



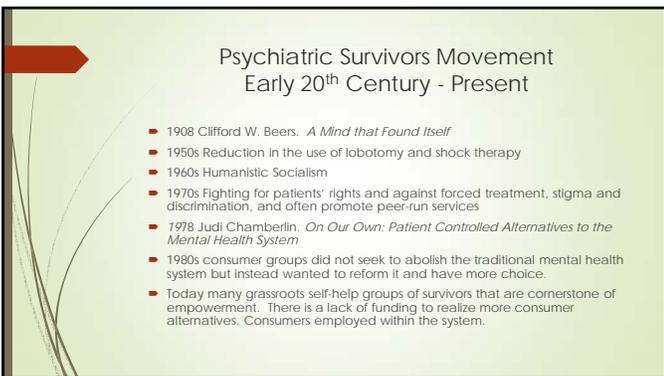
Forensic Mental Health Association

Use of WRAP with Forensic Population



Agenda for this afternoon's talk

- EFT Emotional Freedom Technique (Tapping)
- Psychiatric Survivor Movement Early 20th Century - present
- Wellness & Recovery Model vs. Medical Model 1990s
- (WRAP) Wellness Recovery Action Plan
- History of the WRAP Movement 1997-present
- The Five Key Concepts
- Elements of WRAP
- Fidelity to WRAP program ensures evidence-based practices
- Eight Values and Ethics of WRAP: Part A
- Additional Seven Values and Ethics of WRAP: Part B
- Citations



Psychiatric Survivors Movement Early 20th Century - Present

- 1908 Clifford W. Beers. *A Mind that Found Itself*
- 1950s Reduction in the use of lobotomy and shock therapy
- 1960s Humanistic Socialism
- 1970s Fighting for patients' rights and against forced treatment, stigma and discrimination, and often promote peer-run services
- 1978 Judi Chamberlin. *On Our Own: Patient Controlled Alternatives to the Mental Health System*
- 1980s consumer groups did not seek to abolish the traditional mental health system but instead wanted to reform it and have more choice.
- Today many grassroots self-help groups of survivors that are cornerstone of empowerment. There is a lack of funding to realize more consumer alternatives. Consumers employed within the system.





Wellness and Recovery Model

- a. Community, i.e. team
- b. Focus on quality of life issues, i.e. housing, jobs, avocations
- c. Strengths
- d. The sky's the limit

Medical Model

- a. Hierarchical, top down
- b. Focus on medicine, talk therapy
- c. Deficits
- d. No recourse



WRAP

Acronym Mary Ellen Copeland, PhD

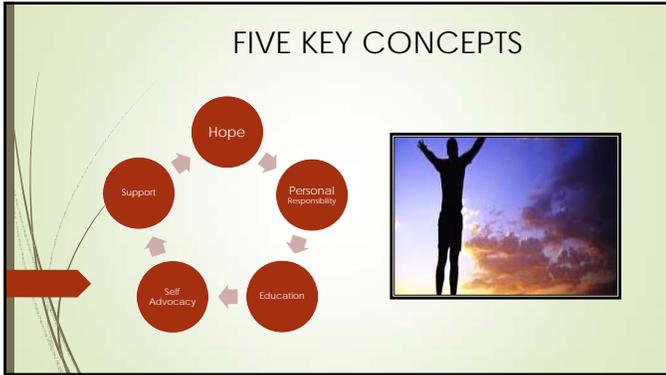
- Wellness
- Recovery
- Action
- Plan





History of the WRAP Movement

- 1997 Grassroots conference in northern Vermont where Mary Ellen Copeland and Jane Winterling wrote WRAP to codify their community experience
- 2003 Ms. Copeland founded the Copeland Center for Wellness and Recovery (Copeland Center). 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.
- 2010 WRAP recognized by US Substance Abuse and Mental Health Services Administration (SAMHSA) as evidence-based practice and listed in the National Registry of Evidence-Based Programs and Practices (<http://nrepp.samhsa.gov>)



- ### Wellness Recovery Action Plan
- Wellness Toolbox
 - Daily Maintenance Plan
 - A. Words that describe you when you are well
 - B. Activities you do that bring you joy
 - C. Activities you would like to do if you only had the time
 - Triggers/Triggers Action Plan
 - Early Warning Signs/EWS Action Plan
 - When Things Are Breaking Down/WTABD Action Plan
 - Crisis Plan (Nine Parts)
 - Post Crisis Plan

- ### FIDELITY TO THE PROGRAM ENSURES THE STATUS OF EVIDENCE-BASED PRACTICE
- ❖ Participation is necessarily voluntary
 - ❖ Individuals are trained to use WRAP through a peer group process
 - ❖ Use copyrighted curriculum developed by Mary Ellen Copeland
 - ❖ Adhere to the core values and ethics established by Mary Ellen and her peers
 - ❖ WRAP groups are facilitated by peers
 - ❖ WRAP groups are facilitated by two properly-trained peer facilitators
 - ❖ WRAP group participants and WRAP facilitators receive appropriate mentoring



Values and Ethics of WRAP Program

1. Each session supports the premise that there is hope, that people can get well, stay well for long periods of time, and do the things they want to *do* with their lives.
2. Self-determination, personal responsibility, empowerment, and self-advocacy are key aspects of this program.
3. The program supports workshop decision making and personal sharing.
4. Participants are treated as equals with dignity, compassion, mutual respect, and unconditional high regard.
5. There is unconditional acceptance of each person as they are, unique, special individuals, including acceptance of diversity with relation to culture, ethnicity, language, religion, race, gender, age, disability, sexual preference, and "readiness" issues.
6. This program is based on the premise that there are "no limits" to recovery.
7. Participants are given the opportunity to explore choices and options, and are not expected to find simple, final answers.
8. All participation is voluntary.



Values and Ethics of WRAP (cont'd)

9. It is understood that each person is the expert on her or himself.
10. The focus is on individual strengths and away from perceived deficits.
11. Clinical, medical and diagnostic language is avoided.
12. The focus is on peers working together and learning from each other to increase mutual understanding, knowledge and promote wellness.
13. The program emphasizes strategies that are simple and safe for anyone, and it stays away from strategies that may have harmful effects.
14. Difficult feelings and behaviors are seen as normal responses to traumatic circumstances and in the context of what is happening and not as symptoms or a diagnosis.
15. There is unconditional acceptance of all creative work and expressions that are created or brought to each session. This includes movement, sound, painting & drawing, collage, and three dimensional construction. The creator is always in control of the work.



Citation

- <https://copelandcenter.com/resources/way-wrap-works>
- Psychiatric survivors movement: Wikipedia
