



Wellness Recovery Action Plan (WRAP) Workshop WRAP Refresher Application

Date: May 21, 22 and 23, 2019

Time: 9:00 AM – 5:00 PM

Location: Region 6 Behavioral Healthcare, 4715 South 132nd St, Omaha, NE 68137

SECTION 1: General Information

WRAP Refresher Basics:

The WRAP Refresher workshop is appropriate for anyone who is a [WRAP® Facilitator](#) and is leading Mental Health Recovery and WRAP® groups, working with others to develop their own WRAP® and/or giving presentations on mental health recovery related issues to groups or organizations. The WRAP Refresher is an interactive course co-facilitated by Copeland Center Advanced Level Facilitators to sharpen and expand facilitation skills to further engage groups in the WRAP Planning.

Through attendance in this course WRAP Facilitators will:

- Recognize expanded options on how to give effective group introductions.
- Identify additional knowledge areas, values and ethics of WRAP.
- Apply at least one new skill to sharpen and expand group facilitation skills.
- Develop new and creative approaches to facilitation to accommodate participant challenges and differing group needs.

It is recommended that WRAP Facilitators attend a Refresher Course at least once every two year in order to stay up to date on developments and best practices.

Cost:

There are no costs to participants for attendance. Lunch will be provided each day of the training. However, you will need to bring your own Facilitator Manual to the training. Travel, lodging, and other expenses will not be covered.

Eligibility:

To be considered for the training, you will need to:

1. Have completed WRAP® Facilitator Training and be able to produce a certificate.
2. Have completed your own WRAP® and have a solid working knowledge of WRAP® and each part of the plan.
3. Be able to accept the [requirements for WRAP® Facilitators](#) set out by the Copeland Center.
4. Be available to attend the full three day workshop.
5. Agree to uphold the values and ethics as outlined in their facilitator manual.
6. Be able to dedicate additional time in the amount of:
 - Two to four hours of reading and reflecting prior to attending the program.
 - Up to one hour of reading, reflecting, and preparing, each evening of the class (Tuesday and Wednesday).

Selection Process:

The training capacity is limited to a maximum of 16 participants and we encourage all persons interested to apply. Applications will be reviewed and evaluated based upon your responses to the questions in Section 3 of this document.

Additionally, preference in the selection process is given to:

1. Applicants who live or serve the Region 6 counties of Cass, Dodge, Douglas, Sarpy, or Washington.
 2. Region 6 funded positions (Example Peer Support Specialist).
 3. Applicants who will be able to put the training into use in the immediate future.
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3) Have you facilitated a WRAP® workshops since your certification or most recent re-certification as a WRAP® Facilitator?

4) Have you identified a co-facilitator and a plan on implementing a Seminar I WRAP Workshop?

5) Is there any additional information you would like us to know in considering you for the WRAP Facilitator Course?

Section 4: Acknowledgements

Directions: Please initial the following statements as they apply to you:

_____ I understand that I must make all transportation, food, parking, and lodging arrangements for this training on my own, unless otherwise specified by the organizers.

_____ I attest that I am willing to self-identify my lived experience with a behavioral health condition and/or trauma while in the role of a WRAP® Facilitator and when appropriate.

_____ I have attended Seminar II WRAP® Facilitator workshop and have attached a copy of my certificate to this application.

_____ I have completed a personal WRAP®.

_____ I understand that upon graduation, I will be expected to conduct at least one 16 hour WRAP group (preferred in Region 6 area) in order to develop individual WRAP® plans. Proof of at least one WRAP course will need to be submitted about recertification/refresher training required every two years.

_____ I am willing to abide by the Copeland Center requirements that are set forth for WRAP® Facilitators.

Once you have completed the application please sign and date below.

SIGNATURE _____ Date _____

PRINTED NAME _____