Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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• Call 877-820-7831 before 11:00 a.m.
• Enter passcode 107633#, when prompted.
• Questions may be asked, if time allows.
• To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
• Ask questions for the presenter, about their presentation.
• The link to the evaluation for today’s presentation is on the WPPNT webpage, under today’s date: https://www.dhs.wisconsin.gov/wwpnt/2019.htm
Wellness Recovery Action Plans (WRAP)

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Introduction and Objectives

• Understand the purpose of Wellness and Recovery Action Plans (WRAP) and review evidence of efficacy
• Learn the basic structure of a WRAP
• Understand ways WRAP can be integrated into health care/mental health practice
A brief description of WRAP

A system for monitoring, reducing, and eliminating uncomfortable or dangerous physical symptoms and emotional feelings (Copeland, 2018)
What It Does

- Creates a safe, non-judgmental, autonomy-supportive environment
- Enhances motivation to manage mental health issues
- Increases perceived competence to manage mental health issues through development of a detailed recovery plan

(Cook, et al., 2011)
A Framework

• Lasting health behavior change occurs through autonomous motivation
• Consumers experience a sense of volition, self-initiation, and endorsement of behavior
• Consumers who feel more competent in carrying out a behavior are more likely to engage in that behavior

(Williams, et al., 2006)
Autonomy-Supportive Environment

Setting in which health care providers:

• Understand the consumer’s perspective
• Acknowledge the consumer’s feelings
• Offer choices
• Provide Information

(Williams, et al., 2006)
10 Fundamental Components of Recovery

<table>
<thead>
<tr>
<th>Self-direction</th>
<th>Individualized and Person-centered</th>
<th>Empowerment</th>
<th>Holistic</th>
<th>Non-linear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths-based</td>
<td>Peer Support</td>
<td>Respect</td>
<td>Responsibility</td>
<td>Hope</td>
</tr>
</tbody>
</table>

(SAMHSA, 2012)
The Evidence
Peer-led Programming

• Development of a more efficacious sense of self following peer support is linked to recovery
  • Case management services delivered by consumers is as effective as that provided by non-consumers (Solomon & Draine, 1995)
  • Mutual-aid group associated with self efficacy for recovery and improvements in leisure engagement, feelings of well-being, and social relationships (Magura, Cleland, Vogel, Knight, & Laudet, 2006)
• Studies have not been able to differentiate the contribution of peers from the effects of the overall program (Chinman, et al., 2014)
WRAP

• Peer-delivered Wellness Recovery Action Planning vs. services as usual
  • Greater reduction in depression and anxiety
  • Greater improvement in Recovery Assessment Scales scores
  • Greater improvement in personal confidence and goal orientation
  • No difference in reliance on others, willingness to ask for help, or symptom tolerance

(Cook, et al., 2012)
WRAP (continued)

- Peer-delivered Wellness Recovery Action Planning vs. services as usual
  - Psychiatric severity scores significantly reduced
  - Hopefulness and quality of life measurements significantly increased
  - Differences in symptom reduction attenuated over time
  - WRAP can be delivered to a considerable number of individuals with SMI by their peers with high fidelity

(Cook, et al., 2011)
WRAP (continued)

- RCT studying self-advocacy
  - More likely to report engaging in self-advocacy with service providers
  - Greater hopefulness, better environmental quality of life, fewer psychiatric symptoms
  - Effect stable across diverse communities
  - The more WRAP, the more positive self-advocacy
  - Can develop skills for reasoned treatment decision-making that exceeds those that self-identify as activists
  - No impact on knowledge acquisition or willingness to be assertive

(Jonikas, et al., 2011)
WRAP Structure
What is needed and how is it used?

• Generally uses a notebook or binder of paper
• Education and insight developed through recovery
• Could be integrated into a journaling practice
• All sections are optional and consumer-driven
• Items should be as specific as possible and should be modified as new insights are developed
• “Living document” – development, review, and revision should become regular practice
Wellness Toolbox

• A list of things you can do to help yourself stay well
• Things you can do to help yourself feel better when you aren’t doing well
• Tools, strategies, and skills that can be used on a daily basis
• Things you want to avoid (e.g., alcohol, certain people, etc.)
Wellness Toolbox examples

- Talking to a friend
- Talking to a professional
- Mindfulness
- Extra Rest
- Exercise
- Journaling
- Support group
- Listen to music
- Take a warm bath
Daily Maintenance Plan

• A description of you when you are feeling well
  • List of descriptive words
  • Helps remind of what “being well” feels like

<table>
<thead>
<tr>
<th>Bright</th>
<th>Happy</th>
<th>Athletic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outgoing</td>
<td>Energetic</td>
<td>Industrious</td>
</tr>
<tr>
<td>Curious</td>
<td>Humorous</td>
<td>Supportive</td>
</tr>
<tr>
<td>Reserved</td>
<td>Introverted</td>
<td>Impulsive</td>
</tr>
<tr>
<td>Peaceful</td>
<td>Capable</td>
<td>Competent</td>
</tr>
</tbody>
</table>
Daily Maintenance Plan (continued)

- List of specific things you need to do for yourself **every day** to feel well
  - Eat 3 healthy meals
  - Drink 8-eight ounce glasses of water
  - Exercise for at least 20 minutes
  - Check in with my partner for at least 10 minutes
  - Write in my journal for at least 15 minutes
Daily Maintenance Plan (continued)

- List of things you **might** need to do
  - Get a massage
  - Do peer counseling
  - Do the laundry
  - Call my sponsor
  - Go to a twelve step meeting
  - Plan something fun for the evening

- Important to review the Daily Maintenance lists every day and modify as needed
Triggers

• External events or circumstances that are related to a worsening of symptoms
• Things that are possible and likely to occur, or those things that are already occurring

<table>
<thead>
<tr>
<th>Being teased</th>
<th>Physical illness</th>
<th>Intimacy</th>
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</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>Sexual harassment</td>
<td>Financial problems</td>
</tr>
<tr>
<td>Anniversary Dates</td>
<td>Traumatic news events</td>
<td>Family stress</td>
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</tbody>
</table>
Triggers continued

• Sample Plan – A basic list of what you can do when your triggers occur
• Includes things that have worked in the past or things learned from others
• Likely includes activities from the “Wellness Toolbox” as well as reminders about “Daily Maintenance Plan”
Early Warning Signs

- Internal signals that may or may not be related to stressful situations and communicate a need for further action
  - Specific symptoms (e.g., increased anxiety, fearfulness, irritability)
  - Sleep changes
  - Shifts in coping (e.g., substance use, food consumption)
- This section requires the consumer to engage in a continual learning process about their symptoms and recovery
- As with previous sections, ends with an action plan
When Things Are Breaking Down

- A list of symptoms which mean that things have worsened to the point of near-crisis
- Recognition that symptoms and point of crisis are individual

<table>
<thead>
<tr>
<th>Unable to sleep for… (be specific)</th>
<th>Bizarre behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending too much money</td>
<td>Early suicidal thoughts</td>
</tr>
<tr>
<td>Avoiding eating</td>
<td>Substance abuse</td>
</tr>
</tbody>
</table>

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When Things Are Breaking Down (continued)

- Clear and directive plan
  - Call health care professional and follow instructions
  - Call my peer mentor Sarah and describe the symptoms I am experiencing
  - Give my medications, check book, credit card, and car keys to mom
  - Arrange for three days off of work and other responsibilities
  - Do two 20-minute sessions of Mindfulness
Crisis Planning

• Nine-part plan written for others who will take responsibility for care
• Important to develop this over time and with collaboration from health care providers, family members, and others in support system
• Needs to be written clearly, easy to understand, and legible
• Copies should be given to people named in the crisis plan
Crisis Planning (continued)

Part 1 – What I’m like when I’m feeling well

• Description of what you are like when you are well
• Should describe you to people that may not know you, like an emergency room doctor
Crisis Planning (continued)

Part 2 - Symptoms

• Specific symptoms that indicate others need to take over responsibility for your care
• This will require significant vulnerability and insight developed over time
• Don’t summarize – be very specific and clear
  • Severe agitated depression where I repeat negative statements such as “I want it all to end.”
Part 3 - Supporters

- A list of those people you want to take over for you when your crisis plan is active
- This list should be actively developed and modified over time
- Initially, health care professionals may be a majority
- Over time, development of natural supports is encouraged
- Provide the name, relationship, and contact information
- May also include individuals you don’t want involved and why
Crisis Planning (continued)

Part 4 - Medication

• Name of physician(s) and contact information
• List of allergies
• List of current medications and why you take them
• List of medications you prefer to take if changes are needed and why
• List of meds that would be acceptable to take if needed
• List of meds that should be avoided and why
Crisis Planning (continued)

Part 5 - Treatments

• Specific non-medication treatments (e.g., ECT, acupuncture) you prefer and why
• Treatments you would want to avoid and why
• Treatments that have worked/not worked in the past
Crisis Planning (continued)

Part 6 – Home/Community Care/Respite Center

• Options for alternatives to hospitalization available in the area
• Plan for home or community care in the event that hospitalization is not needed
Crisis Planning (continued)

Part 7 – Treatment Facilities

• Available treatment facilities where you prefer to be hospitalized and why
• Facilities you prefer to avoid and why
Part 8 – Help From Others

• What do you need from your supporters to help reduce symptoms? (e.g., give me space to express my feelings, let me rest)
• Should be developed collaboratively with health care professionals and supporters
• Include a list of things you need others to do for you while you are in crisis (e.g., feed my dog, get the mail)
• List things that can make things worse for you (e.g., trying to entertain me)
Crisis Planning (continued)

Part 9 – *When my supporters no longer need to use this plan*

- A list of specific indicators that your supporters no longer need to follow the crisis plan
Post-Crisis Plan

- A plan for post-crisis (e.g., discharge from hospital) before you return to your Daily Maintenance Plan
- Highly individualized
- May be developed with care providers prior to discharge
- Includes sections to describe how you know you are “out of crisis”, things you need to take care of, people you would like help from, things you need to do, things you need to avoid, people you need to thank or apologize to
- May include a plan to review crisis and learning opportunities
- Some individuals provide specific timetables
Review of Sections

- Wellness Toolbox
- Daily Maintenance Plan
- Triggers
- Early Warning Signs
- When Things Are Breaking Down
- Crisis Planning
- Post-crisis Plan
WRAP in Practice
Integration


- Discharge planning
- Release planning
- Community Support/Peer Support programming
- Individual treatment
Additional Resources

- http://mentalhealthrecovery.com/
- https://copelandcenter.com
Objectives

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References

References (continued)


