

**NAMI Ask the Expert:
The Future of WRAP**

Featuring Mary Ellen Copeland, Ph.D., Lynn Miller, and Lee & Dennis Horton
November 30, 2023

Katie Harris ([00:00:00](#)):

Hand it over to NAMI's Chief Medical Officer, Dr. Ken Duckworth.

Dr. Ken Duckworth ([00:00:05](#)):

Thank you, Katie, and thank you for everything you do, Katie, to pull these together and the whole team on NAMI that makes these Ask the Experts happen. We're very fortunate today to have the leadership of the people who are doing the best work in WRAP and actually, the creator of WRAP, Mary Ellen Copeland herself. It's a great honor to have this group. They're going to be giving a presentation. And I want to make sure we get your questions in. So, feel free, you can send them in anytime. At the end of the presentation, I'll jump in on your questions.

Let's go to the next slide please.

([00:00:46](#)):

You know NAMI has a helpline 1-800-950-NAMI. It's available during the week from 10am to 10pm. It's staffed by about 180 volunteers who have a lived experience. It might be helpful for some people at some point in the future or even today. Thank you.

Next slide please.

([00:01:12](#)):

One of the great innovations in the recovery movement was the development of the Wellness Recovery Action Plan. And I was so happy when Mary Ellen Copeland agreed to be interviewed for NAMI's first book, *You Are Not Alone*, and to discuss her process with me about how she created WRAP. She'll be one of our lead speakers, but she's brought her team with her.

So, let's go to the next slide.

([00:01:40](#)):

Lynn Miller is the director of WRAP at the Advocates for Human Potential. Lee Horton is a program development coordinator at Step-by-Step that's in Pennsylvania. And his brother, Dennis Horton, is also a program development coordinator at Step-by-Step. You're in for a real treat today. I want to thank you for your attention. So, Mary Ellen, thank you for everything that you've done and for your presentation today.

Mary Ellen Copeland, Ph.D. ([00:02:26](#)):

Okay. It's really good to be here with all of you and it's good to be working with NAMI. I have a long history with NAMI. When I first began doing mental health recovery work, I got great support from NAMI Vermont. I'll tell you about other interactions that I've had with NAMI over the years. I think I presented at every NAMI conference until I got too old to do all that traveling. As we look at what we learned in the past about mental health recovery, we need to be sure that we don't lose sight of those things that we've learned in the past that we need to take us into the future. So, I'm going to talk about what we've learned in the past. We've now had WRAP for 25 years. We've had 10 years before that when I was doing recovery work and what do we want the next 25 years to look like? We just need to take a look at what we've learned.

Mary Ellen Copeland, Ph.D. (00:03:36):

After that, Lynn Miller will share what are the tools that we're going to use to push WRAP into the future. The seeds for WRAP began out of my frustration with my own mental health issues. Back in the late 1980s, I was experiencing extreme swings of mood, highs and lows with some psychosis. It was a very, very difficult time. I was told that what I was experiencing was incurable. It was the same thing, they said, that my mother experienced. And my mother spent eight years in a mental hospital and they told me that it would get worse over time.

(00:04:21):

I knew that wasn't what happened with my mother. My mother came out of the institution after eight years, she figured it out and she got on with her life. So, I knew that there was something else to it and I wanted to figure that out. So, I became obsessed with finding out how people like myself cope on a day-to-day basis. At that point, I wasn't thinking about recovery, I was just thinking about how I could cope. I was fortunate to get a grant from Social Security Disability and it gave me the funds to study 125 volunteers on how they cope on a day-to-day basis with mental health issues. And these were people that were experiencing the worst of it every day. I think that we need to remember those people, coming forward the way they did and their willingness to share and work with me on a very primitive kind of study was a great gift to all of us. And I'll be telling you the things that we learned from them specifically.

(00:05:31):

These were very rudimentary studies, but from them I learned a lot of things and I was supported in this work by NAMI Vermont, as I said before. I learned and I took the information and I put it together into a makeshift book. And then I started giving workshops and lectures and I got a contract to do a big book. It was a very exciting time.

Next slide please.

(00:06:08):

It was through this research that I uncovered the five key concepts that the volunteers agreed were essential to supporting the recovery and wellness process. These were very, very important to these people. And it was interesting to have these stacks of information that came in. In those days, I couldn't work with a computer. I was just typing things in. And to see that consistently, people said, "We need hope." That lots of times when we go to the doctor, we get messages like, you're never going to get any better. You're probably going to get worse over time. We need somebody that can say there's things you can do to help yourself and there's lots and lots of hope and you're going to be able to do the things that you want to with your life. That has stayed consistent and we need to keep that consistent.

(00:07:01):

The next was personal responsibility. Everyone agreed, look, it's up to us. We can ask our mother to help us out. We can ask our sister to help us out, our brother to help us out. But when it comes right down to it, it's up to us. So, they said personal responsibility is a key concept of this whole work. Next thing they decided was we need to educate ourselves. We absolutely need to educate ourselves. And they said, "Lots of times people think that because we have these kinds of issues going on in our lives that we're not smart. We are smart and we can learn." These days, we have more options for learning than we had back then. Those days, people had to go to the library, they didn't have the internet. This was in the late '80s and there wasn't the worldwide web to look things up on.

Mary Ellen Copeland, Ph.D. ([00:07:56](#)):

So, they would go to the library, they'd ask other people who had experience, they'd sign on to the mental health newsletters to educate themselves. And then they said, "We need to get out there and advocate for ourselves." That was another big thing that came up, self-advocacy. And to be able to ask for what they need and want and to stand their ground to get what it is that they need and want. And then the really key one that's really become very huge throughout the whole mental health recovery movement was just coming into its own at that time because of what these people said is support. We need support. I remember doing early workshops and people in my studies had said everybody needs at least five supporters. And when I said everybody needs at least five supporters, people would get really upset and they would say, "I don't even have one supporter." That became another key concept. It's hope, personal responsibility, education, self-advocacy and support.

Next slide.

([00:09:16](#)):

I was going around and I was teaching all of these wonderful tools and strategies and systems that people had taught me. I was going to states and to local groups and holding workshops in my town and writing about it. I was working with a group in Northern Vermont and we had eight sessions, eight one-day sessions. And these were people who were really in the throes of the worst of mental health issues. They couldn't sit still for very long and they'd have to get up and go outside and come back in. People who couldn't speak in words that we could understand or people who were very, very nervous, people who needed a lot of support. Yet they stayed with it for eight full days. It was in Northern Vermont, it was in winter, which is a bleak time in Northern Vermont. And yet they all came every time.

([00:10:18](#)):

They worked through the week and we talked through the eight days and we talked and talked about all these things that they could do. At the end, a woman's stood up and she said, "This is all well and good, and these are good ideas, but I would have no idea how to use this in my own life. I would have no idea how to organize it in my own life." We all heard that and the people that were there agreed to come back because that was the last day, and they agreed to come back for several more sessions to see if we could figure this out.

Next slide.

([00:11:04](#)):

What is now known as WRAP was devised by this group of peers in Vermont in 19 ninety-seven. I was the leader of the group. I was there to present this information, but it was those people, not me, that came up with WRAP. They did it themselves. Now it's just its 25th anniversary, and it's used literally by people all around the world. When we first developed it, I was reluctant to share it a lot, but there was a big conference and I was going to the conference and I just decided to take a risk. Instead of doing the things I usually did, like go through the key concepts and talk about diet and exercise and wellness tools, instead, I taught people how to do WRAP. It was an hour and a half session. Afterward they came up to me and said, "Finally, someone is telling me something that we can do to help ourselves." So, it was really exciting.

Next slide, please.

Mary Ellen Copeland, Ph.D. ([00:12:15](#)):

A little poll. Have you created a personal WRAP? Feel free to go ahead and take the poll.

Next slide.

Mary Ellen Copeland, Ph.D. ([00:12:37](#)):

Okay. I want to walk you through this process, this WRAP process that they came up with and tell you a bit about each part of WRAP. They decided that there were lots and lots and lots of things that you could use to support your wellness. And they started making long lists. It was things like take a walk for 10 minutes, eat three meals a day, avoid eating any sugar, do a relaxation exercise, call my sister, call my mother. It was do something creative, paint a picture, play the piano, sing a song, call a supporter. They said this was really key. They said, "We just need a list of all of those things." Some people, when they get introduced to WRAP, all they ever do is the wellness toolbox. They just said, "Oh my goodness, there's all these things that we can do to support our wellness." And they just start doing those things and everything gets better.

[\(00:13:56\)](#):

A friend of mine who's been doing this work for a really long time, Carol Bailey-Floyd in Ohio, has a website called Celebrate Possibilities. That website collects wellness tools and there's over 800 wellness tools there. There's things like dance around your room, call somebody that you haven't talked to for a long time, look at pictures of yourself when you were little. They just go on and on and on. Eat something healthy that you love to eat. I can't emphasize enough how important the wellness toolbox is. Even if people don't get to doing the rest of WAP, that Wellness Toolbox is key.

[\(00:14:48\)](#):

The next section is called the daily Maintenance Plan. And there's several sections of this part of WRAP. They said, "We need a place which describes what we're like when we're well." And they said, "We don't have to worry about sentences, we don't have to worry about spelling or any of that, but we just need to make a nice list or paragraph, whatever we want to do, that describes what we're like when we're well, because when we've been having a rough time for a long time, we can't even remember. We don't even know what we're working toward." They wanted that to be part of WRAP. Making a list of all of just adjectives that describe that you're responsible, that you're creative, that you're fun, that you like to have a good time, that you're competent, that you like to exercise. They wanted all of those things on a list.

[\(00:15:42\)](#):

And then they wanted a list in that first daily maintenance plan section of what they need to do every single day to stay as well as possible. Just a very basic, short list, what do I need to do every day to stay as well as possible? Which wellness tools do I need to use every single day? Maybe it's take a shower, maybe it's eat three meals, maybe it's avoid sugar, maybe it's avoid flour, maybe it's I need to spend at least an hour doing something that I love to do. Those basic, basic things that you need to do every day to stay as well as possible. And then there's a third list.

[\(00:16:27\)](#):

So, you've got what you're like when you're well, what you need to stay that way. And the third list is what are the things you might need to do? One thing you might need to do is do I need to call my doctor? Do I need to contact somebody at or rehabilitation? Is there somebody in my family I need to check in with? Do I need to vacuum my house? Do I need to buy some groceries? What are those things that you need to do? You don't need to do them every day, but if you need to do them and you mess up, it makes your life harder. You've got your wellness toolbox, you've got your daily maintenance plan.

Mary Ellen Copeland, Ph.D. ([00:17:05](#)):

Now we get into triggers or stressors. The group originally wanted to call them triggers. So, we stayed with that for quite a while. People weren't quite comfortable with it, and it's been changed now to stressors. These are those things that happen in any given day that you don't expect, like did you see a bad accident? Did you hear some bad news? Is it the anniversary of something bad that happened? Did somebody treat you badly? Did somebody try to start a fight with you to just aggravate you? What are the things that come up? Did something make you feel really sad? What are those unexpected things that happen?

[\(00:17:58\)](#):

And then you make a triggers action plan. And your triggers action plan would be a list of those wellness tools that you think you could use at that time. So often when we're triggered and something sets us off, when we have a big stressor like that, that's the beginning of having lots of difficulties and we want to turn that around. Instead of making that a cause for lots more difficulties to bring it back to the place where we're feeling well and just using our daily maintenance plan again. We jot down those various wellness tools and we want to be sure and have wellness tools in that list that we can use in different circumstances. Like if you're on the bus and somebody is rude to you, you can't really take out your guitar and start playing it because you probably don't have your guitar with you and it wouldn't be appropriate on the bus, but you could do some deep breathing exercises or you could do a visualization exercise. So, you have a number of choices in this section.

[\(00:19:04\)](#):

Moving on to the early warning signs. They said, "There's these things that we feel." This one really struck home with me. There's these signs that I'm not doing so well. One of the signs for me was I'd stop buckling my seatbelt. And another sign for me was that when I'd go into town, I wouldn't look both ways when I crossed the road. I don't live in a big city area, so I got by with it, but those were early warning signs for me. Sometimes I will get a headachy feeling and a feeling not really sick, but there's just something going on that's a little different. My sleep is not as good. I'm wanting to eat a lot of foods that I don't usually eat. Those were all early warning signs.

[\(00:19:58\)](#):

And then go back and you make yourself a list. What do I do if I have early warning signs? And one of them might be I'm going to take the day off from work, or maybe I'm going to take two days off and I'm going to spend more time doing the things like... I'd like to make music, so I'm going to spend more time making music. I'm going to spend some time doing some art. I'm going to call some special friends and have some time with some special friends. All of this is very individualized. You figure it out for yourself.

[\(00:20:31\)](#):

The next part is when things are breaking down. And this is a very, very important part. The reason this is so important is you have to catch it at this time. Or we end up in a crisis where we can't be in control of ourselves anymore and others have to take care of us, and we'd prefer not to go there. When things are breaking down, some of the things for that are maybe you're arguing with everybody, you're really uptight, you're not sleeping at all, you're binge-eating, you can't think straight. You're saying things that don't make sense, but you can recognize this yourself. You're still at that point, you could recognize this yourself. And then you come up with a very, very directive plan that tells you exactly what to do at this time.

Mary Ellen Copeland, Ph.D. ([00:21:18](#)):

I can't emphasize enough the importance of that piece of WRAP, that that's really what's cut down on people having a crisis where others need to take over. But people said, we really need to have a crisis plan as well, just in case things may come up. We may go into a crisis. The crisis plan is you learn a lot doing the first parts of WRAP and all of that feeds into developing the crisis plan. But it's quite a project. It includes naming the people that you would want to take over for you, and it describes exactly what you would want them to do.

The first parts of WRAP you can keep to yourself. You don't have to give them to anybody. You don't have to share them with anybody. For the crisis plan to work, you have to give it to your supporters. We had all of that. We were working with all of that. I was thrilled with it. When we came up with it, I went home and my house was empty. My husband was away making maple syrup, one of our favorite spring things to do, in Vermont. I sat down in my special chair and I wrote my first WRAP plan. What I noticed after that was I was doing better and better and better. I was feeling better. Everything in my life was getting better. I was thrilled.

Next slide.

([00:22:49](#)):

Over time, WRAP has spread and spread and spread. I taught it in workshops and other groups have taken it on and taught it. We developed a curriculum and it's become a huge thing. We discovered that there were certain values and ethics that go along with it. The values and ethics are that every WRAP session gives... This is just some examples of them. I can't read them all because there's a long list. But every WRAP session gives participants a sense of hope. In WRAP sessions, every person is treated with unconditional high regard. WRAP is voluntary. Each person develops a WRAP for themselves. Nobody else can develop your WRAP for you. You can't go to your counselor and the counselor says, here, I'm going to develop your WRAP and you're going to have to do it. That doesn't work that way. It's a voluntary thing. You have to do it for yourself. It's based on the premise that there are no limits to recovery.

([00:24:07](#)):

Back when I started trying to find help for my mental health issues, there were a lot of limits that they talked about. You're not going to be able to... I remember telling a family member that my goal was to someday own my own home. And she said to me, "You'll never own your own home." And I just broke down. It was so distressing. There are no limits. Since then, I've probably owned four different homes, so I got past that. WRAP focuses on personal strengths and away from limitations. So, we look really at what people can do well and don't have to focus on what's more difficult for people. This is a much longer list, and I would suggest that you all check it out. It's in the WRAP facilitator manual and it's in all the WRAP materials.

Next slide.

([00:25:16](#)):

We wanted to prove that WRAP really works. Fortunately, excellent researchers at the University of Illinois at Chicago decided to really study it and to see whether it worked. What they found was that yes, it helps people to feel less stressed, more confidence, they're better able to talk with their care providers. They're more in control of their personal wellness. They feel better and better and better and better. How they did this was that they took the curriculum that I had developed and that I was teaching, and they set up a program based on all of that. They had some WRAP facilitators, some people who had a history of having mental health issues and they led this program. They followed a very specific protocol. When they did it exactly that way, it was proved that WRAP really works. There were a couple of other studies that supported that.

Mary Ellen Copeland, Ph.D. ([00:26:32](#)):

When we do WRAP, it's very important... Lots of times when people undertake to teach WRAP, they think, well, I'll change this little bit. We'll do it in a different order, or we'll leave this part out or this part out. One of the things that's been left out a lot lately is that the group came up with a safety contract. Lately, we've been finding that lots of people leave that out, and that was part of the evidence base. If you're teaching this, if you're working with it, stick with the evidence base because people have had too much trouble and having mental health issues is really difficult. So, they should get the real thing. They should get the thing that's been proven to work. So, with WRAP, we believe there are no limits to wellness and we just want people to do it the right way so that everybody gets the full benefit of it. In 2010, it was recognized by the United States Substance Abuse and Mental Health Services Administration, SAMHSA, as an evidence-based practice, and that was a really big deal.

Next slide, please.

([00:27:57](#)):

By this time, I was getting old and I'm quite old now, but I'd like to be... This is our 25th anniversary of WRAP, I'd like to be at the 50th, but we'll see how that goes. But my husband, who had been a great supporter through all of this work, and I began to look at who could take WRAP and carry it into the future. We were working on a particular project and began working with some people at Advocates for Human Potential. We both thought, gee, maybe these are the right people to do it. That the leaders and the staff, they really had the capacity to carry this forward because they had people from all walks of life and who had all kinds of expertise. One of the key things that they had was that they had the empathy that I felt was really needed to carry WRAP into the future. That's really what's happening now. I'm really pleased that Advocates for Human Potential has really been willing to do this, and I'm really hopeful to see what the next 25 years are going to look like.

Next slide.

([00:29:22](#)):

It'd be great if you could answer this for us. Have you participated in a WRAP seminar in the past? We have WRAP seminars going on all over the country and all over the world. When I was teaching, I went to various parts of the world, Japan, New Zealand, England, Scotland, Ireland, and just traveled and traveled to teach.

Next slide.

([00:30:01](#)):

I want to turn this over to Lynn Miller. Lynn is going to talk about WRAP in the future.

Lynn Miller ([00:30:13](#)):

Thank you, Mary Ellen. Before we get started, Katie, would you be able to give us the responses to the polls, if people have taken a WRAP seminar was the first one. It looks like 33% have created a personal WRAP [inaudible 00:30:31], 58% have not, and 9% maybe have. How about the second poll? That was if people have participated in a WRAP seminar. Okay. It looks like 27% have participated in the past, 72% have not, 1% have maybe participated in the seminar.

Lynn Miller ([00:30:58](#)):

Thank you, Katie, and welcome everyone. Thank you all so much for being here and for Mary Ellen and all of the people that worked on WRAP for bringing us this wonderful gift of WRAP for the past 25 years. I'm Lynn Miller. I'm the director for the WRAP program here at Advocates for Human Potential. I often tell Mary Ellen that she was one of the people that trained me almost 18 years ago in WRAP, and it really is an honor for me to be part of leading WRAP into the next 25 years. I'm really excited to tell you a little bit about some of the new initiatives we have going on, some of the innovation around WRAP.

([00:31:39](#)):

I do want to start with sharing that my coworker and I had an opportunity to attend the NAMI Conference this past year in Minneapolis, and we were so pleased and overwhelmed by the amount of outreach from everyone that came to our table. We had a table set up and people were extremely excited. We had people like Seven Deep to just talk to us and say, "Thank you. We're so glad WRAP is still here. We haven't seen much about it." So, it really energized. We also had so many requests for how can I participate in WRAP seminars. So, I'm going to talk a little bit about how people can participate in WRAP seminars and what the next 25 years of WRAP will be.

Next slide please, Katie.

([00:32:32](#)):

One of the things that we have done over the past several years is really listen to folks out in the field. What we had heard really loud and clear was that people wanted more choices and more options in how to go about accessing WRAP seminars. So, one of the programs that we've come up for WRAP is having virtual WRAP seminars. We offer four-hour sessions. They're about four and a half hours each day for four days so that people can participate, take breaks during that, and they get the full WRAP 16-hour seminar, which is the evidence-based practice of WRAP. We do that online. It's at your leisure, at your home or wherever suits you. We now have a WRAP Seminar II, a three-day course. That is where people can become trained and certified to facilitate WRAP Seminar I sessions.

([00:33:27](#)):

Historically, it's been a five-day seminar for a larger group. It's about 16 people, but there's been a lot of outreach to us, particularly post-COVID, asking us if we would be able to look at doing some things differently because five days was really too much of a burden for people to be away from their workplace, to be away from the individuals they serve. It really was putting a hardship on the workforce crisis that the field has been experiencing. So, we put our team together and we developed a smaller group size.

([00:34:03](#)):

So, WRAP Seminar II does not change in the content. The only difference is we have a smaller group size, so we're able to accommodate eight to 10 people in a three-day course. It has become widely popular because it's much more manageable for people to be able to participate in that. We have the same thing for WRAP Seminar III, which is the Advanced Level WRAP Facilitator course, and that is where we train and certify new facilitators so that they can go forward and train people to facilitate seminar one. Both five-day and three-day are still available just depending on the size of the group.

Next slide please.

Lynn Miller ([00:34:53](#)):

Some of the innovation around what we're trying to do to take WRAP through the next 25 years is creating a virtual community so that we have regular forum discussions with facilitators or anyone really interested in WRAP to come to us and talk to So. We have an AHP team who facilitates the growth of rap. Let us hear from you what you're interested in, what you're working on, where you think WRAP might be applicable in what you're doing. How could it meet the needs that you have? Just to give you some examples of some of the work that we have been doing is collaborating with different agencies and groups and populations to meet the diversity of needs.

([00:35:39](#)):

A little bit of my background has been in the Department of Corrections prior to joining AHP. Just to give you a testimony to the volume of WRAP in that community, we had 26 prisons in the state that I live in, and we brought WRAP to the institutions where it became so widely popular, we had to train people who were incarcerated as well as staff, as facilitators because it was changing the culture of the prison system. It became really widely used in that setting. Some of the other work we're doing is with veterans, veterans service men and women and their families. We have material that is specific to that population. We're really excited because we're currently in the process of working on WRAP for Tribal Communities. It's actually underway as we speak. We're meeting with folks in the tribal community to create WRAP for Tribal Communities. That will be one of our newest projects once we complete the focus groups.

([00:36:48](#)):

Over the past couple of years, we've spent a lot of time in the intellectual and developmental distinction community facilitating WRAP with individuals who struggle with a developmental distinction as well as their staff. We've been able to spread WRAP across provider agencies that serve individuals with developmental distinctions, autism and dual diagnosis, so those with mental health and intellectual disabilities as well. Also, we have some really great partners that we're working with who are bringing WRAP to the schools. One particular state has WRAP embedded into the high school curriculum for health education. We're looking to expand our work in that space.

([00:37:38](#)):

This newest item that we have is WRAP Centers of Distinction, which we're really excited about. When we announced the opportunity to apply to become a center of distinction, we really received a lot of requests about what does that mean and what does that look like? A WRAP Center of Distinction is really a way that AHP recognizes that the agency or the group that is facilitating WRAP or sharing WRAP with their community is modeling the values and ethics across all the work that they do. It's not just a designation, it's a recommendation that these individuals who become these centers who become centers of distinction with the individuals who are facilitators, really adhere to the values and ethics and the fidelity of the program. As you heard Mary Ellen say, there has been changes over time, and when we make changes to the curriculum, we sure change people from really getting the evidence-based practice of WRAP. So, we want to really recognize the centers and the agencies who are doing this work to the vitality of the model by offering them an opportunity to be considered as a center of distinction.

Next slide please.

Lynn Miller ([00:39:05](#)):

Some of the resources you see there in front of you, we will be sharing some new material that will be coming out. And again, we have the WRAP for Tribal Communities we're working on, we're going to be working on WRAP for Farmers and Ranchers. That's one of our next projects. We're also looking at WRAP for first responders, so really trying to meet the community needs. We have heard a lot from first responders, particularly through some work I had done with the crisis intervention team training, which is actually where I started my career at a local NAMI sitting on their board in Pennsylvania. I was invited to be part of that crisis intervention team training. This fits right into the wellness component of how do people take care of themselves who are responding to crises or emergencies. That's something that we're really also excited about bringing on.

Next slide, please.

([00:40:13](#)):

Here's where you can get information about trainings and seminars. I see lots of questions about how can you access WRAP seminars. We have been broadening the reach of where we bring WRAP, so we have opened up different opportunities to have it more regionally based. We have different trainers in different areas throughout the country and internationally that we are able to make it much more available, including the virtual option for Seminar I. So, you have wellnessrecoveryactionplan.com is where you can learn about the trainings as well as any of the material that we have. Our email is there. You can certainly contact me at info@wellnessrecoveryactionplan.com. And then there's additional website trainings at wellnessrecoveryactionplan.com. Their phone number is also there as well. So, any questions you have, any ideas you would like to share with us and talk to us about and how we can support you in bringing WRAP to your communities. We have lots of folks from NAMI that reach out to us all the time and we really look forward to working with you all to help you bring WRAP to your communities.

Okay, next slide please, Katie.

([00:41:36](#)):

Without further ado, I'm going to turn it over to Lee Horton and Dennis Horton so that they can share with you a little bit about the work that they did. And briefly, we met in prison when I was the mental health advocate. I oversaw the Certified Peer Specialist Program in the WRAP program in the Department of Corrections in Pennsylvania. These two gentlemen were two of our first WRAP facilitators that were trained and certified and now have the distinction of being advanced-level certified WRAP facilitators. I'll turn it to you, Lee. Thank you.

Lee Horton ([00:42:13](#)):

All right. Thanks Lynn, and thanks Mary Ellen. First and foremost, what I want to say is... I'm going to talk about how my brother and I both got here, and then he'll take it from there and he'll talk about what we've done in WRAP. For me, I say every single time I talk that it's a miracle that my brother and I are both here. For people who don't know our story, my brother and I were both arrested and convicted of a crime that we did not commit. We was convicted of murder in the second degree and we were sentenced to life without the possibility of parole. That meant we were supposed to die in prison. Before that, we had never been in kind of any contact with the law, never been in any kind of trouble, never been arrested, and then all of a sudden we find ourselves in prison.

Lee Horton ([00:43:01](#)):

Let me just say this, being in prison, having your freedom taken for something you know didn't do was the worst experience that anybody could ever have. It was a horrible experience. And my brother and I both suffered through anxiety and depression and a lot of mental health issues in the beginning. It was a point in time where we thought we were never going to make it out of prison and that we was just going to just deteriorate and lose our minds inside of this institutionalization system of prison. First, I want to start with this. It was a time when my grandmom came to see us and we were at the lowest level of our life at the time, and we thought that she could come and she could do something. You think grandmoms could do something. We remember sitting there complaining to her about the darkness of prison and the coldness of prison.

([00:43:56](#)):

And what she said to us was, "If it's dark in there, then light it up with hope." She said, "If it's cold in there, then heat it up with love." My brother and I both sitting there and her sitting between us, we looked at each other and in my mind I said, and I know he was thinking the same thing, like grandmom must have lost her mind. Here we are in a prison, at the lowest of our life, and she's talking about if it's dark in there, light it up with hope, and if it's cold and it heat it up with love. It would take a lot of years and a lot of anger towards her before we would get the message. It wasn't until we both had the opportunity to become certified peer support specialists that we began to get what she was saying.

([00:44:45](#)):

In Pennsylvania, we had the opportunity in prison to become certified peer support specialists, and we were trained to help individuals through crisis. But in that training, you got a chance to write a WRAP. When we wrote our WRAPs, we both wrote a WRAP for ourselves. And when we wrote those raps for ourself, I always say for me it was like I was writing my freedom papers because once I wrote that WRAP and I began to apply that to my life inside, everything turned around. I didn't had no hope and my brother didn't have any hope. We were like two hopeless individuals inside, didn't know why we was there. I was confused about everything and going through tremendous mental anguish and pain. And then we wrote this WRAP. And WRAP seemed like the hope and the light my grandma was talking about was finally there. We finally could see.

([00:45:41](#)):

We always say that when we wrote that first WRAP, WRAP did not only just give us hope, it gave us purpose. It was like the first time we could see our purpose and everything in increments began to change for us. It didn't happen overnight, but it began to change in a way that helped us to function in prison in ways that the average person never is able to function in society. One thing led to another and we became WRAP facilitators. That was offered to us and we became WRAP facilitators. My brother and I, with a couple of other individuals, we began to facilitate WRAP seminars on a weekly basis. To the point we was doing two a week. Two seminars a week for years. So, my brother and I, we have the experience of having facilitated hundreds of WRAP seminars and we got to know WRAP intimately. It got to a point in time whereas though we said that even if we never get out of prison, this has given us a purpose, whereas though we can help people to find their wellness and when they leave prison, they never come back.

Lee Horton ([00:46:54](#)):

But in doing that work, a staff member saw us doing the work around the institution. He came to us and he asked the question, "What are you doing in prison?" And we said, "You have our record." And he said, "I know I have the record, but I want to know why you're here. You just don't fit being in prison." My brother and I told him my story and he told us, "Look, why don't you file for something called commutation?" And we did and we went up for commutation and we actually was... Commutation is when you go before the governor and plead your case and he frees you. But we couldn't do that because we was actually innocent. Normally, you go before the governor and you say that you committed the crime, you ask for mercy and then you ask that he grant you a clemency based on the work you've done in prison. We couldn't do that.

([00:47:42](#)):

What we did was we got with a few individuals and we filed the first ever Actual Innocence Application to get out of prison for clemency. We asked the person that was helping us, "What is the chances that we would actually get through this?" And they said, "Slim to none." As we was working our WRAPS, we had hope and we were looking at personal responsibility and self-advocacy and all the things that go along with it and the key concepts that we were working at. We was really hopeful that we would make it. We filed and we went up, and the first time we got denied. It was devastating. Right after that, my mom passed away and you'd think we would've fell apart and we would not have been able to make it any further but we had WRAP.

([00:48:32](#)):

With WRAP, with the resilience that we had, we bounced right back and we filed again and we went back to the same group of individuals and we put our case. And February 12th, 2021, we were granted clemency and we were allowed to come home under the first Actual Innocence Application. That's what WRAP did for us in prison. And with that, I'll pass it over to my brother and he'll tell you a few other things about us.

Dennis Horton ([00:49:04](#)):

How's everybody doing? It's so good to be here. You heard my brother. When we came home, we continued to apply WRAP to our lives. Like he said, we were having unbelievable outcomes while we were on the inside. And then we came out and immediately we joined the Fetterman campaign for United States Senate. That was like a whirlwind, you know what I mean?

We're enthralled in one of the biggest Senate campaigns in the country and we had to have a WRAP for that, but we were prepared. We joined the campaign and we did our job and helped Fetterman get elected United States Senate. This was all due to the fact that we had a WRAP. We had a WRAP that we were applying to our lives every single day. From that point on, after that, we went on, we started working with another company called Shining Light, and we were doing WRAP seminars via Zoom in prisons all around the country. We were having unbelievable outcomes with individuals in different states, gangs.

([00:50:36](#)):

I just want to add to that, like Lee said, and it's been said by Mary Ellen and it's been said by Lynn, WRAP is for anyone. No matter what you look like, no matter where you from, no matter what your religious beliefs, no matter what walk of life you come from, WRAP is for you. WRAP is just a management tool to help the individual work through mental health issues, work through maybe a crisis situation, work through just everyday life issues. And let me just go on. From there, from working with Shining Light, we went and we did a Wellness Recovery Action Plan Seminar for Step-by-Step Agency, which is an organization that provides services to individuals with intellectual disability, autism, and so on and so forth. And they loved it, they received, it was unbelievable, it was transforming.

Dennis Horton ([00:51:54](#)):

So, they wanted to wrap the whole agency in WRAP which made sense and begin the process of wrapping the individuals they provide services in WRAP as well. Now, we have been fortunate to be an agency, not only wrapped in WRAP but to also provide the same services to the communities in Pennsylvania and also abroad. I just wanted to give you a understanding of the fact that WRAP needs to be everywhere. When we look at our society and we look at the frustration, we look at the anger, we look at people who are struggling with mental health issues, WRAP is for you. WRAP is probably that one thing that I know that I have experienced with that has the potential to shift our culture and our society away from violence, away from that anger and frustration that leads to that violence, that help shift us away from workplace anger and frustration, societal, in our homes. And also, help us to begin the process of communicating with one another in a more positive, productive way.

([00:53:31](#)):

When we see people driving in our cars, we see how people are on the road and how they act towards one another, but we need something to begin the process of shifting us away from that kind of negative thinking and communication. I believe WRAP, and I'm sure Lynn and Mary Ellen and Lee and all the individuals who have experienced WRAP, share that same point of view that I have. WRAP should be everywhere. Thank you. Thank you for listening. Appreciate that. I'll turn it back over to Ken.

Dr. Ken Duckworth ([00:54:11](#)):

This was an incredible presentation from Mary Ellen on the creation, to Lynn on the how, to Lee and Dennis who have provided an incredibly compelling example of how to use WRAP to overcome so many aspects of life. I just want to say, Lee and Dennis, a lot of love for you in the chat. I'm sure we'll discuss that later, but a lot of appreciation and love for you.

([00:54:41](#)):

First question, Mary Ellen, let's talk a little bit about the people you created WRAP with. Let's just go back, you mentioned it was a bunch of people, but there was a couple questions about that. And I know you're the author of the book, but obviously, recovery is a team sport.

Mary Ellen Copeland, Ph.D. ([00:54:59](#)):

Right. What's your question?

Dr. Ken Duckworth ([00:55:11](#)):

How many families did you work with in Vermont? You mentioned they were part of NAMI.

Mary Ellen Copeland, Ph.D. ([00:55:18](#)):

Early on there, it was a cohort of people that I worked with and I couldn't really say... They even had a Vermont conference and I spoke there. They were the ones who came forward and were really supportive of this work. That was really exciting. Vermont, it was an interesting place to work. I began taking the work from those first research projects and made it into a series of eight days. And I would go into different states and worked for eight days. There'd be a day a week for eight weeks. And I did it first in New Hampshire and then I came into Vermont to do it. The way that it came into Vermont was because of people, family members, and people who had lived experience who came together and said we want this program. And it was that program that led to WRAP.

Dr. Ken Duckworth ([00:56:29](#)):

The same motivation that you had, people wanted this. Now a question for Lynn. Lynn, everybody is going to get the slides and a recording, so you can look at the how questions. Lynn answered a lot of how questions. Lynn, I wanted to ask you, a couple of people asked about virtual certification. Can you do this from home? How often do you need to be certified? People noticed that you reduce the number of hours. How much does it cost? These practical questions and they can reach out to the AHP website that you mentioned. But if you would take them on, I'd be grateful.

Lynn Miller ([00:57:09](#)):

Yeah, thank you. Ken. There are going to be many opportunities for refreshers and advanced level facilitator recertification virtually. Over the next one to two years, we are re-certifying all advanced level facilitators in person through the three-day model. The cost has been reduced from what it was, and it will be further reduced pretty significantly once people are able to be re-certified virtually. We really want to get an opportunity to meet with people, ensure they're facilitating the curriculum as it was designed. That's our plan for the first year to two years for the advanced level facilitator. But refreshers are now available online. You're able to find those by going to our website, the cost and locations, and which level of the seminar is also available online. Yes, there will be many opportunities. We recognize the hardship for the time and the costs associated with the previous costs that we had for the seminars, and we really wanted to ensure that people have more access to it in a more cost-effective way. Thanks for the question.

Dr. Ken Duckworth ([00:58:22](#)):

Here's a question that I have kind of in your area, but it's also a NAMI question. Multiple people who are in NAMI groups say, "How can I work with WRAP through my NAMI?" My colleague Teri Brister is the lead of all education programs at NAMI, and she can be reached at tbrister, B-R-I-S-T-E-R, @nami.org. And she said she wanted to hear from you. She's interested to know what do we need to do to have our education program coordinate with our colleagues at AHP and WRAP as best as possible. I just want you to know Teri Brister is an analog to the Lynn Miller questions of how. If you're in NAMI and you're asking the question, I'm running a NAMI group and I want to get this going in my area... I should also mention that one of them was in Montgomery County, Pennsylvania, which can't be too far from Lee and Dennis right down the road. Now, a question for Lee and Dennis, a lot of love for you, a lot of appreciation for what you have done. A person asked, "Is this available for inmates in California?" This is a person just asking about it, but that's a big state with a lot of people in correctional settings. You could broaden this, Lee and Dennis, how have you thought about this in terms of spreading this in other settings like that?

Lee Horton ([00:59:50](#)):

If I can go really quickly first, I would just want to say when we began teaching WRAP seminars inside of the PA, Department of Corrections, it was a massive success. We saw violence go down. We saw people leave solitary confinement and never go back. We just saw overall change in the way that the culture of the prison was. It became a different place. And it was more motivated towards people changing their lives than anything else. My brother and I, and I know he'll second this, we see WRAP as something that should be in every single prison in the United States. It wasn't intended for prison, but when it made it inside, we saw such a dramatic change just for us. Like I said, it's a miracle for us to be here. We was at the point whereas though we was ready to give up and then WRAP came into our lives and it helped us to function in way... For me it was the daily maintenance plan.

Lee Horton ([01:00:53](#)):

When I applied it to my life, every single day, I started seeing changes and I took it seriously. Those changes led us to do things inside of prison that was unheard of by any prisoners anywhere in the country. We wrote plays and put on plays and things like that. We were part of the first all-inmate crisis intervention team. We were individuals who did crime victims awareness and all these different things that we did that came out of WRAP. And my brother want to add something to that.

Dennis Horton ([01:01:25](#)):

Briefly, I just want to support you, Lee. I know Len probably really speak to it being in California. I second that with Lee. It should be in every prison. But here's the thing, imagine having a management tool like this. There will be less assaults between inmate on inmate, it made on staff. Most people come to prison because they struggling with mental health issues. They're struggling with anger issues, they're struggling with a lot of frustration and past traumas. Just imagine if you had a system and a process and a method like WRAP to work through that. You know what I mean? And now be able to communicate and articulate what's going on with you and how you're feeling. Imagine if that's the culture which created within the prison overall, where people are supporting one another and talking about supporting one another. What unbelievable outcomes that would have. And I'll turn it over to Lynn to talk about being in maybe California prison, California state, or so on and so forth.

Dr. Ken Duckworth ([01:02:26](#)):

Thank you. Lynn?

Lynn Miller ([01:02:28](#)):

We can certainly work with you on how to brainstorm around how to bring it to prisons. We have partnerships with Shining Light that we also have on a regular basis that, they're able to bring WRAP virtually into the prisons. So, through that partnership with AHP, we've been able to really get into probably about a dozen prisons and we're going to keep growing that. We're going to keep finding different ways to do that. There are a lot of local folks in communities that are bringing WRAP into the prisons. I know there's a local jail in Pennsylvania that is now going to host some WRAP seminars in there. A lot of this work goes back to the work that Mary Ellen and all the people that helped to create WRAP as well as the NAMI, the NAMI community, grassroots. It's all really grassroots. I think that's what WRAP is going to continue to build on is the grassroots. Our goal is to really help you make it as successful as we possibly can with whatever resources we can offer.

Dr. Ken Duckworth ([01:03:31](#)):

So, they should reach out to [inaudible 01:03:33]. They should reach out to the info [inaudible 01:03:37]. And then you'll follow up with them.

Lynn Miller ([01:03:42](#)):

Right. I would add that there is WRAP for Re-entry now. That's a really important tool that is being used in at least the Pennsylvania Department of Corrections to help people who are getting ready to go before the parole board. A lot of folks had been asked, "Do you have a WRAP for Re-entry plan?" And that's a great tool to bring to the prisons as well. Thank you.

Dr. Ken Duckworth ([01:04:05](#)):

My old friend from Hawaii Ellen asked several questions. She volunteered to be your WRAP representative on the islands. Might be worth a road trip for you guys.

Lynn Miller ([01:04:13](#)):

I saw that.

Dennis Horton ([01:04:13](#)):

I'm in.

Dr. Ken Duckworth ([01:04:18](#)):

Just saying. But she also asked a question that popped up for other people. Is this work for people who have addiction issues? Do people have to be able to be in a place where they can do it for themselves? Now you're getting into people who have a lack of insight. The question is, Mary Ellen was pretty clear, you have to do this for yourself. Nobody can do it for you. No counselor can do it for you. But I want to see how you guys think about it. And thank you.

Lee Horton ([01:04:45](#)):

If I can just throw something out there. We did it with individuals that had issues with addiction. And the very fact that it's self-directed was something that helped a lot. It didn't depend on anybody else doing anything for you. If you go through a WRAP seminar, I think you gain the tools when you go through the seminar to be able to work on yourself in a way that's really affected. People who had addictions, they found things out about themselves, like my brother said, past traumas and things like that. And then we helped them to organize their wellness tools in a way that helped them to get through their addiction to the point whereas though they didn't need to use anymore. We see individuals today that's home that we work with while we were in prison and they're still not using. They're still addiction free, they're still sober and they've moved on.

([01:05:42](#)):

WRAP itself helps you to... At the end of the day, people with addictions understand and they know that it's up to them, that until they're ready to do something or they're dissatisfied with what their lives are about nothing's going to change. The counselor can't tell you to stop, nobody can tell you to stop. It's going to be on the individual and their own self-determination to want not use again. We've gone through that. And just to say this, inside I chaired NA and AA classes for five years, and that's something that I. We came to understand that each individual had to choose for themselves. One thing about WRAP is it's about choices and options of the individual. And one thing we did was we hold them in high regard and we meet them where they are. Rap meets you where you are and helps you to come forward.

Dennis Horton ([01:06:34](#)):

And if I can, Ken, quickly.

Dr. Ken Duckworth ([01:06:37](#)):

Yes, of course.

Dennis Horton ([01:06:38](#)):

Lee's talking about the values and ethics of WRAP that Mary Ellen so eloquently broke down. You know what I mean? Meeting individuals where they are. I think that having choices and options, but I think the biggest one that resonated with a lot of individuals and addiction individuals with co-occurring with mental health and addiction is them being the masters of themselves. You know what I mean? Nobody knows you better than you know, and I think that's where it starts at. A lot of times other people take the power away from individuals because they're telling them what to think, how to think, what to do. It's something to be said when the individual is the master of themselves and they know what they need and it's just about organizing, like Lee said, tools in the way that can help them.

Dr. Ken Duckworth ([01:07:27](#)):

Beautiful. I'm going to ask each of you just to make one final comment about WRAP and the future of WRAP from your perspective. Let's start with the original creator, Mary Ellen Copeland. Thank you again for everything. And what do you have to say just to wrap up your perspective on today's conversation?

Mary Ellen Copeland, Ph.D. ([01:07:48](#)):

I'm really excited about the work that's going on now. I love hearing about the work that's going on in the prisons. I love hearing all of the virtual options and various options to make WRAP easier to access. I'm very excited about it and I just want to reinforce that evidence-based practice piece where we figured out what works that doesn't change. So, anybody who's sharing this, if you're sharing this with an individual, people can do with it whatever they want, but we should give them the piece that was studied. And sometime in the future, I hope it's studied again and we could just confirm that that's what works for people. But that's what we know. We know this works, and please give them the whole thing, the right thing.

Dr. Ken Duckworth ([01:08:42](#)):

Thank you Mary Ellen. Lynn, what's your closing comment today?

Lynn Miller ([01:08:47](#)):

My closing comment starts back with how I came to WRAP as a person with lived experience, as a family member of multiple family members who struggled with and continued to struggle with addiction, WRAP, was a life-saving tool for me because of growing up in that environment and into adulthood, I
n living in the environment where addiction took over family led me to quite a few crisis that hospitalized me. Without WRAP, I would not be able to stand here today or join this podcast and talk to you about the power that WRAP can have on you as an individual, but then your transference of that to others comes across in your seminars and it literally is changing people's lives on a daily basis. I'm just excited to be part of taking it into the future for as long as I'm able to. Thank you very much.

Dr. Ken Duckworth ([01:09:48](#)):

One of the commenters [inaudible 01:09:50] said that they wouldn't be here without WRAP, and I know they're not alone in that perspective. Dennis, what would you like to close with today?

Dennis Horton ([01:10:00](#)):

Oh, let me just say this for WRAP, I'm one of those individuals. If it wasn't for WRAP, I mean I know if I wouldn't be here today. WRAP truly did save my life. You know what I mean? And I got Lynn to thank for that. I got, of course, Mary Ellen the thing for that, for creating this wonderful thing called WRAP. And let me just add in, our society, we need WRAP. We need WRAP everywhere. We got people struggling with PTSD, we got people struggling with traumas. We got people running around frustrated and angry. You know what I mean? We just came out of a yearlong COVID and we still haven't gotten through that yet. I won't rest until the President of the United States of America is talking about WRAP because WRAP has the potential to shift our culture from negative to positive.

Dr. Ken Duckworth ([01:10:53](#)):

That's a goal. That's talking about an aspirational goal. Love that. All right, Lee, you're going to be our closer today as our Philadelphia Philly fan. We're going to let you close this out.

Lee Horton ([01:11:07](#)):

I'm like the Eagles and the Sixers and everything that's Philadelphia. WI was fighting against what I thought was injustice and the system and everything like that and I was getting nowhere. I was fighting to prove my innocence was getting nowhere. But when WRAP came to my life, I started fighting for something. And when I started fighting for something, it seemed like the pathway to everything opened up to me. My brother and I, we've had a tremendous re-entry trajectory since we've come home. We've worked for a United States Senate campaign, we've worked for organization like Shining Light facilitating with individuals in prisons around the country. We've crisscrossed the state, Pennsylvania and the country doing WRAP seminars and seminar ones and twos and meeting people all over. All I can say is this, the intention of the state for me as somebody who was incarcerated wrongly, was to die in prison.

([01:12:02](#)):

I know for sure that WRAP is the thing that raised me up out of that hole, and it propelled me forward. And I'm meeting people every day and I'm saying like, brother, that WRAP is that thing that if you believe there's somebody who's lost or who can't recover or can't come back, you need to bring WRAP to their life. And it'll give you the same thing that it gave to us, and it gave us a life. People have to realize, my brother and I have only been home since February 12th, 2021. We haven't been home that long and we've progressed a long way in that little bit of time, but only because of WRAP.

Dr. Ken Duckworth ([01:12:43](#)):

Lee, that's beautiful. I just want to say one more commenter said that her son took WRAP in a state hospital and really understands how to take care of himself and is moving forward and is just incredibly grateful for this entire endeavor. I want to say NAMI and WRAP line up beautifully. I just want to thank you all. There are connection points. If you want to connect, that's all in the slide set that you'll get. It's all in the recording. Lynn would love to hear from you. And if you're interested in how NAMI can connect to WRAP that's tbrister@nami.org. Dr. Teri Brister, who's a great friend and a champion of our education program. You want to connect one of our 700 affiliates to rap? Let her know, we'll go forward. Thank you all. This was a beautiful presentation, inspiring.

Let's move on to the next slide please.

Dr. Ken Duckworth ([01:13:51](#)):

All right. We have a couple coming up that I wanted to share with you. As you know, we try to get the best thinkers on the most important topics. And one of the things we're doing on December 14th is we're working our problem. 988 was a NAMI triumph of the policy team. We brought a lot of people together to have a three-digit suicide prevention lifeline, this is an extension of that. Jails high risk places for suicide pretrial detention. How do we expand the continuum of crisis care in a culturally thoughtful way into that environment? On Thursday, January 18th, Eric Elbogen, who's a professor at Duke University, has written an evidence-based book around the relationship or not between violence and people who live with mental illness. I invited Eric to come and talk about it because he's done as much academic study on this topic as anyone that I know, and he's also a terrific speaker.

Let's go to the next slide please.

([01:15:03](#)):

All right. As you know, NAMI has a little book and I interviewed Lynn and Mary Ellen in the book. It was a great honor to feature WRAP in our book. If you're interested, you can buy one and give one away. You can buy one for yourself and give one to a clubhouse. Give one to a WRAP facilitator who might not know about NAMI. It's a buy one, give one. There's the website, YouAreNotAloneHoliday.com, kind of handy. Amazon let us know that the Kindle of this book is going to be available for a buck 99, 1 day only, December 15th. All I can say is onward. We're closing in on 50,000 books, all royalties, and the copyright goes to NAMI.

Next slide, please.

([01:15:57](#)):

You are not alone. This is an informational webinar. Please be smart about this. How do you connect with WRAP? We showed you how to do it. You'll take it in any direction you want. This slide also shamelessly mentions that if you'd like to donate, we like donations.

All right. Next slide.

([01:16:17](#)):

Thank you for joining. You can reach me, Ken Duckworth, your chief medical officer at NAMI. I'm ken@nami.org, which is like a vanity license plate. Even I can remember it. It's so simple. It's my name at nami.org. They don't hire anybody named Ken. In spite of the Barbie movie, there's nobody at NAMI named Ken. If you're interested in this process, asktheexpert@nami.org is our team. So, you should get the slides, the recording, the information for how to follow up with WRAP, how to get into more of the detail. That's all in Lynn Miller's slide in the middle of the pack.

([01:16:56](#)):

I want to thank you all for joining us, Lee, Dennis, Lynn and Mary Ellen. It's been a real privilege to learn from you and to listen to you. Thank you everyone. December 14th is our next Ask the Expert. Take care.