**Wellness Recovery Action Plan (WRAP)**

Wellness Recovery Action Plan (WRAP) is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness. WRAP has the following goals:

- Teach participants how to implement the key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) in their day-to-day lives
- Help participants organize a list of their wellness tools--activities they can use to help themselves feel better when they are experiencing mental health difficulties and to prevent these difficulties from arising
- Assist each participant in creating an advance directive that guides the involvement of family members or supporters when he or she can no longer take appropriate actions on his or her own behalf
- Help each participant develop an individualized postcrisis plan for use as the mental health difficulty subsides, to promote a return to wellness

WRAP groups typically range in size from 8 to 12 participants and are led by two trained cofacilitators. Information is imparted through lectures, discussions, and individual and group exercises, and key WRAP concepts are illustrated through examples from the lives of the cofacilitators and participants. The intervention is typically delivered over eight weekly 2-hour sessions, but it can be adapted for shorter or longer times to more effectively meet the needs of participants. Participants often choose to continue meeting after the formal 8-week period to support each other in using and continually revising their WRAP plans.

Although a sponsoring agency or organization may have its own criteria for an individual's entry into WRAP, the intervention's only formal criterion is that the person must want to participate. WRAP is generally offered in mental health outpatient programs, residential facilities, and peer-run programs. Referrals to WRAP are usually made by mental health care providers, self-help organizations, and other WRAP participants. Although the intervention is used primarily by and for people with mental illnesses of varying severity, WRAP also has been used with people coping with other health issues (e.g., arthritis, diabetes) and life issues (e.g., decisionmaking, interpersonal relationships) as well as with military personnel and veterans.

### Descriptive Information

<table>
<thead>
<tr>
<th>Areas of Interest</th>
<th>Mental health treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes</strong></td>
<td><strong>Review Date: September 2010</strong></td>
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<tr>
<td>1: Symptoms of mental illness</td>
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<td>2: Hopefulness</td>
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<td>3: Recovery from mental illness</td>
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<td>4: Self-advocacy</td>
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<tr>
<td>5: Physical and mental health</td>
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<tr>
<td><strong>Outcome Categories</strong></td>
<td>Mental health</td>
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<tr>
<td></td>
<td>Quality of life</td>
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<td>Social functioning</td>
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<td>Treatment/recovery</td>
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<tr>
<td><strong>Ages</strong></td>
<td>26-55 (Adult)</td>
</tr>
<tr>
<td><strong>Genders</strong></td>
<td>Male</td>
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<td></td>
<td>Female</td>
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<tr>
<td><strong>Races/Ethnicities</strong></td>
<td>American Indian or Alaska Native</td>
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<tr>
<td></td>
<td>Asian</td>
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<td></td>
<td>Black or African American</td>
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<tr>
<td></td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Race/ethnicity unspecified</td>
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</tbody>
</table>
Quality of Research
Review Date: September 2010

Documents Reviewed
The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Study 2

Supplementary Materials
University of Illinois at Chicago (UIC) National Research and Training Center (NRTC) Ohio (OH) WRAP Study: Fidelity Scale

Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Symptoms of mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Measures</strong></td>
</tr>
<tr>
<td>Symptoms of mental illness were assessed using the Brief Symptom Inventory (BSI), a 53-item self-report measure. The BSI includes subscales for positive symptoms, negative symptoms, somatization, interpersonal sensitivity, depression, anxiety, and hostility. The total symptom severity score is calculated by summing the scores across all subscales.</td>
</tr>
</tbody>
</table>
report instrument. The BSI yields scores on the Global Severity Index (an overall measure of psychological distress), the Positive Symptom Total (a measure of the number of symptoms), and nine symptom subscales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Using a 5-point scale ranging from "not at all" to "extremely," participants rate each item for how much the symptom bothered them in the past week.

### Key Findings

Participants were randomly assigned to an intervention group that received WRAP or to a wait-list control group that received services as usual. The BSI was administered to participants 6 weeks before (baseline) and 6 weeks after (posttest) they received the intervention and at a 6-month follow-up. WRAP participants had a significantly greater reduction in the severity and number of symptoms across time (from baseline to posttest to 6-month follow-up) relative to control group participants, as indicated by scores on the BSI Global Severity Index ($p = .023$); Positive Symptom Total ($p = .027$); and subscales measuring interpersonal sensitivity ($p = .023$), depression ($p = .023$), anxiety ($p = .034$), and paranoid ideation ($p = .009$). No statistically significant differences were found between the two groups across time on somatization, obsessive-compulsive, hostility, and psychoticism subscales.

### Studies Measuring Outcome

**Outcome 2: Hopefulness**

#### Description of Measures

Hopefulness was assessed using the Hope Scale (HS), a 12-item self-report instrument with two subscales: one that measures belief in one's capacity to initiate and sustain actions and another that measures ability to generate routes by which goals may be reached. Participants rate each item on a 4-point scale ranging from "definitely false" to "definitely true," and scores for each item are summed to produce a total score.

#### Key Findings

In one study, participants were randomly assigned to an intervention group that received WRAP or to a wait-list control group that received services as usual. The HS was administered to participants 6 weeks before (baseline) and 6 weeks after (posttest) they received the intervention and at a 6-month follow-up. WRAP participants had a significantly greater improvement in hopefulness across time (from baseline to posttest to 6-month follow-up) relative to control group participants, as indicated by total HS scores ($p = .018$) and the subscale for belief in one's capacity to initiate and sustain actions ($p = .020$). No statistically significant difference was found between the two groups across time on the subscale for ability to generate routes by which goals may be reached.

In another study, the HS was administered to participants before (pretest) and 1 month after (posttest) they received the intervention. From pre- to posttest, participants who received WRAP had a significant increase in feelings of hopefulness, as indicated by scores on the two HS subscales ($p < .01$ for each subscale).

### Studies Measuring Outcome

**Study 1, Study 2**

**Study Designs**  
Experimental, Preexperimental

**Quality of Research Rating**  
3.7 (0.0-4.0 scale)

### Outcome 3: Recovery from mental illness

#### Description of Measures

Recovery from mental illness was assessed using the Recovery Assessment Scale (RAS), a 41-item self-report instrument with five subscales: personal confidence, willingness to ask for help, goal orientation, reliance on others, and freedom from symptom domination. Participants rate each item on a 5-point scale ranging from "strongly agree" to "strongly disagree," and scores for each item are summed to produce a score for overall recovery.

#### Key Findings

The RAS was administered to participants before (pretest) and 1 month after (posttest) they received the intervention. From pre- to posttest, WRAP participants had a significant improvement in RAS scores for overall recovery ($p < .001$) and in the five subscales: personal confidence ($p$...
Studies Measuring Outcome | Study 2
---|---
Study Designs | Preexperimental
Quality of Research Rating | 3.3 (0.0-4.0 scale)

### Outcome 4: Self-advocacy

**Description of Measures**
Self-advocacy was assessed using the Patient Self-Advocacy Scale (PSAS), a 12-item self-report instrument that measures three dimensions: patient knowledge, assertiveness, and potential for nonadherence to treatment. Participants rate each item on a 5-point scale ranging from "strongly agree" to "strongly disagree."

**Key Findings**
The PSAS was administered to participants before (pretest) and 1 month after (posttest) they received the intervention. From pre- to posttest, WRAP participants had a significant improvement in self-advocacy, as indicated by scores in all three dimensions (p < .01 for each dimension).

Studies Measuring Outcome | Study 2
---|---
Study Designs | Preexperimental
Quality of Research Rating | 3.3 (0.0-4.0 scale)

### Outcome 5: Physical and mental health

**Description of Measures**
Physical and mental health was assessed using the Medical Outcomes Study 12-Item Short Form Survey (SF-12), a self-report instrument that evaluates health indicators, allowing for examination of the presence and seriousness of physical and mental conditions, acute symptoms, age and aging, changes in health, and recovery from depression.

**Key Findings**
The SF-12 was administered to participants before (pretest) and 1 month after (posttest) they received the intervention. From pre- to posttest, WRAP participants had a significant improvement in physical and mental health (p < .01).

Studies Measuring Outcome | Study 2
---|---
Study Designs | Preexperimental
Quality of Research Rating | 3.3 (0.0-4.0 scale)

### Study Populations
The following populations were identified in the studies reviewed for Quality of Research.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>26-55 (Adult)</td>
<td>66% Female 34% Male</td>
<td>63% White 28% Black or African American 5% Hispanic or Latino 3% American Indian or Alaska Native 1% Asian</td>
</tr>
<tr>
<td>Study 2</td>
<td>26-55 (Adult)</td>
<td>64% Female 36% Male</td>
<td>66% White 25% Black or African American 5% Race/ethnicity unspecified 4% Hispanic or Latino</td>
</tr>
</tbody>
</table>

### Quality of Research Ratings by Criteria (0.0-4.0 scale)
External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:
1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Symptoms of mental illness</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>3.5</td>
<td>4.0</td>
<td>3.9</td>
</tr>
<tr>
<td>2: Hopefulness</td>
<td>4.0</td>
<td>4.0</td>
<td>3.6</td>
<td>3.4</td>
<td>3.0</td>
<td>4.0</td>
<td>3.7</td>
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<tr>
<td>3: Recovery from mental illness</td>
<td>4.0</td>
<td>4.0</td>
<td>2.8</td>
<td>2.8</td>
<td>2.0</td>
<td>4.0</td>
<td>3.3</td>
</tr>
<tr>
<td>4: Self-advocacy</td>
<td>4.0</td>
<td>4.0</td>
<td>2.8</td>
<td>2.8</td>
<td>2.0</td>
<td>4.0</td>
<td>3.3</td>
</tr>
<tr>
<td>5: Physical and mental health</td>
<td>4.0</td>
<td>4.0</td>
<td>2.8</td>
<td>2.8</td>
<td>2.0</td>
<td>4.0</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Study Strengths
All outcome measures used in both studies have strong, well-established psychometric properties. Both studies assessed fidelity though multiple methods, including a checklist that documented adherence to prescribed topics, timeframes, and instructional modalities; weekly teleconference calls by the research team and the study’s local WRAP coordinators to discuss each site's attendance and fidelity scores; and the use of trained, experienced facilitators. One study used random assignment and found no significant baseline differences between the intervention and control groups in regard to demographics, clinical status, and employment status. Attrition in both groups for this study was relatively low and was addressed appropriately in the analyses. The same study used a strong experimental design to minimize potential bias owing to confounding variables. Both studies' analytic strategy for data was thorough and appropriate.

Study Weaknesses
The instrument used in both studies to assess intervention fidelity has unknown psychometric properties. One study used a preexperimental design and had high attrition. The other study did not provide adequate information on the services received by the control group, such as exposure to peer-led support groups and medications, which raises concerns about potential confounds.

Readiness for Dissemination
Review Date: September 2010

Materials Reviewed
The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.


My WRAP [Participant binder]


Program Web site for participants, http://www.mentalhealthrecovery.com
**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8</td>
<td>4.0</td>
<td>3.0</td>
<td>3.6</td>
</tr>
</tbody>
</table>

**Dissemination Strengths**

An extensive array of well-developed implementation materials is available. All materials are consistent in content and approach, and they include guidance for adapting the program for use with specific populations. Extensive opportunities are available for facilitator trainings. The facilitator training manual is well organized and includes a comprehensive curriculum. The trainings cover all aspects of organizing, preparing, and conducting group sessions, with training activities and discussions closely following the content of the manuals. Online training options make this program accessible to those who cannot attend an in-person facilitator training session. Extensive support materials (e.g., handouts, worksheets) are available for participants and facilitators, and many of these materials are accessible at the participant and facilitator resource Web sites. A certification program for facilitators helps to ensure fidelity to the model. The fidelity tool includes both content and process questions, and information derived from use of the fidelity tool can be discussed with a local program coordinator.

**Dissemination Weaknesses**

Use of some self-help tools may require peer or facilitator support because of the these tools' complex and dense language. The use of the fidelity tool is not emphasized in program materials. The role and expectations of the local program coordinator, who provides fidelity monitoring support, are not fully discussed.

**Costs**

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator Training Manual: Mental Health Recovery Including Wellness Recovery Action Plan Curriculum</td>
<td>$129 each</td>
<td>Yes, one source of implementation guidance is required</td>
</tr>
<tr>
<td>Wellness Recovery Action Plan [book]</td>
<td>$10 each</td>
<td>Yes, one source of implementation guidance is required</td>
</tr>
<tr>
<td>Assorted books and videos for facilitators and participants</td>
<td>$2-$60 each</td>
<td>Yes, one source of implementation guidance is required</td>
</tr>
<tr>
<td>Online participant materials</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>Wellness Recovery Action Plan and Peer Support: Personal, Group, and Program Development</td>
<td>$24.95 each</td>
<td>No</td>
</tr>
<tr>
<td>Winning Against Relapse: A Workbook of Action Plans for Recurring Health and Emotional Problems</td>
<td>$16.95 each</td>
<td>No</td>
</tr>
<tr>
<td>The Depression Workbook: A Guide for Living With Depression and Manic Depression</td>
<td>$24.95 each</td>
<td>No</td>
</tr>
<tr>
<td>5-day, off-site facilitator training at various locations across the United States</td>
<td>$1,200 per participant</td>
<td>No</td>
</tr>
</tbody>
</table>
5-day, off-site advanced facilitator training at various locations across the United States | $1,400 per participant | No

Correspondence course | $299 per participant | No

On-site consultation | Cost varies depending on site needs | No

### Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.


### Contact Information

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**To learn more about research, contact:**
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(312) 355-3921
cook@ripco.com

Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

### Web Site(s):

- [http://www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)
- [http://www.copelandcenter.com](http://www.copelandcenter.com)