

Building the Research Base for Peer-Led Services: Ohio Statewide WRAP Study

*Presented at Sustaining Evidence-Based
Practices: The Next 10 Years*

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A Word of Thanks to our Funders

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Mental Health Services

Today's Presenters

- ❖ Sherry Boyd, ODMH
- ❖ Judith A. Cook, UIC
- ❖ Carol Bailey Floyd, Copeland Center
- ❖ Marie Hamilton, UIC
- ❖ Lisa Razzano, UIC
- ❖ Ellen Ringler, WRAP Educator

ODMH - Ohio Department of Mental Health;

UIC - University of Illinois at Chicago

WRAP - Wellness Recovery Action Plan

Today's Agenda

Today we'll discuss:

- How the intervention is delivered
- Setting of the study & its design
- Peer perspectives on being part of a rigorous research study
- Researcher perspectives on studying a peer-delivered service
- Results of the randomized controlled trial

WRAP

WELLNESS RECOVERY ACTION PLAN

Carol Bailey Floyd & Ellen Ringler

Based on 5 Key Concepts

- Hope
- Personal Responsibility
- Education
- Self Advocacy
- Support

Parts of WRAP

- Wellness Toolbox
- Daily Maintenance Plan
- Identifying Triggers and an Action Plan
- Identifying Early Warning Signs and an Action Plan

Parts of WRAP

- Identifying When Things Are Breaking Down and an Action Plan
- Crisis Planning
- Post Crisis Planning

Setting for the Wrap Study

Judith A. Cook
Marie Hamilton

Toledo

Lorain

WRAP
STUDY
SITES



Cleveland

Canton

Dayton

Columbus

Participatory Action Research
Involved UIC Researchers Working
with Mary Ellen Copeland as Well as
Ohio Consumers & Mental Health
Organizations to Mount the Study



Facilitators in the Ohio WRAP Study



Why OHIO was chosen



- Availability of master trainers and WRAP facilitators state-wide
- Large population base from which to recruit study participants
- Some regions were not “saturated” with WRAP
- Cultural diversity in participants was possible
- State includes rural, urban and suburban areas
- Supportive state & county mental health authorities and organizations

WRAP Study Design

- Targeted sample size was 500 people with severe mental health challenges
- Recruited at CMHC & peer programs
- Subjects were randomized to receive WRAP right away or 9 months later
- Telephone interviews at study entry (baseline), 2 months post-baseline, 8 months post-baseline by blinded interviewers from UIC Survey Research Laboratory
- Participants were paid for their research time

Outcomes Assessed

- Recovery – Recovery Assessment Scale
- Empowerment – Empowerment Scale
- Self-Advocacy – Pt. Self-Advocacy Scale
- Social Support – Medical Outcomes Study
- Hopefulness – Hope Scale
- Symptoms – Brief Symptom Inventory
- Coping – Brief Cope Scale
- Stigma – Mental Illness Stigma Scale
- Physical Health Perceptions – MOS

Working with Researchers: Peer Perspectives

Ellen Ringler
Carol Bailey Floyd

Peer Perspectives on Doing WRAP in a Research Study

- Intervention version was different from the normally facilitated WRAP program
- Intervention version was standardized (facilitators did not have as much flexibility)
- Make-up sessions were a critical piece to the Intervention version's success

- University of Illinois at Chicago handled materials and cost, thus taking the burden off the sites
- Ohio had many WRAP facilitators around the state/Back-up facilitators available
- Sometimes led with co-facilitator you were not familiar with

Studying Peer-Led Services: Researcher Perspectives

Marie Hamilton

Lisa Razzano

WRAP Study Intervention Challenges

- ✓ Finding qualified WRAP facilitators
- ✓ Identifying locations for intervention delivery
- ✓ Securing space on days and times that were convenient for participants
- ✓ Establishing a network of support for WRAP facilitators
- ✓ Doing “long-distance” research in another state

Importance of Maintaining Fidelity

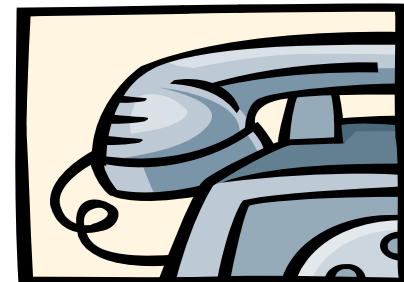
- Establishing & maintaining fidelity assures that the critical ingredients of the intervention are being delivered
- Fidelity prevents individual variations that lower the quality of the intervention
- Fidelity protects of an intervention against negative influences such as personal biases or politics

How We Monitored Fidelity

- Fidelity checklist reviewed after each session by WRAP experts & researchers
- On-site observations conducted by WRAP Master Trainer
- Weekly supervision calls between facilitators, local project coordinator, and research staff to review fidelity scores & address any “drift”
- Use of detailed Intervention Manual was important to this process

Communication was Critical

- **Listservs**-study updates re: recruitment, intervention, early findings
- **Telephone calls** - check-ins, convey information, make requests
- **Teleconferences**-research team meetings, problem solving
- **Emails**-day to day management, problem solving, updates
- **Face to face meetings**-initial planning, training



Unexpected Challenges: Recruitment

- Enrolling in a research study is NOT the same thing as deciding to participate in peer support/self help
- Recruitment gets much harder over time
- People get tired of hearing about the study & your requests for help getting the word out
- The potential for “inappropriate” recruits increases

Successful Recruitment Strategies



- Think outside the box and the agency
- Know thy target audience and their schedules
- Network, network, network
- The power of the personal testimonial
- Who reads a flier?
- Mixed media for the computer age

Working Together with Researchers: State Perspectives

Sherry Boyd

Ways ODMH Supported the Study

- Helped convene the initial kick-off meeting in Columbus to introduce researchers to stakeholders
- Provided location for the research study training of WRAP facilitators
- Linked researchers with county mental health boards
- Helped study team identify recruitment sites & locate places to hold WRAP sessions

County MH Boards Actively Supported the WRAP Study

- Cuyahoga County Community Mental Health Board
- Mental Health and Recovery Services Board of Stark County
- Mental Health and Recovery Services Board of Lucas County
- Alcohol, Drug and Mental Health Board of Franklin County
- Lorain County Board of Mental Health
- Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County

ODMH Investment in the Study

- Study could provide empirical support for the State's financial investment in WRAP
- Ability to use knowledge generated by the study on how WRAP affects participant outcomes
- See whether/how WRAP affects use of other services
- Brought WRAP to new areas of the State

Ways WRAP Influences Peoples' Lives: Peer Perspectives

Ellen Ringler
Carol Bailey Floyd

Why WRAP?

By using these self-management tools and strategies people can achieve a level of wellness, stability and recovery that they always hoped was possible!

What others say....

“WRAP has provided the organizational template to enable me to systematically review where I've been and where I am headed. It has prompted me to be more active in my recovery.”

- Cheryl

“WRAP has helped me to be more motivated and hopeful. Now I have definite ways to help me avoid a major crisis.”

-Sam

“Something I've learned in the WRAP was helping me with my self-confidence. It also helps me find triggers to keep me out of the hospital. I also use a daily maintenance plan to help me with my every day life.”

- Steven

Results of the WRAP Research Study

Judith A. Cook

WRAP Intervention Tested in This Study

- Lasted for 8 weeks
- Met for 2 and ½ hours every week
- Followed a highly standardized curriculum designed by Mary Ellen Copeland and UIC
- Facilitator curricular innovations discouraged
- Used a detailed Facilitators Manual and Overhead Slides

Study Process

- ❖ 850 individuals screened for Waves 1-5
 - 680 eligible & agreed to participate
 - 555 (82%) completed Time 1 interviews
- ❖ 276 randomized to E group, 279 C group; 7% combined attrition; E=251, C=268
- ❖ Ss attended average of 5 classes (out of 8)
 - 53% attended 6+ groups; 16% attended 0 groups (still counted as receiving WRAP)
- ❖ Average fidelity=91% over all waves (90% wave 1-92% wave 5; no site differences)

Study Participant Characteristics

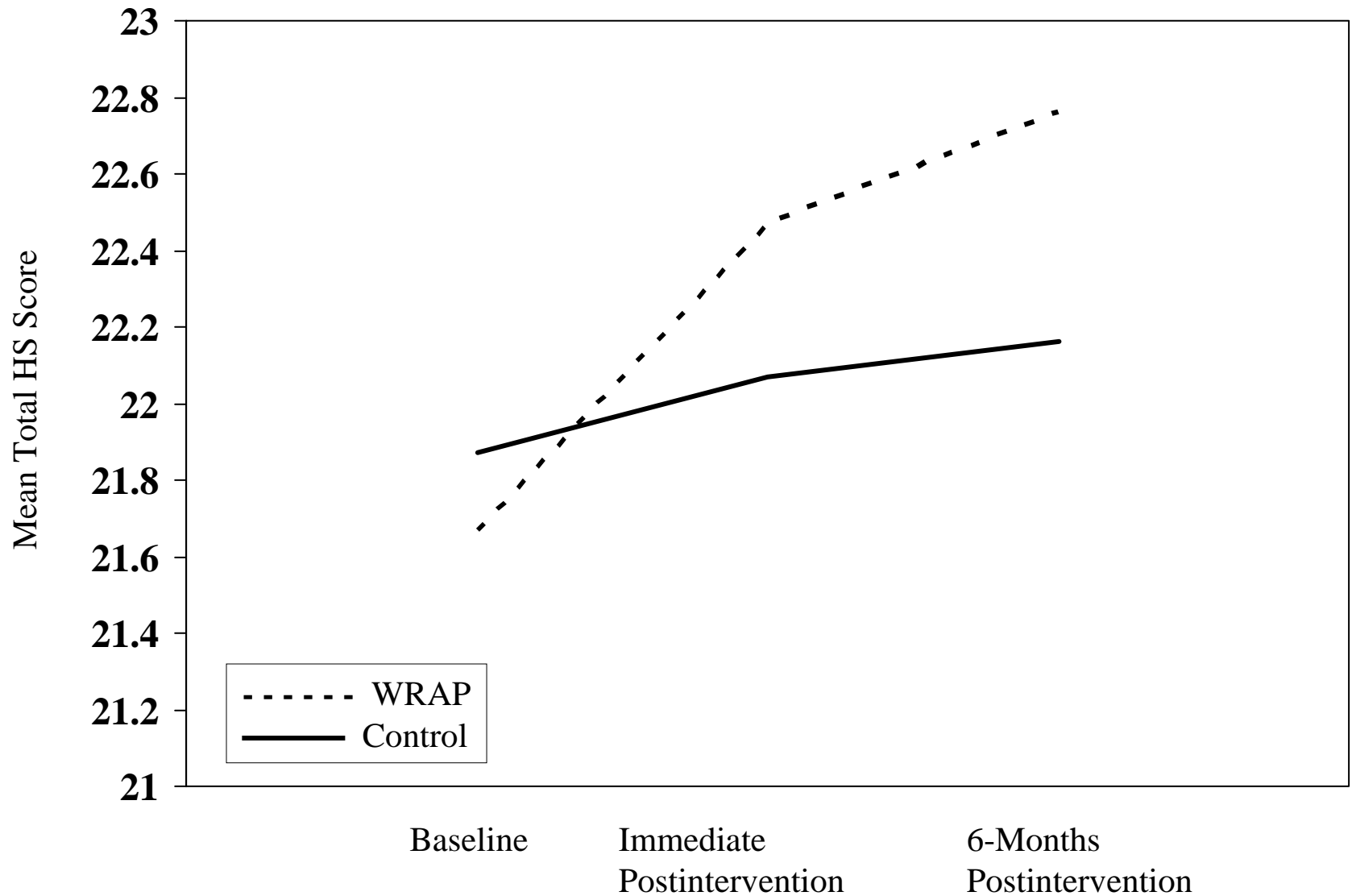
- 66% female, 34% male
- Average age: 46 years, range from 20-71 years old
- 63% White, 28% Black, 2.9% American Indian/Alaskan Native, <1% Asian/Pacific Islander, 7% other
- 4.8% Hispanic/Latino
- 82% High school graduate/GED or more
- 88% unmarried
- 67% living in their own home or apartment
- 76% had been hospitalized for psychiatric reasons
- Most common self-reported diagnoses: 38% bipolar disorder; 25% depression; 21% schizophrenia spectrum
- 85% not employed; 51% expected to work next year

No sig. differences by study condition

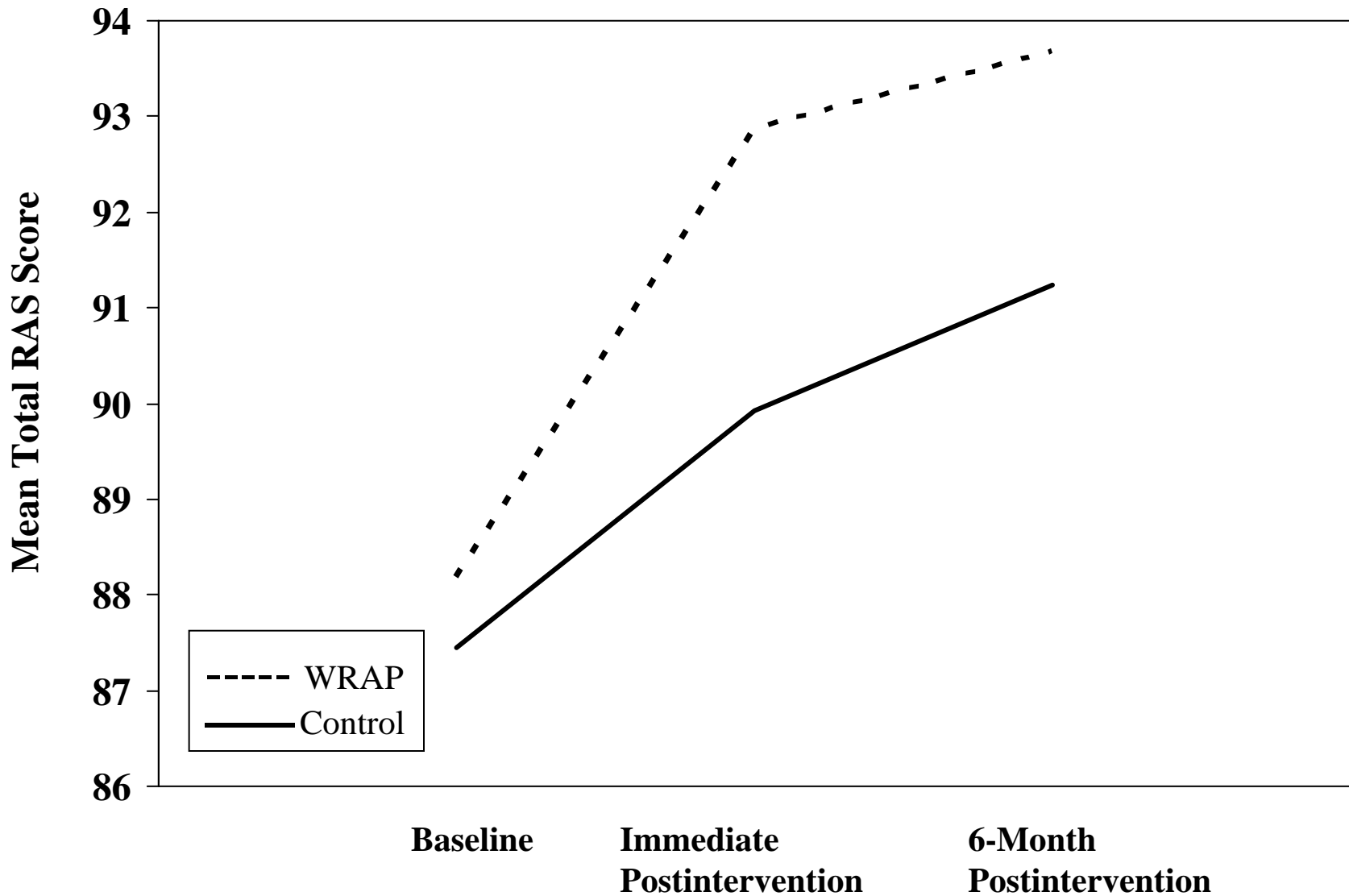
WRAP Outcomes

- In a multivariable longitudinal random-effects regression analysis, WRAP recipients improved more than controls from T1 to T3 on multiple outcomes:
 - Reduced psychiatric symptoms
 - Increased hopefulness
 - Decreased coping through self-blame
 - Increased quality of life
 - Increased self-advocacy
 - Increased recovery
 - Increased empowerment

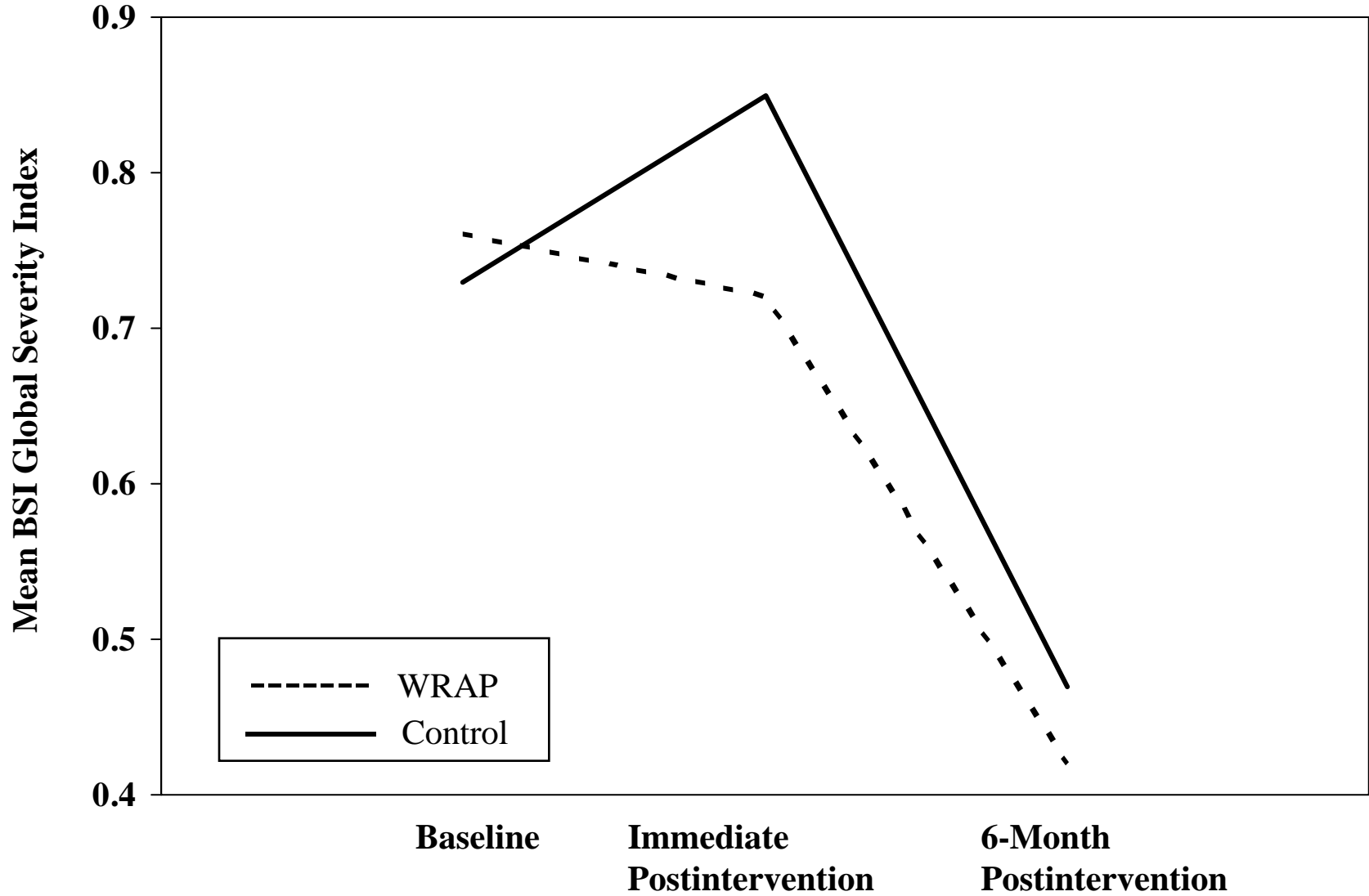
E vs. C Differences in Hopefulness Over Time



E vs. C Self-Perceived Recovery Over Time



E vs. C Differences in Global Symptom Severity



Additional Findings

- ❖ The greater the # of WRAP classes attended, the greater WRAP participants' improvement in:
 - Symptom reduction
 - Increased hopefulness
- ❖ Other outcomes still to be tested

Some Qualitative Findings

Positive impact on the WRAP facilitators...

- Working on the research study enhanced their WRAP facilitation skills
- Have used the research findings in their statewide advocacy
- Became aware of how practical help provided to participants had a life-changing effect in addition to WRAP (e.g., transportation)
- Facilitators told us that being in the study had changed their lives for the better

“I gave a lot and I took a lot out of this research project.”

-Robert, facilitator

“I developed a WRAP for dealing with the research study. As a result I lost over 100 pounds.”

-Rosa, facilitator

First Journal Article Reporting Results Of an Independent Evaluation of WRAP Participant Outcomes

Brief Reports

Initial Outcomes of a Mental Illness Self-Management Program Based on Wellness Recovery Action Planning

Judith A. Cook, Ph.D.
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Marie M. Hamilton, L.C.S.W., M.P.H.
Jessica A. Jonikas, M.A.
Lisa A. Razzano, Ph.D.

Carol B. Floyd
Walter B. Hudson, B.S.
Rachel T. MacFarlane, B.A.
Dennis D. Grey, B.A.

Objective: This study examined changes in psychosocial outcomes among participants in an eight-week, peer-led, mental illness self-management intervention called Wellness Recovery Action Planning (WRAP). **Methods:** Eighty individuals with serious mental illness at five Ohio sites completed telephone interviews at baseline and one month after the intervention. **Results:** Paired t tests of pre- and postintervention scores revealed significant improvement in self-reported symptoms, recovery, hopefulness, self-advocacy, and physical health; empowerment decreased significantly and no significant changes were observed in social support. Those attending six or more sessions showed greater improvement than those attending fewer sessions. **Conclusions:** These promising early results suggest that further research on this intervention is warranted. Confirmation of the efficacy and effectiveness of peer-led self-management has

the potential to enhance self-termination and promote recovery for people with psychiatric disabilities. (*Psychiatric Services* 60:246-249, 2009)

Although the concept of recovery from mental illness is relatively new, the fact that significant proportions of people with psychiatric disabilities can successfully self-manage their conditions has been documented for more than two decades (1). Some common self-management strategies for psychiatric disorders include writing down or talking about problems; speaking with or visiting friends; exercising; engaging in meditation, artistic endeavors, or political activism; practicing good nutrition; and self-advocacy (2).

Although ample evidence supports the efficacy of structured self-management programs for chronic physical conditions such as diabetes and asthma (3), far less research has evaluated this approach for mental disorders. The study reported here examined changes in measures of recovery and other psychosocial outcomes among participants in a peer-led, self-management intervention called Wellness Recovery Action Planning (WRAP).

Unlike many traditional mental health interventions, WRAP is intended to help people manage a variety of long-term illnesses, whether or not they choose to receive formal services. In fact, WRAP educators are taught to avoid talking directly about

psychiatric diagnoses or using medical or illness-oriented language to frame people's needs (2). Instead, WRAP emphasizes holistic health, wellness, strengths, and social support. WRAP encourages people to move beyond simply managing symptoms to building a meaningful life in the community by using a highly individualized plan for recovery. Instructional techniques promote peer modeling by using personal examples from facilitators' and participants' own lives to illustrate key concepts of self-management, allowing participants to witness the lived benefits of WRAP.

Methods

The sample consisted of the first 105 individuals who enrolled in an ongoing study of WRAP at one of five sites in Ohio. Between October and December 2006, individuals were recruited from service delivery sites, including traditional treatment settings (such as community mental health centers, outpatient clinics, and residential programs) and self-help and peer support settings (such as consumer-run drop-in centers and mental health support groups). One-hour telephone interviews were conducted by personnel at the Survey Research Laboratory at the University of Illinois at Chicago. The first interview occurred immediately before the intervention, and the second was conducted in the month after the intervention.

Respondents received research honoraria of \$20 and \$25, respective-

Dr. Cook, Ms. Hamilton, Ms. Jonikas, Dr. Razzano, Ms. MacFarlane, and Mr. Grey are affiliated with the Department of Psychiatry, University of Illinois at Chicago, 1601 W Taylor St., 4th Floor, MC 912, Chicago, IL 60612 (e-mail: cook@ripco.com). Dr. Copeland and Ms. Floyd are with Mental Health Recovery and WRAP, Inc., West Dummerston, Vermont. Mr. Hudson is with the Copeland Center for Wellness and Recovery, Chandler, Arizona.

Rewards of Establishing an Intervention as an Evidence-Based Practice

- More people learn about the intervention
- It gains greater legitimacy & acceptance
- Easier to make the case for funding
- Enhances potential of replication in new forms for diverse audiences
- Increases the field's knowledge base

WRAP Currently Under Review for Inclusion in NREPP

**NREPP is the National Registry of
Evidence-Based Programs and
Practices**

<http://nrepp.samhsa.gov>



NREPP Submission Package

- ✓ Description of WRAP intervention
- ✓ WRAP Fidelity Assessment
- ✓ Quality Assurance Documents
- ✓ RCT study of WRAP outcomes
- ✓ Results of replication studies
- ✓ WRAP Values and Ethics
- ✓ Articles on WRAP
- ✓ WRAP adaptations for diverse groups
- ✓ Curriculum manuals
- ✓ Other models that include WRAP

For more information about the study:
<http://www.cmhsrp.uic.edu/nrtc/wrap.asp>

Information about WRAP:
<http://copelandcenter.com/>

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