

## Recovery Options: Empowerment and Support for the Wellness Process

*Summarized by Thomas T. Thomas*

Once a person with mental illness has begun a program of medication and become stabilized, what happens next? The focus of treatment turns toward building empowerment through personal responsibility, recovering lost skills and building new ones, and learning to hope again. The speakers at our March 27 meeting discussed a program that helps clients take charge of their own wellness during the recovery phase.

Our guests were **Tracy Thode**, an educator and facilitator with the Wellness Recovery Action Plan (WRAP), and **Steven Bucholtz**, coordinator of Building Empowerment Strategies through Networking on Wellness (BEST NOW). Bucholtz's organization trains clients to work in the mental health system in Alameda County, and in the past five years he has trained approximately 100 people.



TRACY THODE



STEVEN BUCHOLTZ

At our meeting, however, he spoke as a facilitator with Thode in the WRAP program.

They opened the discussion with a brief moment of meditation, with the members sitting comfortably, eyes closed, and aware of their breathing. "Even in the midst of a crisis," Bucholtz said, "don't forget to breathe."

Then they played a CD with singer Chris Williamson performing "The Song of the Soul," which has the recurring line "I'm dancing along in the madness." Bucholtz said that was the situation of many clients and their families, with the madness

being both frightening and, sometimes, a source of creativity. "It's very much a part of us—a part that we can lose touch with when we are medicated."

Bucholtz said that, personally, he prefers to talk about "having mental health issues" rather than "being mentally ill." As an example of this positive form of thinking, he introduced himself to the group in two ways. First, in the mental illness introduction, he became his own diagnosis as "a high-functioning bipolar male... with nine suicide attempts." Then, in his mental wellness introduction, Bucholtz described himself as loving to read mystery novels and travel, and said that he "struggles with ups and downs."

Tracy Thode used the same pattern to introduce herself, first as a diagnosis—"a bipolar woman who takes six mental illness medications, including a

beta blocker for social phobias that would prevent me from speaking in public”—and then in a mental wellness mode: “I’m a recovery educator working my way through college. I have two dogs, a parrot, and six finches who are my suicide prevention counselors.”

Recovery is not defined as doing particular things, Thode said. It’s not coming off meds, or returning to full-time work, or being cured. It’s about finding meaning in your life as you define it for yourself.

“A lot of our system is set up to be goal oriented,” she said. “You do this, and this, and this to achieve that. Recovery, however, is defined by you. You embrace it on your own. The WRAP program creates a space where this can happen.”

Paranoid schizophrenia is the biggest robber of hope, she said, and hope is the key to recovery. “It is a bag containing the tools that allow a person to live and have meaning. Mental health issues mean that the person can’t carry that bag for a while. So a family member carries it for him or her. But then, after the crisis, you must hand it back. You may fear that the person will drop it, but let them take their hope back and walk with it.”

The Wellness Recovery Action Plan is founded on five principles:

- **Hope.** Unless you can hope for something different, Thode said, inertia will carry you along the old path.
- **Taking responsibility.** Change will occur if you embrace the process. You won’t get better unless you get up and make it happen.
- **Becoming educated about options.** When a client receives a diagnosis of mental illness, he or she doesn’t always know what treatment options are involved. Read books, go to seminars, talk to other clients and family members, and learn as much as you can about the different choices in the illness. You have to learn how to get what *you* want.
- **Self-advocacy.** You must put into action the things you learn. Use your resources to make opportunities for yourself. Meet people and do things that you believe will be helpful to you.
- **Support.** This underlies all of the above. Who is in your support system? Parents, siblings, other members in group therapy, your doctor. It helps to have someone who knows what you’re going through and can walk through it with you. “When you’re depressed and stay in the house for six months,” Thode said, “your friends disappear.”

The WRAP program was developed by Mary Ellen Copeland, MS, MA, a sufferer herself, who outlined it in the book *Wellness Recovery Action Plan* (Peach Press, 2000). Information about the program can also be obtained at [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com). Copeland’s earlier book on the same theme is *Winning Against Relapse* (New Harbinger Publications, Inc., 1999).

Thode studied with Copeland in Vermont and conducts training sessions in the program for clients, family members, and mental health professionals. Interested members may contact Tracy Thode at 333 Hegenberger Road, Suite 600, Oakland, CA 94621, (510) 383-1650. Training can be arranged in a series of one-hour sessions over several weeks or a single, eight-hour day. She can also

arrange the more extensive training for people to become facilitators in the WRAP program.

“The program works for mental wellness issues, substance abuse, chronic pain, and other illnesses,” Thode said.

“But it only works if people voluntarily do it,” Bucholtz added.

“The basis of the program,” Thode explained, “is answering the question ‘what does it look like when I’m well, and how do I get there and maintain it?’ Each person develops his or her own plan during the training.”

The first part of the training is to develop your **daily maintenance plan**. How does it look when you’re feeling good? How do you know when you’re well. Thode said that part of her own plan was simply to get dressed every day. If she spent a day around the apartment in her dressing gown, she would start to feel depressed.

The second and third segments are to define your **triggers**—the things that happen externally—and identify your **early warning signs**—subtle inner changes—that are a prelude to a change in your outlook, your mental wellness, and that may signal an impending crisis. These are different for everyone, and the key is to know your own and have an action plan for what to do when you encounter them, so you can keep feeling good.

The fourth segment is to know what to do **when things begin breaking down**. This part of the plan must be specific and detailed. It’s your chance to deflect or guide the outcome of a crisis while you still have choices. Again, the particulars of your plan are unique to your situation. Thode said that, for example, her own plan helped her know when to start taking more of a certain medication.

The first four segments may or may not be shared with your supporters, she said, but the fifth segment *must* be shared.

Fifth is the **crisis plan**. You use it to identify for your supporters the times when you are in crisis and what you want them to do.

“I tell my friends,” said Bucholtz, who has a history of suicide attempts, “that if they don’t hear from me for three days, call the police. One day or two, then come knock on my door. But on the third day, send the police.”

This part of the plan is where you make known your own preferences for treatment, medications, a particular facility or care setting, your supporters and your preferred roles for them. This gives you a sense of control over your future and empowerment in the face of the crisis.

And the most important part of the crisis plan is how to tell when the crisis is over. It tells supporters when you think you are recovered and they no longer need to use the plan.

Bucholtz suggested that clients and their family members go to the training sessions together, because it helps them understand the situation and operate on a peer basis. “WRAP,” he said by way of conclusion, “is an opportunity to take charge of your own symptom management.”