

## Family WRAP Workshop Announcement~ Suncoast Region

APRIL 26 AND 27, 2014

9:00am – 4:30pm

**Description:** We are pleased to announce the upcoming workshop for family members, partners, and friends of persons with mental illness. The workshop will be held **at SalusCare of Florida located at 3763 Evans Avenue Fort Myers, FL 33901 in the Kleist Public Education Room.** The workshop will be facilitated by Birdsong Consulting and sponsored by CLEAR and the Florida Department of Children and Families. In the workshop, participants will make their own Wellness and Recovery Action Plans and learn to facilitate family wellness groups for family members in their own community.

The Wellness Recovery Action Plan®, or WRAP®, is an evidence-based system that is used world-wide by people who are dealing with mental health, substance abuse, and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience of mental health difficulties; people who were searching for ways to resolve issues that had been troubling them for a long time. WRAP is also increasingly used by family members of persons with mental health difficulties. WRAP® involves listing your personal resources, your Wellness Tools, and then using those resources to develop Action Plans to use in specific situations which are determined by you. WRAP® is adaptable to any situation. WRAP® also includes a Crisis Plan or Advance Directive. For more information on WRAP, please visit [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com).

*Note to those familiar with WRAP:* This is an Introduction to WRAP workshop with the added component of training to implement family wellness groups. After completion of the workshop, graduates will have all the tools to create their own action plan, and be prepared to share the principles of WRAP with others through a support group. Since completion of this workshop does not certify participants as WRAP Facilitators per the Copeland Center, workshop graduates will be trained on how to use the booklet series Mary Ellen Copeland developed for the Substance Abuse & Mental Health Services Administration (SAMHSA) in their wellness groups.



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**Presenters:** Dana Foglesong, Certified Recovery Peer Specialist and Certified WRAP Facilitator from Birdsong Consulting, will facilitate this training with the support of a volunteer.

**Audience:** This workshop is for family members, partners, and friends of persons with mental illness in Florida. Class size is limited. Participants will be notified of their acceptance to the class within three business days of receipt of their application.

**Date, Time & Location:** Saturday April 26, 2014 from 9:00 to 4:30, and Sunday April 27, 2014 from 9:00 to 4:30 at SalusCare of Florida at 3763 Evans Avenue, Fort Myers, FL 33901, in the Kleist Public Education Room. All participants who complete the 2-day workshop will receive a certificate and a \$25.00 stipend.

**Application:** Those wishing to participate should complete and return the Application Form by April 15, 2014.

- Candidates must identify as a family member, partner, or friend of a person with mental illness.
- Applicants must be able to attend the entire two-day training, 9:00-4:30 on Saturday and 9:00-4:30 on Sunday.
- After your application is received you may be contacted by telephone to conduct a short interview.
- Applicants must agree to apply the skills they learn to help others within their communities by implementing two family wellness groups within the next year.
- Applicants must agree to report back in six months on how they've utilized the skills learned in this training in their community and on the satisfaction of the people served. Forms will be provided for this purpose.

**Contact:** For more information on the workshop, you may contact:

Michael McNally, CLEAR Training Coordinator

Email: [michael@namicollier.org](mailto:michael@namicollier.org)

Phone: (239) 260-7313



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# Family WRAP Workshop – Participant Application

**Directions:** Carefully read and complete this application. Typed answers are preferred. If writing, please write legibly. Initial and sign in the spaces provided. Space for the training is limited. Applications must be received by the due date specified in the announcement. (April 15, 2014) Incomplete or late applications will not be considered. Please submit your completed application by the due date to:

Michael@namicollier.org OR

Michael McNally  
 NAMI of Collier County  
 6216 Trail Blvd, Bldg C  
 Naples, FL 34108

Applicants will be notified of acceptance within three business days of receipt of your application.

Dates &	<b>Family WRAP</b>
Location of Training:	SalusCare of Florida 3763 Evans Avenue Fort Myers, FL. 33901 Kleist Public Education Room
Your Name:	
Your Agency:	If you will be using what you learn from this training at a specific agency, please note agency here:
Your Preferred Address:	
City/State/Zip:	
County:	
Preferred Phone:	
Preferred Email:	
Best Time(s) to Call:	



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A. What is your understanding of the purpose of the training?

B. Why would you like to participate in the training?

C. If accepted to this training, you must agree to implement two family wellness groups within the next year. Please describe your plan to implement these groups, as best you can.



F. Please complete the following for accommodation purposes:

<p>1. Do you require special accommodations?</p> <p>Please list:</p> <p>The accommodations will meet the ADA guidelines so that the individual can fully participate in the training and do not relate to personal preferences that are not disability related.</p>	Yes	No
<p>2. If accepted, would you like to know about others in your community who might be able to offer you transportation?</p>	Yes	No
<p>3. Are you willing to provide transportation for other(s) to attend?</p>	Yes	No
<p>4. Will you bring a service animal?</p> <p>Service animal policy: Service dogs are expected to be clean, healthy, well-behaved, on a leash, and under the handler's control *at all times*. The handler is liable for any damage caused by their animal and is required to clean up every time their animal eliminates. To protect the safety of both people and animals any service animal that is out of control, barking, growling, threatening or aggressive toward another dog or a person will be asked to leave the conference. Service dogs must stay with their handler and cannot be left in the hotel room unattended.</p>	Yes	No

G. If you are accepted to attend the Family Training who should we contact in an emergency?

Name:	
Relationship:	
Phone Number(s):	
Address:	
City/State/Zip:	



H. Please initial each item and sign below. By doing so, you indicate that you agree to the following:

\_\_\_\_\_ I certify that I am a family member, partner or friend of a person with mental illness.

\_\_\_\_\_ If accepted for the training, I agree to apply the skills I learn to help myself and others within my community and my state by implementing two family wellness groups within the next year.

\_\_\_\_\_ If accepted, I agree to report back in six months on how I've used the skills learned in this training in my community and on the satisfaction of the people served. Forms will be provided for this purpose.

\_\_\_\_\_ While attending the training, I will participate as actively as possible, treating others with dignity, respect, and consideration.

\_\_\_\_\_ If accepted, I am committed to attending the training unless a true emergency comes up.

\_\_\_\_\_ I understand that if I leave before the end of the training, I may be asked to reimburse a portion of costs paid on my behalf.

\_\_\_\_\_ Optional: I consent to the release of my contact information to others in my area, for the purposes of receiving or providing transportation.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

