WRAP as an Evidence-Based Practice

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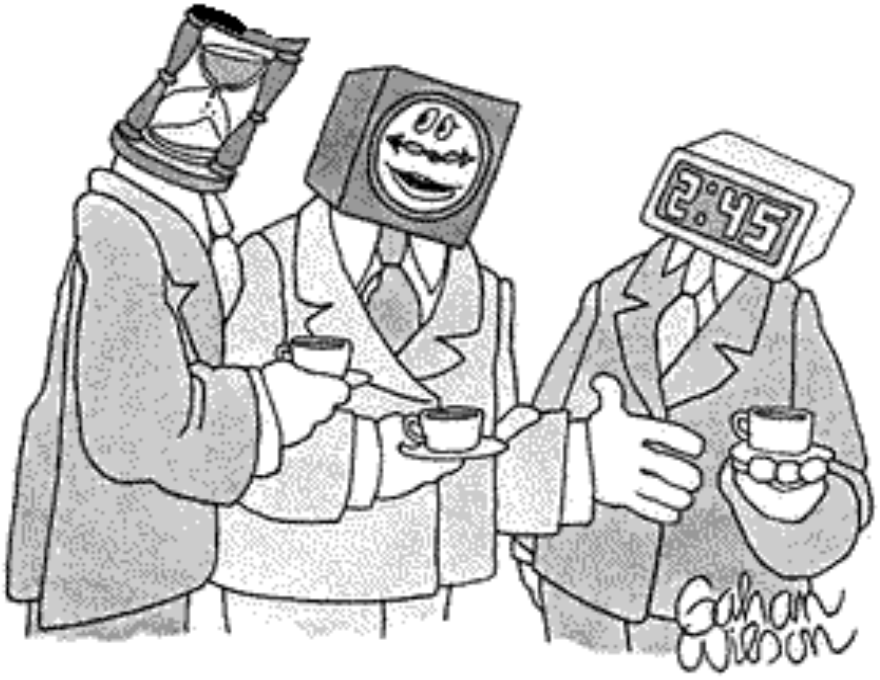
Important Question: How Can Scientists & Advocates Work Together?



"Basically, we're all trying to say the same thing."

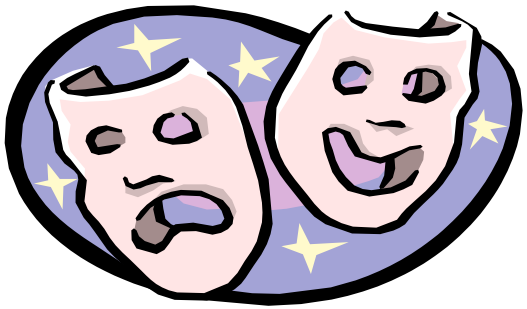
The Type of Evidence Supporting an Intervention Determines its "Grade"

Evidence-Based Practice

An intervention that has been shown to be effective by causing pre-defined outcomes in people's lives when tested in a randomized controlled trial

Randomized Controlled Trial (RCT)

- People randomly assigned to experimental (E) or control (C) group
- E group receives intervention, C doesn't
- Creates 2 equal groups to compare before & after receiving an intervention
- Any changes (outcomes) are due to the intervention



Grading with the Evidence Pyramid

Guide to Research Methods-The Evidence Pyramid; http://servers.medlib.hscbklyn..edu/2100.htm

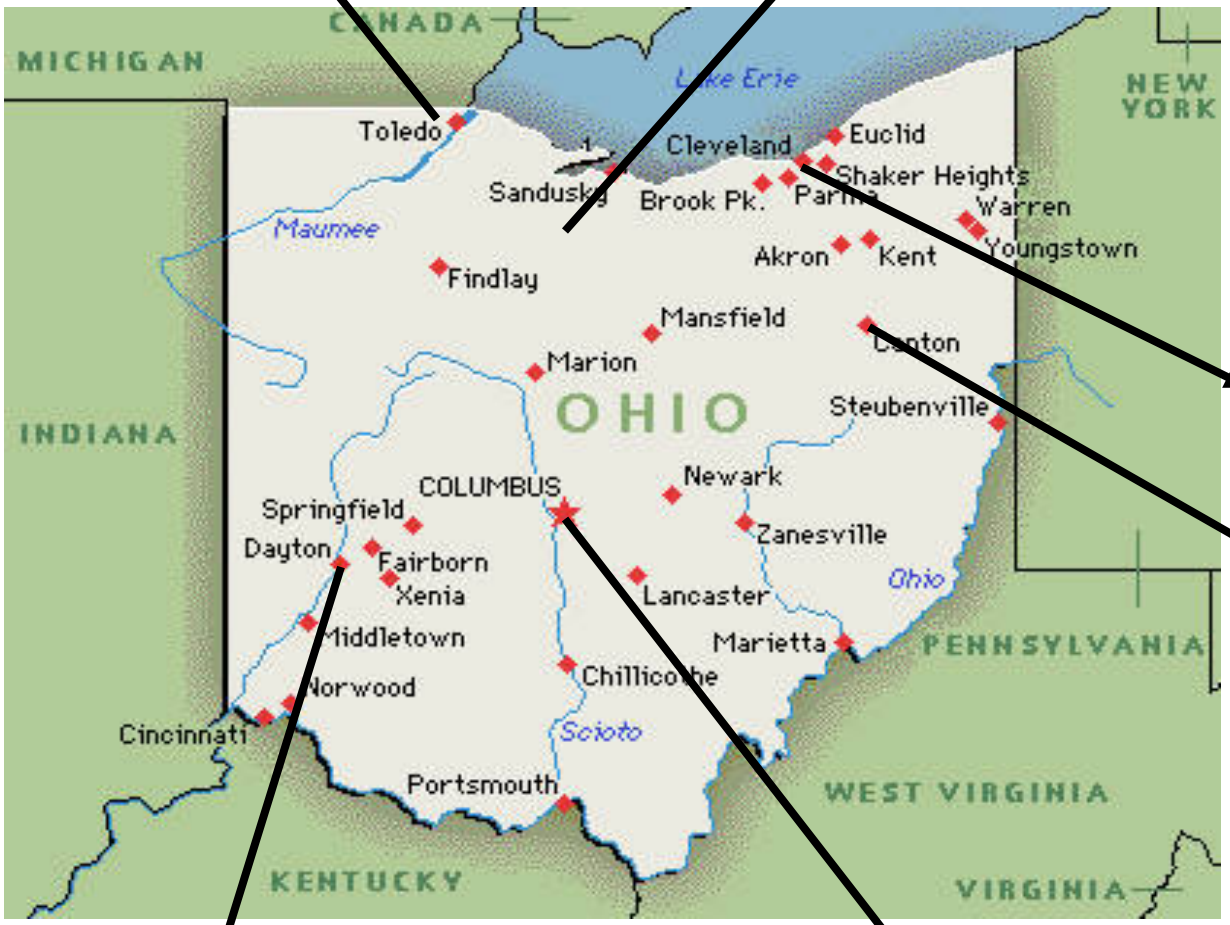
Typical Steps in RCTs

- Create a manualized version of the intervention (a detailed, “how-to” manual) to be tested
- Develop a fidelity assessment measuring extent to which intervention is delivered as intended
- Train experienced providers of the intervention to deliver the manualized version
- Recruit a large # of people into the study, interview, & randomly assign them
- Deliver the intervention using the manual, & maintaining fidelity
- Collect data from participants at multiple time-points, analyze it, & disseminate results

WRAP Intervention Tested in Our 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

OHIO WRAP STUDY SITES



Participatory Action Research Involved UIC Researchers Working with Dr. Mary Ellen Copeland, Ohio WRAP Educators, Peer-Run Programs, & other Mental Health Organizations to Mount the Study

Facilitators in the Ohio WRAP Study

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

Importance of Maintaining Fidelity

- Ensured that the critical ingredients of WRAP were being delivered
- Prevented individual variations that could lower the quality of the intervention
- Protected 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 Advanced Level Facilitator
- Weekly calls between facilitators, project coordinator & research staff to review fidelity scores & address any “drift”
- Use of detailed Intervention Manual important
- Average fidelity over waves all waves=90% (wave 1=90% & 5=92%; 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 symptom severity
  - Lower depresion & anxiety
  - Increased hopefulness
  - Increased quality of life
  - Increased ability to self-advocate
  - Increased recovery
  - Increased empowerment

Additional Findings

- The greater the # of WRAP classes attended, the greater WRAP participants'…
  - Reduction in overall symptom severity
  - Reduction in depressive symptoms
  - Reduction in symptoms of anxiety
  - Increased quality of life
  - Increased sense of recovery

Our Latest WRAP Study

- In IL we randomly assigned 143 ppl to WRAP or a nutrition education course & assessed at baseline, 2 & 8 months
- Compared to controls, WRAP participants significantly reduced their use of formal services (total, individual, and group), and their perceived need for services
- Participants in both interventions improved significantly over time in symptoms & recovery outcomes

Some Qualitative Findings

“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 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

Additional 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.”

-Tom, facilitator

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

-Rita, facilitator

First Journal Article Reporting the Results of a Randomized Controlled Trial Study of WRAP Effectiveness

Schizophrenia Bulletin Advance Access published March 14, 2011

Schizophrenia Bulletin
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Results of a Randomized Controlled Trial of Mental Illness Self-management Using Wellness Recovery Action Planning

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The purpose of this study was to determine the efficacy of a peer-led illness self-management intervention called Wellness Recovery Action Planning (WRAP) by comparing it with usual care. The primary outcome was reduction of psychiatric symptoms, with secondary outcomes of increased hopefulness, and enhanced quality of life (QOL). A total of 519 adults with severe and persistent mental illness were recruited from outpatient community mental health settings in 6 Ohio communities and randomly assigned to the 8-week intervention or a wait-list control condition. Outcomes were assessed at end of treatment and at 6-month follow-up using an intent-to-treat mixed-effects random regression analysis. Compared to controls, at immediate postintervention and at 6-month follow-up, WRAP participants reported: (1) significantly greater reduction over time in Brief Symptom Inventory Global Symptom Severity and Positive Symptom Total, (2) significantly greater improvement over time in hopefulness as assessed by the Hope Scale total score and subscale for goal directed hopefulness, and (3) enhanced improvement over time in QOL as assessed by the World Health Organization Quality of Life-BREF environment subscale. These results indicate that peer-delivered mental illness self-management training reduces psychiatric symptoms, enhances participants' hopefulness, and improves their QOL over time. This confirms the importance of peer-led wellness management interventions, such as WRAP, as part of a group of evidence-based recovery-oriented services.

Key words: illness self-management/recovery/peer-led intervention

Introduction

Illness self-management programs for people with chronic medical conditions are an important part of patient-centered care as articulated by the Institute of Medicine.[1] These programs produce positive changes in health outcomes, attitudes, and behaviors via acquisition of new information and skills to better manage troublesome symptoms, maintain higher levels of health and functioning, and enhance quality of life (QOL).[2–7] Recently developed mental illness self-management programs have extended this approach to behavioral health by imparting information, teaching wellness skills, and providing emotional support to enhance recovery.[8,9] One example is the Illness Management and Recovery (IMR) program, consisting of 3–6 months of weekly sessions delivered by mental health agency staff such as case managers or other clinicians.[10] IMR helps participants learn structured problem solving, develop personalized strategies for managing symptoms, set personal goals, and develop social support systems.[11] In a study of IMR delivered to 24 individuals,[12] participants showed significant decreases in symptom severity, increases in recovery, improvement in functioning, and increased knowledge about mental illness at 3-month follow-up; moreover, satisfaction with the program was high. A study of IMR delivered to 324 community mental health center clients found significant increases in hope at 6-month and 12-month follow-up but no changes in satisfaction with services.[13] IMR was also evaluated among 210 individuals with severe mental illness receiving community rehabilitation using a randomized controlled trial design comparing it with treatment as usual.[14] At posttest immediately following the intervention, compared with controls, IMR participants showed increased knowledge of their illness and improved personal goal

In 2011 WRAP Selected for Inclusion in NREPP

National Registry of Evidence-Based Programs and Practices

http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208

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
- Attracts attention of the field's researchers

HOW YOU MIGHT BUILD ON WRAP'S EBP STATUS IN BC

Shift Funding from Unnecessary, Ineffective Services to Effective WRAP

- Look at what MH services your local health authority funds & how much it spends on different programs
- Advocate for implementing WRAP in place of services with little or no evidence base
- Urge funders to practice parity in funding WRAP on a level that complements other services; e.g., shift some acute care funds to pay for WRAP and see if outcomes improve.
- Be willing to demonstrate fidelity to the Copeland Center version of WRAP
- Provide local support & training for WRAP facilitators. They need to be paid fairly, given space & materials, & receive ongoing feedback from advanced level facilitators.

For further information about WRAP

www.mentalhealthrecovery.com

* WRAP: Wellness Recovery Action Plan
* WRAP for People with Dual Diagnosis
* Winning Against Relapse
* The Depression Workbook
* The Loneliness Workbook
* The Worry Control Workbook

Information about WRAP training

http://copelandcenter.com/

More information about WRAP research

http://www.cmhsrp.uic.edu/nrtc/wrap.asp

Schizophrenia Bulletin article link

http://schizophreniabulletin.oxfordjournals.org/content/early/2011/03/14/schbul.sbr012.full.pdf+html