



**A FHT's Journey to
'Peer Led' WRAP Groups
(Wellness Recovery Action Plan)
Taddle Creek FHT
Lora Judge, Social Worker
Sherry Kennedy, Executive Director**

The background of the slide features a desert landscape with two dead, black trees on the left. The ground is a flat, light-colored expanse. The sky is a gradient of orange and yellow, suggesting a sunset or sunrise. The title 'WRAP Agenda' is positioned in the upper right corner of the image.

WRAP Agenda

- What is WRAP? (LJ 5 min)
- Evidence to Support (LJ 2 min)
- Timeline (SK 3 min)
- Key Insights (SK/LJ 2 min)
- Outcomes (LJ 3 min)
- Where Are We Today? (SK 1 min)
- Questions (4 min)



What is WRAP?

- A program developed in Vermont, USA, in 1997 by Mary Ellen Copeland and a group of friends who had all experienced the mental health system
- Recognized as an exemplary practice, widely implemented throughout 50 states in the USA, UK & New Zealand
- Involves an educational and planning process that is grounded in mental health recovery concepts such as *hope, education, empowerment, self-advocacy, and interpersonal support and connection*
- Within a group setting, individuals explore self-help tools (eg. peer counseling, focusing exercises, relaxation & stress reduction techniques) and resources for keeping themselves well and for helping themselves feel better in difficult times

The background of the slide features a desert landscape with two bare, dark trees on the left side. The ground is a light, sandy color, and the sky is a warm, orange-brown hue, suggesting a sunset or sunrise. The title "What is WRAP?" is written in bold black text in the upper right corner.

What is WRAP?

A peer-support program developed by people with lived experience of mental health challenges. The purpose of WRAP is to help people to maintain wellness. It also helps people recognize triggers and warning signs. With the help of peers, participants make an action plan to help them and their supporters in times of crisis.



What is WRAP?

A Definition of Recovery

“a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles.

It is a way of living a satisfying, hopeful, and contributing life, even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

Anthony (1993)



What is WRAP? Basic Concepts

Medical Model	Recovery Model
Scientific	Humanistic
Pathography	Biography
Psychopathology	Distressing experience
Chronicity	Recovery
Diagnosis	Personal meaning
Treatment	Growth and discovery
Staff and patients	Experts by training and experts by experience

Slade Mike. 100 Ways to Support Recovery : A guide for mental health professionals . Rethink Recovery Series: Volume 1 (2009)



What is WRAP?

Values & Power Arrangements

Medical Model	Recovery Approach
"Objective" Scientific model	Value-centred
Professional Accountability	Personal Responsibility
Control-oriented (compliance)	Oriented to Choice
Power over people	Awakens People's Power

Slade Mike. 100 Ways to Support Recovery : A guide for mental health professionals . Rethink Recovery Series: Volume 1 (2009)



What is WRAP? Knowledge Base

Medical Model	Recovery Model
Randomized controlled trials	Guiding Narratives
Systematic reviews	Modelled on role models
Decontextualised	Within a social context

Slade Mike. 100 Ways to Support Recovery : A guide for mental health professionals . Rethink Recovery Series: Volume 1 (2009)



What is WRAP? Working Practices

Medical Model	Recovery Model
Description	Understanding
Focus on the disorder	Focus on the person
Illness-based	Strengths-based
Based on reducing adverse events	Based on hopes and dreams
Individual adapts to the programme	Provider adapts to the individual
Rewards compliance	Fosters empowerment
Expert care co-ordinators	Self-management

Slade Mike. 100 Ways to Support Recovery : A guide for mental health professionals . Rethink Recovery Series: Volume 1 (2009)

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What is WRAP?

Goals

- **Shift in focus** from illness to self-help, wellness & prevention, recovery education and support
- **Reduction** in the need for medical services through taking self-responsibility for wellness and learning self-help techniques
- **Life enhancement** with gains in self-esteem and self-confidence, along with an understanding of the **healing process** needed to combat the impact of discrimination in mental health on self-identity
- **Higher levels of wellness** - physical, psychological, emotional
- **Raise hope** – motivation to actively work towards wellness and recovery



What is WRAP

Copeland sums up WRAP with these words:

“For a person who has been in the system a long time, WRAP is often a person’s first introduction to the idea that their own ideas and views have value, and that they can make their own decisions and move on with their recovery. It can be the initial step in the recovery process”.



What is WRAP? Sample Actions

- Wellness Toolbox*
- Daily Maintenance Plan
- Identifying Triggers and an Action Plan
- Identifying Early Warning Signs and an Action Plan
- Identifying When Things are Breaking Down and an Action Plan
- Crisis Planning*
- Post-Crisis Planning



What is WRAP?

Wellness Toolbox

- Eat three healthy meals per day
- Take a nap
- Exercise
- Play with my pet
- Write in a journal
- Make my bed
- Do something nice for someone else
- Watch a video
- Listen to music
- See my counselor
- Ask for a medication check
- Make music



What is WRAP? Crisis Plan

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

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

When I clearly have some of the above signs, I want the following people to make decisions for me, see that I get appropriate treatment and to give me care and support:

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

Preferred medications and why:

Acceptable medications and why:

Unacceptable medications and why:

Acceptable treatments and why:

Unacceptable treatments and why:



What is WRAP? Crisis Plan Con'd

Home/Community Care/Respite Options:

Preferred treatment facilities and why:

Unacceptable treatment facilities and why:

What I want from my supporters when I am feeling this badly:

What I don't want from my supporters when I am feeling this badly:

What I want my supporters to do if I'm a danger to myself or others:

Things I need others to do for me and who 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:



Evidence to Support WRAP

- Sig. ↓ in sx on Brief Symptom Inventory and in psychoticism, depression, phobic anxiety, obsessive-compulsive, interpersonal sensitivity, paranoid ideation, general anxiety (BSI Sub-scales)
- Sig. ↑ hopefulness, self-advocacy, perceived physical health
- Sig. ↑ overall Recovery
 - **Personal confidence**
 - **Willingness to ask for help**
 - **Goal orientation**
 - **Reliance on others**
 - **Freedom from sx domination**

Cook JA, *et al.* Psychiatric Services (2009); 60(2): 246-9.

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Evidence to Support WRAP

- Sig. ↑ in hope
- Sig. ↑ in Recovery
- Trend for ↓ in sx

Starnino VR, *et al.* Psychiatric Rehabilitation Journal (2010); 34(1): 57-60.



Evidence to Support WRAP

- Recognized as an emerging best practice in USA
- Research evidence base shows WRAP leads to attitudinal and/or behavioral change – hopefully ongoing research will explore the efficacy and effectiveness of WRAP in promoting recovery
- Prefer Program

WRAP Timeline at TC FHT





WRAP Timeline

Lessons Learned by L. Physician During Planning Process

- 1. Direction emerges from the group**
- 2. Language of recovery connotes ownership, pride**
- 3. Humility, letting go of assumptions and control supports recovery movement**
- 4. Inventory of peer support models need to be explored**



Key Insights

- Develop a budget*/market*
 - Don't overcomplicate administratively
 - Keep list of interested people/1 mth in advance contact
 - Create partnerships with facilitators*
 - Social Worker for ongoing coordination
-
- No criteria/Self referral to Admin
 - Watch language, 'patient' can implicitly promote 'us' and 'them' (consider client, consumer, survivor, people)
 - Have patience, go slowly through process

Key Insights

1st WRAP Budget Mar 2011

Taddle Creek Family Health Team										
WRAP Activity Budget (Gen. Consulting)										
Duration: Eight Sessions										
		03-Mar	10-Mar	17-Mar	24-Mar	31-Mar	07-Apr	14-Apr	21-Apr	
Sessions		1	2	3	4	5	6	7	8	Total
Budget										
Honorarium - Anne Thompson		-	-	-	-	-	-	-	1,000.00	1,000.00
Food, Travel, Parking		75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	600.00
										-
Total Budget		75.00	75.00	75.00	75.00	75.00	75.00	75.00	1,075.00	1,600.00
Actual Expense										
Petty Cash - DC - Feb/2011		41.65								41.65
Exp. Report - DC - Feb/2011		42.30								42.30
Exp. Report - DC - Apr/2011									97.76	97.76
Exp. Report - LJ - Apr/2011									106.74	106.74
Honorarium - Anne Thompson						2,296.16				2,296.16
Total Expenditure		83.95	-	-	-	2,296.16	-	-	204.50	2,584.61
Variance - (unfavourable)		(8.95)	75.00	75.00	75.00	(2,221.16)	75.00	75.00	870.50	(984.61)



Key Insights Subsequent Budgets

- 2nd cycle decreased b/c we prepared booklets in-house (saved \$500)
- 3rd cycle decreased to \$1120 b/c 'peer-led'
 - Facilitator paid \$800
 - \$25 hr x 4 hrs week x 8 weeks
 - Group is 2 hrs + 1 hr wk prep time + ½ hr set up/shut down/private discussion time
 - + \$40 wk for refreshments



Key Insights Marketing (e.g. from Website)

- **Name:** Wellness and Recovery Action Plan (WRAP)
- **Length:** 8 weeks (2 hours once a week)
- **Start:** Tuesdays starting Mar 3, 2013 from 6:30-8:30
- **Description:** This is a peer support program where you work on recovering your wellness and creating your own WRAP. A WRAP is a system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotional feelings.
- **Learning Objectives:**
 - To develop an individualized “Wellness Toolbox” that includes a daily maintenance plan, a list of your triggers; crisis planning etc)
 - To create positive change in your life
 - To decrease occurrence rates of acute episodes of mental health challenges
 - To become empowered by building your own network of supports
 - Begin to develop the necessary skills to become a WRAP Facilitator yourself!
- **Workshop Lead:** Yvonne Smith, a Mental Health Recovery Educator and WRAP Facilitator
- **Maximum Class Size:** 10
- **Special Notes:** Participants must be 19 years or older and a patient of Taddle Creek.
- **Referral:** Self referral –Contact Taddle Creek Family Health Team Admin staff @ 416-260-1315 for next available opening.



Key Insights Facilitator Partnership

- Facilitation Reimbursement
- Wrap Binders & handouts
- Weekly Snacks
- Pt Recruitment/Reminders
- Advertising/Marketing
- Closing & Lockup
- Emergency
- Evaluation

The background of the slide features a painting of a desert landscape. On the left, two dark, leafless trees stand on a light-colored, sandy ground. The sky is a vibrant orange, suggesting a sunset or sunrise. The overall mood is contemplative and hopeful.

Outcomes Participant Quote on Hope and Empowerment

“One key piece Ann spoke about was *hope*. I had no hope at all. I was feeling a little *helpless*. That really spoke to me.”

“For me, I just have that more believability that I can do it. I have those tools and I feel more hopeful.’

The need to have a mental picture of what recovery looks like and where you want to go. If you don’t know where you're going, how can you know when you’re there?’

The background image shows a desert scene with two dark, leafless trees in the foreground. The ground is a light, sandy color. The sky is a gradient of warm colors, from orange at the horizon to a darker, textured brown at the top, suggesting a sunset or sunrise.

Outcomes

Participant Quotes on The Medical and Mental Intertwined

“It has made me realize that my physical health is not great. I’m overweight and it has made me realize that it is possible. It has made me try and now I go to yoga class every Wednesday.”

“They are so closely linked for me that I always have to be hyper-vigilant. When my physical health starts to go, I always think “where’s your crazy head?” and vice versa.”

“The biggest changes were maintaining the normal things that people do, like diet and personal fitness.”



Outcomes Participant Quotes on Attitudes Toward Health Behaviors

“I haven’t had to see her anymore...If I could just keep this I probably wouldn’t want to see a doctor.”

“I really trust my doctor. She always puts the options on the table. I haven’t had to see her. It hasn’t been necessary.”

3 participants reported not needing to see their family physician since starting the group.



Outcomes Participant Quotes on Rights and Responsibilities

“It’s part of the self-determination and I lose that when I’m not well. The recovery and wellness for me is mine to do, and that’s different.”

“WRAP has made me more self-aware. I have been able to realize that I am responsible for my own recovery. I have been taught my own skills and I have been able to choose the one that works for me.”



Outcomes Participant Quotes on Medication and Self-Determination

“With my medication, I seem to rely on it for my fix to feel better. I now question the need for medication. I am better equipped now, and medication is not that important.”

“I hate my medication, but I have realized that I need it to stay stable. It is part of my wellness tool package, so it may be a necessary evil.”



Outcomes Pre/post Evaluations

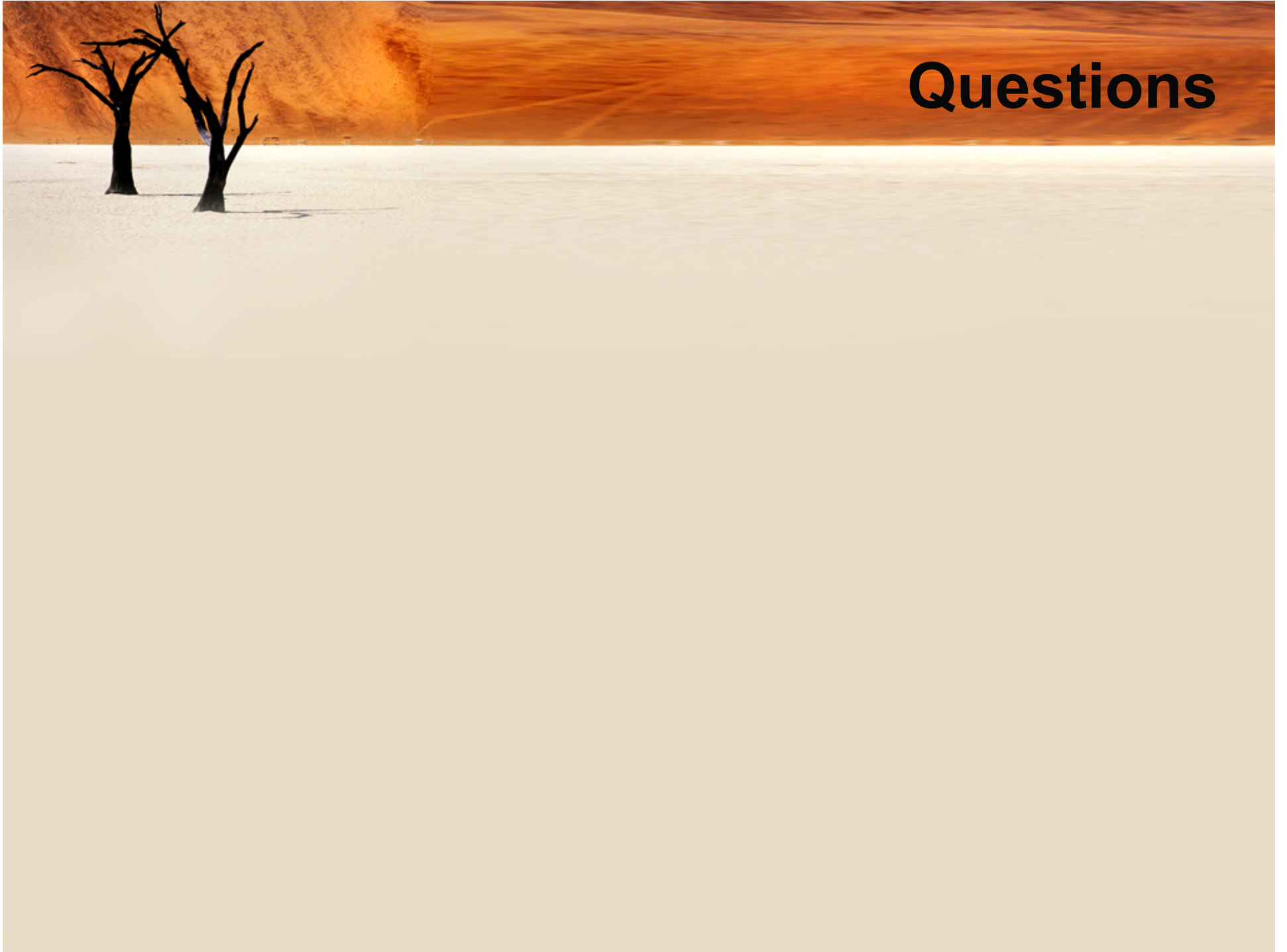
Q#	Synopsis of Question	Pre		Post		Sig. + in Y
		Y	N	Y	N	
1	More hope	4	0	4	0	N
2	Personal resp. for wellness	4	0	4	0	N
3	Educate self about symptoms	4	0	4	0	N
4	Advocate for self	1	3	3	1	Y
5	Importance of family/friends	4	0	3	1	N
6	Have family/friends during difficulties	2	2	2	2	N
7	If no supporters, ideas on how to develop friends/relationships	1	3	4	0	Y
8	Special things to insure good health	0	4	4	0	Y
9	Manage medications well	2	2	4	0	Y
11	List of things you do to keep well	0	5	3	1	Y
12	Know triggers	1	3	4	0	Y
13	Plan to keep self well or relieve symptoms if triggered	0	5	3	1	Y
14	Early warning signs symptoms worsening	1	3	3	1	Y
15	Plan of what you can do to keep self well or relieve symptoms	0	4	3	1	Y
16	Know symptoms that you are feeling worse	2	2	4	0	Y
17	Plan to relieve symptoms	0	5	4	0	Y
18	Know what a crisis plan or advanced directive is	1	3	4	0	Y
19	Thinking of developing a crisis plan	2	2	4	0	Y
20	Like self	1	3	4	0	Y
21	Know how to change negative thoughts	0	4	3	1	Y
22	Feel symptoms might be caused by bad things that have happened	1	3	4	0	Y
23	Know things to do to keep from hurting self when feeling badly	1	3	4	0	Y
24	Thinks lifestyle could change to help self fee better	0	5	2	2	Y
25	Thinks there are things about lifestyle that could change to feel better	2	2	3	1	Y
Y is the desired response for all questions						
For 2nd WRAP (Oct-Dec 2011) rec'd 5 pre & 4 post surveys, thus decreased pre Y by one						
Assumption: if no response, assume no						
Assumption: if both yes & no, assume no						
Q10 & Q26 no analyzed - comment questions						

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Where Are We Today?

- Week 4 of our 4th WRAP Group
- WRAP Mthly Drop-ins for graduates
- Want to enable Taddle Creek “patients” to become WRAP facilitators
- Want more involvement in research (include ‘patients’ as fellow researchers)
- Want to promote/disseminate (for our DEP, for other FHTs)

Questions





Additional Resources

Copeland Center

www.copelandcenter.com

www.mentalhealthrecovery.com

Gerstein Center (Toronto):

<http://www.gersteincentre.org/>

Krasman Center (Richmond Hill):

<http://krasmancentre.com/>

Building a Culture of Recovery (Prefer Program)

<http://www.cultureofrecovery.org/>