The Lewin Group
Tools to Support Clients with Self-Management
July 26, 2017
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Alexis Estomin: Good afternoon, and thank you all for joining us today for our webinar focused on tools to support client self-management.

This is the third webinar in a series of three webinars on self-management support. Today's webinar is going to be interactive with 45 minutes of presenter-led discussion, followed by 15 minutes of presenter and participant discussion.

There will be an opportunity for questions and answers at the end of the webinar, so please submit your questions to us using the Q&A function. A copy of the slides and a recording of the presentation will be made available at https://resourcesforintegratedcare.com/

This webinar is developed by The Lewin Group in collaboration with the SAMHSA-HRSA Center for Integrated Health Solutions. It's hosted by the Medicare-Medicaid Coordination Office.

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The Medicare Medicaid Coordination Office in the Centers for Medicare and Medicaid Services (CMS) ensures that beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

I'd like to take a moment to introduce our speakers for today. My name is Alexis Estomin, and I am a Federal Health and Human Services Consultant with The Lewin Group. I lead efforts to support behavioral health organizations and providers in delivering behavioral health and other health services under the Technical Assistance to Support Providers in Providing Care to Medicare-Medicaid Enrollees contract with the Medicare-Medicaid Coordination Office.

Larry Fricks is the Director of the Appalachian Consulting Group and the Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions. For 13 years, he served as Georgia's Director of the Office of Consumer Relations and Recovery in the Division of Mental Health, Developmental Disabilities and Addictive Diseases. Mr. Fricks is a founder of the Georgia Mental Health Consumer Network and Georgia's peer specialist training and certification, and

has a journalism degree from the University of Georgia. He has also won numerous journalism awards.

Matthew Federici is the Executive Director of the Copeland Center for Wellness and Recovery. Mr. Federici has served in the mental health sector for the past 23 years and is an advanced level Wellness Recovery Action Plan (WRAP) facilitator and a Certified Psychiatric Rehabilitation Practitioner. He received his Masters in Rehabilitation Counseling from Rutgers University and was formerly the Program Director for the Institute for Recovery and Community Integration, a training and technical assistance program that developed and implemented the Pennsylvania Certified Peer Specialists Workforce.

Ellen Hochberg has been a Wellness Recovery Action Plan Facilitator since 2007. She earned her Certified Recovery Support Specialist certification in 2008 and has kept her credentials current. Ms. Hochberg also participates in monthly recovery and empowerment calls, quarterly WRAP refreshers and TED Talks.

We will start today's presentation with a few polls, which I'll get to in a moment. I will go ahead and introduce our Action Plan Selection Guide, and we will hear from Larry Fricks and Matthew Federici about the WHAM and WRAP models. Ellen will speak about her personal experience with WRAP and her efforts to implement action planning with clients. After that, we will move into a session with questions and answers.

After this webinar, you will be able to define the key elements of action planning with clients to promote self-management, identify different evidence-based action plans including the Wellness Recovery Action Plan and the Whole Health Management Action Plan. Lastly, you should be able to define supportive conversations with clients on the self-management of chronic conditions and mental illness using Resources for Integrated Care (RIC) client handouts.

To provide some background before diving into our Action Plan Selection Guide resource, self-management support is a long-term continuous process towards recovery that seeks to improve client skills in managing their own health conditions. Action planning is one of the six skills that promotes successful self-management.

It involves targeted goal setting and working with clients and their natural supports to develop short-term objectives for their health. Action plans includes specific steps to manage crises and help facilitate shared decision making among the care team. Action planning is particularly useful for clients with mental illness, substance abuse disorders or chronic physical health conditions.

The RIC Action Plan Selection Guide helps behavioral health providers choose action plans that best meet the needs of their clients and their organization. The tool identifies core features of available action plans that may be useful to providers in selecting the appropriate action plan for their clients.

For the action plans included in the guide, there is information on the client population, intervention, estimated time per action planning section, frequency of updates, approach to goal setting, identifying warning signs and client self-rated scales.

Researchers have evaluated some of the action plans in randomized control trials whereas others have not undergone peer-reviewed evaluation. Our guide includes whether there are peer-reviewed studies that demonstrate the effectiveness of each plan.

Lastly, the action plan guide provides key details on how to operationalize the plan, give information on staff training, certifications, requirements, costs, fidelity tools and other resources.

The slide in front of you shows the full list of action plans that we have included in our selection guide, and today, we're going to hear more about the last two plans on this list, the Wellness Recovery Action Plan and the Whole Health Action Management Plan.

So at this time, I am going to pass the presentation to Larry to talk a bit about the Whole Health Action Management Plan or WHAM.

Larry Fricks: Thank you, Alexis.

WHAM was designed for behavioral health peer workforce by SAMHSA-HRSA Center for Integrated Health Solutions. That was our original focus group, but we have expanded it now, so really it's for all peers who want to support other peers. Overall, WHAM training is a peer-led intervention to activate whole health self-management to create and sustain new health behaviors.

There is a quote here from Socrates that sums up a major tenet of WHAM, and that is, “The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” That's what we believe. Change is more likely when focus on adding something new and positive in our life rather than end an old negative habit. Do not focus on bad habits; that gives those habits power.

Included in the two-day WHAM training are two trainers, all materials to implement WHAM, a participant manual, a weekly action plan booklet, an implementation manual and a link to all the training handouts. You get ongoing technical assistance, and you become part of a WHAM national listserv.

Dr. Judith Cook is studying WHAM at the University of Illinois, Chicago. She also studied WRAP, and Matthew may talk about that, but these are the five keys and also the fidelity that we give to WHAM. First is a person-centered goal focused on ten science-based whole health and resiliency factors. Second is a weekly action plan that breaks the goals into small achievable successes. Third is a daily/weekly personal log. Four is a one-to-one peer support, and five is a weekly WHAM peer support group.

When we created WHAM, everything needed to be science-based, so we partnered with an organization called the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. Herbert Benson is famous for a thing called Relaxation Response, so these ten are stress management, healthy eating, physical activity, restful sleep, service to others, support network, optimism based on positive expectations, cognitive skills to avoid negative thinking, spiritual beliefs and practices, and a sense of meaning and purpose.

Let me just say that it looks like there's mounting evidence that a support network may be the most important health factor in a person's life, and of course, peer support is all about a support network. It is really good to know that in addition to helping us recover from mental illness and addiction, it's also a huge health factor.

These are the skills that you should take away from the WHAM training: engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors; write a whole health goal using the IMPACT process; create and log a weekly action plan; and participate in peer one-to-one and peer support groups to create new health habits.

These are the other skills: engage in cognitive skills to avoid negative thinking; know basic whole health prevention screenings and how to prepare for them; use shared decision-making skills for more engaging meetings with doctors; and elicit the relaxation response to manage stress.

We created these six steps for creating your goal called IMPACT, and a goal is something we want and are willing to work for. We do the work because of the benefits that comes from accomplishing the goal. It is the potential benefits that motivate us to act.

We need to create a whole health goal that is concise, easy to review and will ultimately lead to success in creating new health habits. When we create goals, we take them through these six steps, and if we can check them all off then we feel like it's ready to break down into weekly action plans and also lined up for peer support.

The "I" in IMPACT is for improve. Does accomplishing the goal improve the quality of my life and resiliency? "M" is for measurable. Is the goal objectively measurable, as I know I have accomplished it? For something to be measurable it usually has to state an amount; how much, how often, or how many one wants? Positively stated, this is very important. As I said earlier, people are much more likely to add something new and positive in their lives and to end their negative old habit.

Is it positively stated as something new I want in my life? Is it more motivating to work towards getting something that you want than focusing on something that you want to get rid of, avoid or change? "A" is for achievable. Is it achievable for me in my present situation and with my current abilities? If you do not think your goal is achievable within the given time frame, you can either lower the scope or change the time frame.

Then, does it call forth actions you can do on a weekly basis? Does it specify actions that you can take on a regular basis to create healthy habits or a healthier lifestyle? A goal is something you want to achieve over a period of time, therefore there are actions you can take to achieve your goal. Lastly, time limited. When do I plan to accomplish my goal?

So, these are the six steps, and we suggest a time of eight weeks because when we do the training we recommend an eight-week WHAM group, but you can vary on that.

Let's just say this is actually my goal. I've started walking again and in two months, I'd like to be able to do a 5K walk. So, that meets the impact requirements. Week one, I am going to walk. How much? For a mile. How often? Three days. When? The evenings, and a confidence scale of 8. A confidence scale is 0 to 10; 0 is no confidence, 10 is absolute confidence, and what we teach is that you need to be at a level of 7 or higher.

If you are not at 7 or higher, you can do less of it, you can get peer support, or you can brainstorm to overcome the barriers. That is important to be successful, no matter how small it is. I could put the goal for the first week to walk an 8th of a mile, and the main thing is that I succeed and I feel good about it. It psychologically gives me confidence.

Any information you need, Sarah Flinspach at The National Council is the coordinator, and that's how to reach her.

I am handing it off to Matthew Federici. Thank you.

Matthew Federici: Hi, thank you Larry. It is an honor to facilitate with you again, and I thank you for that quick but comprehensive review of WHAM.

Welcome everybody, my name is Matthew Federici. I'm the Executive Director of the Copeland Center for Wellness and Recovery. We are an organization run by people in recovery. I will be talking about the Wellness Recovery Action Plan, both as a tool and as an evidence-based practice.

The Wellness Recovery Action Plan was designed and developed by people in recovery, emerging out of a time when very little was available about recovery and actually as a reaction to the lack of information that was there, but coming from a place of need and hope.

Mary Ellen Copeland was a person in recovery who almost died from lithium toxicity, and who was told that her mother was incurably insane and was locked in an asylum at that time. She, however, did get well and leave the asylum, and became a well-known nutritionist in her community.

This was kind of a spark of hope that truth combined with almost dying from lithium toxicity inspired Mary Ellen to reach out to people like her mother, herself and others and ask what can we do to get past and beyond?

It is really about building self-efficacy. Mary Ellen is a founder of our nonprofit organization, and we continue as an organization of peers to implement and provide technical assistance worldwide around these recovery strategies that emerge from this community. What I need to say about who we are as peers is that many of us have evolved, and that people are utilizing the plans and the tools and the concepts that they're learning in this course.

We have groups of people who are epilepsy patients that are utilizing the peer to peer program in navigating their daily lifestyle and creating structures you need to get well and stay well, despite many different challenges. That is what's working, so the community is building from this peer perspective.

This is an evidence-based practice, which was a randomized control trial study although focused in on people who were identified as having serious and persistent illness or diagnoses that fall into that category. The randomized controlled trials looked at people who came from that perspective although many people's start is self-directed, so where people apply the concepts and begin their action planning, utilizing the tool in the process, can start anywhere from improving relationships to housing, it's not proscribed.

WRAP guides people through a process of identifying their personal wellness resources or wellness tools and then how to use those resources as a guide to daily living. Dealing with triggers, early warning signs, indicators that things are breaking down and developing a crisis and post-crisis plan are core parts of the course curriculum.

The curriculum is delivered in a peer support group context that has been widely used with people of all ages, including those with varying mental health diagnosis, other disabilities and those from varied income circumstances and diverse cultural backgrounds.

There's probably roughly over 10,000 people that have been trained in a 5-day facilitator course which prepares them to take people through a very specific practice, facilitating these topics in groups in their community.

The evidence-based practice showed positive impacts of learning WRAP, which was primarily through a peer-based self-help group. Again, one of the cornerstones of it being peer-based and peer-led is that people are talking about how they're using the plan, so illustrating the use of the concepts in their life with lived experience.

How you document, share and continue to work on your wellness action plans from this program can take many forms. People journal them, there's apps that have been made available, collages, and audio recordings. How people apply and organize the concepts that they're learning can take any form people want. The core thing is that you, and only you, choose how you use the WRAP plan. Who your supporters are and who you give it to, these are core principles in the program. Everything is centered around the self-agency of the person.

The core element of the practice is centered around core values, or beliefs and behaviors or practices. Some of what the five-day facilitator training centers around are things like self-determination, the belief of equality, and a mutual learning model. We avoid medical and clinical

language in the illustrations, so we talk more about, in layman terms, what are those events and circumstances. For example, talking about what may cause us to be uncomfortable and challenge our wellness vision, rather than utilizing clinical language to describe that.

It is rooted in the idea that there are no limits to recovery or what people's plans may be, or how far they can go. It is focused on the person's strength and away from any perceived deficit. These are values that ripple through every layer of the course that we provide. We look closely at every behavior that we, as a facilitator, engage in the group, and how well do we promote these values.

The Copeland Center focuses on a process, and all the work we do is focused on two fundamental values, which is what the self-help mental health field is historically built on, though not necessarily what the actual mental health field had been historically built upon. Those two key core values are that people are experts in their own recovery and wellness, and that people with shared experiences can support each other effectively.

So getting into the meat of what is covered in the WRAP facilitated evidence-based practice groups, it's co-facilitated through 8 to 12 sessions. I recommend the 12 sessions, but the study demonstrated the effectiveness most strongly at at least 8. We go through the following areas of what we call wellness and recovery action planning, starting with five key concepts; hope, personal responsibility, education, self-advocacy and support.

Critical to this is processing with the group what these concepts mean to people. It becomes the foundation of what everything else is built on. This was actually the first study that Mary Ellen got from the qualitative assessment of stories that came into her as she reached out for support, and these were the five core areas that came back that were working for people.

When the curriculum rolled out initially, the feedback was how do I put this into practical application? The plan, starting with the daily maintenance plan, was developed in response to that question we had.

The second key part in the study was noticing that people have lots and lots of simple and safe strategies in addition to the three things that were key. They were unique to them, and they were a collection of ideas we call the Wellness Toolbox.

Each of these build upon themselves and they are important in the rollout of the curriculum. We developed that toolbox, we being each person that identifies those own ideas that they have, no one gives each other advice, but they pick up ideas from the discussion with other people.

Now we can begin to put our plans into place based on the resources we have developed, and that starts with the daily maintenance plan. The daily maintenance plan is a part where we look at what we are like when we are well. This was foundational for me because for many years I've been living in what I look like when I'm not sick. To ask this question took my own recovery and skills in my life to a whole new level because I never actually articulated what wellness looks like in my life.

From there, we come up with the tools we need to put into place each day to promote that vision, and then things we needed to do on occasion toward the goals that we want to set.

Next is trigger and action plans; these are events and circumstances, and it's not just about identifying the triggers but learning the practice of starting to pay close attention to my life. I can look at things that, when they happen, are going to be a challenge and have an action plan in place. I can look at indicators or signs, maybe they are not causes, but they're indicators that if I can notice them, I can put actions in place.

Then we look at signs that I got to act quickly here and put some action plans in place. Then we get into crisis, and there may be nine parts to the crisis plan, including many factors that are useful for advance directives, and then, post-crisis plan, how do I transition back out of a crisis? Oftentimes, we come out of a crisis in a hospital, take a vacation because we needed it, and we just rush right back and burnout on the way back in.

In this brief amount of time, that is the core of the curriculum for facilitating a peer process.

As I said, I look at it from a randomized control trial level which gained its evidence-based practice status. I want to highlight that there are three randomized control studies looking at the WRAP practice. The first one looked at the overall positive outcome such as increased health, increased quality of life, decrease in symptoms, etc.

The second study, which I think is pretty significant, demonstrated a decrease in service utilization and self-reported need for services. People who have gone through the intervention came out the other side using services less and feeling that they needed those services. To me, this underscores how it bolstered one's sense of self-advocacy.

The third piece was a study that showed that people who went through this intervention, if you will, had an increase in their ability to advocate in their doctors and their doctor-patient setting.

The intervention that we're talking about was two and a half hours, weekly for eight weeks. The important element of this is that a certain amount of time is spent on discussing each section.

I would not suggest studies or evaluations where they shortened the groups to one hour. It's too short; you just about get started and then the group dissipates. I think that peer group empowerment is critical to activating people to use these tools.

There are ways in which this is rolled out in three full days, and it pretty much allows for the same amount of time that is done in the study. It follows a highly standardized curriculum. How we facilitate the discussion upholding those values and ethics is critical.

Facilitator curricular departures were discouraged. It was a part of the fidelity measure that people were co-facilitating, and they followed the progression of the topics. Co-facilitators gave illustrations through each section of their own use of the WRAP program, and they followed and reviewed the checklist after each session where they looked at those values and ethics, and

evaluated if they were upholding the values and ethics. Did we create a message of hope in every session we did, and did we avoid medical and clinical language?

As I mentioned, there's probably over 10,000 people who have been trained in the five-day facilitators course. The Copeland Center has trained over 600 advanced facilitators who are trained to roll out the five-day facilitator training. All of this is to ensure that the content is not drifting away from its core content, as well as the values and ethics of the actual practice. How we facilitate these discussions are critical to what made it work in the evidence-based practice.

The core intervention of our group is developing the Wellness Recovery Action Plan, Seminar 1, and that is the 8-12 week approach. Then there's the five-day facilitator certificate course. This is where people exercise giving illustrations of their WRAP and the specific techniques of bringing their group together in a peer-oriented way that actually upholds the concepts we are talking about such as personal responsibility.

At the Copeland Center, we have a directory of people trained. Those individuals that stay connected to the community get listed as a facilitator, searchable by ZIP Code, as well as a list of advance facilitators that can implement the five-day facilitator training for capacity building on local areas.

We also provided a lot of webinars and technical assistance with the agencies in terms of how to put things into place so that the values and ethics are upheld.

Also, you can find a document called The Way WRAP Works on our website. This document was developed with the 600 and some thousands of facilitators out there, so basically submitting input about challenges to implementing the model in practice other than the field, and certain core areas in which need to be addressed, certain areas to help advocate for and assist organization, and implementing the evidence-based practice. This is a free, downloadable document on our website. You'll see some testimonies where people speak passionately about, for example, why the co-facilitating approach is critical to modeling the beliefs and the values of the program itself.

Now, I'm happy to hand it off to Ellen who has gone through the training programs and has utilized the program. She can speak for more of her personal experience on a local level. Ellen, welcome and thank you.

Ellen Hochberg: Thank you, Matthew, and good afternoon to everyone. I'd like to start with a statement about action planning. Action plans empower people; they empower people to create an improved sense of wellbeing. When I take the time to think about my illness, and I take steps to reduce the distress that my symptoms cause, then I feel empowered. I feel like I'm taking back some of the power that the symptoms have over me.

A psychiatrist once told me that mental illness is like a funnel; you just never know when things will take a drastic turn straight down. I really like that; I found that to be a powerful analogy. Action plans, to me, are created to help deal with the triggers, early warning signs and all of those symptoms in the hopes that the downward funnel of illness does not develop.

Having said that, let me tell you little bit of my experience as a person in recovery.

My story is that I have dealt with a mood disorder for many years. My doctor told me that my medications should cut down those high peaks of energy and those very deep lows of depression.

Fortunately, the high peaks don't last very long, but it's a wonderful feeling of energy and creativity and some decreased needs for sleep, maybe five hours instead of the usual seven or eight. Except for running up some phone bills, it never really created too many problems.

However, my depression can get very deep and very dark, and an early warning sign for me is usually loss of energy and little interest in things. I have a lack of interest in doing things around the house, I'm not interested in getting together with friends, and sometimes can even be challenging in terms of getting out of bed.

When I start to feel those, I check in with myself because my goal in all of this is to feel better during these depressive episodes. If I do a daily check in, I can recognize some of these signs, and for the early warning signs, I monitor them making sure that they're continuing along their way.

I give myself permission to cut back on social activities, which is okay, I tell myself. I may spend more time watching TV. I'm a big believer in mindfulness. I find being in the moment and enjoying the now.

I love being out in Mother Nature, so I enjoy looking at clouds or a blue sky or the birds chirping. I am fortunate that I have structure in my life through a full-time job, and that kind of structure is important to me. It is a real motivator for when my depression gets worse, and I have a hard time pulling myself out of bed.

Then there is music, such as Pharrel Williams *Happy* song, which will most always get me moving. Another thing that I learned was the concept of wellness through kindness; doing nice things for others gets me out of my own head.

Over the past years, my doctor has only needed to increase my medicine just a little bit. Now with a WRAP action plan, I began to take steps to create a better sense of wellbeing in my life, and I have to tell you, it was like this light bulb went off.

Rather than having a psychiatrist hand me a prescription and say in a dismissive manner, it will get better, instead I could feel some power. I could take back some of that power that my symptoms had caused me to feel like I was losing. I could step up to the plate and be proactive, and I could develop a plan for self-care.

I found it particularly helpful to write things down. Now, I had a go-to-guide to refer to, so I didn't have to rely on my memory. For me, once again, that was putting it in writing, but that's not the case for everyone as Matthew talked about. Overall, I generated, what I called, a living

document because WRAP to me isn't a write it down, forget about it, put it in a drawer kind of thing.

My WRAP plan grows and changes as I learn more about myself, as I learn new tools, as I identify new triggers, and gain insight into some of the other symptoms of my illness. Now, I'd like to share some other people's experiences and how action plans have been helpful and powerful in creating an improved sense of wellbeing in their lives.

Here is Brian's story. Brian oftentimes struggled with periods of hearing voices. Once again, these are voices that Brian realizes only he hears. The goal for Brian is to reduce the distress brought on by hearing these voices because these are early warning signs. The voices sometimes start to get louder, and they begin to say very negative things to him.

Over time, Brian has worked with his social worker and created an action plan that he's found to be helpful. In his experience, he's found that listening to music by listening to a favorite band can be helpful. If that doesn't provide enough relief for him, then he'll pull out some of his coloring pages. He's told me that having a more complicated pattern makes him focus more on his coloring and kind of pulls attention away from the voices.

If that doesn't work, Brian is able to realize he may need to go talk to his social worker. Maybe then if he needs to go further than that, they may discuss whether he thinks taking some PRN medication might help just at that moment. The result is, over time, Brian's voices have been less disruptive in his life, and he's needed to take less medication.

So now I'm going to share a little bit about Mary. Mary has a history of manic episodes, and these episodes have put her personal safety at great risk. In the past, she's been out at night walking long distances and has even been involved with the justice system.

Mary's goal at this point is to reduce the chances of a severe manic episode. This is her post-crisis plan: what am I going to do to try and prevent this from happening? What Mary realizes is that her early warning sign is a decrease in the need for sleep, a change in her sleeping pattern.

Her first goal to reducing the chances of another episode was first to create a daily maintenance list. She was going to identify and write down those things she can do on a daily basis for her wellness. Mary feels like she's well. I'm now an active participant in creating a sense of wellness in my life.

She's also planning to work to create a regular sleep pattern or sleep routine. She believes that that is a realistic goal for herself, and she's learned about the importance of regular sleeping patterns and the importance of good sleep hygiene in overall health.

She recognizes that this change in sleeping pattern is an early warning sign for her. When shared within our WRAP group, many other people have been able to identify changes in sleeping patterns during episodes of illness. Mary will talk to her social worker or psychiatrist should she notice any changes in her sleeping patterns and be proactive in terms of reaching out to others for input and assistance.

Mary is hoping to increase exercising during the day because she feels it helps her to sleep better at night, and she is working to create an evening routine such as reading a book or listening to the radio to help her wind down.

The result of all this is that Mary feels good and that she is taking steps to reduce the chance of another severe episode. She's proud that she is being proactive and developing a plan for self-care. She feels empowered.

Lastly, I wanted to share Debra's story. Debra has had several severe episodes of depression, and it's most unfortunate because Debra's daughters do not understand how difficult it can be for Debra to get out of bed and take care of herself and her house.

They get frustrated with her periods of negative thinking and hopelessness, and as a result of that, have limited the time they spend with her. Unfortunately, they do not appreciate that Debra has gotten better over time with implementing her WRAP plan.

So here comes Thanksgiving, and that is what she identifies as her trigger, being alone for Thanksgiving. She is afraid; she has these concerns about feelings of hopelessness and negative thinking and difficulty getting out of bed.

She is trying to manage her depression to get through the holidays without these early warning signs raising their ugly heads. Debra has her plan; she is going to do everything on her daily maintenance list, and she's going to remind herself that it is just another day because the holidays can be so difficult for some people. In the WRAP groups I have had, people identify these feelings with loneliness. They see themselves as all alone while everyone else has friends and family to share the day.

They have loved ones and smiles and share food, kind of like that wonderful Norman Rockwell painting with everyone sitting around the table. In reality, this image is also often a distortion of what's happening. For some people, like doctors and nurses and taxi drivers or movie theatre attendants or grocery clerks, it's just another day. For some families and some people, family togetherness is just not all that wonderful and can be very stressful, and they feel the need to limit the time they spend with relatives.

Debra is going to work to keep a more balanced image in her mind. She will also consider calling a friend or a family member to chat and has even thought about, at the last minute, volunteering to serve meals to those less fortunate.

The result of this was that I called Debra the day after Thanksgiving, just to see how she was and how the day had gone for her, and Debra reported to me that her day had gone well. She told me that, with the help of her WRAP plan and its reminder to restructure her thinking of the day including not romanticizing the day, things improved and I could just feel her smile coming across the phone.

She found that restructuring her thinking and remembering that it is just another day was so powerful and enabled her to get through the day and to create that greater sense of wellness. She was so proud.

The takeaways from this are that we are the experts. We are the experts on ourselves, so a WRAP plan is created by us, for us, and it is unique to us. The symptoms and triggers, once again, are unique to individuals and therefore action plans should be tailored to the individual person. Action plans are living documents; they evolve over time.

It is not one size fits all. Even after we've created these plans, they evolve over time as we go through our recovery journeys, and it is wise to revisit them as we learn and grow. I thank you for listening to me, and at this time I am going to pass the presentation back to Alexis.

Alexis Estomin: Okay, thank you so much Ellen.

Before we move to Q&A, we just have a few resources that we would like to share with you all. On our website, we have six client handouts that feature success stories of individuals who have used self-management techniques in their recovery. This resource, along with our other client handouts, are available in English and Spanish.

The What to Expect When You're Self-Managing tip sheet is a handout designed to support conversations with clients on the self-management of chronic conditions. The tip sheet, also available in Spanish, includes information on the purpose of self-management and what the client should expect from their care team and natural support.

Our Self-Management Support Organizational Assessment Tool was reviewed in our webinar last Wednesday. The tool helps those serving individuals with serious mental illness or substance use conditions assess the capacities for implementing self-management services, and you can find the OAT tool at the link on the screen.

Now, I'm going to go into a period of questions and answers. The first question that I have is for either Matthew or Ellen to speak about WRAP. With WRAP, how do you encourage a strength-based approach to recovery? Matthew, I'll turn it over to you for your thoughts, and then Ellen, if you have anything to add, that would be great.

Matthew Federici: Well, yes, that’s a great question because it's one of the specific values and ethics of facilitating Wellness Recovery Action Plan. We talk about focusing on strengths and a way to perceive deficits. In our work as a community in facilitating that, it is the reason why, as facilitators, we talk about giving illustrations in examples. For example, do not use medical and clinical language because a lot of that language is focused on deficits.

We place an emphasis throughout the program in our own illustrations to utilize descriptive language for ourselves in terms of how we're feeling and the way we present the program. When we talk, for example, about how we should facilitate this, we talk about the necessity to present the Wellness Toolbox first.

Everything is oriented towards future thinking. What is it that we want, and what is it that works? Rather than what is wrong, use what is strong.

You can see the Wellness Toolbox, which includes what we look like when we're well, and what we can do each day. One of the reasons why we call them triggers and signs is because this allows for people to look at them simply in a neutral fashion.

These are events or circumstances; we know that when they happen, they can be a challenge to us, but when we present that we always talk about facilitating that alongside action plans and point people back to their toolbox that they developed earlier. You can see how everything is logically built out in a way that keeps people focused on strengths.

It is a great question because the entire way in which we put it into practice is strengths based. For sure, if you just take the content, it can be very easy to present it in a way that is about, for example, not getting sick and the triggers that can cause you to get sick.

So the power of language is a key element to facilitator training. We are not speaking from the language of what is wrong and what we fear might happen if we don't do something, but rather what works. Instead of what are we fearing to happen, what is it that we are hoping for? I hope that answers the question, but it's a great question. The entire model is based on strengths focused.

Alexis Estomin: Thank you. Ellen, I don't know if you had anything else to add?

Ellen Hochberg: Once again, it is a matter of how do I step up and create things that will give me a sense of well-being. How do I participate in all of this to create what I want to see happen in my life? These people that I have talked about are empowered by the steps they are taking, each unique in the steps that they're taking for themselves, but each feeling good that there are things that they can do. It is all about a positive strength-based sense of things.

Alexis Estomin: Thank you. I think we will have time for just one more question. I'll open this to any of the speakers. We have a question about engaging clients. Do any of you have tips for engaging clients in action planning, especially for those who are just starting out?

Matthew Federici: Alexis, this is Matthew. Again I think that having worked with various different models and having worked one-on-one in residential home settings and in employment settings, I find that having a co-facilitator is the most effective. We are both modeling support with one another, and we're both giving differing perspectives on how we're using the program and really spending the majority of the time facilitating the discussion.

This is critical to the engagement and the empowerment people feel. In the early days, Mary Ellen talks about having people who were laying their head down and working in programs where there had been a culture of expectation of how people are supposed to behave in groups, and she really embraces the idea that we meet people where they are at. This is where the whole group can create that support.

What she found is that people came back and were actually getting ideas from others in the room and were starting where they needed to start with the ideas that they got from the room. With the ideas they connected with and maybe validated for them such as listening to music is a big deal. I need to do that when I am not feeling well.

Meeting people where they're at and having a group process that's focused on generation of ideas in the room rather than on advice or suggesting, it's more than information dissemination and it's more than goal setting. Ellen or Larry, if you wanted to add, I will zip it. I get really excited about this kind of conversation.

Ellen Hochberg: Well, if it's okay, I just want to say that the best groups I have had is where I can just toss out something and go, okay, what do you do, give me ideas for what works for you.

Then, the group takes off on its own. It is mutual learning; it's respecting everybody's opinions and knowing that we are all unique, but having a wonderful dialogue that energizes the group because there's this sense of a communal way of talking and sharing. That is the most powerful thing to me. When I can just sit back and feel the energy in the group and feel people leave with a greater sense of energy and confidence and self-worth, it is very empowering. Thank you.

Alexis Estomin: Well, that brings us to just about the top of our presentation. I want to thank everyone again for joining us today. At the conclusion of the webinar, please complete our brief evaluation. Slides and a video of this presentation will be made available on our website. If you have any questions, please do not hesitate to email us at RIC@Lewin.com. Again, thank you everyone and have a wonderful afternoon.