

Wraparound:

What It Is, What It Is Not

GRANITE STATE FEDERATION OF FAMILIES

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What is Wraparound?

- Wraparound is a planning process, based in a clear set of values and principles.
- Wraparound teams have dynamic rather than static membership.
- Wraparound is a process that begins with the strengths of individual youth and families.
- Wraparound is not a service or set of services.

What is Wraparound?

- Wraparound is a process that is child centered and family focused
- Wraparound connects families to supports and services in their communities, and always includes a mix of public, private, and natural supports.
- Wraparound is a process that respects families' culture and values.
- Wraparound is led by a *trained* facilitator.

Wraparound Is Not:

- A specific set of services offered
- A typical team meeting
- Any meeting held without family or youth
- An immediate or quick solution
- A crisis intervention or response
- A standing interagency team

How NOT to do Wrap Around



CASSP Values and Principles

Core Values for the System of Care

- The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.
- Stroul, B. and Friedman, R. (1986). A System of Care for Severely Emotionally Disturbed Children & Youth. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Guiding Principles

- ***Guiding Principles for the System of Care***

- Children with emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potential of each child and guided by an individualized service plan.
- Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
- Children with emotional disturbances should receive services that are integrated, with linkage between child-caring agencies and programs and mechanisms for planning, developing, and coordinating services.

Guiding Principles Cont'd.

- Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for children with emotional problems should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.
- The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children and adolescents with emotional disturbances should be promoted.
- Children with emotional disturbances should receive culturally competent services that are sensitive and responsive to cultural differences and special needs and are provided without regard to race, religion, national origin, sex, physical disability, or other characteristics.

Wraparound in Simplest Terms

- Work until it works.
- When barriers arise--- People haven't failed- the plan has failed.
- Strengths plus Needs= Actions
- Voice and choice.
- If it doesn't feel like help, it probably isn't.
- No shame, no blame

History

- 1960s – Brownsdale programs developed needs based, individualized, unconditional services for children with emotional disturbance.
- Jane Knitzer monograph *Unclaimed Children*
- 1980s – National Institute on Mental Health provided funding for child-centered service systems (beginning of “standing wraparound teams” regionally in NH)

History of the Wrap Around Model (continued)

- 1990s – Federal Center for Mental Health Services supported development of Systems of Care- CARE NH awarded 1999
- Similar developments in other fields
 - Developmental Disabilities: “Person-Centered Planning,” “Personal Futures Planning”
 - Child Welfare: “Family Group Decision Making”
 - Juvenile Justice, Special Education

The Wraparound Process: Stages and Steps

1. "Initial Conversation"- Engagement, Strengths and Needs Identification
2. Pre-Meeting Conversations: with whole team- based on families identification of strengths and needs- to form alliances around overarching mission of team and to orient team members to how the process is different from other kinds of team meetings
3. "The Meeting"- the smallest part of the process. Assignment of actions, roles. agreement on plan
4. Post meeting- Rating and evaluation of success of plan elements. Rating family satisfaction with plan.
5. Post meeting- evaluation with team of plan. Revisiting strengths and needs- are they still the same? Adjustment of plan is discussed. Repeat steps 1 and 2.
6. Meeting- repeat step 3.
7. And begin again.....

Wraparound Processing Path



The Research Base: Challenges

- Wraparound is considered a promising practice; more research projects using control groups (not receiving wraparound) need to be done to establish it as a true evidence based practice.
- Wraparound is not yet “manualized”- there are recognized national trainers and several curricula, but no standard manual.
- Many kinds of planning are being done with families that are called wraparound but may or may not include all of the “critical elements” that have been widely agreed upon as necessary to good wraparound.
- Fidelity measures vary.
- Wraparound is not fully and well defined...but we are getting closer.
- Most Evidence Based Practices are not designed for children-wraparound is, but is not manualized.

The Research: What has Been Done

from: Burchard, JD, Bruns, E.J, & Burchard, SN (2002) *The Wraparound Process* and B. Burns, K. Hoagwood, & M. English. *Community Based Interventions for Youth*, NY: Oxford University Press

- Fifteen studies have been done: two qualitative case studies, 11 pre-post studies, two quasi experimental studies, two studies involving clinical trials.
- This research is not sufficient to qualify wraparound as an evidence based practice in the strictest definition of the term, but is significantly promising.

Research Cont'd

- Case study: (Cumbland, 1996) 8 child welfare families: During the time the families received wraparound (mean 3 yrs.), no longer evidence of abuse or neglect, no children removed, home environments were stable and no children were exhibiting the high end behaviors that led to referral to wrap.

Eleven National Published Pre-Post Studies

- Improvement in self-control
- Improvements in home, school, and community, role performance
- Decrease in problem behaviors
- 85% decrease in arrests
- Improvement in permanency
- Decrease in hyperactivity
- Decrease in abuse related behaviors
- Decrease in substance use
- Decrease in hospital admissions
- Decrease in out-of-home placements.

Research: Pre Post Studies

- This can be compared to the findings of the National Adolescent and Child Treatment study, which found that of children with SED who received only “traditional” services via residential facilities and were discharged successfully, 32% were placed back in residential or incarcerated within 12 months. After 6 years, recidivism was 75%.

National Published Studies

Two Randomized Published Studies

- Increase in home, school, community functioning
- Improved permanency
- Decrease in days and number of suspensions
- Decrease in runaway behavior
- Decreased incarceration (2.6 times less likely)
- Decrease in delinquency and conduct disorder
- Decrease in problem behavior.

Research Cont'd

- **Quasi-Experimental Studies**

- Quasi-experimental studies consist of one study that compared the community adjustment outcomes of different groups of subjects who received wraparound and residential treatment services and one within-subject study that employed a multiple baseline design. The group study was conducted under the auspices of the Family Preservation Initiative in Baltimore (Hyde, Burchard & Woodworth, 1996). This study found that after two years of the inception of wraparound a "good" adjustment rating was obtained by 47% of those who received wraparound and 8% of those who received residential treatment only. Given the rather stringent criteria required (e.g., 85% school attendance or 35 hrs/week of vocational activity) for classification in the "good" adjustment category, the results are very promising. However, a major limitation was that only 42% of the group that received residential treatment alone were able to be located for inclusion in this retrospective study.

Research Cont'd.

- In the second quasi-experimental study, four youths with histories of chronic offending who were receiving services through the wraparound approach were studied (Myaard, in press). Baseline behaviors consisted of low rates of compliance and appropriate peer interaction in all four participants and high rates of physical aggression, alcohol and drug use, and extreme verbal abuse in three participants. In each case marked behavioral improvement occurred shortly after the beginning of wraparound. Results were interpreted as providing strong evidence that wraparound was responsible for the participants' behavioral change.

Research Cont'd

- **Randomized Clinical Trials**

- The research base on wraparound includes two randomized clinical trials, one conducted in New York and a second in Florida. In the New York study (Evans, Armstrong & Kuppinger, 1996 and Evans, Armstrong, Kuppinger, Huz & Johnson, 1998), 42 children who were referred to out-of-home placements were assigned to either treatment foster care (n=15) or family-centered intensive case management (n=27). The latter condition (FCCM) employed most of the values and elements of the wraparound process. The results showed more favorable outcomes for the children that received wraparound. This was evidenced by a greater decline in behavioral symptoms, lower overall impairment, and fewer externalizing, social problems and thought problems.

Research Cont'd: Clinical Trials

- In the Florida study (Clark et al., 1998), 131 youths in the foster care system were randomly assigned to either wraparound foster care (n=54) or standard foster care (n=77). One of the major findings of this study was fewer placement changes and fewer days absent from school for the wraparound group. In addition, the boys in the wraparound group showed lower rates of delinquency and better externalizing adjustment than the boys in standard foster care. Also, the older wraparound youths were more likely to achieve a permanent living arrangement in the community (with their parents, relatives, adoptive parents, or living on their own).

Issues with the Evidence

- It is not clear that the “wraparound” being done in each of these trials and projects was exactly the same– i.e. it is not clear that there was fidelity to a single practice model.
- Often, “values” and adherence to them are taken as fidelity measures, as opposed to objective, quantifiable elements that can be clearly seen as present or absent.

Children Referred to and Served in CARE NH June 2000 to Nov. 2005

- 31% Female, 69% Male – 407 Total referred
- 257 Served long term
- Referred by: CMHC 27%, Family 22%, School 17%, DCYF & DJJS 20%
- Received: school based services - 84%; outpatient mental health services - 84%; Residential - 36% (in last 12 months)
- Children in Placement
 - 65 Children in placement at referral; 25 returned to community after CARE NH.
 - 48 Children placed after CARE NH eligibility; 19 returned to community.
- Legal Relationships – 49 Abuse/Neglect, 44 CHINS, 36 Delinquency
- 41% at or below the poverty level
- Child History – 39% Physically abused, 31% sexually abused, 20% suicide attempts
- Bio Family History – 66% Family Violence, 80% Mental Illness, 55% convicted of Crime, 73% Substance Abuse
- Bio Parents – 45% Prior Psych Hospitalization, 54% Substance Abuse Treatment

CARE NH Outcome Study

Baseline to 18 months

- 91% have an IEP at intake and at 18 months.
 - 93% with ED; 40% with LD; 25% with have developmental disability.
- 44% show improvement in academic performance; 29% remain stable.
 - Decreases in detentions and suspensions over 18 months.
- 80% live in family environments; Increased stability in living situations at 18 months.
- Decreases in Caregiver Strain - Extent to which caregivers are affected by the special demands of caring for a child with emotional and behavioral problems
 - 54% experience decreased overall strain
 - 53% decreased Objective Strain – negative events affect the family – trouble in community
 - 46% decreased Internalized Subjective Strain – negative feelings of caregiver – guilt, anxiety

What Does the Research Add Up To?

Fidelity to a Practice Model= Better Outcomes for Children and Families.

- Critical Elements of a “good” wraparound process (i.e. one that will result in good outcomes) have been developed and are largely agreed upon by experts and practitioners in the field. The Portland University Research and Training Center has published these critical elements and they are becoming widely used.

Critical Elements of High Fidelity Wraparound

- Family-Centered
- Strengths-Based
- Consumer-Driven
- Needs-Driven
- Individualized
- Culturally Relevant
- Unconditional
- Community-Based
- Team-Based
- Accountable
- Accessible
- Outcome-Based
- Cost- Effective
- Flexible
- Promoting Self-sufficiency
- Comprehensive
- Collaborative

Necessary Supports for Wraparound: Portland RTC

Team Level	Organizational Level	System Level
<p>Practice Model: Team adheres to a practice model that promotes effective planning and the value base of WA.</p>	<p>Practice Model: Lead agency provides training, supervision, and support for a clearly defined practice model. Lead agency demonstrates commitment to the values of WA. Partner agencies support the core values underlying the team WA process.</p>	<p>Practice Model: Leaders in the policy and funding context actively support the WA practice model.</p>
<p>Collaboration/Partnerships: Appropriate people, prepared to make decisions, attend meetings and participate collaboratively</p>	<p>Collaboration/Partnerships: Lead and partner agencies collaborate around the plan and the team. Lead agency supports team efforts. Partner agencies support their workers as team members and empower them to make decisions</p>	<p>Collaboration/Partnerships: Policy and funding context encourages interagency cooperation around the team and the plan. Leaders in the policy and funding context play a problem solving role across service boundaries</p>

Necessary Supports for Wraparound Cont'd

Team Level	Organization Level	System Level:
<p>Acquiring Services and Supports: Team is aware of wide array of services and supports and their effectiveness. Team identifies and develops family specific natural supports. Team designs and tailors svcs. Based on family expressed needs</p>	<p>Lead agency has clear policies and makes timely decisions re funding for costs required to meet families' unique needs. Lead agency encourages teams to base plans on family strengths/needs rather than service fads or financial pressures. Lead agency works to develop array of supports. Lead agency monitors adherence to practice model.</p>	<p>Policy and funding context grants autonomy and incentives to develop effective svcs and supports consistent with the WA model. Policy and funding context supports fiscal policies that allow the flexibility needed by wraparound teams. Policy and funding context actively supports family and youth involvement in decision making at all levels.</p>
<p>Accountability: Team maintains documentation for continuous improvement and accountability.</p>	<p>Accountability: Lead agency monitors adherence to practice model, implementation of plans, cost effectiveness.</p>	<p>Accountability: Documentation requirements meet the needs of funders and stakeholders.</p>

Measuring Quality and Fidelity in Wraparound

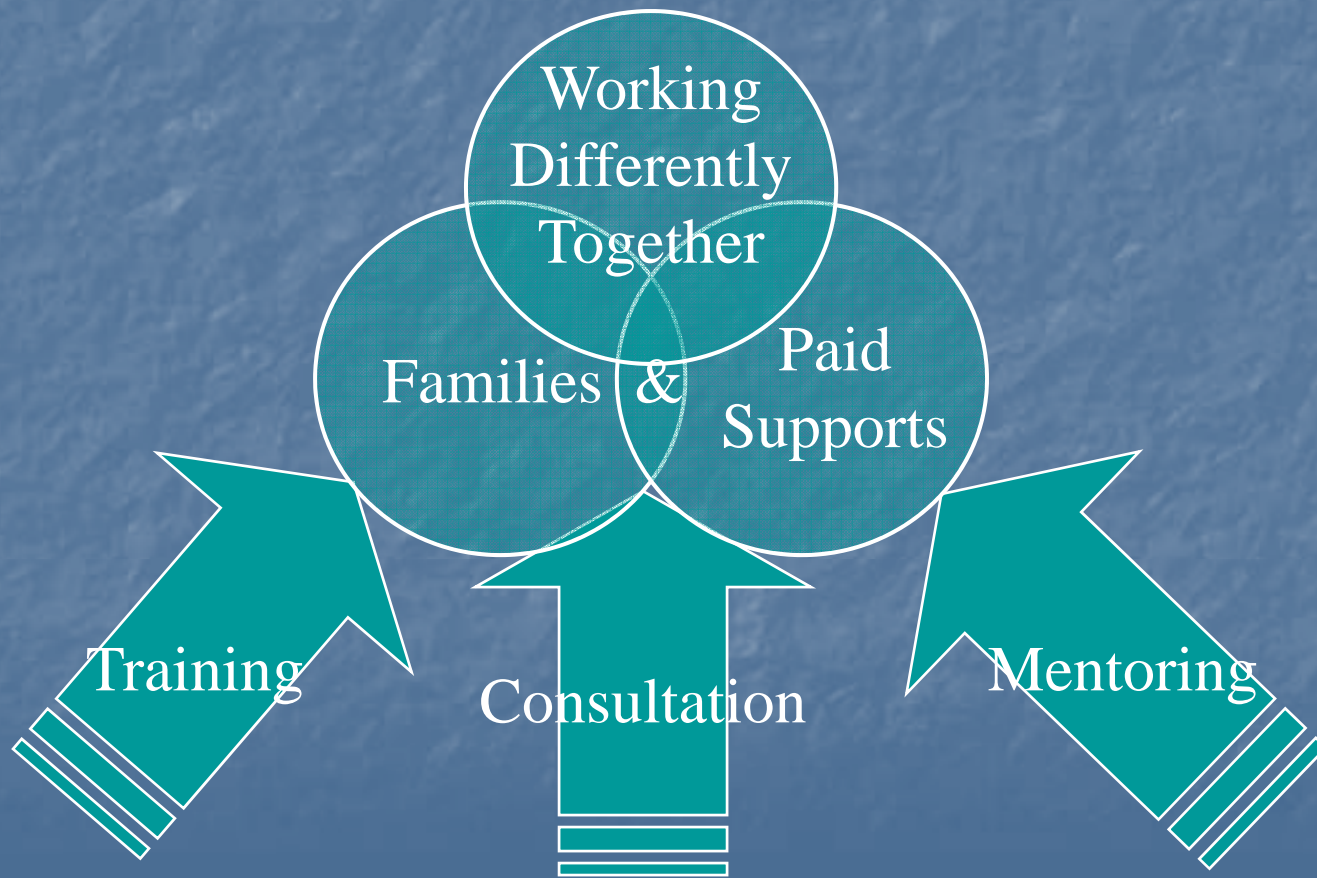
- Look at plans of care: file reviews
- Have wraparound facilitators and team members fill out activity checklists
- Sit in on and observe meetings: Ask the people who know best- parents, youth, facilitators, program managers
 - Wraparound Observation Form (WOF: Epstein et al., 1998)
 - Wraparound Fidelity Index (WFI; Burchard et al., 2002, Bruns, et al., in press)
 - SIMEO (being implemented in NH- online tools for data based decision making at team and regional levels)

Common shortcomings in services– nationally and in New Hampshire

- Failing to incorporate full complement of important individuals on the wraparound team.
- Failing to engage the youth in community activities the youth does well, or activities that will allow him or her to develop appropriate friendships
- Failing to use family/community strengths to plan and implement services
- Failing to use natural supports, such as extended family members and community members
- Lack of flexible funds to help implement innovative ideas that emerge from the ongoing team planning process
- Inconsistent outcome & satisfaction assessment

From patterns of WFI element and item scores (Bruns, 2004)

Technical Assistance: Implementing Wraparound in NH



Technical Assistance and Training

Some trainings currently offered to enhance wraparound capacity and system of care values and principles are:

- Introduction to Systems of Care and Wraparound (1/2 day or 1 day)
- Wraparound Facilitation: 32 hours, participants can receive grad credits in education through Plymouth State or NASW CEU's
- Spokesperson training: 3 half days
- Effective Communications training: 3 half days

Technical Assistance and Training

- Many other trainings are available
 - Can be tailored to a region's or community's specific needs and desires.
- Wraparound Mentors: in development
 - Provide support and mentorship to new wraparound facilitators.
 - Perform quality assurance functions to ensure fidelity to wraparound as an evidence based practice.

Quality Assurance

Quality and fidelity measures, and their development and implementation, are a cornerstone of successful wraparound.



Next steps in New Hampshire:

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*The Wraparound Process and its Current
Place within the Research Base on
Treatments for Children, Youth, and
Families*

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