Wellness Recovery Action Plan (WRAP): A review of Occupational Therapist’s experiences of using WRAP as an intervention

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Practice Based Research Workshops

- Funding obtained by AOTI
- Galway and Dublin
- 4 Workshops over one year
- Presentation to peers on final day
Practice Based Research Workshops

- Introduction to the importance of P.B.R.
- Research methods and statistics
- Developing a research idea
- Ethics in research
- Writing a research proposal
- Data collection methods/analysis
- Disseminate research findings

Research Context

- Working on a Community Mental Health Team in East Galway
- A vision for change, the guiding strategy document for mental health services in Ireland reports that:

  "Interventions should be aimed at maximising recovery from mental illness, and building on the resources within service users and within their immediate social networks to allow them to achieve meaningful integration and participation in community life." (A Vision for Change, 2008)
Research Context

- The ethos of the Community Mental Health Team in Loughrea & Athenry is guided by Recovery Principles (McFarland et. al, 2009)

- Wellness Recovery Action Plan (WRAP), is a self management tool used in Mental Health. Designed by Mary Ellen Copeland, a mental health service user. WRAP is also guided by the principles of Recovery (www.mentalhealthrecovery.com )

Generating a Research Question

- How can Occupational Therapists encourage individuals to utilise WRAP in their recovery

- Utilise this information for educating members of the Multidisciplinary Team

- What are the experiences of Occupational Therapists in supporting service users to develop their own Wellness Recovery Action Plan (WRAP)
Literature Review

- Occupational Therapy philosophy and Recovery: An empowering process of personal discovery, identified as a collaborative process between service users and their mental health professionals (Roberts & Wolfson, 2004, Kelly, Lamont & Brunero, 2010)

- Wellness Recovery Action Plan (WRAP) is a self management tool which has emerged from the Recovery movement.

- Developed in 1997 by 30 people lead by Mary Ellen Copeland in response to the need for a structured way to use wellness tools to relieve and eliminate symptoms and stay well (Copeland, M.E., 2001)

Literature Review

- WRAP has five key concepts: Hope, Personal Responsibility, Advocacy, Education and Support

- Cook et. Al (2009) reported a statistical significant positive impact of mental health service users in using WRAP to enhance self determination and promote recovery

- Scott & Wilson, (2011) raise the possibility of WRAP programmes being viewed as "one size fits all and therefore argue that it is setting mental health service users up for failure if they have difficulty achieving a “WRAP lifestyle”"
Literature Review

- Models of self-management which are professionally led are less attractive to service users than peer-led self-management sessions (Davidson, 2005).
- Copeland and Mead (2000) also warn that mental health professionals have to dare to be human and relate in normal ways.
- Limited literature about Occupational Therapists using WRAP as an intervention.

Participants

- Qualified Occupational Therapists with experience working in Mental Health.
- Occupational Therapists who have experience of using WRAP in practice.
- Originally in HSE West, then expanded nationwide.
Ethical Considerations

- Occupational Therapists should not feel under undue pressure to participate in the study.
- Participants may withdraw from the study at any time.
- Numbers allocated to participants to ensure confidentiality.
- Audio data will be destroyed by lead investigator in line with HSE policy and procedure when no longer needed.
- Ethics approval granted by The Galway Clinical Research Ethics Committee.

Research Method

- Participants invited to interview either face to face or via telephone.
- Semi-Structured Interview questions to guide the interview.
- Interviews recorded with audio equipment and then transcribed.
- Transcripts of interviews sent to participants to review information gathered.
- Trustworthiness of data established through member checking.
Data Analysis

- Thematic analysis – discover meaning and experience for Occupational Therapists
- Completed through analysing the words of participants and reporting these in detail
- Qualitative findings

Findings

- Occupational Therapist Knowledge
- Multidisciplinary Team Role
- Efficacy as a self-management tool
- Approaches when facilitating a WRAP group
- Environment
All participants reported that they use WRAP frequently in practice and that it complements the occupational therapy process.

“it’s what I do anyway in the sense of OT” (OT 2)  
“rounds off the intervention” – (OT 3)  

The skills which Occupational Therapists have in the areas of educating and advocating are important elements of the WRAP.

Significance placed on how WRAP is delivered - emphasising the importance of being flexible as a facilitator

“listening not telling” – (OT 7)  

Use of clinical judgement; when to be directive if necessary.
Occupational Therapist Knowledge

- Understanding how people learn and retain information and how this can influence how they deliver a WRAP group

  “it’s quite powerful for people....gives them a lot of confidence and people come up with things then that maybe they have known but just not have thought about as affecting their mental health or being important to their wellness” – (OT 6)

MDT Role

- Primarily co-facilitated with Social Work colleagues

- Those that had the opportunity to co-facilitate reported positive experiences

  “We had these two different spheres of experience and she had ways of challenging people then I would and it worked really, really well, so it was a good mix...” – (OT 3)

- Educating other members of the team
MDT Role

- MDT approach enables the Recovery ethos
- Mixed experiences on acknowledgement of WRAP plans’ and encouraging service users to take responsibility
- Team discussion in determining someone’s suitability to attend a WRAP group
- Importance of on-going team discussion/case reviews on WRAP

Efficacy as a self-management tool

- Participants reported they had not seen WRAP put into use when people were experiencing symptoms/reaching a crisis point
- Reliance on medical orientated questions i.e. taking medication and sleep
- Uncertainty whether completing a WRAP had an overall impact on lifestyle
  "There’s something about it that we have to think about, like how people learn and how people retain information " – (OT3)
Efficacy as a self-management tool

- Service user friendly, non-threatening self-management tool
- Generates the Recovery conversation, enables people to have a voice and learn about self-advocacy and take control
- WRAP allows people to structure, develop, obtain and achieve goals and provides a person with a positive angle about their Mental Health

Efficacy as a self-management tool

- In order for WRAP to be successful it needs to be taken on board
- Participants had experience of people continuing to use it and modify it for different time periods in their lives such as going back to work
- Can be applied to generic settings
Approaches when facilitating a WRAP group

- **Operational Procedures**
  - 8 to 10 people per group
  - Minimum One Hour (participant led)
  - 6 to 14 weeks (participant led)
  - Drop off rate
  - Importance of literacy/education levels
  - Follow up sessions
  - Peer support
  - One to one sessions

- **Resources Utilised**
  - Information sheets
  - Typed information sent to participants
  - Flip charts on wall of previous week ideas
  - Providing a folder
  - 7 day schedule for completion
  - Discussion / Brainstorming
  - Completing a practical activity
  - Go out into the community
  - WRAP DVD
Approaches when facilitating a WRAP group

- Introducing WRAP
  - Planning/preparation with service users
  - Recovery Star
  - Letters
  - Education events
  - MDT members
  - Emphasis on personal responsibility

Environment

- Physical
  - Living environment – is it reinforcing WRAP principles
  - Inpatient/Community settings

- Social
  - Voluntary
  - Working towards Recovery
  - Potentially being symptom free
  - Ability to speak about symptom experience
  - Literacy/Education levels
Research Conclusion

- Wellness Recovery Action Plan is valid as an intervention tool
- Key is in facilitation - each service user taking personal responsibility
- Enabling service user to recognise they are the expert in compiling their WRAP
- Occupational Therapists ideally positioned to lead multidisciplinary teams in embracing WRAP as a team intervention tool

Research Limitations

- One interview conducted per OT – Telephone vs. face to face interviews
- Further exploration merited:
  - Multiple Interviews
  - Longitudinal data gathering
  - Focus groups
- Exploring service users experiences and readiness to participate in a WRAP group
Research Challenges

- Generating a question
- Qualitative/Quantitative
- Finding Participants
- Organising interviews i.e. dates, times, locations
- Time, time, time…!!!

What was useful...

- Peer support
- OT Manager supervision
- Time Lines
What was useful....

Research Content:
- Research Question(s):
  - Key concepts from literature:

Research Design:
- Participants:
- Setting:
- Research tools:
- Time line for data collection/generation
- Ethical issues arising in data collection

Analysis Methods
- Findings/results (emerging)
- Significance/contribution

References