Copeland Center
FOR WELLNESS AND RECOVERY

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Celebrating Fifteen Years of WRAP®

the Wellness Recovery Action Plan®

by Mary Ellen Copeland PhD

On this, the 15th anniversary of the development of WRAP, the Wellness Recovery Action Plan, I want to share with you the evolution of the body of knowledge that led to the development of WRAP. I want to tell you exactly how WRAP was developed, the Values and Ethics that have evolved around WRAP, and help you begin to understand how WRAP is being used in this country and around the world. I want to tell you how WRAP and recovery information has been studied to prove its efficacy, and give you concrete information on how you can use, start, or expand a WRAP and mental health recovery program in your agency or organization, or put WRAP to work for you in your own life.

People have said to me over and over again, *everyone* would benefit from having and using a Wellness Recovery Action Plan.

Let me begin by acknowledging that mental health challenges are horrifically painful, physically, emotionally, and spiritually. Most of us have experienced this pain. At my advanced age, I have experienced lots of physical illness and injury, but by far, the most painful has been the years when deep sadness, severe anxiety, delusions, and psychosis were my constant companion. Our work together is about showing people for whom this deep pain is so pervasive, whoever they might be; veterans, parents, community leaders, people who are homeless, people from various cultures, people who have sexual identity issues, young people, old people, everyone—how to end that pain, and get on with their lives.

Unlike most mental health programs, the WRAP and mental health recovery program I am going to share with you has a long history. It evolved not at some major university "think tank," but rather as the result of many years of experience, formal and informal research, and an on-going practice of gathering, synthesizing and sharing information learned from people with a lived experience of extreme and pervasive mental health distress.

Message from Dr. Copeland

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1949

All the parts of the story have played a key role in the evolution of this work. And I want you to have the full story. It is 1949. It is summer time. I am eight years old. I have spent the day with my siblings at the county 4-H fair. I can't remember who picked us up to take us home, but I was confused when, instead of taking us home, they took us to my grandmother's house. Later someone took us home, but it was strange there. My mother was missing. No one told us where she had gone. And relatives were bustling about, trying to hide their nervousness from five little kids, ranging in age from 2-12. Where was our mother? We knew she had been very sad lately. And that she seemed upset a lot. And that she was taking some kind of medication—Miltown—I think it was. And that she was taken into the city several times a week for treatments, shock treatments. And when she came home she was very still and couldn't remember anything. But now our dear mother was gone. Our fun-loving, vivacious, and beautiful mother was gone.

Later we found out that she had been taken to "Middletown," that place that kids talked about in school and made fun of the people who were there. My mother in Middletown. And a woman we didn't know, who was not very friendly, in our house, sleeping in my bed (I now had to sleep with my sister), to take care of us. My siblings and I didn't know what to do. So we each retreated into our lonely shells and got by as best we could, through various care providers and eventually, as care givers backed off, it was just us and our Dad, who was working hard to raise five children and keep up with the mounting medical bills.

Now let's fast forward a bit, past all those sad Saturday morning visits with our Mom in that horrible, dark, crowded, scary place. It is eight years later. Eight incredibly lonely years for us. And eight horrific years for our mother. Eight years later she was in a back ward, the kind of place where they put people who are considered "incurably insane." There is a nurse there. Her name is Mrs. Hoffman. She befriends my mother. And they start talking. And my mother talks and talks and talks. And then she apologizes. She was Pennsylvania Dutch and had been taught that you don't talk a lot. But this nurse, and then a volunteer, encouraged her and said, "Kate, keep talking." And so she did. She talked about her two brothers who had been missing in action for over two years in the war, she talked about the neighbor girl who was hit by a car and killed as we all watched and couldn't get to her quickly enough to save her, she talked about how much she missed her children who were growing up without her, about how she missed her sisters and her mother. On and on and on. Until others noticed that she wasn't crying all the time. That she was actually helping to take care of the other patients.

And then, way back then, in the mid-fifties, she did something astounding, unheard of at that time. She started getting the patients together in small groups, encouraging them to talk to each other. And guess what happened? They discharged her.

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Copeland Center for Wellness and Recovery

The Copeland Center for Wellness and Recovery is a non-profit, 501(c)(3) organization founded in 2005 to provide training, consultation, and program activities to support the wellness and recovery journeys of individuals and to enhance the effectiveness of recovery groups, care providers, organizations, and systems. The Copeland Center provides training on the Wellness Recovery Action Plan® (WRAP®). It is the only organization in the world which conducts the training required to become a certified Advanced Level WRAP® facilitator.

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And so, eight years after that day when we discovered our mother was gone, she was back. My sister was in college. My older brother was married. Only my two younger brothers and I remained at home with my father.

As you can imagine, it was a hard re-entry. So much had changed. And I grieve for my own lack of understanding. I tried to be helpful and supportive. But I now know I could have done a lot, lot better. My mother used all her strength and fortitude to push through the stigma that almost destroyed her. She got a job in an inner city school where she worked as a greatly loved dietician for 20 years; she re-established herself as matriarch of an ever-expanding family and became a highly respected member of the community.

I often wonder if, back when she first started crying all the time, and sitting in her chair and rocking and rocking and rocking, if someone had given her a break, taken care of the children, done the cooking, sent her back home to be with her mother and sisters for a while, if someone had listened and listened and listened back then, would this story have been different. Would we still be seeing the effects of the trauma of that eight-year hospitalization in her children, her grandchildren, and in her great-grandchildren? I don't think so. And preventing others from experiencing the trauma that my mother, and that I myself experienced later, has fueled the passion that drives this work.

1976

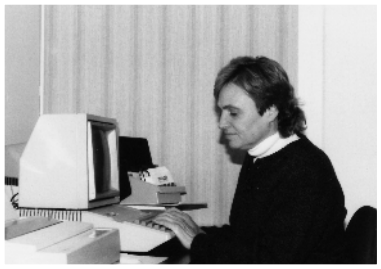
Now let's fast forward again. Its 1976. The middle child, me, Mary Ellen, a workaholic, high achiever, had gone to see a psychiatrist. After taking a brief history, he said, "you are 'manic depressive' like your mother. Take this pill and you will be fine." And so I did. And I was sort of OK for a while. I still had a hectic, demanding lifestyle, five teenage children, various foster children, a difficult husband, but I got by until I got a stomach bug. And became dehydrated. But, like a good patient, I kept taking that pill that I didn't know anything about. And I got lithium toxicity and nearly died. And after that my body didn't want the pill anymore. My moods went wildly out of control and my life began a steep downhill trajectory—worse than anything I had ever experienced. I just read something about that kind of thing happening in *Anatomy of an Epidemic* by Robert Whitaker. He describes the now well-studied and documented phenomenon that occurs when people who have been taking medications for a long time can no longer take those medications. When they stop taking the medications, they experience mental health challenges that are far worse than anything they experienced before they began taking the medications. Is it because they used the medication instead of learning how to manage? Or does it have to do with the effects of the medication itself?

Things were very bad for me until I said, "Wait a minute. It doesn't have to be this way." And I began searching for answers. I was sure there were people out there who had figured out how to get through this. If I could ask them, I could resolve this for myself. The first person I talked to was my mother. And she told me about talking and talking and talking. And being listened to, and being heard and being really validated. Listened to by people who didn't interrupt with stories of their own. Listened to by people who believed her and cared about her. And she told me about those early support groups at Middletown—Mental Aid Fellowship they called it.

> "From my mother, all those years ago, I learned about the value of support, of being heard, of being validated, and of taking back my own power."

From my mother, all those years ago, I learned about the value of support, of being heard, of being validated, and of taking back my own power.

So I started seeking out friends who were willing to listen, especially when I gave them equal time, and I started a support group. And I was doing better. Not past it, but better.



And then I had some meetings with an amazing vocational rehabilitation counselor. I shared with her my dream of doing a study to find out how people like me cope on a daily basis. I didn't talk about recovery. Recovery wasn't a word used for people who had mental health issues in those days. And this vocational counselor, instead of telling me what everybody else had told me, said, "You can do it. I will help you." And together we got money through a Social Security Plan to Achieve Self Sufficiency and I began my studies of how people like me cope on a day-to-day basis—we are not talking about recovery here—just getting by.

Message continued…

That vocational counselor gave me hope and supported me as I once again took personal responsibility for myself, re-learned how to advocate for myself and moved forward with intensive studies of how people "cope."

1997 - WRAP is Born

Now let's fast forward. It is 1997. It is a cold winter day in northern Vermont. In the past six years I have written several books based on my studies, my mother has died at the age of 82, leaving her family and the community adrift in sorrow, and I have been traveling all over the country teaching people the simple, safe self-help skills and strategies that I have learned through my studies, I am in a warm and affirming relationship with my new husband, and I am doing pretty well myself. Not great, but pretty well. I still often had moments of deep despair. And sometimes I felt so good that I was obnoxious. I thought I had it all figured out.

So on this cold winter day in northern Vermont in 1997, I was finishing up an eight-day training teaching almost forty people—mostly people who had serious mental health issues, and who had braved the wind-chill and the blowing snow—the skills and strategies I had learned through my studies. I thought I had done a great job. When a woman stood up in the back of the room and said, "I have been in state hospitals all over the country and I wouldn't have any idea how to organize these things to make them work in my life." I heard her, and so did all the other people who were there. We made a commitment that day to keep meeting until we had come up with some kind of a system so that people could organize the skills and strategies I had been sharing with them.

We spent three full days deliberating. Trying this idea and that idea. We worked with sheets of newsprint paper across the wall. Sharing ideas. Discussing things. Crossing things out. Adding new things. Until, after three days, it felt like we had something. And they decided to call it the Wellness Recovery Action Plan—"it has such a good acronym"—and so WRAP was born. The structure that they came up with is the same structure that is WRAP today.

I am going to describe for you the process we went through to develop WRAP as I remember it. First, they decided, you have to have a list of all of the possibilities, all of the things you can use to help yourself feel better and help yourself stay well, all of the resources you have at your fingertips but often neglect when you are having a hard time. That became the **Wellness Toolbox**. It included things like all the skills and strategies I had been teaching them all week—relaxation and stress reduction techniques, diet changes, exercise, focusing, arts, music—and all the things they had discovered in their own lives. These lists can go on and on and on and often do. I have over 110 Wellness Tools on my list. And it keeps growing and growing and growing as I keep growing and my needs change.

"We worked with sheets of newsprint paper across the wall. Sharing ideas. Discussing things. Crossing things out. Adding new things…after three days, it felt like we had something. And they decided to call it the **Wellness Recovery Action Plan.**"

Then they said you need a list of those tools you need to use every day. Call it the **Daily Maintenance Plan**. It shouldn't be too long so you can be sure to get it all done. And then they said, before that, you need at least a list of words that describe you when you are well. You need a point of reference. You could write a paragraph, or a book, or put in a picture, but a simple list of descriptive words would be fine. And then, they said, after that list of things you need to do every day, you need a list of things you might need to do on any given day to avoid stress—things like buy groceries, make an appointment, keep an appointment, call a friend, clean your living space.

Then they said, what about those unexpected things that happen that get us off course—**Triggers**, they called them. Things like someone being rude, or a big disappointment like losing a job or seeing an accident, an upsetting news story, or the anniversary date of a great loss. We need to list them. And they agreed that probably they would add to this list as they discovered new ones. Then they said we need an action plan so we don't get overwhelmed when these things come up. So, back they went to their Wellness Toolbox and came up with lists of possible things

they could do to keep from getting overwhelmed or stressed, or to get back to feeling OK after an unexpected event or Trigger.

They felt that, because these things happen at lots of unanticipated times and in unanticipated places, they would need different options of actions they could take. As you can see, a new way of proactive thinking is evolving here. They were coming up with a structure that each person could use to develop their own personal WRAP, their Wellness Recovery Action Plan.

Then they said, there are times when we just start feeling worse and we don't know why. I could really relate to that. Sometimes I just feel off. I don't feel like buckling my seat belt. I don't feel like answering the phone. I have a slight headache. I have a negative attitude. I am self-critical. They wanted to call this time **Early Warning Signs**. This was all sounding so sensible to me. They said we should make a list of these early warning signs, and then develop another action plan of things we must do when we notice these signs. For me personally these were the kinds of things I always used to ignore. So taking action at this time was a new concept for me, a new way of thinking. I put things on my list like getting at least one hour of exercise, working on either a drawing or quilting project, playing the piano for half an hour, and making my favorite Creamed Dried Beef on Toast for lunch.

They said that next they need to know "**When Things have Gotten Much Worse**." H'mmm. Isn't this the time when we should go to the emergency room or call the crisis team? Or instead perhaps we could help ourselves around this and get ourselves feeling good again. They wanted to call this section "When Things are Breaking Down." Again, it would start with developing our own individual list for what, personally, for us, indicates that things are breaking down. Things like crying all the time, not eating at all, being unable to sleep for three nights, yelling at people you love, feeling like drinking alcohol or drinking alcohol, feeling like cutting or even cutting. They acknowledged that these signs are very idiosyncratic. What might be an early warning sign for one person might mean things were breaking down for someone else. And then they said, we need an action plan—something we are committed to do even when we don't feel like it, something that is very structured with few choices, something like what a good hospital day would look like in a perfect world. It might be four relaxation exercises a day, a half hour playing my trumpet, two fifteen minute sessions of being listened to by a friend, one hour of walking or riding my exercise bicycle, and wearing my power outfit.

"It took lots of haggling to get this far. We had been warned that people wouldn't be able to stay in a session for fifteen minutes. They worked on this from 9-4 for three days. They felt exuberant about it."

It took lots of haggling to get this far. We had been warned that people wouldn't be able to stay in a session for fifteen minutes. They worked on this from 9-4 for three days. They felt exuberant about it.

They said there is one more piece we need. Given what we have already come up with, we think we can avoid a crisis where other people have to step in and take care of us. But given the uncertainty of the future, we should include a **Crisis Plan or Advance Directive**, something that tells others what to do for us when we cannot take responsibility for ourselves, something we actually give to others. All had been in agreement that this WRAP needed to be developed by the person who was using it and only they would determine what was in it, and they didn't have to show it to anyone else unless they wanted to. But this part of the plan had to be different so others would understand it. What they came up with has some of the usual boiler plate that is found in all Advance Directive forms, but they also included some innovative sections that they felt were critical to their recovery. One was a list of signs that indicate someone needs to step in and take over—to prevent well-meaning supporters from stepping in when you are already doing what you need to do to help yourself feel better. It includes a list of those supporters who *should* be included in any crisis responses and people who *should not*. It includes a plan so that they can stay at home or in the community rather than be hospitalized, it has a list of things that they would like others to do for them that would help them feel better, and a list of things that others should *not* do, things that would make them feel worse.

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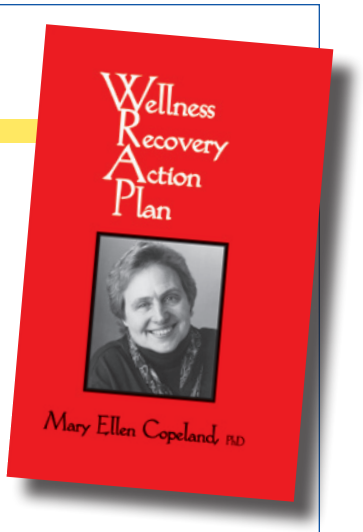

So that was WRAP. And people were really happy about it. They all left with a strong commitment to try it. I did too. I went home and the next afternoon, when my spouse went off to make maple syrup, I decided to write my WRAP. This is now March, 1997. I wrote my WRAP. And I started using it. I was amazed. My own personal level of wellness moved ahead faster than I could have imagined. I was thrilled. I was getting reports from others who helped with the development of WRAP that they were getting the same results.

The Growth of WRAP

I decided to share this new idea we were calling "WRAP" at the next conference I was invited to speak to—the *International Conference for Depression and Manic Depression*. When I got to the conference and realized there were lots of workshops on brain anatomy and the chemical formulation of pharmaceuticals, I cringed. But I decided to go forward with my plan. I presented WRAP to a full house. At first people seemed incredulous. But by the time I finished everyone was with me. I got a standing ovation. People said, "Finally, something we can do to help ourselves."

Things happened quickly after that. Everyone wanted WRAP. Working with Jane Winterling, who played a key role in this effort, we wrote the red *WRAP* book that describes the Wellness Recovery Action Plan. And those books went flying across the country and around the world. We experimented with various formats for sharing WRAP and found that, while there are various ways people can learn about WRAP and use it in their lives, the one that works best is the WRAP group, facilitated by a trained facilitator. So, working with a group of people who were committed to recovery, we developed the Mental Health Recovery and WRAP Curriculum, and a five day training protocol for training facilitators. It continues to be enormously successful.

Richard Hart from West Virginia convinced me and many others that we needed a Post Crisis plan. We came up with one, checked it out with lots of people, revised it over and over again, and then, added it to WRAP. It was what people felt like they needed to guide their way back to wellness, to again using their Daily Maintenance Plan, when they had been through the worst of times.

Values and Ethics of WRAP

As it grew, people started talking about the values and ethics that surround WRAP. And they felt that it was essential that there were values that people could expect would be followed in WRAP groups. They felt that these values were vital to people's success with WRAP. As I discovered them I checked them out over and over with people. I finally came up with a list that others agreed was "the bottom line". They have been integrated into the fidelity model that proved the efficacy of WRAP—the model that was studied at the University of Illinois at Chicago. They provide an excellent guide for all mental health services including peer support. They are:

1. All WRAP groups and related activities give people hope that they can feel better, get well, stay well for long periods of time, and do the things they want to do and have dreamed of doing with their lives.

2. Self-determination, personal responsibility, empowerment, and self-advocacy are essential to the achievement of positive outcomes with WRAP.

3. In WRAP groups, people treat each other with unconditional high regard, there is no hierarchy of any kind, everyone is equal, and each person is treated with dignity, compassion, mutual respect, and unconditional high regard; as a unique, special individual, including absolute acceptance of diversity with relation to culture, ethnicity, language, religion, race, gender, age, disability, sexual identity, and "readiness." A person is "ready" to develop a WRAP when they want to develop a WRAP.

4. WRAP is based on the premise that there are "no limits" to recovery, and that is reflected in all WRAP-related activities.

5. Every part of WRAP is totally voluntary. The person who is developing the WRAP decides if they want to do it, when they want to do it, how long they will take, what it will include, and who assists and supports them as they do it.

6. It is clearly understood that the person who is developing this WRAP, is the *only* expert on him or her self.

7. The focus is on individual strengths and away from perceived deficits, no matter how these deficits are determined, and who determined them.

8. The use of clinical, medical, and diagnostic language is avoided.

9. It is understood that peer support enhances WRAP activities.

10. The focus is on strategies that are simple, safe and free or cheap.

11. WRAP is "trauma-informed," instead of blaming and punishing, we ask, "What happened?" and "What do you need?"

"Trauma-Informed" What it Means

The last of these Values and Ethics, using the fidelity model, is that WRAP is "trauma-informed." Back in 1988 I was beginning to do my studies of how people get well and stay well. Over time I found out that, contrary to popular belief at that time, there are lots of people like my mother who have gotten well and stayed well for long periods of time. She was definitely not the only one. And I began, at that time, to change the focus of my studies from looking at how people cope from day to day to how people recover and reclaim their lives. When I first began talking about this, I was chastised. I was told that people who have mental health challenges have "broken brains," that they can never get better, and that they will need to let others take over control of their lives, and that they will need to take their medications for the rest of their lives. I was told that if my mother got well, she was never really "sick." This didn't feel right to me. Over time, I became more and more convinced that these mental health challenges are the result of the bad things—the trauma—that have happened to people. I saw it in my own life. I saw it in my mother's life. And I heard it from many, many other people as I asked them about it. Years went by. More and more people are accepting that mental health challenges are the result of trauma. Researchers are still working on the studies that would prove the theory of the "broken brain," but is has never panned out. I'm not sure if it really matters. If we can help people reclaim their lives, then that is what we should be doing.

Now there is more and more and more acceptance of the premise that people who have mental health difficulties have had bad things happen to them, and that trauma needs to be validated, and the effects of that trauma need to be addressed for a person

Message continued…

to recover and move on. Even the federal Substance Abuse and Mental Health Services Administration now has a National Technical Assistance Center for Trauma Informed Care.

What does that mean about how we do things? Trauma informed means that, when a person reaches out for help, comes to a WRAP group, comes to an agency or organization and asks for assistance and support, instead of blaming and punishing them, we ask, "What happened?" and "What do you need?" And then we listen, listen, listen—which takes us back to my mother, Kate, in that mental hospital. She figured it out. She needed to get back her power. She needed to be validated. And that is what we need to give every person, everywhere, that reaches out for help and support. Empowerment, validation, and connection.

A Short WRAP Story

Now you know a lot about WRAP. Before we go on to talk about programs and research, I want to interject the story of a man who is a very important person in my life. He was in that group in northern Vermont that developed WRAP. He attended with a care provider. He couldn't come alone. He was anxious and agitated and often had to go outside to regain his composure. His speech was garbled. He was very hard to understand. He dressed in dark clothing, always wore a hat and kept his head down. He avoided interactions with others. I let him know that I was glad he was there—and I didn't ask or expect anything of him. His being there was enough. A *huge* step for him. After the group was over, I got a call from time to time from a care provider asking where there might be another group that he could attend. Then I didn't see him for a few years and lost track of him. I was invited to a WRAP group graduation. I enjoy those celebrations, so when I can, I go. This time I was met by a man wearing shorts and an Hawaiian shirt, grinning broadly. He said, "Hi Mary Ellen." I did a double take. Then he said, "You don't recognize me, do you." And then suddenly, I did. There he was. He had been to many, many WRAP groups. His speech was fine. He didn't need a care provider to bring him. He stayed through the gathering. Life is good for him now. Who would have ever anticipated that?

Copeland Center Training Programs

Back in 2005 we set up the Copeland Center for Wellness and Recovery to provide training and insure that continuation of this work would maintain fidelity to the model that was to become evidence-based.

There are many different WRAP program models. States, regions, agencies, organizations, and countries develop WRAP programs to meet their specific needs. The Copeland Center provides technical assistance as these entities develop program models to assure that the program adheres to the fidelity model that we have found works best, and that it will meet the needs of the people being served.

WRAP Around the USA

There are WRAP-based programs in almost every state. WRAP is also growing internationally. There are WRAP based programs in Canada, Japan, Hong Kong, Australia, Korea, New Zealand, Ireland, England, Scotland, and the Netherlands.

WRAP in Pennsylvania

In 2001, the Institute for Recovery & Community Integration in Philadelphia developed a statewide initiative to transform the Pennsylvania Mental Health System with the implementation of a Certified Peer Specialist (CPS) workforce. It was determined that WRAP was the best tool to prepare these peer specialists as role models for recovery in the workforce. Combining Certified Peer Training with WRAP Facilitation Training has leveraged the State of Pennsylvania to have peer support services and WRAP Facilitation, with fidelity to the evidence based practice in every region of the state. The Institute has trained 500 trained WRAP Facilitators and over 1,300 people in recovery have completed a two day work shop on WRAP. One of the highest rated sections of their Peer Training is WRAP. It is continually requested by more and more people receiving mental health services in the state.

WRAP in California

BJ North, an Advanced Level Facilitator in California, worked with her local agency to assess their needs, then set up three one-day WRAP overviews for the directors and managers. BJ says 98% of the people who came "bought in" when they heard how empowering it could be and how inexpensive it was compared to other trainings they were providing. Currently they have people in every phase of the program, some that have just taken the five day training, those who took the five day training and who are running groups. They also have three Advanced Level Facilitators who oversee the process and assure that WRAP continues to grow.

WRAP in Florida

I was just in Miami and met with Sandra McQueen Baker, one of our Advanced Level WRAP Facilitators, her co-workers, and 100 WRAP facilitators who were trained by Sandra and the Copeland Center. They offer many WRAP group options in a variety of venues, and have worked specifically with transition age youth, people who are Spanish speaking, people who have cross cultural or transgender issues, people who are living in severe poverty, people who have been badly traumatized, people who have lived for years and years believing they could never get better, and who now are self-sufficient, have been through the WRAP training, and are leading WRAP groups with and for their peers.

WRAP in Washington, D.C.

Yvonne Smith, an Advanced Level WRAP Facilitator, says that WRAP Implementation in D.C. is the "gold standard" in the metropolitan area. WRAP is offered in the public hospital operated by the D.C. Department of Mental Health (DMH). She continues to offer WRAP in a community setting outside of the mental health department every week for those who want it. The Recovery Group in Washington offers WRAP every week in an open space for anyone who can come—all are welcome. When funding dried up, Yvonne continued to offer WRAP and mentored another person who is now her co-facilitator. Rain or shine, funding or not they offer WRAP every week in an open public setting advertised on their website, on the WRAP Around the World website, and on Facebook.

WRAP in Maryland

State Transformation Funds jump started the WRAP Outreach Project through their Wellness and Recovery Centers, which are run by people who have a lived experience of serious mental health issues. In three years *On Our Own of Maryland* trained over 100 facilitators, and has now begun partnering with community behavioral healthcare providers, hospitals, and communities to provide training for everyone throughout the state as a peer driven initiative. It paved the way for providers to understand the value and possibilities of peer support. The evidence was overwhelming that people's lives were dramatically changed.

Wrappin'n Wrollin' in Illinois

In 2001, Nanette Larson, head of the Office of Consumer Affairs in Illinois came to Vermont with several other people from Illinois to find out about WRAP and to become WRAP facilitators. Since then, in a program called "Wrappin' n Wrollin' in Illinois," they have used a variety of strategies, approaches and interventions to increase the number of qualified facilitators throughout the state. The Illinois WRAP program has successfully been developed and expanded throughout the entire state. Since its inception in 2002, our Trainings have been held all over Illinois. Continuing Education and Support is then provided for certified facilitators through various mechanisms, including WRAP Refreshers, Tele-Coaching Sessions; individual mentoring; and support and co-facilitation support for newly certified facilitators. Supporting programs include Consumer Education and Support Statewide Teleconferences, held monthly, with an average listening audience of over 500; Recovery Education Conferences, held annually in each of the statewide Regions; and Outreach Recovery Education events, held on-site for agencies which have not been able to participate in other recovery education opportunities.

In 2008, Illinois undertook a thorough revision of the state Medicaid Rule that governs the billing process for all publicly funded mental health services and the language written into the rule for key services, such as Community Support and Psychosocial Rehabilitation, was specifically designed to reflect increased opportunities for agencies to bill for services and supports which are relevant to major elements of mental health recovery education and WRAP. Additionally, similar considerations were made in developing the language in the contract between the State and the provider agencies. Lastly, the Administrative Services Organization that was contracted to work with the State in the implementation of fee-for-service billing system was also required to provide administrative support in the implementation of significant recovery initiatives, including WRAP. It has been through these strategies, approaches and initiatives that the transformation of the mental health system is truly happening in Illinois.

WRAP in West Virginia

In 2000, the State provided a seed grant for WRAP. In what proved to be a giant step, the Consumers' Association sent letters to forty people across the state inviting them to be part of this new initiative. A follow-up meeting was held to explain the key concepts of wellness and recovery and to develop buy-in for the project. Twenty-four people, eager to be change agents, were in attendance at West Virginia's first WRAP facilitator's training. Their influence in those regions, over time, helped to create significant change in how stakeholders view the possibility of recovery and how they work for and alongside people who are facing life's difficulties. Since its start, West Virginia has held scores of WRAP groups and trained dozens of WRAP

Message continued…

facilitators. This includes one of the first "WRAP for Kids" efforts and several Veterans' groups. It continues to be funded primarily through state block grant monies. The statement, "WRAP saved my life," is not uncommon, and knowing this to be true has made Wellness Recovery Action Planning an extremely worthwhile investment for this rural state and beyond.

P.E.E.R.S.

Peers Envisioning and Engaging in Recovery Services, an organization operated by people with a lived experience of mental health challenges that was founded in 2001, is committed to spreading WRAP and its values and ethics throughout the Oakland Bay Area. In the last ten years, they've reached over 10,000 people with WRAP. In the last five years they have grown their services by 300%. In Alameda County, PEERS runs Spanish speaking WRAP groups, youth WRAP, WRAP for faith-based communities, and they have just completed their first "Organizational" WRAP. In May, PEERS celebrated Mental Health Awareness Month with an inaugural *WRAP for Health Conference*, preparing their WRAP facilitators and community to use the evidence based program in primary care settings. PEERS was recently awarded a grant to offer WRAP at the college campuses throughout Alameda County. They will be hosting the next *WRAP Around the World Conference* January 25-27, 2013 in Oakland, California.

WRAP as an Evidence-Based Practice

While the growth of WRAP has been impressive, until recently it was not well evaluated or reported on in the published scientific literature. Although numerous proposals were submitted to fund WRAP research, grantors were reluctant to fund grass-roots mental health recovery initiatives, preferring to study initiatives developed by recognized institutions. Since many agencies prefer to sponsor evidence-based practices, this policy hampered the availability of WRAP for people who might have benefited from it. Now WRAP has been closely studied and reported in published literature and has been listed by the Substance Abuse and Mental Health Services Administration's *National Registry of Evidence-based Programs and Practices*. In 2005, Dr. Judith Cook, Professor and Director of the Center on Mental Health Services Research and Policy at the University of Illinois at Chicago, secured funding from the Substance Abuse and Mental Health Services Administration [SAMSHA] and the National Institute on Disability and Rehabilitation Research, to do an intensive study to determine the efficacy of Wellness Recovery Action Planning (WRAP) by comparing it with usual care. 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 quality of life as assessed by the World Health Organization Quality of Life-BREF environment subscale.

WEBINARS

Find out more at:
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FACEBOOK PAGES

Copeland Center
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Mary Ellen Copeland -
Mental Health Recovery & WRAP®
Mary Ellen's WRAP page

FACEBOOK GROUPS

Mental Health Recovery and WRAP® - Wellness Recovery Action Plan
A group for learning more about WRAP®

WRAP® Facilitators
For all WRAP® Facilitators

CORRESPONDENCE COURSE

Divided into six lessons with reading assignments, projects, activities, and discussion with the instructor, the Correspondence Course takes you through recovery topics, peer support, trauma, lifestyle issues, WRAP®, and reflection on your own recovery journey.

The course instructor is an experienced recovery educator. The Correspondence Course is an excellent way to prepare to become a WRAP® Facilitator. For more information: http://copelandcenter.com/trainings/correspondence-course/

WRAP Today

We now have thousands of facilitators around the world leading WRAP groups. There are 250 Advanced Level Facilitators who are teaching people how to be WRAP facilitators. There are mental health agencies and organizations in every state and in many countries around the world using WRAP as the cornerstone of their wellness and recovery efforts. Uncounted numbers of people are developing WRAP on their own using one of the many WRAP resources.

The Copeland Center and the Advanced Level Facilitators continue to train more and more WRAP group facilitators. People purchase training manuals, self help books, videos, audios and e-learning courses based on WRAP. They love the MY WRAP and the MY WRAP Crisis Plan pocket brochures. Tens of thousands of people visit our website every month.

As so many other people have been, you are all an important part of carrying this work forward. You are needed to carry this work into the future, so no more mothers or fathers, no veterans, no more children, no more young adults, *no one* spends years in institutions, or living sad, unfulfilled lives. You all need to use your administrative, organizational, and networking skills, to take WRAP and the Values and Ethics that surround it and make it available to everyone who needs and wants it, so they can enjoy a full, rich, and rewarding life.

Copeland Center
FOR WELLNESS AND RECOVERY

promotes personal, organizational, and community wellness and empowerment through education, training, and research.

The Copeland Center for Wellness and Recovery serves hundreds of people each year through WRAP® Facilitator Training, introducing people to WRAP®, and by providing technical assistance to agencies and organizations. The Copeland Center reached its highest annual scholarship level, awarding 60 individual scholarships for trainings and conferences in 2011

The Copeland Center works with the Veterans Administration, state agencies, community organizations, and individuals to create greater wellness for people who are struggling with life's challenges. Your contribution gives us the means to offer more scholarships in our trainings and offer our trainings in areas that are underserved.

If WRAP® has made a difference in your life please contribute so we can extend WRAP® and wellness further in communities around the world. The Copeland Center is a non-profit (501c3) and all donations are tax-deductible.

Make a Difference Today!

To give a tax-deductibe donation, helping to support activities of The Copeland Center, complete this form. Make your check or money order payable to The Copeland Center for Wellness and Recovery, Inc., and mail it to: P.O. Box 6471, Brattleboro, Vermont 05302. **Or, donate online at: www.copelandcenter.com**

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Copeland Center Calendar

Information and Registration

June 27 – 29
WRAP and Healing from Trauma Course
West Chester, PA

July 16-18
WRAP Facilitator Refresher
Austin, TX

September 10 – 14
Advanced Level Facilitator Training
Austin, TX

October 1 – 5
WRAP Facilitator Training
Brattleboro, VT

For more information on these and other trainings, please visit http://copelandcenter.com

Save the Date!

WRAP Around the World

is coming to...California!

WRAP Around the World Conference

January 25-27, 2013

Marriott Oakland City Center

Oakland, California

Stay tuned for more information!

Copeland Center
for Wellness and Recovery
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Brattleboro, VT 05302

Going Green!

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