wellness Recovery Action Plan (WRAP) is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

WRAP is an Evidence-Based Practice

What now?

- Turn our attention to creating & supporting a high quality workforce of WRAP educators
- Develop a “registry” so that people can identify WRAP facilitators by state & region
- Maintain quality control as WRAP is disseminated more & more widely
- Avoid situations that hamper the effectiveness of all evidence-based practices (e.g., lack of training, poor fidelity, lack of supervision)

Copeland Center's Recommendation: Next Steps to building WRAP® Integrity and Sustainability

- Copeland Center Evidenced based training model designed to create sustainable local communities with fidelity and viability.
- WRAP Seminar I
- WRAP Seminar II Facilitator Course
- Advanced Level WRAP Facilitator Course
- Facilitator and Advanced Facilitator Refresher Courses

Training model of evidenced based practice of WRAP® Facilitation

- Seminar I Developing WRAP® Course: designed to facilitate people to develop their own personalized plan.
- Seminar II WRAP® Facilitator Certificate Program: designed for people who use WRAP®, to learn the values and ethics in facilitating WRAP® with their peers.
- Advanced Level WRAP® Facilitation Certification course: designed for experienced WRAP® Facilitators to learn how to mentor peers in the values and ethics of Facilitating WRAP®

VALUES & ETHICS

- The heart of Great WRAP® Facilitation is the Values and Ethics established by Mary Ellen Copeland and a core group of people who were passionate about sharing this life transforming process.
- Through these Values and Ethics we “Bring the materials to life” in our trainings.
 - *Advanced Level Facilitator*

Values and Ethics

- Based on self-determination
- Rooted in the belief in equality
- Promotes A MUTUAL LEARNING MODEL
- Offers wellness perspective and “avoids medical and clinical language.”
- Voluntary nature supporting personal responsibility
- Process of peers working together where choices and options are explored
- It’s about modeling the 5 Key Concepts: Hope, Personal Responsibility, Education, Self Advocacy and Support

GREAT WRAP® FACILITATION

“I fell in love with the values and ethics that guide the work of the Copeland Center. These values and ethics taught me to practice relationships in a new way—to stand strong in my beliefs and still allow room in my consciousness for other ideas. The values and ethics broke down my absolute thinking...gave room for exploring many ways to look at a situation or experience.”

~Gina Calhoun, Copeland Center National Director for Wellness and Recovery Education



Gina Calhoun, National Director of Wellness and Recovery Education, Copeland Center
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Quality Control

Anyone who is working with individuals of facilitating a WRAP® group “must do the following:”

- “Develop a personal Wellness Recovery Action Plan and use it regularly.”
- Adhere to the Values and Ethics of WRAP®
(see values and ethics Checklist)
- Facilitator Training Manual Mental Health Including Wellness Recovery Action Planning Curriculum, Mary Ellen Copeland (2009)

Oversight and Support For Fidelity

- Values & Ethic's Checklist
- “Comfort” Agreement: Group Guidelines
- Training Evaluations
- Group Debriefings (in and out of trainings)
- Co-facilitation
- Advanced Level WRAP® Facilitator Mentoring

Essential Steps to Implementing WRAP® Facilitation

1. Support at least 2 Certified WRAP® facilitators to organize a presentation or group.
2. Develop a WRAP for yourself with a WRAP® facilitator
3. Use your plan as much as you can
4. Take the five day WRAP® Facilitator training
5. Organize a WRAP group where you can help others use WRAP. (work, organization, personal challenges, team building etc...)

ADVANCE LEVEL FACILITATORS TRAINING

- Once the Community has trained WRAP Facilitators (who have experience facilitating the development of WRAP for others) they may be able to become Advance Level Facilitators.
- Advance Level WRAP Facilitators become the WRAP leaders with the Copeland Center who are empowered to mentor others in the core values and ethics of WRAP.
- With Mental Health Employees who are Advance Level WRAP Facilitators we can partner in ways that are cost effective and yield long term resources to offer WRAP

GREAT WRAP® FACILITAION: SPOILERS!

- Making WRAP® Mandatory
 - Employees or Provider organization must have at least ___ WRAPs with “consumer”
 - State that people “have to participate in the group or you can not be here”
 - Making the development of any part of WRAP a condition for payment for services or access to other services

GREAT WRAP® FACILITAION: Spoilers

- Requiring people to share any part of their WRAP® with others
- Having “observers” in WRAP® groups
- Giving advice
 - i.e. you should develop a WRAP®; you need to add that to your “toolbox”
- Keeping some one’s plan without their asking you to first
- Presenting WRAP® as a specific form to be completed
- NOT FOLLOWING THE VALUES AND ETHICS!

GREAT WRAP®

FACILITAION:

Agency and Systems

- Ensures and values training support for Facilitators and Advanced WRAP Facilitators
- Has Quality Control and Improvement practices
- Incorporates WRAP® Key Concepts, Values and Ethics in the planning process on multiple levels of the organizations
 - i.e. Organizational WRAP®, Team WRAP,
- Maintains the voluntariness and self-direction of WRAP®
- Accommodates a variety of learning styles and settings
 - i.e. Self-taught; Groups, Online; Using Arts and Crafts etc..

A Word of Thanks to our Research Funders

- U.S. Department of Education,
National Institute on Disability &
Rehabilitation Research
- Substance Abuse & Mental Health
Services Administration, Center for
Mental Health Services

Keep Learning!

For more information about WRAP:

- <http://copelandcenter.com>
- Mentalhealthrecovery.com
- Mentalhealthrecovery.com/webinars.php
- WRAP Facilitator Facebook page

For more information about the WRAP study:

- <http://www.cmhsrp.uic.edu/nrtc/wrap.asp>
- Judith Cook cook@ripco.com

WRAP® Facilitator Training!

- April 9-13, 2012 in Chicago, IL - partnership with **National Council for Community Behavioral Healthcare**
- Oct 1-5, 2012 Brattleboro, VT

More being added to calendar!

check <http://copelandcenter.com> for most up to date information



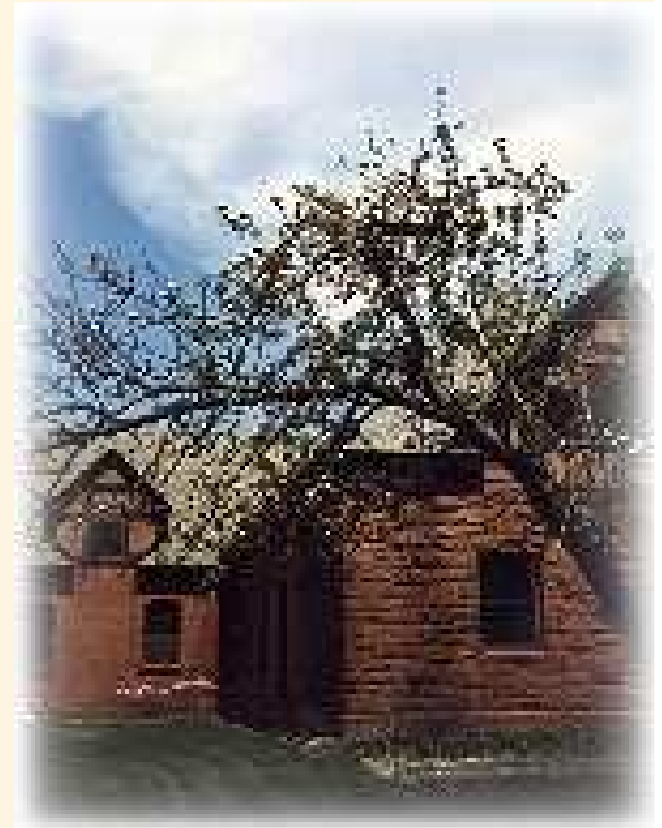
The WRAP[®] Retreat

May 6-10, 2012

Genesis Spiritual Life and Conference Center
Westfield, MA

- Join experienced recovery educators for a week of activities, workshops, and fun while expanding your wellness toolbox, trying new things, and focusing on your personal wellness. Recovery educators will be on hand to support participants in writing and expanding their WRAPs.

All Welcome!



WRAP® Around The World Conference

- **January 25th -27th 2013**
Oakland California
Marriott Convention
Center

