Webinar Transcript: Engagement via a Crisis or Pre-crisis Tool Within a Wellness Recovery Action Plan

Happy Wednesday everyone. Welcome to the first webinar in May. We're happy to have you with us. This is the second webinar that is looking at the topic of recovery-oriented approaches to treatment and service engagement. And we're really glad to be talking about engagement because at its most basic we can't do any good work if folks aren't feeling like they're where they belong and where they're wanted. Today is an exceptionally exciting webinar and we're going to jump into that content in just about two minutes, but first I want to take care of some housekeeping detail. My name is Melody Riefer, I work with advocates for human potential and I'll be your moderator today. I want to thanks SAMHSA for providing the funding for this webinar and also let you know that the views and opinions that are expressed during this presentation are those of the presenters and don't necessarily reflect the views and opinions and policies of the Center for Mental Health Services or the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

If this is your first time in one of our webinars, I want to introduce you to the room, the screen that you're looking at. It's comprised of a number of pods, or boxes and each box does something different. If you look in the upper left-hand corner, you're seeing the smiling faces of the people I'm going to introduce you to in just a second, these are our presenters. Right below that is information on how to access closed captioning information, if this would assist you with being able to understand the content, I would invite you to click on the link that's provided and a separate window will open and the closed captioning will appear in that window. Right below that is participant chat, and look at you guys, you all have found that and are saying hello, and we are very glad to have you with us it's nice to see how broad and deep the audience is and where you all are from, thank you for being there. To the right of that pod at the bottom is a very important box, this is the tech and topic questions, if you are having any difficulty with hearing or any other type of technical problem, if you're screen looks weird, or something like that, please put your need, your question in the tech and topic questions, because that helps our folks be able to respond to you more quickly. And if you have any questions about the topic being discussed today, questions for our presenters, questions about the content, also put those questions in that box. We're able to capture all of the questions and line them up and use them during our Q&A which will be at the end of the presentation. You can enter your questions at any point, I just need you to be sure and type it into that box; okay?

Let's see, continuing education. Everybody like continuing education. You are able to get a certificate of participation by looking at the download materials box, which conveniently is just to the right of the tech and topic questions. There are other things that you can download, and all you have to do is click on the item or items that you want to download and it selects it and then the button that says download files will open, and it will pop up a window that you need to answer to download those materials, you can do that at any point. The most important pod, however is the one that contains the slides and the reason this is important is because this is where you're going to be able to see some information related to what you're hearing. Related to that, just a quick reminder, this is a series and so looking at three different aspects of engagement so that we kind of explore the scene from different perspectives. Last month we looked at therapeutic alliance, and there's a recording available of that webinar if you missed it. Today, we're looking at engagement via crisis or pre-crisis tool within a wellness recovery action plan, we have two experts on WRAP who are going to be talking with us. And then at the end of this month, on May 23rd, we're going to be looking at social media and technology being used for outreach and engagement. So three different very takes – very different takes on the same topic to help illuminate ways that we can improve engagement.

The folks we have presenting to us today, Nev Jones, who is an assistant professor at the University of South Florida, but perhaps more importantly, is a researcher who has looked deeply at wellness recovery action plan and the way that it serves people as engagement tool. Also, we have the Executive Director of the Copeland Center for Wellness and Recovery, Matthew Federici is also an expert facilitator in WRAP and does a lot of the training at the Copeland Center. The Copeland Center is the arm of WRAP that

focuses exclusively on training and supporting people who are using WRAP plans. It is based on its bylaws of pure driven community and organization and everyone who works for the Copeland Center and people who are facilitators in that community are people who bring their personal experience to the forefront as a benefit to others. And so I'm going to turn this now over to Matthew who will kick us off and throw the really great content to you guys to help look at engagement and WRAP. Matthew, thank you for being here.

Welcome everybody. Thank you Melody and thank you everybody for taking the time to participate in this webinar and really think about engagement and recovery and wellness recover action plan. I know how hard our work is and how busy we are. I want to thank SAMHSA for its just continued support and allowing and helping facilitate the voice of people like myself with lived experience to feel safer, to talk about that experience, to feel valued and to network with each other. And thank you to HP, the team for hosting, facilitating, supporting this and also collaborating with Nev and her work and, you know, all these partners are so critical to supporting the value and the safety of, you know, the lived experience. And so as a part of that story of people with lived experience and recovery being partners in this journey and then being engaged to get well and stay well, I'm here to talk about the wellness recovery action plan and I see from the chat, lots of people, many that are advance level WRAP facilitators and from all around the country, people who I've seen as a part of the Copeland Center community in training, I thank you guys for joining and I do want to say I live in the Pennsylvania, Philadelphia area so if there's any way I can support people who I see from that area, I'm really local and I make the time.

So the Wellness Recover Action Plan is – it is a process, it is a structure, they're concept structures and tools that were developed by a group of people who have been dealing with difficult feelings and behaviors for many, many years at a time when recovery just was not something people were talking about. These folks came together to work together, to feel better and get on with their lives, all led with Mary Ellen Copeland who I'll talk a little bit about and how she began this self-journey of "I want to get better, and I want to get on with my life." And maybe, because I've witnessed, my mother," this is Mary Ellen's mother, who had gone through a time when, you know, they called hospitals and institutions insane asylums. And bearing witness to her moving beyond in her life gave her the inspiration to say there had to be more than disdained stock and managing and that's (inaudible) began this journey what we now call now WRAP. So she worked together to develop a program with people who were dealing with these things, speaking from their lived experience. And now we have a guide that allows people to move through the process of identifying their personal wellness resources and how to use those resources as a guide for daily living, dealing with triggers, early warning signs, signs of symptoms or as what we call the indicators that things are breaking down and developing advance directives or crisis plans as well, which include advance directives and a post-crisis plan. And all of these components evolved as peers were engaged with Mary Ellen and others really looking through what structures are going to keep us moving forward.

So, moving forward I'm actually here in California right now, in the midst of an advanced level training and we have about 26 people here, and I can just tell you that this is the experience that has been going on since Mary Ellen begot this process. There are people in the room here that are coming from Latino, Latino communities, transgender, transition aged youth, you know people coming from all around the country working various different capacities some in peer roles, some, you know, one example while we're here someone who's an advanced level trainer who was just presenting on how they would engage with a group and talking about her experience from being a psychiatric nurse at a time when, you know, practices were not recovery-oriented and just going from following policies and procedures that were very challenging to come into an environment and have to use cigarettes as a motivator to behavior in the place, and just really finding those values didn't strike well. And now at a place where she's facilitating WRAP and she's connecting with people in services and benefiting from her own WRAP plan as she's

transitioning to the issues and challenges and multiple health issues and to older age. And to be able to come together from that lived experience of getting well and staying well and dealing with various health challenges. Last night, their groups people as a part of their wellness tool after a day of training, formed their own 12-step meeting to support them through their process. And this is the diversity that comes together and when we talk about this being a peer-based practice, we're talking about creating an environment where each person can start where they need to be. Many of us have been given mental health diagnoses, but what connect us is this common leg language of what are these feelings and issues and challenges we experience on a day to day basis and how are we developing strategies and learning from the ideas that are generated in the room? So it indeed is a co-facilitated group process that is very rich in diversity and I think this is really wise and so engaging and powerful because people can start wherever they're at in the ways in which we invite the conversations.

So the conversations are guided by a standard curriculum of – a standard structure that Mary Ellen guided in her journey. So we talk about that this work, the practice of WRAP facilitation is based on a four-part study and it was Mary Ellen's personal study of how to get well and stay well. And the first part of that was as she heard people's story about what they were doing and what their story was of getting well and staying well, she identified five key concepts that were emerging from those lived experience; hope, personal responsibility, education, self-advocacy and support. And this became a foundation for the initial peer groups coming together around this. Until there was basically a call for I need more structure and from that structure these conversations emerged another part of the study which was these wellness tools, tools that people were using to get well, things that they were applying to make these concepts real for them and that's called the wellness toolbox. But we didn't stop there, there was needs of structure even further and that's where the wellness recovery action plan came in. It starts with a daily maintenance plan trigger, trigger action plans and the things I mentioned earlier. And then also experts in other recovery topics that come up and emerge.

Essentially what has guided this whole process and this structure and tools to emerge and allow us to keep sharing that space is what we refer to a Copeland Center co-facilitation practices, which are based on fundamental values. And these two fundamental values are; one, that people are experts in their own wellness and recovery which today seems like common understanding in services but wasn't always the case to see people as actually being the experts in what the solutions were for moving their lives forward. The other was that people with those shared experiences can support each other most effectively. And so this idea that the peers actually getting out of the way and just actually supporting them, sharing ideas between each other was going to be the most powerful thing. Other aspects to the practice of facilitating the evidence-based WRAP are things like, it is absolutely based on sell-determination, so how we engage and facilitate peers working together where they're starting where they want to start, you know, identifying that they have the answers. There's equality in the room which means the facilitators are also connecting and participating as equal members in that group, they're learning, the learning always seen as everyone's gaining new knowledge for themselves from that experience. Medical and clinical language are avoided as you'll hear in some of the studies. We've had tremendous impacts on medical and clinical outcomes, but ironically is by not focusing on those things that we find as most engaging. There are no limits to recovery, no one defines what that recovery means, no one places any perceived limitations on how far people will go in their recovery and the focus is always on the strengths and not from any perceived deficits.

Mindful of time, I'm going to hand it over to Nev to talk a little bit about some of the foundational studies that really are consistent with this. Thank you.

Okay, can everyone hear me?

I can hear you Nev.

Oh good.

Alright, well it is great to see so many people having joined the webinar and a particularly loud hello to everyone from Florida.

So I just wanted to start with a little bit of the bigger picture of research on treatment engagement and peer-led intervention. And this may or may not be surprising to people, but there's actually been incredibly little research that looks at how engagement or participation in an intervention like WRAP or WRAP specifically then laterally impacts how people are interfacing with behavioral health services and in our case we were particularly interested in prescribers, psychiatrists or people prescribing medication and then medication related decision-making.

So in 2011 as part of an NINH funded research center on treatment engagement, but by Dr. Pat Corrigan in Chicago our research group decided to sort of investigate this issue and look at the lateral impact of participation in WRAP on participant's relationships to providers and treatment decision-making. And so the big picture of our research is that we found incredibly strong synergies between what we heard from participants and the self-determination theory literature and that's why I'm starting there to try to give us this kind of conceptual framework for thinking about the change, the kinds of changes that I'll illustrate in the following slides.

So just to begin by really briefly kind of summarizing and just driving self-determination theory. The core idea is really that people are most likely to engage in sustained behavioral change. So for example, quitting smoking, engaging in an exercise regiment, monitoring them at a (inaudible) for maybe sticking out a course of psychotherapy if they actually want to or are motivated to do those things for themselves, for their own reason. And this form of motivation, or autonomous motivation can be contrasted with what's referred to in this literature as controlled motivation, where someone is only engaging in a given behavior or activity because someone else wants them to, is pressuring them to and/or they feel that they have kind of an external reason. So self-determination theory then holds that providers and services, at least when we're talking about sort of medical and mental healthcare, that support the development and strengthening of a client's autonomy, in this case including autonomy over medication related treatment decisions is in turn going to help that individual develop his or her own autonomous motivation. So that's really the key thing. And we actually came to self-determination theory after doing the project, and we were like, wow this is a really, really strong illustration of SDT as it's called.

So, the next slide gives a bit more visual depiction of SDT. So on the left side we have controlled motivation or mustivation and on the right wantivation or autonomous motivation. And these terms are thought to lie on a continuum and self-determination theory kind of holds that in many cases things start out as mustivation, so for example, we might be exercising because a partner of spouse tells us to, but it can turn into wantivation over time and ideally so. So in the exercise example, you might realize that you actually feel a lot better and more energetic when you exercise, or you might discover that you actually love something like running or swimming and now you're doing it because you really get a lot out of this. As I mentioned before, mustivation or controlled motivation can be tied to external pressure, so again somebody pressuring you to do something; or internal pressure or the feeling that you have to do something for social, political, or other reasons even though you personally would rather not. External pressure within this framework is kind of hypothesized to lead to low levels of engagement because you're not really doing whatever behavior or activity it is because you want to, and potentially even kinds of (inaudible) underlying resentment or even anger. And for internal pressure guilt and shame because you're doing something you don't really want to do, but you feel like people are expecting you to do it. Turning to the right side, wantivation or autonomous motivation is tied to both usefulness-driven rationales and what we call values-driven rationales. But in both cases the effect is kind of hypothesized

to be this really positive sense of volition or of doing something because you want to and you're doing what you want to do because you want to kind of for your reasons, and gratification or pleasure.

Next slide. Just in terms of the empirical support for self-determination theory, there's actually this huge body of literature supporting the kind of core model and core claims and that holds across all kinds of different health domains, including weight loss, tobacco and drug cessation, physical health interventions, diabetes maintenance, psychotherapy, et cetera. And there's been, you know, lesser attention on, you know, kind of intervention and behavioral stuff related to behavioral health, but we're starting to see that better represented within this literature.

Okay. So know what to turn to our research project. So this was a qualitative study, it was a pretty large qualitative study, and as I said earlier, our core goal was to really understand how participating in WRAP would impact relationships with providers, use of medications, and medication related decision-making. And the sample consisted of participants from across the state of Illinois spanning, you know, urban, suburban and rural areas within the state and very diverse demographics in terms of, you know, who the participants were and what they had really been through and what their treatment experiences were like. And this definitely included people with lengthy histories of homelessness, repeated or involuntary hospitalization, and periods in which they had been completely disengaged from behavioral health services. And then to sort of, you know, prep people, before we really moved into talking to them about WRAP and the impact of WRAP we kind of asked them, you know, how do you understand disengagement because this whole project is trying to look at how WRAP might impact, you know, these provider relationships, but what do you even think disengagement is and how have you experienced that? And really what emerged was sort of very much a, you know, kind of a multi-faceted, you know, kind of vision of what disengagement can be and how that can play out. So a sub group of participants just for example, explained that for them disengagement was very intentional and motivated by anger and resentment over being controlled and bossed around by other people. And one of the participants for example, described many years in which even though he knew that the medications he had been prescribed helped him and made things feel better, he was so angry about the fact that his kind of family and providers, or he felt like that he was being forced to do that. That he didn't – he refused to take them as a way of just pushing back against those people, not because he actually had an issue with the medication themselves. Others explained how they nominally attended services, so they were there, their bodies were there, but because they felt disempowered, they never spoke up for themselves or asked questions. So in a certain sense they weren't really engaged, even though they were there because they didn't feel sufficiently empowered. Others were either just sort of going through the emotions or passively relying on providers. And they kind of internalized that like, I shouldn't really have a say, and so I'm just going to do, you know whatever kind of people tell me to do. And so I think kind of, you know at a more – at a more meta-level both these really kind of actively negative responses to feeling controlled and these other kind of varieties of disempowerment really seemed to underlie a lot of the disengagement and what people themselves were referring to as disengagement.

In terms of how WRAP – or how participants had felt that WRAP had impacted them, we found four major themes. First greater confidence communicating with providers. Related greater assertiveness, expressing needs, concerns, and preferences. Honesty as to whether they were in fact taking or not taking particular medications or using street drugs. And kind of finally the sense that WRAP had helped them to explore and understand the reasons why they might want to take medications or see a therapist or engage in other aspects of treatment, you know, for themselves and kind of in order to do the things they wanted, rather than just feeling controlled or coerced. Another way to summarize this might be to say that sort of, participants like really felt that WRAP had empowered them to do things for themselves, but not in a careless or thoughtless way; right? So really the whole WRAP process, you know, really supports people to sort of think deeply and examine things from different perspectives and dialogue with other

people who have experienced similar things. One participant phrased this quote "With my WRAP plan what I'm doing is for me not for someone else, not because someone else thinks I should" And then in terms of mechanisms, so how is it that WRAP leads to these outcomes which are actually, you know, really, really great in terms of people having a much stronger relationship with their providers and specifically prescribers feeling much more empowered in the context of that relationship. How does WRAP bring that about?

So many of the participants emphasized experiential knowledge sharing or learning from the experiences of other peers in the room, so the other WRAP participants as well as the facilitators. And one think I do want to mention is that for many of the participants in this study, they had never been exposed to or able to work with a peer specialist before, and so I think to be fair some of what they were praising about WRAP wasn't necessarily just specific to WRAP, it was really coming across a peer specialist for the first time and just being like, wow! I mean to some of the people in our study, you know, it was really a major sort of break in terms of what they had experienced before and coming in contact with this person who was like them and, you know, now able to sort of to help people and share and facilitate this healing process.

Then there was much greater awareness and self-understanding. And so, you know, through dialogue and through the whole, you know, WRAP process and the intervention, you know, kind of really coming to understand their own motivations, to understand their own values are much better and then that kind of translating into them understanding what they might want out of their relationship with providers and maybe ways that they could phrase things and ask for things that tied them to their history to future crisis planning et cetera. And then self-efficacy and activation. So – and a lot of this again, is just sort of say empowered and then really acting on that empowerment. Some of this was feeling inspired by their peers in the room feeling inspired by the WRAP facilitators and feeling like they had much better traction over their own issues, felt encouraged by other people to speak up for themselves and then really started to take actions to do that. And a lot of people described specific stories of they got out of WRAP and they went into a meeting their provider and they said, you know here's what I actually want to be going on, here's what's important to me. Can I reduce this med? You know, let me go back to this med that I, you know, was on five years ago and actually I think worked better for me. So people definitely had these very concrete specific stories of how this had kind of impacted them and enabled them to go back to their provider in a much – in a much healthier relationship really now.

And then this is just kind of, you know, a summary slide to say that if we just kind of go back to this graphic from self-determination theory, really what we're saying is the role that WRAP seems to playing for many people was helping them move from the space of mustivation or controlled motivation to one of wantivation or autonomous motivation; doing things for themselves and feeling much more empowered in doing that. And just a reminder, again if we think about engagement about just nominal engagement of just being there in the room and that's what we've been measuring, or if someone was measuring that in a more quantitate study we wouldn't have necessarily have seen change for a lot of people, but when we're, you know, when we're really kind of digging deeper and looking at activation and looking at the – that person's sort of capacity and sort of perceived capacity to really advocate for themselves, to be actively involved, huge, huge differences potentially. So just that distinction is really important here, I think.

Okay and we just wanted to throw in one additional recent study, additional kind of piece of evidence supporting WRAP and really just to sort of, you know, emphasize that we are continuing to kind of, you know, learn more about effectiveness in mechanisms and in this particular study the focus was really on learning from crisis situations and being able to plan for the future. And I think that again, if we think about engagement as a deeper thing that's not just showing up for services, but that it's really playing an active role and really being able to plan for the future, you know, again another benefit here and the more

comfortable people feel with that and the more ownership they feel over their own experiences, that's going to be conducive to advocating for themselves and having meaningful meaty conversations with providers where you're not just sitting in the room and, you know, feeling just very silenced or silent and not able to speak up.

And then just to reiterate the takeaways one last time before I turn this back over to Matthew. What we're sort of seeing here right, is that WRAP increases this awareness and self-understanding in a way that's really empowering to the individual. Facilitates the development of autonomous motivation for treatment and services and leads to greater honesty and openness with providers and prescribers, confidence in sharing concerns and opinions and priorities for treatment, for prescribing and just greater involvement and investment and decision-making. And I will turn it over to Matthew.

Thank you Nev, that was wonderful and I really, really appreciate the work that you're doing. And taking the numbers and using the research methods to validate what this means to us on a very personal level. So I want to talk a little bit about what – when we talk about fidelity and sustainability and what this means to this community of, you know, some 600 advanced trainers we're training trainers and people who are living WRAP the loss recovery action plan in their lives. When we talk about fidelity and sustainability it's really akin to this whole conversation. It's about engagement and for us it's engagement in being well, being well in our lives and connecting with others to be well too. So I think what's really helpful is to – when we talk about WRAP engagement and when we're thinking of WRAP, we're really thinking of this co-facilitated peer group environment that we are getting that support to go through the structure and live and internalize these concepts, these tools, this way of approaching daily life. What it isn't, and I like to really think about it in many ways, when you talk about engagement and implementation it's like thinking more of it like yoga that it's a practice that you often when in a group setting with others, and as you, you know, incorporate this into your way of daily living people become yoga instructors; right? And they then share that and participate with people to learn this practice in their lives.

So, we look at the evidenced based practices and what the engagement is that is working is the engagement in this co-facilitated peer group that is facilitated in a specific way around some values I'm going to talk about. What it isn't when we're talking about the engagement, is it's not the engagement in a written plan. It's not an engagement in a one-on-one approach to solving your problems or managing your symptoms. It's not even a psychoeducational training or didactic course, although many of those pieces can help us engage people into what ultimately is activated people, which is that specific peer facilitated group process of peers working together in mutuality to share and talk about how they're living this. Right in the plan is a strategy that helps that we use in the course, doing some one-on-ones when we're in that group setting, or prior to let people know what this is all about and what they would discover in the group. Doing overviews, like we're doing right now which is very didactic. These are all part of the engagement, but it works best when people learn the standard curriculum concepts through a co-facilitated peer group environment which follows core values and practices. Those are things that every session conveys a message of hope.

It facilitates and illustrates ways participants can advocate for themselves, we promote personal responsibility by focusing on how WRAP is owned by the individual and we model that as facilitators. We help participants in the room to be accountable for their actions and to take manageable risks, and again, that's something that emerges from inviting in the shared experiences of times we have taken risks, things we have learned and so really, I think it's very key to the engagement and the activation is that when you're in a peer group environment it really allows for the different stages of change so that people can actually just absorb the energy and hear the idea is coming from the group and when they're ready to pick up some of those ideas they do, that's that wantivation; right? The sense of volition. When you're just face-to-face there's a mustivation when someone's saying, you know here's WRAP, this is what I'm doing with my life. What would you do? There's really not an opportunity to just sit back and observe and when

you're in that group setting it's very empowering because you can participate by merely just listening to the ideas that are generating from the group. One of the things that's really key to the engagement is that the facilitators are sharing their application with the different concepts in ways in which the participants are identifying with and they're saying, okay, I feel on an equal level with this person, they're going through something similar and they're modeling, they are things they're doing within their control. What's wonderful about the diversity is that WRAP is coming from a broad based perspective so actually it's very effective and the evidence based study where people who were identified as I have been in and received services. But we often don't want to get stuck into that identity. So it's wonderful that we have people who are psychologists, psychiatrists, therapists and social workers by training. But show up alongside of us talking about how they have life issues and different health issues and sometimes both mental health as well, and so having co-facilitators really model that there are diverse perspectives, so maybe I do have a mental health diagnosis and I'm sitting in this WRAP group, but where I'd really want to start is to use this plan to get to lose weight. So we really, you know, find that the engagement is really engaging people and inviting them to start where they want to start with these plans, with these ideas.

So personal sharing is key through the co-facilitation model, again as you're looking at what's the best, very best way to engage what was the evidence based study looking at? It was engaging people to be a part of these group environments. And anyone can be in part of those group environments. People focus on what people do well and generating ideas from the group so there are very specific approaches to no judgement, no analyzing, no evaluating, this can really be uncomfortable sometimes because even for me, sometimes we can say things like, you know, doing self-harm was a way that kept me alive for a period of time. And you know, when you reflect back that if smoking cigarettes is what's getting you down the path of engagement to not using more harmful things, we write that up, there's no judgement, we move along, we keep brainstorming. We're generating ideas from the group. Anytime we generate ideas about things that are challenges for us, we immediately go to, okay what are some action plans that people are using to move past that? Again, medical and clinical language is avoided. And we really focus on what do these things mean in day-to-day experiences? We avoid giving final answers, because this is really about not teaching, it's about facilitating. So people may have questions, what do I do here? What do I do there? Facilitator approach in this work is to give it back to the group, provide personal examples and say but there's lots of different pathways. And it's really key to people understanding what the application of WRAP is.

So I've put up a slide here, that shows you during the initial evidence based study, they utilized a fidelity observation checklist. And it looked at both co-facilitators and I'm just showing you the format that it was really looking at managing how well did those values, I think some of them I just talked about, show up. For example, were there examples from personalized and the facilitators being conveyed? Did the ideas convey that people can get well and stay well? This notion that there are no limits. There are things people can do despite whatever challenges or labels they've been given.

So how we've built capacity over a decade plus now is this has been rolling out in that format that I just talked about, following the value methods in the peer group environments. As well all around the country and is widespread as Hong Kong and other countries, so it's really upheld its cross-cultural applications. So there's a huge capacity of people and various different life circumstances that have gone through the group process and are living the values, living the concepts and the practices in their lives. Those group of individuals now have the basis of daily life practice and have become facilitators, that facilitation course is all about how do we invite conversations and facilitate those conversations that keep to those values and ethics; right? So, you know, how do we develop and build support that's mutual in the room without developing a sense of rules or guidelines, but yet an awareness of how we each how the ability to take care of ourselves? Self-care is the foundation of what this is about. And then there's an advanced level course which is how do we mentor other people to be facilitators? All the while just advancing our own

daily life practice. So think again about it's like the yoga practice. It's not just about disseminating information.

So I just want to highlight a few things here. Agencies and systems can facilitate both formal and informal group and they have indeed around the country, both as a part of their services but also after hours, churches, coffee shops format. There are networks that strengthen their own practice and application of WRAP and things they're learning about how to keep engaging. Keeping the focus, WRAP is not a plan or a document, but a process and a way of life. It's about mutual learning. Being inclusive so that it really is seen as this is for everybody and anybody, which can give people a broader sense of how they can use it beyond just managing the diagnosis. Incorporate WRAP concepts and values into the planning process on multiple levels so we're actually working with organizations that are utilizing the values and the principles to be well in the workforce, being well as a part of the team. So the language that we talk about and how we support each other, you know, during difficult days of doing this work is the same language that we use when we're working with people who we directly provide services to. Maintain voluntariness, right always allow people to participate how they want to participate, when they want to participate, and if they participate. Never connect, completing or doing WRAP groups as a part of, if you do this group you can get this reward. Accommodate a variety of learning styles. So, it's really, you know, if people aren't into reading and writing, they don't have to be because it's really the group discussions, the interactions, the sharing with each other, that has been the engagement into what WRAP is meaning for people in their lives. Use arts and crafts, collages.

So, here's one of the things that have been said about the voluntariness action plan, it's interesting because we don't refer to things in this way but when asked about how has this helped them in their treatment, even though we don't really talk about symptoms as much as we talk about experiences, you know people are saying it was only after being a part of this group and developing a plan especially figuring out exactly what triggered my symptoms, and telling my doctor what I'm like when my symptoms are at their worst, compared to what I'm like when I'm symptom free, that an actual mental health diagnosis was finally made for me. And for me what this represents was that is the self-awareness that emerged from being a part of a group where everyone's reflecting on their experience.

And then at the symptoms level, this is an advanced level facilitator in Tennessee that shared that the WRAP facilitation has really made a change on how we do things in the state. The five key concepts has permeated the culture, and we have a significant decrease in the use of inpatient services and we attribute that to the WRAP facilitation.

So you can find this at the Copeland Center website, it is a document that really pulled together facilitators and advanced facilitators from around the world, asking them how is the implementation of this going. What are the challenges? What are the things that were key to keeping to the fidelity? And you can take a look at that.

For the sake of time, well I'm actually, reached that point, Melody I'm going to hand it over to you. Sorry I went a little over.

Oh that's okay because I have to say you guys are brilliant and I love that you're able to speak to the importance of WRAP and the validity of WRAP and the fidelity of WRAP based on your education certainly. But most importantly because of your life experience and that you embrace and embody the principles that WRAP is based on. We have a slew of wonderful questions and I will say to the audience right now we're not going to be able to get to all of them and so I'm going to try to get to some that find in the information in other resources might be more challenging, so with that, Nev someone asked a question, "What if the provider won' allow the client autonomy?" And I think this really speaks to the study that you were referencing.

Yeah right. And so this actually came up very explicitly in a number of the focus groups that we did and several people talked about explicitly firing their provider or their prescriber as a result of WRAP and finding somebody who they worked better with who was, you know, much more empowering towards them. And I think that the really, really positive outcome because being in a relationship that's not working, that's perceived as very controlling and disempowering is not a good thing and it's not a good thing for any of the kind of outcomes that we all care about in terms of recovery. And so, and I think at least one of those people if I remember right, even I don't know if it's formally part of a WRAP session or outside but with the other WRAP participants drafting the letter. So I think again that empowering people in this way, in this really kind of positive way is not a bad thing and it's not insurmountable that there are of course problems within the system and there are maybe, you know, providers who aren't receptive to doing things differently. But people were able, and this is using enroll parts that are in the way to find people. So, yeah so I think it's a really important point, but again there's tools provided through this and in solidarity people were sharing their experiences about, oh like well this provider really listens to me.

That's an interesting point, to kind of land on that we can have discussions about who's not good to work with, or we can have discussions about who is good to work with and sharing that information. I also would have another question and this is about whether or not there's any evidence that points to effectiveness related to introducing WRAP during a short term acute care or crisis hospitalization? Or is there some component of WRAP that would be better suited for that kind of setting?

So Melody is this a question that you're directing towards me?

Either one of you feel free.

Yeah, so I think in, you know, what engagement practice has been is, you know, being able to engage people through a process of the whole structure, working with the group. But in settings where, you know, acute crisis settings if people don't have any familiarity with it. You know, the foundation are the key concepts of the course so that's where I would really start with being engaging in understanding the foundational concepts of which WRAP is built upon and then I would probably given in a brief period of time begin that conversation I would give an overview of what else is included and then I would try to connect that person as they transition to a group out in the community. On a bigger level I would really look to have facilitator peers in that setting being able to offer those groups so that as people are in those crisis settings they're seeing people who are talking about WRAP and saying yeah I was once in this setting and now I'm out in the community and a great component is because people may return again, but if it gets to the place where they're developing the crisis plan, you know, when people are coming back in, we can refer back to that plan and say, okay hey we got back to this point, let's revisit your WRAP plan and that's going to take some time but initially, you know, I would use the facilitation skills that I have to run maybe smaller, briefer groups where we're starting off with the foundational key concepts.

Excellent, excellent. Thank you. And another question that's probably going to have to be our last one, but either of you, have you had experiences in which education level of understanding literacy have impacted your ability to effectively implement WRAP in various settings?

Um so I'd love to answer this question. The question is, you know, do people's different, you know, capacity for reading, writing, you know, different intellectual levels and you know my experience is, no actually we have done a project with advanced facilitator peers who also have family members with what we define as developmental distinctions, and so as you know there are materials "WRAP Book for Developmental Distinctions", "WRAP Book for Kids and Children", but really that peer group model that's really centered around introducing a concept and generating discussions with the group, you know, has really allowed for it to stay engaging and we've done things where we're using collages and post it notes and – but the focus is really in the conversation that we're having with people. So it really removes that

aspect of, you know, what you're learning style approaches are. And remains engaging. And I don't find that regardless of cultures, where we're at, where we're dealing with translation, or when we've done this in groups of people who are considered to be developmental disability populations, that those conversations are any less engaging, they're always engaging, people always seem to think – people always seem to have ideas of what these mean to them, what the concepts mean to them. What a trigger might mean to them. We may have modified some language where in developmental distinctions we've changed from when things are breaking down to when things are getting worse, because one individual shared that like breaking down means something very physical to his condition and we found it was more engaging to talk about, you know, when things are getting worse. Working with youth in high schools we found emphasizing the wellness component because the recovery aspect of it, you know, and a signifier for something else to the high school student so keeping the focus on more common language like wellness was also engaging.

Thank you so much. And actually at this point I want to thank both of you. It was interesting there was some people who joined the call a little bit late and they were like who are these people talking? So I want you to see them and know who they are. Go ahead and Google them because it's worth a minute. Nev Jones thank you so much it's been a pleasure to work with you. Matthew Federici I had never met Matthew in all the years that we've run in the same circle and then accidently right after setting this up I bumped into him and so Nev, your turn next. But thank you both for what you bring to this conversation and with the authentic voice with which you share it. I want to also thank SAMHSA because their funding can support our recovery to practice, has allowed us to bring this and all of the other webinars that are available by the way on YouTube. And grounded in a belief in principles of recovery and we wouldn't be able to do this without their support. Recovery to practice, if you don't know, is a project that is geared towards education training and resources to support the work of people who are delivering services right there, direct service staff, their bosses, the agencies, and so it's not necessarily for a bunch of folks who are thinking about doing some work for people who are doing work and this includes a mix of disciplines and doctors, psychologists, psychiatrists, everybody, peer specialists, family members, all folks who are concerned with this work.

We have resources if you want to continue your learning, but please fill free to download this information so you can get it, there's also more information about engagement. This one looking at family engagement through the recovery to practice newsletter. You can get it in email, you can go to SAMHSA website and download it, we want you to have access to as much information as possible. There's one more webinar that's going to look at engagement and that's Engagement and Technology it's going to be fantastic and its information that a lot of people don't' – so if you're looking to deepen your understanding of how we can join the 21st century, a couple of decades late, this will help us do that. And then, in the coming months we're going to be looking at medications and how to use medications in under a recover oriented frame. If you want to access a certificate of attendance or if you want to get continuing education credits for the time that you spent on this webinar, please click the link that's going to be available for you, and there's a short quiz and you'll be able to get the continuing education credits. They're offered to you through NAADAC, which is the addictions national organization and it is transferable to a large number of other disciplines, which is one of the reasons why we're grateful for their support. Mostly we're grateful that you all showed up and offered information through the participant chat and through your questions that helps create a community even in these distant relationships that we bridge through the internet. So thank you for what you do, we're really glad to have you be a part of our community and we look forward to seeing you join us on our next webinars. The next one's at the end of May. We will --