THE STATE OF WRAP

Wellness Recovery Action Planning

IN THE GREAT STATE

of

MASSACHUSETTS

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Executive Summary

Over the summer of 2012, The Transformation Center spoke with thirty Wellness Recovery Action Plan (WRAP) facilitators from every region of MA, individually and in small groups. The goal of this survey was to learn how people use and promote WRAP, an evidence based practice.

Recommendations in the report are based on these findings:

1. *Trained WRAP facilitators are vitally needed statewide.*
2. *Structures and support are necessary to the fidelity of WRAP and to its values and ethics.*
3. *Engagement and access to WRAP is essential to a recovery-oriented system.*
4. *The format of WRAP classes impact outcomes.*
5. *WRAP benefits from resource sharing and requires funding.*
6. *Facilitators envision a statewide "WRAP Center and Clearinghouse".*

WRAP Classes and Participants

From this survey, we know that between 2001 and 2012 roughly 143 WRAP class series were held in Massachusetts with 1,156 participants. Most occurred since 2006, with about 131 classes and 948 participants. The comment we heard most often from facilitators was:

People get excited by WRAP!

WRAP Implementation

Representatives from five agencies said that the implementation of WRAP was fully supported by their executive leaders. Nine organizations were described as having both broad awareness and relatively strong support for WRAP. WRAP facilitators at at least six agencies, however, did not feel that WRAP has been supported adequately.

Barriers to offering WRAP

The most frequently mentioned barriers to offering WRAP fell into three related categories:

1) There are not enough trained facilitators.
2) Multiple demands on peer specialists' workloads conflict with the time and preparation required to run a successful series of classes.
3) Resources are limited.

Suggestions from WRAP facilitators

WRAP facilitators stated repeatedly and in a variety of ways that they wanted more opportunities to share WRAP with their coworkers and peers and more time to promote and run classes.

Context for "The State of WRAP" Report

Trends and practices that support Wellness Recovery Action Planning (WRAP) in Massachusetts are reported below. The Transformation Center, with the support of DMH, spoke with thirty WRAP facilitators from every region of MA in the summer of 2012 to learn how people use and promote WRAP, an evidence based practice. A few comments from facilitators ***(in italics)*** are included.

> ***We are using wellness tools at the office. WRAP is changing the way people look at recovery.***

Mary Ellen Copeland developed WRAP based on what she learned through her experience and from other people about how they, too, struggled and overcame mental health challenges effectively and safely. WRAP is a self-designed, creative, strengths-based, framework for recovery planning that empowers people who use it to seek hope, self-knowledge and future-oriented choices in their life. It has been researched extensively and has been found to decrease signs of depression and anxiety and to increase individuals' personal confidence and goal orientation. WRAP is recognized by the Federal Substance Abuse and Mental Health Service Administration (SAMSHA) as an Evidenced Based Practice. The Federal EBP Registry summary is at: http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208.

The values and ethics of WRAP are the cornerstone of Dr. Copeland's work and insure a supportive environment for learning. They are based on the premise that there is hope, that people can get well, stay well for long periods of time and do the things they want to do with their lives. WRAP is entirely voluntary, each individual decides who can see and cannot see their WRAP. Someone's WRAP is not necessarily written but may be expressed in song, poem, picture, photos or another method the person chooses. The person is seen as the 'expert' on him or herself. A video interview and overview of WRAP with Mary Ellen Copeland and Matthew Federici, Executive Director of the Copeland Center is online at
http://www.mpuuc.org/mentalhealth/mentalTVWRAP.html

WRAP and its values and ethics embody the kind of tool that DMH calls for in its mission statement. It provides a trustworthy framework of support *"to meet the mental health recovery needs of individuals of all ages, enabling them to live, work, and participate in their communities…and establishes standards...to promote recovery"*.
http://www.mass.gov/eohhs/gov/departments/dmh/

> ***I use WRAP with people who are in transition from the hospital to the community.***

> ***Doing WRAP has kept me out of the hospital.***

The intended audience for this report includes the MA Department of Mental Health, MA Behavioral Health Partnership (MBHP) and other funders; Recovery Learning Communities and other peer-run organizations; provider agencies, hospitals and community programs; WRAP facilitators and people who have used their own WRAP. The recommendations are aimed at

promoting WRAP and its ethics and standards in a variety of communities. The Transformation Center hopes to inspire more people to lend their support to the successful implementation and ongoing use of this evidence based practice.

The appendix includes a chart outlining the Copeland Center's learning, training and certification sequence for WRAP, more links and information about the evidence base for WRAP, a summary of how information was gathered for this report and demographic data about who contributed to this survey.

Overview of Findings

Recommendations in the report are based on these findings:

1. ***Trained WRAP facilitators are vitally needed statewide.***
2. ***Structures and support are necessary to the fidelity of WRAP and to its values and ethics.***
3. ***Engagement and access to WRAP is essential to a recovery-oriented system.***
4. ***The format of WRAP classes impact outcomes.***
5. ***WRAP benefits from resource sharing and requires funding.***
6. ***Facilitators envision a statewide "WRAP Center and Clearinghouse".***

WRAP Classes and Participants

From this study, we know that between 2001 and 2012 roughly 143 WRAP class series were held in Massachusetts with 1,156 participants. Most occurred since 2006, with about 131 classes and 948 participants. The comment we heard most often from facilitators was:

People get excited by WRAP!

Based on the information we gathered, there is an immediate need for at least 26 additional trained WRAP facilitators. Two trained WRAP facilitators led the majority of classes and about a quarter were taught by a single trained facilitator or co-led with someone who had not been trained. We heard about one class that was lead by a single untrained facilitator.

Classes were offered from 8 to 12 weeks for an average of a 1.5 hours each meeting. The majority of WRAP programs were offered to people connected to the host agency or program, frequently a Community Based Flexible Support (CBFS) program. Some classes have been open to the larger community.

Some organizations welcomed a mix of people who used and provided services in the same class with positive results. A few facilitators have led WRAP for agency clinicians, administrators and/or staff and added components to the WRAP binder and curriculum to address workplace issues. At least three agencies have supported workers to create a shared WRAP as a tool for improving the group's work as a team.

Other creative ways that WRAP has been used:

- Transition from hospital to community
- Helped people, including facilitators, stay out of the hospital
- Classes with just two or three people at a time
- Capped classes at no more than twelve participants
- Teams of two to three WRAP facilitators visiting different agency sites regularly and repeatedly to make sure people know about WRAP and its values and ethics

WRAP Implementation

Representatives from five agencies said that the implementation of WRAP was fully supported by their executive leaders.

Nine organizations were described as having both broad awareness and relatively strong support for WRAP. These respondents were confident that staff at their agency understood that WRAP is entirely voluntary and controlled by the person who created it.

WRAP facilitators at at least six agencies, however, did not feel that WRAP has been supported adequately. At these agencies WRAP has repeatedly been required in treatment plans or people were pressured to do WRAP. One representative reported that the agency was actively training staff to include WRAP in every Individual Action Plan (IAP). Facilitators said that co-workers and managers had limited awareness of WRAP and did not support the fidelity and integrity of WRAP.

Barriers to Offering WRAP

The most frequently mentioned barriers to offering WRAP fell into three related categories:

1) **There are not enough trained facilitators.**
   - It is expensive to train WRAP facilitators.
   - Some co-workers are not familiar with or accepting of recovery and the benefits of mutual peer support.
   - It is difficult for one or two advocates to explain WRAP and gather support to run classes at an organization not familiar with WRAP.
   - Only one WRAP facilitator at an organization limits the capacity to run classes with two trained facilitators.
   - Staff turnover is a barrier to spreading WRAP practices, values and ethics.

2) **Multiple demands on peer specialists' workloads conflict** with the time and preparation required to run a successful series of classes**.** Some of these barriers impacted the fidelity of WRAP but were not specific to WRAP.

- Facilitators juggle multiple person-driven and peer-driven initiatives in provider agencies, including Person Centered Planning, Whole Health and Resiliency and Vocational Peer Support groups and trainings.
- A CBFS peer specialist reported being responsible for offering peer support to 160 people.
- The transportation required to gather a weekly WRAP class is difficult to provide and coordinate.
- Peer workers still face the stigma, pressure and discrimination of being paid at a lower rate than other mental health providers, even as they are expected to initiate and lead a variety of new recovery initiatives.

3) Resources are limited.

- Easily understood text and visual WRAP materials are not widely available. One facilitator told us that 65% of DMH clients have difficulty with reading and writing.
- There is an unmet demand for WRAP classes taught in Spanish.
- Not all WRAP trainers have access or experience using the powerpoint resources.

Suggestions from WRAP Facilitators

WRAP facilitators stated repeatedly and in a variety of ways that they wanted more opportunities to share WRAP with their coworkers and peers and more time to promote and run classes. Comments included:

- *WRAP is exciting! We need more opportunities to do WRAP trainings.*
- *Keep managers and peer specialist supervisors informed about when and where there are WRAP classes and any updates to WRAP materials.*
- *I would like to be part of an organized, well-publicized group for anyone taking facilitator training.*
- *Have a BIG day with Mary Ellen Copeland! Promote it as a large, special event so that people can get excited about it. Make it playful, fun, and light. So much we do can get heavy, but Mary Ellen is not!*
- *It would be ideal for an agency, maybe The Transformation Center, to be dedicated to WRAP facilitation. It needs that time investment to keep it going.*
- *Would be nice to have a "WRAP Center". If each agency can't have dedicated staff, there could be a place that is dedicated to WRAP.*
- *WRAP Facilitator training could help a lot of people. I absorbed a lot about how to participate in other trainings and apply it to other things, like human rights. I learned to not be so close, to listen effectively, to repeat things.*
- *The information from the facilitator binder was useful for many other recovery events and trainings.*
- *We need continuous and repeated WRAP information meetings.*

Findings and Recommendations

The Transformation Center's recommendations are organized around six areas that need development. These areas are based on input that was gathered from thirty WRAP facilitators at twenty-one agencies in the spring of 2012.
The recommendations are not intended to prevent people from developing their own WRAP in creative ways.

#1 Finding: Trained WRAP facilitators are vitally needed statewide.

This sampling shows that over 26 facilitators are needed just for the 21 agencies that we spoke with. Three of the six Recovery Learning Communities do not offer WRAP classes as of this writing. Some agencies have only one WRAP facilitator and therefore cannot offer classes consistent with best practices, which require two trained facilitators to lead WRAP.

The WRAP facilitator training developed by Mary Ellen Copeland teaches a unique combination of skills and practices. Combined with other elements of WRAP, facilitators trained in this way have been found to effectively guide people in developing their WRAP.

Recommendations:

- Every person co-leading a WRAP class needs to be trained using the WRAP model of facilitation.
- The spirit and practice of collaboration, formal and informal, between facilitators and across agencies needs to be supported. Cost and resources sharing improves access to WRAP facilitator training.
- As more people are trained, the capacity of each organization and region to schedule regular classes and mentor new trainees also increases.
- Agencies should hold WRAP informational meetings during orientation training.
- Schedule periodic informational meetings open to anyone and led by people with WRAP experience in order to increase familiarity with WRAP and its values and ethics.

#2 Finding: Structures and support are necessary to the fidelity of WRAP and to its values and ethics.

From this report it is apparent that there are actual or perceived polices and practices that misuse WRAP in the treatment planning process. In interviews and group discussions it was noted that the values and ethics of WRAP were rarely mentioned and did not appear to be central to outreach and planning for WRAP classes.

Recommendations:

- Organizations need to work with WRAP facilitators to review their policies and ensure that their language and impact are consistent with WRAP principles, values and ethics.

- Regular facilitator meetings and gatherings that include references to the ethics and values would nurture awareness and the ongoing support and resources needed for maintaining fidelity to WRAP.

- Holding events for people attending or graduated from WRAP classes would encourage the continued use of WRAP language, concepts, values and ethics. Creating opportunities for people to re-determine, share and use their plan and wellness tools will promote problem solving and peer support.

#3 Finding: Engagement and access to WRAP is essential to a recovery-oriented system.

WRAP classes open to everyone in the agency and their surrounding communities have already served as powerful places for effective and mutually empowering community connections.

We also learned that specific groups want better access to WRAP, including: Deaf/Hard of Hearing community members, those who speak Spanish and young adults. Facilitators also want to make WRAP more accessible to the large number of people who are not comfortable reading and writing in English. Some facilitators are already offering WRAP binders with additional pictures and images, colors and open space for writing and drawing.

Recommendations:

- WRAP informational meetings for providers and service users can be used as training opportunities to prepare for hosting meetings in the larger community, or agency meetings could be opened to the community from the start.

- It is recommended that tools for people with limited English literacy be developed and shared more widely while making sure they are consistent with the evidence based WRAP manual. Offering less text-based formats will help send the message that WRAP can be done verbally, in photos, pictures, songs, using objects or in other ways that are satisfying to the person.*

- WRAP books should be subsidized and available at no cost to people doing their first WRAP.

**Lee Shuer can share the revised WRAP used at Service Net which incorporates pictures and open space for drawing and writing.* *lshuer@servicenet.org*

#4 Finding: The format of WRAP classes impacts outcomes.

It seems that once people are engaged with a WRAP class they are likely to continue for 8 or more weeks. All but one (a 6 week series) of the WRAP classes we heard about ran for at least 8 weeks and often more. Recent WRAP Evidenced Based Practice states that WRAP done two and a half hours a week for eight weeks is optimal. The APA study also found that the more class's people attend the more participants' outcomes improved.
(American Psychiatric Association, May 31, 2012 Release No. 12-26
http://www.mentalhealthrecovery.com/wrap/APAPressReleasePropensity.htm)

Some facilitators we spoke with achieved positive outcomes by offering one-to-one meetings with people who wanted support or who missed classes to enable them to complete the training and receive a certificate.

Recommendations:

- Information from facilitators and the research findings support our recommendation to offer WRAP regularly and in a series of eight to twelve weekly classes that run for at least 1 ½ hours each week. Participants in such classes that are co-lead by Certified Facilitators are likely to benefit and are eligible for a WRAP certificate of completion.

- One-to-one WRAP support or mentoring meetings and other creative coaching and peer support is encouraged, as long as meetings are scheduled at the person's request.

#5 Finding: WRAP benefits from resource sharing and requires funding.

Recommendations:

- To keep costs down and maintain community support we recommend that Advanced Level Facilitators based in MA offer a local 3-day refresher course at least every two years, rather than depend on the Copeland Center's training schedule.
- The Transformation Center welcomes partnerships with organizations interested in sharing WRAP expenses and resources. Contributions would be negotiated and could be based on how many people from each agency/program attend or lead trainings.
- The Transformation Center is in dialogue with the Copeland Center to establish cost effective strategies for MA WRAP facilitators to be trained locally while continuing to benefit from the expertise and leadership of the Copeland Center.

#6 Finding: Facilitators envision a statewide "WRAP Center and Clearinghouse".

WRAP facilitators from around the state said they would appreciate help in locating WRAP resources, including:

- A dedicated WRAP speakers bureau,
- Information and referral,
- Space to offer classes and trainings and
- A database of local WRAP facilitators and their certifications.

Recommendations:

- The Transformation Center wants to establish and maintain a statewide clearinghouse of the WRAP resources and data needed by facilitators and listed above.

- The WRAP Center would coordinate the sharing of resources across traditional funding boundaries. For example, if training expenses for Advanced Level Facilitators (ALF) from more than one agency were subsidized by the state, trainees would be expected and supported by the WRAP Center to offer facilitator trainings and refresher classes to maintain the statewide workforce of WRAP facilitators.

- Such a project would require coordination by an agency dedicated to the task of recovery workforce development rather than one funded primarily to provide services.

Appendix A: Methods and Demographics

Data Gathering

Information was gathered from WRAP Facilitators and Advanced Level Facilitators (ALF). This project was coordinated by The Transformation Center's Wellness Recovery Coordinator, Marina Colonas, ALF, MEd, CPS. Participants in the interviews and focus groups understood that their comments and agencies would be kept anonymous and that reports and presentations would be aimed at improving access to WRAP as an evidence-based practice statewide.

Facilitators were interviewed by phone and in person, both individually and in groups. While data gathering did not follow a rigorous method, detailed notes were taken to document responses, which were than reviewed to find themes. During the course of informal focus groups and interviews, respondents were asked quantitative questions, including:

- How many people had taken WRAP classes with you?
- How many classes are offered in your agency?
- How many facilitators lead WRAP at your agency?
- How many people do you know who want to be trained as a WRAP facilitator?
- How many facilitators are needed at your agency and in your area?
- How many people were trained as facilitators at your agency? Are they currently facilitating classes?
- Who is invited to come to WRAP?
- How are classes scheduled and how often are they offered?

A number of open-ended questions were also asked, including:

- How does your organization support WRAP?
- What are the barriers to offering WRAP in your community?
- How is WRAP information disseminated in your agency?
- Is WRAP part of people's treatment or recovery planning and documentation?
- Aside from groups and classes, how else is WRAP offered?
- Is there anything else you want us to know about your experience with WRAP?

Demographics

Respondents came from a broad geography and reflect a range of perspectives, both experienced and new facilitators. Its findings are limited, however, given the relatively small sample size and informal self-selection process used for meeting with respondents. This information is likely to be skewed by respondents who were passionate about WRAP and had enough freedom and support at their agency to respond to the questions. As with any inquiry, it is likely that people wanted the approval of the interviewers, so people may not have reported practices inconsistent with how they were trained, often by the Mass WRAP coordinator who also lead the interviews. Facilitators may have reported things being more

positive than they were based on the common respondent bias toward the positive reporting. Based on these considerations, it is likely that situations that were inconsistent with WRAP best practices, values and ethics were not reported.

The findings, particularly quantitative information, should not be read as a definitive description of WRAP. We believe, however, that it describes real trends and hope that it raises relevant questions about how to improve the implementation of WRAP as an evidence-based practice in Massachusetts.

Demographics: WRAP Facilitators

Status	N=	Percent
WRAP Facilitators in database	**75**	
Active Facilitators	24	32%
Not active	51	68%
Active and interviewed	19	25%
Not active and interviewed	11	15%
Total Interviewed	**30**	**40%**
Facilitators who left provider sites	16	21%
Trained but never facilitated	14	19%
Training not completed	15	20%
Deceased	3	4%

Demographics: Organizations

	N=	Offer WRAP
Total Organizations ***30 sites represented, 19 offer WRAP***	**21 total**	
Metro Boston	5	4
Southeast	4	3
Western Mass.	4	2
Metro suburban	4	3
Northeast	2	2
Central Mass.	2	2

Appendix B: More about WRAP

Video interview and overview of WRAP

Mary Ellen Copeland and Matthew Federici, Executive Director of the Copeland Center
http://www.mpuuc.org/mentalhealth/mentalTVWRAP.html

WRAP is an Evidence Base Practice

WRAP has been researched extensively and is recognized by the Federal Substance Abuse and Mental Health Service Administration (SAMSHA) as an Evidenced Based Practice (EBP).

Link here to the Federal EBP Registry summary:
http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208
More about WRAP as an EBP by Mary Ellen Copeland:
http://www.mentalhealthrecovery.com/recovery-resources/articles.php?id=62

In May 2012 the Psychiatric Services, a journal of the American Psychiatric Association gave the results of a study of WRAP in a randomized trial.

> *"They found that compared with the control group, intervention participants reported significantly greater reduction in depression and anxiety symptoms and significantly greater improvements over time in total Recovery Assessment Scale (RAS) scores as well as the RAS subscales measuring personal confidence and goal orientation. In addition, the greater number of WRAP sessions attended, the more participant's outcomes improved."*
>
> American Psychiatric Association, May 31, 2012 Release No. 12-26
> http://www.mentalhealthrecovery.com/wrap/APAPressReleasePropensity.htm

Links to a summary of this study and to a second study comparing WRAP to treatment as usual:
http://www.ncbi.nlm.nih.gov/pubmed/22508435
http://www.ncbi.nlm.nih.gov/pubmed/21402724

"100 Ways to Support Recovery"

By Mike Slade at King's College. An example of WRAPS phenomenal growth and widely recognized value. This document is part of the Rethink series and outlines action points for mental health providers at:
http://www.rethink.org/mental_health_shop/products/rethink_publications/100_ways_to_support.html?shortcut=100ways

Action point #45 advocates peer support and personal recovery for all, *"Staff can help the person identify recovery goals by completing a personal WRAP - identifying something from which the worker is recovering promotes experiential learning and reduces stigmatizing distinctions."*

Action point #44 affirms the broad application and value of WRAP, *"Staff can help the person identify recovery goals by supporting the use of user friendly-developed workbooks. WRAP is the most widely used approach internationally."*