



**THE WAY WRAP<sup>®</sup> WORKS!**  
**STRENGTHENING CORE VALUES & PRACTICES**





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# THE WAY WRAP® WORKS!

## Strengthening Core Values & Practices



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## EXECUTIVE SUMMARY

The Wellness Recovery Action Plan (WRAP®) is a personalized wellness and recovery system born out of and rooted in the principle of self-determination. In 2010, WRAP® was recognized by the United States Substance Abuse and Mental Health Administration (SAMHSA) as an evidence-based practice and listed in the National Registry Services of Evidence-Based Programs and Practices (<http://nrepp.samhsa.gov>). Researchers from the Department of Psychiatry at the University of Illinois at Chicago (UIC) released the results of a rigorous study that demonstrated significantly positive behavioral health outcomes for individuals with severe and persistent mental health challenges who participated in peer-led WRAP® groups. Research studies on WRAP® from UIC cited that positive outcomes were tied to the fidelity of the WRAP® facilitation model designed by Mary Ellen Copeland and developed by the Copeland Center. Today, WRAP® is being widely implemented by behavioral health systems, however, significant compromises to the resources provided and fidelity in implementing WRAP® is falling short of the quality people in recovery deserve. **People in recovery deserve the best services we have to offer!**

The following paper addresses the need to strengthen our values and practices through partnerships with behavioral health organizations and systems to adhere more closely to the fidelity standards of the WRAP® model as designed. This paper will guide you through the following key standards:

- ✓ Participation in WRAP® groups and services is completely voluntary
- ✓ Individuals are trained to use WRAP® through a peer group process
- ✓ WRAP® groups are facilitated by two properly-trained Facilitators
- ✓ WRAP® groups are facilitated by Facilitators who complete a Copeland Center WRAP® Refresher Course at least once every two years
- ✓ WRAP® group participants and WRAP® Facilitators receive appropriate mentoring
- ✓ WRAP® groups are conducted in strict adherence to the core ethics and values of WRAP® as defined by the Copeland Center
- ✓ WRAP® groups are utilizing the copyrighted curriculum developed by Mary Ellen Copeland

The key to ensuring that recipients of behavioral health services receive the full benefit of using WRAP® is for the leaders and participants in behavioral health organizations to better understand and incorporate the ethics, values, and practices that Mary Ellen Copeland, the Copeland Center, and the grassroots practitioners of WRAP® have established. This paper serves as a guideline for how behavioral health organizations can implement WRAP® with fidelity to the model as designed by people in recovery with Mary Ellen Copeland and developed by the Copeland Center.

After a long history of failed and even abusive treatment in mental health, today we have simple, safe, and practical resources to support people through WRAP®. **People in recovery deserve the very best supports we can offer** -not quick fixes and half-efforts. Hope this paper will support you to offer and ensure the very best WRAP® programs.

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# INTRODUCTION



The following advocacy paper is an expression of the persistent and insistent voices of the grassroots practitioners of the Wellness Recovery Action Plan (WRAP®) who are working with and within the behavioral health system. This paper is meant to sound an alarm, to challenge the status quo, to spark a system-wide conversation, and to be a catalyst for system transformation. Self-advocacy is one of the core values of WRAP®, and people using and teaching WRAP® are always encouraged to speak out if their needs are not being addressed or when they feel that the collective process can be improved.

**The practitioners of WRAP® have been speaking out in concern about how WRAP® is being implemented by many behavioral health organizations and systems.**

The Copeland Center for Wellness and Recovery (Copeland Center) is the hub of an organic, grassroots movement of individuals using WRAP® as a personalized system for wellness and recovery. WRAP® practitioners, facilitators, and trainers communicate to and through the Copeland Center. One of The Copeland Center's responsibilities is to articulate and amplify the positions of individuals using and teaching WRAP® in the field. In carrying out that role, the Copeland Center has published this paper titled *The Way WRAP® Works: Strengthening Core Values and Practices*.

In February 2013, a group of WRAP® practitioners from across the United States and around the world gathered in Vermont for a three-day Leadership Institute Conference with Mary Ellen Copeland and the Copeland Center staff members. One of the priority discussions at the



conference focused on the challenge of how to make WRAP® **accessible** to millions of people in need while also maintaining its **integrity**. Conference attendees recognized the need to work within health systems, particularly the behavioral

health system. However, there was a group consensus that any system incorporating WRAP® needed to follow guidelines that ensured fidelity to WRAP®'s core principles and practices. The peer participants at the conference called on the Copeland Center to develop and disseminate a paper that clearly delineates the ethics, values, and practices that health systems need to adhere to when implementing WRAP® services. Since this mandate aligned with numerous requests the Copeland Center had been receiving from the field for several years, the decision was made to follow the lead of the people with most at stake – those who use WRAP® to sustain their own wellness and recovery.

This paper addresses the need for behavioral health organizations and systems to adhere closely to the fidelity standards of the WRAP® model designed by Mary Ellen Copeland and developed by the Copeland Center. To that end, this paper presents guidelines for how behavioral health organizations and systems can implement WRAP® with fidelity. The Copeland Center encourages stakeholders to use this paper as a tool for initiating a dialogue between WRAP® practitioners, facilitators, trainers, and behavioral health administrators and professionals. Progress can only be achieved through positive communication and collaboration.

The underlying premise of this paper is that the interests of people with behavioral health challenges will best be served by the development of a mutually respectful partnership between the Copeland Center and behavioral health organizations and systems in the United States and around the world. The Copeland Center welcomes the opportunity to work collaboratively with behavioral health organizations and systems for the benefit of people seeking to advance and maintain their own health and wellness.



## HISTORY OF THE DEVELOPMENT OF WRAP®

The Wellness Recovery Action Plan (WRAP®) was developed by people who had been living with a variety of mental health challenges and who were working to hard feel better and get on with their lives. In 1997, a several dozen individuals who were considered to have serious mental illnesses came together in Northern Vermont for an eight-day gathering designed to initiate dialogues on how to improve their emotional and mental health. Many of the conference attendees had been residents of state psychiatric hospitals at various periods in their lives. They came together to discuss practical strategies for regaining and sustaining their own wellness. They did not know it at the time, but this cadre of intrepid explorers was blazing the trail towards a new international self-help movement for wellness and recovery.

### *Hope. Personal Responsibility. Education. Self-Advocacy and Support*

A key leader among those brave pioneers at the Vermont gathering was Mary Ellen Copeland, a woman who had been struggling with anxiety, depression, and extreme mood swings that had caused her to experience social isolation, economic hardship, and repeated hospitalizations. Seeking to restore her health and reclaim her life, Mary Ellen had become disillusioned with the psychiatric establishment of that time and its reliance on medication-focused treatment that prioritized managing her illness rather than facilitating her return to health. She began her own journey to find strategies for recovery by conducting a survey of her peers on the subject. The survey engaged 125 respondents. Through the survey responses, Mary Ellen identified five key concepts to recovery (Hope, Personal Responsibility, Education, Self-Advocacy and Support), along with “tricks” for feeling better, which

would later be called wellness tools. She began to facilitate peer support groups with other people looking for ways to get better. By 1997, Mary Ellen’s research and facilitation were generating widespread attention, resulting in an invitation to lead an eight-day peer support retreat in Vermont that was destined to make history.

### *They presented it to the group, and everyone felt excited about the concept of “WRAP.”*

Mary Ellen helped her fellow sojourners at the Vermont conference to draw on their own organic experience to identify what kinds of strategies worked for them to prevent emotional and mental breakdowns and to maintain positive mental health. However, one of the participants – a woman named Jess Parker – stood up and said, “This is all well and good, but I have no idea how to organize these tools and strategies in my life.” Mary Ellen and Jane Winterling, a colleague who was also attending the gathering, felt challenged to respond to Jess’s common sense observation. Jane and Mary Ellen worked together to develop a simple system for organizing a personal “wellness recovery action plan”. They presented it to the group, and everyone felt excited about the concept of “WRAP.” They left the gathering with a renewed spirit of hope and optimism.

### *These values and practices formed the basis of today’s evidence-based practice of WRAP®.*

Mary Ellen went home from the Vermont conference and began to use a WRAP to support her own wellness regimen. She was amazed by the power of the WRAP to help her anticipate and cope with life’s inevitable stress and difficulty, to remain centered, and to focus on positive attitudes and activities. Being a natural teacher and



communicator, Mary Ellen was inspired to share her gift with the world. In 1997, she wrote her first primer book on WRAP, which rapidly gained popularity across the United States and around the world. Mary Ellen began to share WRAP with other people who were struggling with a wide range of emotional, physical, and mental health challenges. She also started mentoring peers in facilitating workshops on WRAP. Next, she developed an evaluation of what constituted a successful WRAP workshop and established a list of non-negotiable values and practices for WRAP Facilitators. These values and practices formed the basis of today's evidence-based practice of WRAP®.

Over the past decade-and-a-half, Mary Ellen Copeland has reached millions of people through her books and lectures, empowering men and women from diverse communities and all walks of life to use WRAP® for their own personal recovery journeys. Now, WRAP® is being utilized in formal and informal recovery programs in all 50 U.S. states and in countries around the world. WRAP® is being implemented by behavioral health departments, mental health agencies, addictions treatment programs, as well as an array of other recovery groups in the United States and across the globe.





## ABOUT THE COPELAND CENTER FOR WELLNESS AND RECOVERY

In 2003, Mary Ellen Copeland, along with other people in recovery and supportive allies, founded the Copeland Center for Wellness and Recovery (Copeland Center) to promote mental health recovery through education, training, and research based on WRAP®. The Copeland Center was named in honor of, and dedicated to the memory of Mary Ellen's mother – Kathryn Strouse Copeland (1912-1994) – whose courageous struggle to face and overcome mental health challenges was a lifelong inspiration to her daughter.

The Copeland Center is a non-profit, 501(c)(3) organization that provides training, consultation, and program activities to support the wellness and recovery journeys of individuals. It further enhances the effectiveness of recovery groups, healthcare providers, healthcare organizations, and healthcare systems that seek to support individuals' recovery and wellness. The purpose of the Copeland Center's WRAP® initiative is to

- 1) **Disseminate** the most creative, exciting, and effective developments in the field of WRAP®;
- 2) **Teach** new skills to people who are utilizing WRAP® in innovative recovery programs and in their own lives;
- 3) **Network** thousands of passionate and committed WRAP® facilitators, students, and practitioners from across the world to join forces and leverage their potential;
- 4) **Inspire** individuals and the representatives of organizations and systems to take their knowledge and skills back to their own communities and make WRAP® a living source of healing and transformation at the grassroots level.

The Copeland Center is the world's preeminent organization advancing the knowledge, skills, and values of the evidence-based recovery practice of WRAP®. The Copeland Center is the only organization in the world which conducts the

training required to become a certified Advanced Level WRAP® Facilitator. The Center has trained and supported Advanced Level WRAP® Facilitators from communities across the United States and in Canada, Japan, New Zealand and several other countries. Dr. Mary Ellen Copeland works exclusively through The Copeland Center to help organizations develop Advanced Level Facilitators who can provide local WRAP® trainings that meet the criteria of WRAP® as an evidence-based practice.

The Copeland Center is the hub of an organic, grassroots movement of individuals using WRAP® as a personalized system for wellness and recovery. In order to ensure that the international WRAP® movement is healthy and strong, the Copeland Center has created and sustained a worldwide network of WRAP® students, educators, and practitioners. The role of the Copeland Center is to develop and disseminate the ethical guidelines, model practices, and scientific research that has earned WRAP® the status as an evidence-based recovery practice while training and supporting individuals to master the skills for learning, facilitating, and using WRAP®.

The Copeland Center sponsors the annual WRAP® Around the World Conference, which brings together people from around the world – representing all ages and all walks of life – who use, teach, and study WRAP®. In January 2013, more than 450 people from Asia, Australia, Europe, and North America gathered to exchange ideas and share skills in Oakland, California. Conducted over the course of three days, the 2013 WRAP® Around the World Conference featured more than 70 workshops and presentations by leaders in the field who addressed what the future of the recovery field holds and how WRAP® will fit into the new international healthcare paradigm. The WRAP® Around the World Conference is one example of how the Copeland Center is facilitating the growth and development of the worldwide WRAP® movement.

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# WHAT IS WRAP®?

## A BASIC PRIMER



*“This [WRAP®] has changed my life completely. I used to think of myself as this “mentally ill” person. Now I am a person who knows how to take care of myself and help myself in difficult times. If I am feeling badly or having a hard time, I take action. And there are so many simple, safe things I can do.”*

– a practitioner of the Wellness Recovery Action Plan

Illness self-management programs for individuals with chronic medical conditions, such as arthritis, diabetes, cancer, and asthma, have been recognized as an important component of patient-centered medical care for many years (Institute of Medicine, 2001). Two decades of research studies have validated the fact that significant numbers of people with mental health problems and challenges with addictions have also been able to self-manage their conditions with positive outcomes (Onken, Craig, Ridgway, *et al.*, 2007). Specific interventions and practices have been developed to promote self-managed recovery (Bodenheimer and Lorig, *et al.*, 2002). WRAP® is probably the most widely disseminated self-management practice in the United States (Roberts & Wolfson, 2004), and its use by individuals and health systems is increasing around the world (Copeland, Cook, & Razzano, 2010).



WRAP® is a manualized self-management and recovery system for persons coping with diverse physical and behavioral health challenges. WRAP® is a wellness and recovery approach that helps people to: 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams. Working with a WRAP® can help individuals to monitor uncomfortable and distressing feelings, and behaviors and through planned responses, reduce, modify, or eliminate them. A WRAP® also includes plans for responses from others when an individual cannot make decisions, take care of him/herself, and/or keep him/herself safe. The

person who experiences health challenges is the one who develops a personal WRAP®. The person may choose to have supporters and/or health care professionals help him or her create the WRAP®, but the individual remains in control of the process. (Copeland, Mary Ellen, PhD, Wellness Recovery Action Plan, 2011)

*WRAP® is a wellness and recovery approach . . .*

Individuals learn to use WRAP® through a peer-led and peer-engaged group process that progresses in three distinct phases: 1) a peer-delivered introductory session in which participants learn about WRAP® and become engaged; 2) eight to twelve weekly (or bi-weekly) peer-led WRAP® development sessions that are approximately two hours in duration; and 3) ongoing voluntary WRAP® groups that facilitate peer support. The single criterion for engagement in any WRAP® group is that the person must be willing to participate.

Formal WRAP® groups typically range in size from 10 to 15 participants and are led by two trained co-facilitators who are peers who use WRAP for their own recovery. Information is delivered and skills are developed through lectures, discussions, and individual and group exercises. Key WRAP® concepts and values are illustrated through examples from the lives of the co-Facilitators and participants. WRAP® participants create a personalized recovery system of wellness tools and action plans to achieve a self-directed wellness vision despite life’s daily challenges. Participants are encouraged, and when possible, assisted to continue meeting after the formal 8 to 12 week period has ended and to support each other in using and continuously revising their WRAP® plans. A person’s WRAP® is a tool that can be used for a life time, and a voluntary WRAP® group can be a long-term peer support resource for ensuring that this valuable and personalized recovery system remains sharp and useful for building a healthy and successful life in the community.



## WRAP®'s Status as an Evidence-based Practice

An evidence-based practice is an intervention that has been proven to be effective through randomized, controlled clinical trials, constituting a rigorous research design. A randomized, controlled trial is a study design that randomly assigns participants into an experimental group or a control group. As the study is conducted, the only expected difference between the control and experimental groups is the outcome variable that is being studied (SAMHSA, 2002). WRAP® has been recognized by the United States Substance Abuse and Mental Health Administration (SAMHSA) as an evidence-based practice and listed in the National Registry of Evidence-Based Programs and Practices (SAMSHA, 2010).

*A randomized, controlled trial is a study design that randomly assigns participants into an experimental group or a control group.*

Researchers from the Department of Psychiatry at the University of Illinois at Chicago (UIC) recently released the results of a randomized control trial in 2012 that demonstrated significantly positive outcomes for individuals with severe and persistent mental illness who participate in WRAP® groups. The research results from the UIC study revealed that individuals who participated in high-fidelity, peer-led WRAP® groups in six Ohio communities reported a reduction in anxiety and depression; enhanced feelings of hopefulness; and improvement in global quality of life, compared to the control group. A total of 519 individuals were involved in the study, and outcomes were assessed at end of treatment and at a 6-month follow-up using an intent-to-treat, mixed-effects random regression analysis. The UIC researchers took great care to ensure that the WRAP® interventions being studied strictly adhered to the fidelity standards established by

Mary Ellen Copeland and the Copeland Center for Wellness and Recovery. The Ohio-based WRAP® groups in the study were all conducted over an 8-week period and met for 2.5 hours every week. Peers in recovery who were trained by the Copeland Center as Advanced Level WRAP® Facilitators led the WRAP® groups and followed a highly standardized curriculum designed by Mary Ellen Copeland. Curricular departures were highly discouraged, and peer facilitators used the Copeland Center-approved Facilitators Manual and other copyrighted material developed by Mary Ellen Copeland (Cook, Copeland, & Floyd, *et al.* 2012).

The Ohio study is just one example of a growing base of evidence for WRAP® that has been established as a result of the widespread replication of the practice in communities across the United States and around the world over the last two decades. Another study conducted by the University of Illinois in 2009 found that individuals with behavioral health disorders who participated in WRAP® groups in Minnesota and Vermont demonstrated increased hopefulness, enhanced awareness of their own symptom triggers, strengthened social support systems, and an improved ability to take responsibility for their own wellness (Cook, Copeland, & Corey, *et al.* 2010). WRAP® has proven to be an effective practice for supporting recovery from diagnosable mental health challenges, addictions, and others health challenges.

The evidence clearly demonstrates that WRAP® can improve the self-management and peer support skills of individuals struggling with a range of mental and behavioral health challenges (Fukui, 2011). Similar findings confirming the efficacy of WRAP® have been reported from research studies that examined participation in WRAP® groups in Canada (Allot, *et al.* 2002); China (Zhang, *et al.* 2007); Minnesota, USA (Buffington, 2003); Ireland (Higgins, *et al.* 2010); Kansas, USA (Starnino, *et al.* 2010); New Zealand (Doughty, *et al.* 2008); Scotland (Scottish Centre for Social Research & Pratt, R., 2010); and the United Kingdom (Davidson, 2005).



*2009 Voice Award - it marked a recognition that WRAP® was now an integral part of the nation's behavioral health system.*

### **An Overview of the Utilization of WRAP® in the U.S. Behavioral Health System**

When the United States Substance Abuse and Mental Health Service Administration (SAMHSA) presented Mary Ellen Copeland with the 2009 *Voice Award* for her work as a leader in the behavioral health movement (*PR Newswire*, 2009), it marked a recognition that WRAP® had emerged

from the fringes and was now an integral part of the nation's behavioral health system. Now, WRAP® is being implemented by behavioral health systems in all 50 U.S. States and around the world (Pratt, *et al.*, 2013). Across the United States, behavioral health administrators and professionals have been educated about WRAP®; many recipients of behavioral health services have been introduced to WRAP® as a recovery tool; a significant number of services recipients have been trained as WRAP® Facilitators; and the basic eight-week WRAP® training session is frequently incorporated into the program schedules at behavioral health outpatient programs, residential facilities, and peer-run recovery centers sponsored by behavioral health agencies. Referrals to WRAP® groups are now frequently made by mental health professionals and behavioral healthcare services providers (SAMSHA, 2010).





## WHAT'S THE PROBLEM?

**Misunderstanding the Purpose, Values, and Practice of WRAP®  
when Behavioral Health Systems and Organizations utilize WRAP®**

### TESTIMONY FROM THE FIELD ON WRAP® FIDELITY ISSUES

→ Individuals are forced to participate in mandatory WRAP® groups or WRAP® services without their authentic consent

**TESTIMONY (Pennsylvania):** “I was asked to come into an agency as a substitute for group facilitators there and offer a WRAP group. When I got there to pick up the group that had been started, the participants were not there voluntarily—people even asked me for permission to go to the bathroom. After the sessions, I learned that their plans were kept in a locked file in the staff office. It was terribly disempowering for me and for the participants.”

**TESTIMONY (Vermont):** “I have witnessed a veteran hospital program that reads through a WRAP book and calls this a WRAP workshop. Further, there’s no conversation in the group and people are mandated to attend these sessions. Consequently, when they get out of the hospital, they won’t even entertain the idea of joining our peer led groups because that experience was so negative for them.”

The 2003 President’s New Freedom Commission on Mental Health envisioned a future when people of all ages who are in recovery from mental health challenges would be able to live, work, learn and participate fully in communities of their choice. The President’s Commission posed a fundamental challenge to the behavioral health system in the United States when it concluded “...that the system is not oriented to the single most important goal of the people it serves – the hope of recovery” and called for recovery to be the “common, recognized outcome of mental health services.” For too long, behavioral health services in the United States had been rooted in an antiquated clinical model that focused almost exclusively on symptom reduction, short-term interventions, and psychiatrist-directed treatment. The Commission called for a transformation to a recovery-oriented system that facilitated “... independence, self-direction... and the ability to live a fulfilling and productive life.”

While the theory and language of recovery has been widely embraced at the state and local level over the last decade, many challenges and barriers remain to achieving the vision articulated in the President’s New Freedom Commission report. There is inevitable inertia and resistance within any system that is challenged to rethink and revamp policies and practices that have been entrenched for many decades (SAMHSA, 2008). Some of the best minds in the recovery field today have articulated concerns about the prevalence of “pretend recovery.” They believe that too many organizations and programs in the behavioral health system are simply putting a “recovery” sign on their front door, yet are continuing to do the same things they always have done. These well-intentioned but untransformed organizations and programs can discourage rather than encourage a hopeful vision among people coping with mental health challenges and tend to reinforce societal stigma that limits the boundaries of achievement for people in recovery. Organizations need to facilitate important philosophic shifts that result in major changes in their approach to service content and processes (Ashland and Anthony, 2006).

Just as some behavioral health systems and organizations are doing harm by using the word “recovery” as rhetorical cover for corrupted practices that reinforce traditional methodologies and values, there is a problem with systems and organizations conducting so-called “WRAP® programs” without fidelity to the core values and evidence-based practices of WRAP® as designed by Mary Ellen Copeland and developed by the Copeland Center. As the utilization of WRAP® becomes ubiquitous at all levels of the behavioral health system, too many behavioral health organizations and systems are using the name of WRAP® in services that fall short of or distort the key components of the evidence-based practice. Based on numerous reports to the Copeland Center from individuals participating in and/or conducting WRAP® services in the field, the following corrupted practices are examples how behavioral health systems and organizations misunderstand and/or misuse WRAP®:



- Individuals are forced to participate in mandatory WRAP® groups or WRAP® services without their authentic consent;
- Individuals are pressured into participating in WRAP® in order to access other needed services;
- WRAP® is presented and used as a care/treatment plan between a client and professional staff person;
- WRAP® groups are taught by group leaders in a conventional mental health role that is based on hierarchical and professional expertise rather than by properly trained facilitators based on their experiential knowledge of using a WRAP;
- WRAP® groups are facilitated by behavioral health professionals or service providers who are not trained and do not personally practice WRAP®;
- WRAP® groups are facilitated by non-trained individuals or by a single individual rather than by two peers who are trained WRAP® Facilitators;
- WRAP® groups are led by facilitators who are not trained by Advanced Level Facilitators certified by the Copeland Center;
- WRAP® Facilitators are not mentored in the implementation of skills they attained during their training;
- WRAP® Facilitators continue to lead WRAP® Groups without participating in a WRAP® Facilitator’s Refresher Course at least once every two years;
- WRAP® groups are not conducted in strict adherence with the core ethics and values of WRAP® as defined by the Copeland Center;
- WRAP® groups are conducted that do not utilize the copyrighted curriculum developed by Mary Ellen Copeland;
- WRAP® is viewed as a program in a system rather than as a recovery movement that can be sustained by individuals at the grassroots level, with the proper supports.

SAMHSA has recognized WRAP® as an evidence-based practice and listed it in the National Registry of Evidence-Based Programs and Practices based on research findings from randomized controlled clinical trials that observed WRAP® groups conducted with meticulous fidelity to the model designed by Mary Ellen Copeland and developed by the Copeland Center. The researchers from the University of Illinois at Chicago clearly stated that the positive individual outcomes cited in their study were tied to the conduct of peer-led WRAP® groups with high fidelity to the Copeland Center’s WRAP®-delivery model (Cook, Copeland, & Floyd, *et al.* 2012). A serious problem is created when behavioral health organizations and systems conduct WRAP® groups and services that do not adhere to the standards of fidelity that undergird WRAP®’s value as an evidence-based practice.

## TESTIMONY FROM THE FIELD ON WRAP® FIDELITY ISSUES

- WRAP® groups are facilitated by non-trained individuals or by a single individual rather than by two peers who are trained WRAP® Facilitators

**TESTIMONY (California):** “I work in San Francisco and frequently hear that people are doing groups called WRAP and I know the group leaders are not trained as facilitators. Many of these group leaders are being directed by their supervisors to run these groups on WRAP. Some even go as far as training others as facilitators when they have no certification training to base it on and they make changes or add material that is not in the program. This has led to people being confused about what WRAP looks like.”



## WHAT'S THE SOLUTION?

### Understanding and Upholding Standards of Fidelity

#### TESTIMONY FROM THE FIELD ON WRAP® FIDELITY ISSUES

→ WRAP® is presented and used as a care/treatment plan between a client and professional staff person;

TESTIMONY (California, Fresno)  
“Before we had training and mentoring on the program they were making people put WRAP into the treatment plan in our county. WRAP was presented by one facilitator who would just read the book to the group. No one in those groups had any personal ownership of WRAP. The provider and the person in services just felt like it was another thing they had to do. People who come to our WRAP groups now share how negative that experience was to them and how thankful they are to know it is a peer-based personalized process, and not another treatment plan.”

Many behavioral health organizations and systems in the United States and around the world are sincerely seeking to transform their institutional practices from professional-driven systems of control that focus on patients' illnesses and treatment of symptoms into peer-driven systems of empowerment that focus on persons' restoration of hope for living meaningful, self-directed lives in the communities of their choice. As with any reconstruction project, behavioral health organizations and systems need the proper tools, training, and mentoring to carry out this transformation. WRAP® Facilitation is potentially one of the most effective recovery-based practices that can be employed by behavioral health systems and organizations. The key to ensuring that consumers of behavioral health services receive the full benefit of using the evidence-based practice of WRAP® is for behavioral health systems and organizations to understand and uphold the fidelity standards of the WRAP® model designed by Mary Ellen Copeland and developed by the Copeland Center.



#### Fidelity Guidelines for Behavioral Health Systems and Organizations Utilizing WRAP®

- ✓ Participation in WRAP® Groups and services is completely voluntary

An individual's participation in a WRAP® group or service must be completely voluntary. A behavioral health organization or system should never use punitive measures to coerce an individual to participate in a WRAP® group or service (e.g. the individuals must participate in a WRAP® session or he or she will be forced to leave a drop-in center or similar facility). Also, a behavioral health organization or system should never use inappropriate, external incentives to persuade an individual to participate in a WRAP® group or service (e.g. the individual must complete an eight-week WRAP® program to qualify for receipt of supported housing services). Participation in WRAP® should **always** be based solely on an individual's voluntary desire to use WRAP® as a tool for his or her wellness and recovery.



✓ **Individuals are trained to use WRAP® through a peer group process**

Individuals should learn how to use WRAP® as a wellness and recovery tool in a peer-based support group that is co-facilitated by well-trained peers. WRAP® is not simply another kind of treatment plan. The power of WRAP® is relational and rooted in human connectedness. The knowledge and skills essential to practicing WRAP® are best learned through the experience of participation in a well-facilitated peer group. Every participant in a WRAP® Group is a teacher as well as a student. Recovery knowledge and skills are gained through peer sharing and support. The evidence-based practice of WRAP® is predicated on teaching individuals through peer-group methodology, not through a one-on-one therapeutic intervention.

✓ **WRAP® groups are facilitated by peers**

WRAP® groups should always be led by two trained facilitators who can illustrate application of WRAP® from experiential knowledge, not as advice or as a program that applies to others but not to the facilitator. The Merriam-Webster dictionary defines a peer as “a person who is of equal standing with another.” In the case of WRAP® facilitation, a peer is defined as a person who has used WRAP® to manage and overcome life challenges. The peer relationship is essential to upholding the ethic of equality and mutual learning and to the value of avoiding medical and clinical language.

It is not appropriate for WRAP® groups to be facilitated from the perspective of a professional who cannot or will not relate to the participants as equal beneficiaries of the subject matter and application of WRAP®.

✓ **WRAP® groups are facilitated by two properly-trained peer Facilitators**

WRAP® groups should always be facilitated by two properly trained peer Facilitators. Facilitating a WRAP® group requires a collaborative effort and mutual peer support by two peers. Shared facilitation is more effective in managing group dynamics and serves as a model of equality and healthy peer-to-peer communication. It is not appropriate for a behavioral health organization or system to assign a single individual to facilitate a WRAP® group on their own.

A “properly trained” WRAP® Facilitator is one who is trained through a 5-day course by Copeland Center Certified Advanced Level WRAP® Facilitators. (See Appendix B) WRAP® Facilitators trained through the Copeland Center learn to work with the evidence-based WRAP® curriculum that ensures fidelity to a core set of ethics, values, and practices that have been proven to produce the most beneficial outcomes to individuals participating in a WRAP® group. In order for a behavioral

## TESTIMONY FROM THE FIELD ON WRAP® FIDELITY ISSUES

→ **WRAP® Facilitators are not mentored in the implementation of skills they attained during their training**

**TESTIMONY (Illinois):** Unfortunately, we had to learn this the hard way in Illinois. We had initially believed that an individual could simply complete the WRAP® Facilitator Training and then go out and start a group. This led to frustration on the part of the newly trained facilitators, who became easily discouraged, and it also led to unrealistic and unmet expectations on the part of the State. We have had over 300 individuals successfully complete Facilitator Training. However, through a 2011 survey, we discovered that less than 50% of them were facilitating WRAP® classes. This data led to several changes in how we implement our training. WRAP® Facilitator Training is now delivered with ongoing support to the participants throughout a six-week process. Additionally, we provide on-site mentoring and off-site support for new facilitators, to assist with skill development as they are getting started.



## TESTIMONY FROM THE FIELD ON WRAP® FIDELITY ISSUES

→ WRAP® Facilitators continue to lead WRAP® groups without participating in a WRAP® Facilitator's Refresher Course at least once every two years;

**TESTIMONY (Illinois):** What we see in the field, however, for those who do not attend the Refreshers, is that they are often delivering the material in the same way, for the same individuals, over and over. There is a lack of freshness to the material or to their approaches in sharing the material. This often results in their losing interest over time and/or the participants losing interest. When we hear from an agency that “everyone has already been to WRAP® who wants to go,” this is most commonly coming from an agency where the Facilitator has not been supported in attending the Refresher training. Those who participate in Refreshers regularly, on the other hand, are continually enthusiastic about new and creative ways to engage participants in the learning process, and often report that they have waiting lists of individuals who wish to participate in their WRAP® classes.

health organization or system to justifiably claim to be implementing an evidence-based practice, WRAP® group Facilitators should be trained by Copeland Center Certified Advanced Level WRAP® Facilitators in the standard five-day course.

- ✓ WRAP® groups are facilitated by peer Facilitators who complete a Copeland Center WRAP® Refresher Course at least once every two years

WRAP® groups should always be facilitated by peer Facilitators who are honing their skills and expanding and enhancing their knowledge through participation in the Copeland Center's WRAP® Refresher Courses. The WRAP® Refresher Course is a three-day, interactive course that is co-facilitated by Copeland Center Advanced Level Facilitators. WRAP® Facilitators who participate in the Refresher Course will: 1) learn new group presentations skills and strategies; 2) gain new and updated knowledge related to WRAP®; 3) develop fresh and creative approaches to group facilitation; and 4) reinforce their understanding of and commitment to the core ethics and values of WRAP®.

All WRAP® Facilitators who complete the Refresher Course receive a certificate that can be applied to satisfying continuing education credit requirements for Certified Peer Specialist employment and other positions in the recovery field. The Copeland Center recommends that behavioral health organizations and systems should require WRAP® Facilitators to participate in a Refresher Course at least once every two years.

- ✓ WRAP® peer group participants and WRAP® Facilitators receive appropriate mentoring

Mentorship is critical to the success of WRAP®, both for WRAP® participants and for WRAP® Facilitators. Systems and organizations that are having the most success achieving and sustaining positive outcomes from WRAP® develop a continuum of mentoring services. WRAP® Facilitators mentor people beyond the workshop in using their WRAP®, and Advanced Level WRAP® Facilitators mentor WRAP® Facilitators in their group facilitation practices.

- ✓ WRAP® groups are conducted in strict adherence to the core ethics and values of WRAP® as defined by the Copeland Center

The single most important component of evidence-based WRAP® Facilitation is strict adherence to the core ethics and values established by Mary Ellen Copeland and her peers. These core ethics and values have been further developed and codified in the Copeland Center's WRAP® Facilitation Course. Behavioral health organizations and systems that implement WRAP® should always ensure that WRAP® services: 1) encourage self-determination; 2) uphold a belief in equality;



3) facilitate a collaborative learning model; 4) complement rather than replace other kinds of therapy; 5) adapt to each individual's personal philosophy; 6) offer simple and safe practices that meet every participant's needs regardless of the severity of their challenges; 7) rely on common sense and practical, achievable goals; 8) expand the body of knowledge on a continuing basis; 9) incorporate a wide range of philosophies; and 10) promote a way of life rather than a program.

Behavioral health organizations and systems should use certified Advanced Level WRAP® Facilitators who can train, support, and mentor WRAP® Facilitators to 1) honor all participants in the group and accept each participant in the group as a unique and special individual; 2) constantly remind participants that there are no limits to anyone's recovery; 3) provide participants with a sense of hope; 4) validate each participant's unique set of experiences; 5) treat all participants with dignity, compassion, respect, and unconditional high regard; 6) offer choices and options, not final answers; 7) act on the belief that each person is the expert on themselves; 8) avoid the use of clinical, medical, and diagnostic language; 9) focus on people's strengths and not on perceived deficits; and 10) view difficult feelings and behaviors as normal responses to traumatic circumstances and in the context of each individual's life experiences, not as symptoms of a diagnosis. These values are essential to any recovery practice, and therefore specific techniques are taught in the WRAP® facilitation training that promote these values in the peer led WRAP® groups.

- ✓ **WRAP® groups are utilizing the copyrighted curriculum developed by Mary Ellen Copeland**

SAMHSA has recognized WRAP® as an evidence-based practice and listed it in the National Registry of Evidence-Based Programs and Practices based on research findings from WRAP® Groups that used the approved curriculum developed by Mary Ellen Copeland. The use of Mary Ellen Copeland's field-tested curriculum is integral to implementing WRAP® as an evidence-based practice. Behavioral health organizations and systems should utilize the copyrighted curriculum developed by Mary Ellen Copeland.

- ✓ **Behavioral health organizations and systems work to sustain a grassroots recovery movement in their community**

Transformed behavioral health organizations and systems that truly understand and fully embrace recovery encourage and support individuals to create and sustain organic, grassroots WRAP® groups and self-help movements outside of the confines of the behavioral health system.

## TESTIMONY FROM THE FIELD ON WRAP® FIDELITY ISSUES

→ WRAP® groups are facilitated by non-trained individuals or by a single individual rather than by two peers who are trained WRAP® Facilitators;

TESTIMONY (Minnesota) "Before I learned about co-facilitation. I use to present WRAP alone. Now that I co-facilitate I see people are more comfortable in groups and making more connections in how they can use WRAP. Before, if my experience didn't connect with some people, I felt like I was losing people for the rest of the program. With at least two facilitators the odds are allot less of that happening and people feeling their input is being unheard. I really don't want to lose anybody or have them feel unheard; one of the main goals is making connections."

TESTIMONY (Canada) "I had planned a training before I finished my certification, didn't understand the importance of co-facilitation and ended up training by myself. I did as best as I could but I was not able to meet the group's needs as expected. I could barely take care of my own needs for wellness. I vowed to never do that again and haven't. I also have diabetes and when my blood sugar is low I rely on my co-facilitator. It wouldn't be good modeling if I didn't plan for support at the cost of the group when its one of the key concepts of WRAP."



## **What's the Role of the Copeland Center in Ensuring Fidelity Standards and Advancing Best Practices for Utilizing WRAP®?**



Dr. Mary Ellen Copeland works exclusively with the Copeland Center for Wellness and Recovery to help organizations and systems to train, support, and sustain WRAP® Facilitators who can provide services that meet the criteria of WRAP® as an evidence-based practice. The Copeland Center can provide training and technical assistance services to set up a Certified WRAP® program for any behavioral health organization or system committed to meeting the rigorous fidelity standards required to implement WRAP® as an evidence-based practice. Perhaps most importantly, the Copeland Center is building an international WRAP® movement with the capacity to sustain the practice of WRAP® on an organic, grassroots level. The Copeland

Center is facilitating the development of community-based WRAP® groups, peer support, and mentoring groups for WRAP® Facilitators, and online and in-person educational conferences, seminars, and workshops for WRAP® students, educators, and practitioners.

### **WRAP® Centers of Excellence**

Exemplary organizations and systems that implement WRAP® programs are called WRAP® Centers of Excellence. The Copeland Center certifies WRAP® Centers of Excellence to highlight and promote high-quality recovery organizations. A WRAP® Center of Excellence is an organization or unit of an organization that: 1) offers WRAP® workshops and educational experiences that incorporate the evidenced-based practice of WRAP® Facilitation; 2) promotes an environment in which the recognized ethics and values of WRAP® are consistently upheld; 3) fields a team of highly experienced WRAP Facilitators with state-of-the-art skills and knowledge; and 4) practices accessible, sustainable, and innovative approaches that enable all people to learn about WRAP®. The Copeland Center's WRAP® Centers of Excellence program was established to recognize the key role that organizational partners play in contributing to WRAP®'s advancement and success.

### **WRAP® Collaboration: A Vision for How the Copeland Center and the Behavioral Health Organizations and Systems Can Work Together in the Best Interest of People in Recovery**

The establishment and maintenance of fidelity to the evidence-based practice of WRAP® will never be achieved by the Copeland Center acting as a top-down "enforcer" of the implementation of WRAP® services by behavioral health organizations and systems. Fidelity to the ethics, values, and practice of WRAP® will be realized when administrators, mental health professionals, service providers, and consumers make the commitment to the evidence-based implementation of WRAP® from within the behavioral health system. Many individuals learning, facilitating, and using WRAP® today are recipients or former recipients of behavioral health services *and* they are also participants in the Copeland Center's worldwide network.



Helping people with a variety of behavioral health challenges to live meaningful, self-directed lives in the communities of their choice is the shared mission of the behavioral health system and the Copeland Center. Empowering people to learn, use, and share the evidence-based practice of WRAP® is now a proven pathway to achieving that worthy mission. It is clear that the interests of people with behavioral health challenges will best be served by the development of a mutually respectful partnership between the Copeland Center and the behavioral health system. Copeland Center seeks to partner with local, state, and national behavioral health organizations and systems to develop, support, and sustain WRAP® Centers of Excellence.

**To learn more about the range of services provided by the Copeland Center, visit the organization's Web site at <http://copelandcenter.com> or contact the Copeland Center by telephone at (802) 254-5335.**





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## APPENDIX A

### WRAP Fidelity Assessment Checklist

Is participation in WRAP® groups and services completely voluntary?	Y	N
Are individuals trained to use WRAP® through a peer group process?	Y	N
Are WRAP® groups facilitated by peers?	Y	N
Are WRAP® groups facilitated by two properly-trained peer Facilitators?	Y	N
Are WRAP® groups facilitated by peer Facilitators who complete a Copeland Center WRAP® Refresher Course at least once every two years?	Y	N
Do WRAP® peer group participants and WRAP® Facilitators receive appropriate mentoring?	Y	N
Are WRAP® groups conducted in strict adherence to the core ethics and values of WRAP® as defined by the Copeland Center?	Y	N
Are WRAP® groups utilizing the copyrighted curriculum developed by Mary Ellen Copeland?	Y	N
Does the Behavioral health organization and system work to sustain a grassroots recovery movement in their community?	Y	N
Is the organization interested in being certified as a WRAP® Center of Excellence?	Y	N

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## APPENDIX B



### 3 Key Educational Steps

#### Getting a Wellness Recovery Action Plan (WRAP®) Program Started:

**1. Seminar I WRAP®:** This workshop is co-facilitated by WRAP Facilitators in a variety of formats and agendas. Participants in these workshops will learn how to develop their WRAP as a personalized system to achieve their own wellness goals. This workshop is for anyone and can apply to any self-directed wellness goals.

**2. Seminar II WRAP Facilitation:** This certificate course is co-facilitated by Certified Advanced Level WRAP Facilitators using the Copeland Center's Standard five-day Agenda. Participants in this certificate course are provided with Dr Mary Ellen Copeland's WRAP® Facilitators Manual and learn how to use this manual to Facilitate WRAP workshops using techniques that support a core set of values and ethics. This workshop is for anyone who has completed Seminar I WRAP® workshop and who can illustrate WRAP® through personal examples of using WRAP in their life.

**3. Seminar III Advanced Level WRAP® Facilitator Certification Course:** This certification course is co-facilitated solely through Copeland Center Trainers with oversight by the Executive Director through a 5-day course. Participants learn how to build on their experience as WRAP Facilitators along with the Copeland Center Advanced Level WRAP Facilitators Instruction Manual in order to conduct Seminar II in their community or agency. Certification requires submission of evaluations, video demonstration, successful completion of a knowledge assessment and mentoring. This workshop is for people who have completed the Seminar II WRAP Facilitator Certificate Course and who have facilitated at least five Seminar I Courses as a WRAP Facilitator.



## APPENDIX C

### 3 Keys to Sustaining Quality Wellness Recovery Action Plan Programs

**1. Mentoring:** Comprehensive WRAP® Programs that provide the highest level of modeling and recovery include thoughtful mentorship support at all levels of experience with the program. For people completing Seminar I, this means that WRAP Facilitators offer resources around the on-going development and evolution of their personalized WRAP. For WRAP Facilitators this means that Advanced Level WRAP Facilitators are available to coach Facilitators in their first few sessions as Facilitators. Further, Advanced Level WRAP Facilitators, upon completion of their Certification, are supported to have a Copeland Center Facilitator mentor with them on at least their first five-day WRAP Facilitators course.

**2. WRAP® Refreshers:** People who have completed WRAP® workshops should not only be facilitated to have on-going WRAP® peer support but also to re-join the facilitated peer group experience to revisit their personalized plans and receive new ideas for their wellness. This requires that the WRAP Facilitators and Advanced Level WRAP Facilitators also participate in trainings that refresh their knowledge and skills in Facilitating WRAP. The Copeland Center offers opportunities for Facilitator Refreshers as well as equips Advanced Level WRAP Facilitators to offer refreshers in their communities.

**3. Technical Assistance and on-going networking:** Behavioral health systems that are committed to the promotion of recovery through WRAP® create and support networks where trained WRAP Facilitators and Advanced Level WRAP Facilitators can receive support around on-going barriers and challenges that emerge and change according to the environments that they work. Facilitating networking sessions reduces feelings of Facilitator isolation and fragmentation, and increases the exchange of ideas between WRAP Facilitators to achieve great fidelity. Many systems have partnered with the Copeland Center to facilitate monthly meetings to discuss challenges, ideas and solutions to unique and on-going support needs in the local community.





