

WRAP (Wellness Recover Action Plan) - A Wellness Opportunity for High School Youth

WRAP helps youth feel better, manage challenges, improve quality of life, decrease and prevent troubling feelings and behaviors, and plan and achieve life goals. WRAP groups are facilitated by staff from the Mental Health Association of Nebraska (MHA-NE). Facilitators are not clinicians or practitioners we are individuals with lived experience.

A WRAP group usually includes 10-18 youth and meets once a week for 9 weeks by zoom. Group times are from 8:00-9:00 on Thursday evenings. Parent permission is required.

Group Guidelines – Parent/Guardian Release and Permission.

1. Participation in WRAP group is voluntary.
2. A WRAP workbook will be provided and used in each group session.
3. Participants will work to develop an individualized WRAP plan based on the key concepts of hope, personal responsibility, education, self-advocacy and support.
4. Participants are made to feel comfortable to join in group discussion, share feelings and experiences, and give and get feedback from others. Participants will create an environment of respect without judgement. While encouraged to share his/or her important point of view, participants do not have to share.
5. Participants agree to keep all discussions private and confidential.
6. Should the safety of a participant be a concern (e.g. involving imminent harm to themselves or others) the MHA facilitator will take appropriate steps to ensure safety.
7. Rules set by the group will be respected and followed by all participants.
8. Disruptive behavior by participants will not be acceptable for the safety of the youth and others.
9. Participants understand and affirm that the information shared in the WRAP group does not replace the counsel and judgement of health care professionals.

Parent/Guardian Release and Permission

Parent/Guardian supports their child's participation in WRAP group and accepts the above guidelines. Parent/Guardian agrees to release and hold harmless MHA-NE, its employees, officers and any of its representatives from and against any and all liability and damages that may result from participation in the WRAP Youth Group.

Parent/Guardian signature

Date

Youth Name

Youth Signature

Parent/Guardian Phone #