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FOCAL POINT

A National Bulletin on Family Support and Children's Mental Health



Quality and Fidelity in Wraparound



Fall, 2003

Building on Family Strengths Conference
Call for Presentations now online
See inside front cover

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Building on Family Strengths Conference May 6 – 8, 2004

CALL FOR PRESENTATIONS

2004 Call for Presentations now Online! Even as we wrap up the 2003 conference, preparations for next year's conference are underway. The 2004 Conference Call for Presentations is now online at www.rtc.pdx.edu/pgConference.shtml.

Proposals are invited from researchers, family advocates, family members and youth, administrators, policy makers, service providers, educators, and others interested in strengthening research, practice, and policy in response to the needs of children and families. Although the conference has a mental health focus, we welcome proposals from related fields and disciplines that support families and enhance community well-being.

We encourage proposals that feature family members and youth in lead roles as presenters; include families and youth in the design, implementation, and evaluation of research or programs; reflect cultural competence; focus on family and youth strengths; show respect for families and youth; and are accessible to an audience of family members and professionals.

The goal of this conference is to showcase culturally competent, family-centered research and innovative programs and practices. Topics can include, but are not limited to, the following areas:

- Developments in family-centered research
- Family-centered, culturally competent services
- Building the capacity of communities to support children and families

Session lengths will be 60 minutes for paper presentations and 90 minutes for symposia; poster presentations are also welcome. Spanish language proposals are encouraged and simultaneous translation will be provided for presentations chosen for our joint Spanish/English track. **All proposal submissions must be postmarked by December 5, 2003.**

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Research and Training Center
on Family Support and
Children's Mental Health (RTC)





QUALITY AND FIDELITY IN WRAPAROUND

From a commonsense perspective, it is not surprising that Wraparound has become one of the most popular strategies for implementing the system of care philosophy for children with serious emotional or behavioral disorders. Wraparound, also known as Individualized Service/Support Planning or ISP, is built around a vision that has straightforward appeal. A team is formed around a child and family who are struggling to stay safe, stay together, and maintain everyday life and functioning. Included on the team are people who have a stake in seeing the family succeed: family members, service providers, and members of the family's natural and community support networks. These people come together to create, implement, and monitor a plan that will help the family realize its vision for a better life. The plan that is produced, as well as the planning process itself, is culturally competent and community and strengths based.

This vision of Wraparound/ISP is compelling. In fact, the recently released final report from the President's New Freedom Commission on Mental Health includes as one of its major recommendations that every child with a serious emotional disturbance should have a family-driven, individualized plan of care.

It turns out, however, that the "simple" vision of Wraparound is very difficult to achieve. High qual-

ity Wraparound requires team members to work together in ways that are often radically different from what they are accustomed to. And it is not just team members who must learn new ways of working. The agencies and larger systems within which the teams operate must also increase their collaboration and flexibility. What makes this particularly challenging is that there is little formal agreement about exactly what these new ways of working together look like, either at the team level or at the higher levels of implementation. There is no single set of guidelines or standards that can be used to definitively distinguish high quality Wraparound implementation from "wannabe" Wraparound. Without such standards or guidelines, Wraparound team members and programs have difficulty knowing what they are doing well, and what they need to improve in order to achieve the ideal as presented in the Wraparound vision. Without the ability to distinguish between high quality implementation and not-so-good implementation, it also becomes very difficult to conduct research that provides evidence for the effectiveness of the Wraparound approach.

At the same time, it is clear that there are Wraparound teams and Wraparound programs that are effective, and that have had a significant positive impact on the lives of many

young people and their families. Families disillusioned and disappointed with other service delivery approaches have said that Wraparound helped turn their lives around, giving them new hope, new strategies, and new solutions. If this kind of successful experience is to be repeated on a larger scale, we need to be able to describe exactly "what it takes" to do Wraparound right.

The authors of the articles in this issue of *Focal Point* represent a spectrum of Wraparound's stakeholder groups—family members, service providers, trainers, and researchers. From their different perspectives, they discuss the issues of quality and fidelity. What is striking is the extent to which these perspectives converge in their descriptions of successful practice and implementation. This *Focal Point* issue is evidence that substantial progress is being made in bringing a clearer focus to the Wraparound vision.

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HISTORY OF THE WRAPAROUND PROCESS

The Wraparound process is a collaborative, team-based approach to service and support planning. Through the Wraparound process, teams create plans to meet the needs—and improve the lives—of children and youth with complex needs and their families. The Wraparound team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design, implement, and monitor a plan to meet the unique needs of the child and family.

The box on page 5 lists the essential elements of Wraparound, as determined by a group of Wraparound experts in 1998 (Goldman, 1999). Briefly, the Wraparound process can be described as one in which the team

- Creates, implements, and monitors an individualized plan using a collaborative process driven by the perspective of the family;
- Includes within the plan a mix of professional supports, natural supports, and community members;
- Bases the plan on the strengths and culture of the youth and their family; and
- Ensures that the process is driven by the *needs of the family* rather than by the services that are available or reimbursable.

Wraparound's philosophical elements are consistent with a number of psychosocial theories of child development, as well as with recent research on children's services that demonstrates the importance of services that are flexible, comprehensive, and team-based. However, at its core, the basic hypothesis of Wraparound is simple: If the needs of a youth and family are met, it is likely that the youth and family will have a good (or at least improved) life.

Much of the early work on Wraparound was focused on children, youth, and their families with very complex needs. However, it is important to note that the process has been proven useful with children, youth, and families at all levels of complexity of need, including those whose needs are just emerging. The intuitive appeal of the Wraparound philosophy, combined with promising initial evaluation studies and success stories from communities around the nation, has promoted explosive growth in the use of the term "Wraparound" over the last two decades. In fact, it has been estimated that the number of youth with their families engaged in Wraparound could be as high as 200,000 (Faw, 1999).

History of the Wraparound Process

Dr. Lenore Behar of North Carolina coined the term "Wraparound" in the early 1980s to describe the ap-

plication of an array of comprehensive community-based services to individual families. North Carolina implemented these services as alternatives for institutionalization of youth as part of the settlement of the *Willie M.* lawsuit. Since then, the use of the term "Wraparound" has become common shorthand for flexibility and comprehensiveness of service delivery, as well as for approaches that are intended to help keep children and youth in the community. As a result, the interpretations of what Wraparound means vary widely (Burchard, Bruns, & Burchard, 2002). The development of the Wraparound process has been shaped by a unique combination of local, state, and federal innovations; contributions from individual consultants and researchers; influential local, state, and national family organizations; new federal law; and key lawsuits. The rest of this article describes some of these historical influences on Wraparound.

Roots in Europe and in Canada

Some of the formative work in this area was conducted by John Brown and his colleagues in Canada, who operated the Brownsdale programs. These programs focused on providing needs-based, individualized services that were unconditional. Some of the roots of the Brownsdale efforts were influenced by the Larch move-

ment, a European approach that supports normalization and support from community members to keep individuals with complex needs in the community. These and other normalization concepts were employed in designing the Kaleidoscope program in Chicago, led by Karl Dennis, which began implementing private agency-based individualized services in 1975.

Similar Movements

It is important to note that during the era in which Wraparound has developed, parallel developments have occurred simultaneously in other fields. For example, approaches such as *Person-Centered Planning* and *Personal Futures Planning* bear a strong resemblance to Wraparound, and were developed to meet the needs of people with developmental dis-

abilities. Similarly, within juvenile justice, several approaches use values and steps similar to those in Wraparound to create individualized plans that balance the community's needs for safety and restitution with the goal of keeping young offenders in the community. Child welfare systems across North America have implemented *family group decision making*, a collaborative family-provider planning process with origins in New Zealand Maori tribal traditions. Within special education, federal legislation requires that many children receive individualized education plans designed by a collaborative family-provider team.

Major Efforts in Wraparound

In late 1985, officials of the State of Alaska social services, mental

health, and education departments sought consultation from Kaleidoscope, and formed the *Alaska Youth Initiative* (Burchard, Burchard, Sewell, & VanDenBerg, 1993). This effort was successful in returning to Alaska almost all youth with complex needs who had been placed in out-of-state institutions. The Alaska efforts were quickly followed by replication attempts in Washington, Vermont, and more than 30 other states. Major efforts based on Wraparound and system of care concepts were funded by the Robert Wood Johnson Foundation in the late 1980s, and studies of these programs proved to be a rich source of information for further development of the process. Many jurisdictions involved in the National Institute of Mental Health's CASSP (Child and

PHILOSOPHICAL ELEMENTS OF THE WRAPAROUND PROCESS

ELEMENT	DESCRIPTION
Voice and Choice	The youth and family must be full and active partners at every level and in every activity of the Wraparound process.
Youth and Family Team	The Wraparound approach must be a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plan.
Community-Based Services	Wraparound must be based in the community, with all efforts toward serving the identified youth in community residential and school settings.
Cultural Competence	The process must be culturally competent, building on the unique values, preferences, and strengths of children and families, and their communities.
Individualized and Strength-Based Services	Services and supports must be individualized and built on strengths, and must meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community.
Natural Supports	Wraparound plans must include a balance of formal services and informal community and family supports.
Continuation of Care	There must be an unconditional commitment to serve children and their families.
Collaboration	Plans of care should be developed and implemented based on an interagency, community-based collaborative process.
Flexible Resources	Wraparound child and family teams must have flexible approaches and adequate and flexible funding.
Outcome-Based Services	Outcomes must be determined and measured for the system, for the program, and for the individual child and family.

NOTE: This description of the elements of Wraparound was adapted from the monograph that resulted from the Wraparound meeting at Duke University in 1998. Burns, B.J., & Goldman, S.K. (1999). Promising practices in Wraparound for children with serious emotional disturbance and their families. *Systems of care: Promising practices in children's mental health, 1998 series, Vol. IV*. Washington DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Adolescent Services System Program) program and state level grants also used the Wraparound process during the late 1980s and early 1990s, while more recently, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Comprehensive Community Mental Health Services for Children and Families program has awarded grants to dozens of communities who proposed to use the Wraparound process

to mobilize system of care philosophies for individual families.

In the early 1990s, several Wraparound pioneers planned and carried out a series of national conferences on the Wraparound process. These "Wraparound Family Reunions," in Pittsburgh, Chicago, Vermont, and San Jose, served to bring together early implementers of the process, and helped accelerate the growth of the movement. These national conferences were followed by dozens of state level Wraparound gatherings, many of which have become annual events. For example, the state of Michigan recently completed its eighth annual Wraparound conference, which was attended by over 500 administrators, service providers, family members, and youth.

In 1998, in response to concerns about the lack of specification of the Wraparound model, a group of family advocates, Wraparound trainers, providers, and researchers gathered at Duke University to debate the definition and core components of the Wraparound model. This important gathering resulted in delineation of 10 elements that provide the foundation of the Wraparound approach (Goldman, 1999; see box, page 5). In the years since this meeting, it has been recognized that further specification of the Wraparound practice model is necessary. Though a number of monographs, training manuals, and book chapters describe different aspects of the process for different audiences, there remains a need to synthesize these innovations into one description of a model that includes standards and parameters for practice. Nonetheless, the 10 elements represent an important framework for Wraparound, providing a philosophical value base and a set of minimum conditions from which to develop quality assurance measures.

The Family Movement and Wraparound

Over the last 15 years, the field of children's mental health has seen the rapid growth of a family advocacy

movement. This growth has been fueled by the efforts of advocacy organizations such as the Federation of Families for Children's Mental Health and the National Mental Health Association. These organizations have embraced the Wraparound process as a potential means for ensuring the fundamental rights of families with mental health needs. In many communities, family members and/or advocacy organizations have organized programs that link family members who are experienced with Wraparound with families who are receiving care through the process. For example, in Phoenix, the Family Involvement Center helps recruit, select, and prepare family support partners who work for the Center and other not-for-profit agencies to serve on Wraparound teams. The growth of the family movement in children's mental health has been an important impetus for the ongoing development of Wraparound.

EPSDT

In the U.S. Omnibus Reconciliation Act of 1989, the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) became a mandated service for children and youth served under Medicaid. EPSDT services include screening, diagnosis, and treatment of behavioral health needs. Federal EPSDT requirements mean that if a child or youth is deemed, through an EPSDT screening, to need services, those services must be provided. States have varied in their compliance with EPSDT guidelines, but EPSDT has continued to spur further use of the Wraparound process.

Lawsuits

Lawsuits, such as the *Willie M.* lawsuit in North Carolina and the earlier *Wyatt vs. Stickney*, continue to be an important factor in rapid growth of the Wraparound process. There have been over 30 major U.S. state-level lawsuits focused on the lack of creative service provision alternatives for families and the use of overly restrictive residential and in-

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stitutional placements. These lawsuits, such as the *Reisinger* lawsuit in Maine, and the *Jason K.* suit in Arizona, have resulted in settlements that have promoted the use of Wraparound in a number of states, and that have forced changes in the flexibility of Medicaid funding for behavioral health needs.

In addition, the federal *Olmstead* decision in 2001 was an important factor leading to growth of the Wraparound process. The *Olmstead* opinion supported the right of a child to community-based services instead of unnecessary institutionalization due to lack of community-based services. States have to submit plans on how they will comply with the *Olmstead* decision, and many are using the Wraparound process as a cornerstone of their compliance.

Conclusion

In considering the history of Wraparound, it becomes apparent that the idea it represents is nothing new. Humans have been creative, and effective, in supporting one another for eons. Building on this seemingly simple idea, Wraparound represents a process that has the potential to be extremely efficient and useful in improving the lives of children, youth, and families. This process has spread to all 50 U.S. states, across Canada, and to other countries.

Yet, as a number of the articles in this issue of *Focal Point* point out, providing effective support through the Wraparound process is actually complex. Interpretations of the Wraparound philosophy and the quality of implementation have varied a great deal (Burchard, Bruns, & Burchard, 2002; Walker, Koroloff, & Schutte, 2003). It is essential that best practices and standards for the full Wraparound process are developed and followed with high fidelity. Then, and only then, will Wraparound consistently live up to its potential to make meaningful improvements in the lives of children with complex needs and their families.

ISP/Wraparound Resources from the RTC

The RTC has just published a full report on current research about “what it takes” to implement high quality ISP/Wraparound. The report, entitled *Implementing high-quality collaborative Individualized Service/Support Planning: Necessary conditions*, can be downloaded from our website (www.rtc.pdx.edu, search under Publications), or ordered in print (see page 31). The report includes three assessments to gauge the extent to which conditions necessary for high quality implementation are in place at the team, organization/agency, and system levels.

The RTC has also produced two references: *Individualized Service/Support Planning and Wraparound: Research bibliography*, and *Individualized Service/Support Planning and Wraparound: Practice-oriented resources*. These are available only on the website (search under Publications). Information on the RTC projects focusing on ISP/Wraparound has been updated to include latest findings and products. Visit the RTC website, click on “Research” and then the project names: The Context of Individualized Services and ISP/Wraparound Teamwork in Practice.

To be notified by email when resources become available, click on “Join Our List” from the RTC home page, and provide your email address.

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- John VanDenBerg** has over 17 years experience as a human services consultant and is a major innovator in development and improvement of the Wraparound process.
- Eric Bruns** is a clinical psychologist and an assistant professor at the University of Maryland School of Medicine in Baltimore. His research focuses on community-based interventions for children and families.
- John Burchard** is a professor of psychology at the University of Vermont.

ASSESSING THE NECESSARY AGENCY AND SYSTEM SUPPORT

Collaborative multidisciplinary teams that include family members and youth as equal partners have become an increasingly popular mechanism for creating and implementing service plans for individual children with complex needs and their families. In children's mental health, these teams are known as *Individualized Service/Support Planning* (ISP) teams or *Wraparound* teams. Consistently delivering high quality ISP/Wraparound throughout a system of care has been challenging, however (Farmer, 2000; Walker, Koroloff, & Schutte, 2003). At the team level, it is clear that the practice of ISP is complex and difficult. What is more, practical experience has shown that teams require extensive support both from their agencies and from the system of care if high quality ISP is to be achieved and sustained (Malekoff, 2000). But this necessary level of support is difficult to achieve. It appears that people at the organization and system levels are often not aware of the spectrum of supports that is necessary if ISP is to be effective. Even when they are aware, they may still find it difficult to put the necessary supports into place, since organizations and systems face many pressures and competing priorities (McGinty, McCammon, & Koeppen, 2001).

The goal of the research described in this article is to answer three questions. This article focuses on the second and third questions, while the first question is addressed in greater detail in the article on effective ISP teamwork, beginning on page 12.

1. What does it take for ISP/Wraparound teams to be effective in improving outcomes for children and families?

2. If teams are to be effective in this way, what supports do they need from the organizations that collaborate to provide ISP?

3. What supports do these organizations—and the teams—need from the systems of care within which they are embedded?

Figure 1 provides an outline of the *conceptual framework* that we developed out of research designed to answer these questions. We began by focusing on the first question and then moving “upward” to the organization and system levels, an approach consistent with “backward mapping” (Elmore, 1979/80). The framework describes a series of *necessary conditions*—conditions that must be met if high quality ISP is to be achieved and sustained. In this article, we provide an introduction to the framework and to the three assessment tools we have developed to help people gauge the extent to which these conditions are in place in their local implementation. We have recently produced a full report on our work (Walker, Koroloff, & Schutte, 2003; see box on page 7), which includes

- Details about our research sources and methods;
- A full description of each of the necessary conditions;
- A summary of the research evidence that provides the rationale for including each condition as “necessary;”
- Examples of ways that different communities have met each condition; and
- Assessment tools to gauge the extent to which the necessary conditions are being met at the team, organization/agency, and system levels.

Three Levels

The conceptual framework organizes the necessary conditions into three levels: *team*, *organization*, and *system*. For the purposes of this discussion, we think of the team as the caregiver and youth and *at least* two or three other consistently attending core members who take responsibility for creating and implementing a plan to meet the needs of the family and child with an emotional disorder. These team members, whom family members identify as important in their lives, usually include service providers and members of the family's informal and community support networks.

At the *organizational level*, the picture becomes somewhat more complicated. We find it useful to distinguish between two roles that organizations or agencies can play relative to ISP teams. In the first role, an agency takes the *lead* in ISP implementation, and is responsible for hiring, training, and supervising team facilitators. This agency may also provide training for other team members with specialized roles, such as family advocates or resource developers. In the second role, an agency acts as a *partner* to the team-based ISP process by contributing services, flexible funds and/or staff who serve as team members.

We think of the *system level* as the larger service policy and economic context that surrounds the teams and team members' agencies. Because many communities have not yet developed a “system of care” we also use the term *policy and funding context* to refer to this level. Put simply, the policy and funding context includes people and groups at “higher levels” whose actions and decisions

Figure 1. Necessary Conditions

Team Level	Organizational Level	Policy & Funding Context (System Level)
Practice Model i. Team adheres to a practice model that promotes team cohesiveness and effective planning in a manner consistent with the value base of ISP.	Practice model i. Lead agency provides training, supervision, and support for a clearly defined practice model. ii. Lead agency demonstrates its commitments to the values of ISP. iii. Partner agencies support the core values underlying the team ISP process.	Practice model i. Leaders in the policy and funding context actively support the ISP practice model.
Collaboration/partnerships i. Appropriate people, prepared to make decisions and commitments, attend meetings and participate collaboratively.	Collaboration/partnerships i. Lead and partner agencies collaborate around the plan and the team. ii. Lead agency supports team efforts to get necessary members to attend meetings and participate collaboratively. iii. Partner agencies support their workers as team members and empower them to make decisions.	Collaboration/partnerships i. Policy and funding context encourages interagency cooperation around the team and the plan. ii. Leaders in the policy and funding context play a problem-solving role across service boundaries.
Capacity building/staffing i. Team members capably perform their roles on the team.	Capacity building/staffing i. Lead and partner agencies provide working conditions that enable high-quality work and reduce burnout.	Capacity building/staffing i. Policy and funding context supports development of the special skills needed for key roles on ISP teams.
Acquiring services/supports i. Team is aware of a wide array of services and supports and their effectiveness. ii. Team identifies and develops family-specific natural supports. iii. Team designs and tailors services based on families' expressed needs.	Acquiring services/supports i. Lead agency has clear policies and makes timely decisions regarding funding for costs required to meet families' unique needs. ii. Lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures. iii. Lead agency demonstrates its commitment to developing culturally competent community and natural services and supports. iv. Lead agency supports teams in effectively including community and natural supports. v. Lead agency demonstrates its commitment to developing an array of effective providers.	Acquiring services/supports i. Policy and funding context grants autonomy and incentives to develop effective services and supports consistent with ISP practice model. ii. Policy and funding context supports fiscal policies that allow the flexibility needed by ISP teams. iii. Policy and funding context actively supports family and youth involvement in decision making.
Accountability i. Team maintains documentation for continuous improvement and mutual accountability.	Accountability i. Lead agency monitors adherence to the practice model, implementation of plans, and cost and effectiveness.	Accountability i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders.

impact ISP teams and organizations through formal and informal policies, and through decisions about finances. For example, the policy and funding context often includes administrators of child- and family-serving agencies (child welfare, mental health, juvenile justice) at the county, region, or state level. Policies and funding decisions may also be impacted by state and local governing bodies, as well as by other organizations that set policy, monitor or enforce policy, or interpret state or national policies to local service providers.

Five Themes

The conditions depicted in figure 1 are also organized into five rows according to five themes: practice model, collaboration/partnerships, capacity building/staffing, acquiring services/supports, and accountability. At each level—team, organization, and system—stakeholders must engage in activities that meet the necessary conditions. The framework does not attempt to specify exactly *how* a program or community should meet each condition, only that there should be some structure, mechanism, policy, or process for doing so. For example, in the area of accountability, the framework includes the necessary condition that the organization monitors adherence to the practice model of ISP (as well as implementation of plans and cost and effectiveness). Since the practice model is built around the value base of ISP, part of this monitoring must focus on whether or not teams are truly working in ways that promote the values. However, monitoring adherence to the value base can be done in several ways. For example, an organization might ask family members to rate the level of adherence to ISP values that they experienced in their team meeting (this is the strategy used in the WFI, see page 21), or the organization might ask supervisors to observe team meetings and provide feedback on adherence to the values. These are two different activities on the part of stakeholders that satisfy this aspect

of the condition. The framework recognizes that it is important that organizations and systems have some flexibility to decide—based on local context and local needs—what sorts of strategies will work best to meet the conditions in their particular community.

Interrelationships Across Levels

The organization of the framework according to themes also draws attention to the ways that the three levels of activity are interrelated. Failure to recognize the impact of system-level actions on the organization, or the effect of organizational decisions on teams, leads to narrow problem definition and ineffective solutions. Staff at all levels can easily end up blaming each other, defensive about their own actions, and demoralized. Practical experience has shown that achieving meaningful change at the service delivery level requires extensive support from the organizational level, as well as from the system level (Clark, Lee, Prange, & McDonald, 1996).

A good example of the impact of one level on another can be found within the collaboration/partnership theme. Support across all three levels is necessary to ensure that key team members will attend meetings. For example, a child welfare worker from a partner agency is told by her supervisor that she can no longer attend an individual child's team meetings because she needs to use her time investigating child abuse cases. Her regular presence at team meetings is critical to the team's ability to make appropriate decisions. This organizational decision is sparked by a recent child death and increased community pressure on the child welfare agency. In a community with low organizational and system support for ISP, the team facilitator is left to negotiate directly with the child welfare worker or her supervisor to assure some level of involvement in team meetings. If the facilitator is well respected or has a strong network of friends, he or she may manage to get the child welfare

worker's supervisor to allow her to attend the next meeting for this specific child. Alternately, the child welfare worker may begin attending team meetings on her own time. However, neither of these solutions changes the general policy that continues to restrict child welfare workers' involvement in other (and future) teams. In a community with stronger organizational and system supports, the team facilitator might enlist the help of a supervisor or program manager who will negotiate directly with the manager of the child welfare agency to work out a different policy that does not restrict workers' participation on ISP teams. Further, a strong interagency body at the system level could examine the problem of increased scrutiny of child welfare and seek ways to resolve this issue that do not undermine the collaboration and partnership that is necessary for ISP.

Another example comes from the area of acquiring services and supports. One of the key tasks of the ISP team is to integrate community services and natural supports into the plan. It turns out teams are rarely successful in building plans which are not primarily reliant on formal services. Our research indicates that this is in large part due to a lack of support from the organization and system levels. For example, teams require knowledge about specific strategies for attracting and retaining community and natural support people to the team. Ensuring that team members acquire this necessary knowledge is a responsibility at the organizational level. In reality, organizational pressures often work the other way, to encourage teams to develop plans that rely on formal services that have already been contracted. Again, it is the responsibility of organizations to ensure that teams are able to develop plans based on the family's expressed needs and strengths, rather than on the services that are "on the shelf." If many teams within a program are successful in integrating community and natural

supports into the plan, another problem may well emerge: There may now be more demand for community services and supports than capacity to provide them. This would be the case if a number of teams in an ISP program suddenly “discovered” a high quality afterschool program at a local church that combines mentoring, tutoring, and social skills development. The program might have openings for only one or two additional children. Or suppose a team wants to provide respite for a child’s mother by paying a neighbor who has a good relationship with the child to have the child at her home every other weekend. This creative, and potentially highly cost effective solution is derailed because there is no existing mechanism for certifying or paying a non-traditional respite provider. If plans are to be truly individualized and community based, the organizations that collaborate to provide ISP must devise strategies for developing community capacity to provide the services and supports that tend to be requested by teams. Developing community capacity and informal supports will also require support from the system level. For example, the policy and funding context must allow organizations the flexibility and autonomy that are necessary if they are to develop the specific services and supports that will be successful within a particular community context.

Assessments

We have developed a series of assessments as a companion to the conceptual framework. These assessments—for team process, organizational support, and system context—are designed to provide stakeholders with a structured way of examining the extent to which the necessary conditions for ISP are present in their local implementation. The assessments are not designed to provide an absolute rating or ranking of the implementation. Rather, they are intended for use in discussions of the strengths of the implementation, and to help clarify and pri-

oritize areas for further development.

The assessments were designed with an eye towards issues of mutual accountability across the various levels of implementation of ISP. Traditionally, we think of people at the service delivery level as accountable for the quality of the services that they provide. When programs fail to deliver desired outcomes, the blame is often laid at the provider level. However, as our research has made clear, high quality work in ISP cannot succeed where the necessary organizational and system level supports are lacking. But how are people at these levels to be held accountable for providing an acceptable level of support? We believe that assessing the extent to which the necessary conditions are in place at the organizational and system levels provide a means for pushing accountability upward as well as downward. The assessment of organizational and system support are tools for this sort of *upward accountability*. In contrast, the team level checklist can be seen as a more traditional sort of tool, of the type that is used for supervision in a more familiar form of *downward accountability*. The idea is that a balance of upward and downward accountability actually builds a culture of *mutual accountability* that encourages focused problem solving

over defensive blaming.

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PRACTICES TO PROMOTE EFFECTIVE TEAMWORK IN ISP/WRAPAROUND

Individualized Service/Support Planning (ISP, often known as *Wraparound*) has become one of the most popular strategies for implementing the system of care philosophy for children with serious emotional or behavioral disorders. However, achieving high quality implementation of ISP has proven to be difficult. In part, this difficulty stems from the fact that while there is agreement about the values that should guide ISP, there is no generally agreed-upon model or manual for ISP practice.

In this article, we describe some of the theory and findings that have emerged from an RTC research project focusing on two questions:

- 1) What are the characteristics of effective ISP teams? and
- 2) What are specific practices (techniques, structures, procedures, etc.) that team members can use to promote effectiveness in their ISP teamwork?

Of course, good teamwork alone is not enough to ensure that ISP teams will be effective. ISP teams also require extensive support from the organizational and systems contexts within which they work (see page 8). For more about our research methods, read our full report on high quality implementation of ISP (see page 7).

Effective Teamwork

According to our model of effective ISP teamwork (see figure on page 13), teams are most likely to achieve desired outcomes when they “adhere to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of ISP.” (This statement is also found in the upper left cell of the figure on page 9.) We use the term *practice model* to mean a

group or repertoire of *practices*, which are specific techniques, structures, and procedures that team members use to develop the plan and operationalize the value base. *Cohesiveness* refers to the team members’ shared belief that the members are willing and able to work together to achieve goals they hold in common. In the remainder of this article, we discuss each of the three necessary elements—high quality planning, cohesiveness, and the value base—describing why each is essential for effectiveness in ISP teamwork, and outlining how each can be promoted in team practice.

High Quality Planning

At its heart, ISP is a planning process. Robust research evidence indicates that teams that are effective in complex, long-term planning use a structured process for creating and monitoring their plans. Effective teams

- agree on a long-term goal or mission,
- define intermediate-term goals with observable performance indicators,
- link tasks or action steps to the intermediate goals and assign responsibility for performing each task, and
- monitor progress on each goal and revise goals and strategies as needed.

Among the ISP teams we observed as part of our research, fewer than one third maintained a team plan with team goals. Thus, the large majority of the teams we observed were not making use of the element of teamwork that has been most consistently linked to team effectiveness in virtually any setting (West, Borrill & Unsworth, 1998). In our observations, the teams that maintained plans with goals were also more likely to adhere to other elements of a high-

quality planning process. These teams often used plan templates that required them to include a mission statement and goals, as well as to describe family needs, strategies to meet the needs, and the tasks that team members were to carry out. Meetings then revolved around assessing progress and revising strategies for reaching goals and meeting needs.

A high quality planning process also requires that teams work to generate options before making decisions about which goals to pursue or which strategies to use to achieve the goals. In general, teams have the *potential* to be highly creative; however teams rarely realize this potential because members tend to be over-eager to commit to the first goal, strategy, or solution that comes up, rather than generating multiple options and then choosing among them (Paulus, Larey, & Dzindolet, 2001). This tendency appears to be present in ISP teams as well. In our observations of team meetings, fewer than one in five teams considered even two options before making *any* decision during a meeting. Brainstorming or other techniques were used in fewer than one in twenty meetings. This may be one of the reasons that many ISP teams often have little success in developing highly individualized plans that incorporate community and natural supports.

ISP teams need to work to develop a mindset that will keep them from committing too quickly to the first solution—often a service solution—that comes up. For example, teams can maintain a practice of always generating two or three options before choosing a course of action. Teams can also agree to “Always come up with at least one option for a strategy that is not a formal ser-

vice.” This practice has the further advantage of stimulating strategies that incorporate informal supports. Discipline in generating multiple options also has great potential to increase the extent to which the plan will be family driven and culturally competent, since family members have the opportunity to select options that best fit with their strengths, needs, beliefs, and values.

Cohesiveness

Team cohesiveness has been consistently linked to effectiveness (Cohen & Bailey, 1997). On cohesive teams, team members believe that they are pursuing shared goals, that team members trust and respect one another, and that team decisions are made in a fair or *equitable* manner. This does not mean that team members will never have disagreements; on the contrary, disagreement is a source of creativity and learning on successful teams (Tjosvold & Tjosvold, 1994). Successful teams are able to work through disagreement constructively.

Disagreements are particularly likely to occur on teams, like ISP teams, that have a high level of diversity in background and experience. What is more, on ISP teams, different team members may be responsible for carrying out specific mandates that appear to be contradictory. Teams must therefore be familiar with a variety of specific strategies for dealing productively with disagreement. For example, facilitators should be able to recognize and intervene quickly when team members say things that may feel hostile or attacking to other members (even when the speaker does not intend an attack). Specific techniques for helping teams stay “solution-focused” during disagreements are often included in trainings for dispute resolution and mediation. Modules and exercises from such trainings can be incorporated into facilitator training, coaching, and supervision. Teams can also create and enforce “ground rules” that describe the type of inter-

personal behavior that is expected from members.

Conflict is likely to be increased on teams whose members feel that discussion and decision making processes are inequitable (*unfair*). When team members feel that decision making is unfair, they are unlikely to feel committed to the decisions or to follow through on tasks. It is important to note that equity and equality are not the same. For example, teams may well feel that it is fair (equitable) for a mother to have more (unequal) opportunities than professional team members to speak and to make decisions.

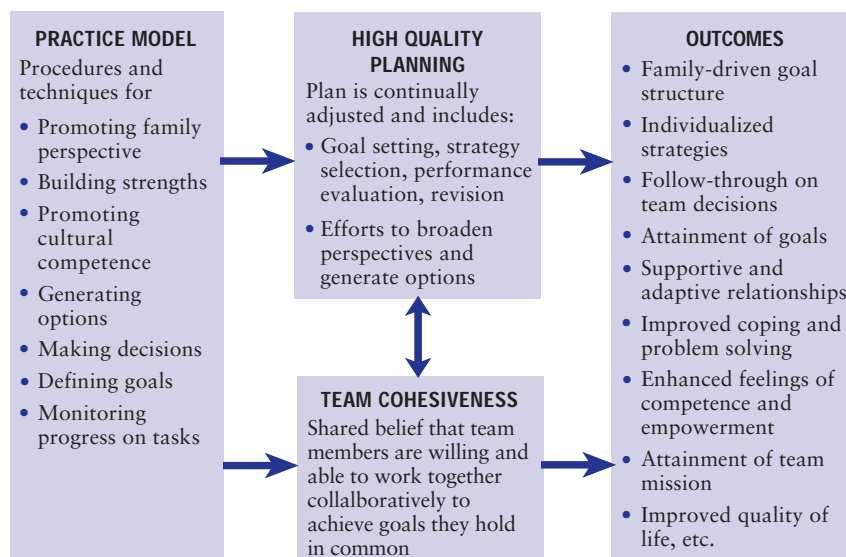
Equity perceptions are higher on teams that use practices to ensure that members feel that their ideas and opinions are valued. For example, teams can provide structured opportunities for each team member to contribute to discussions during decision making. Input can be acknowledged through verbal reflection or through a written record, such as a list or summary of the discussion. Equity perceptions are also enhanced on teams that use a clear and consistent process for making decisions. This avoids the appearance of arbitrariness that can alienate team members and cause them to feel that their input has been ignored.

Value-based Practice

The value base of ISP specifies that the process is to be family centered, with teamwork being driven by the family’s sense of its strengths, needs, and priorities. Available research indicates that this is likely to be very difficult. Mental health professionals often appear to be reluctant to acknowledge the family’s perspective and expertise. This may also reflect a more general dynamic that appears in teamwork. On any team, people of higher social status tend to talk more and have more influence over the decisions that are made (Owens, Mannix, & Neale, 1998). Thus, team meetings are likely to be dominated by men rather than women, by bosses rather than subordinates, or by people with more rather than less formal education. It is very difficult for teams to overcome this sort of imbalance, even when members are trying to do so. On ISP teams, it is not uncommon for family members (particularly youth) to possess relatively few markers of high status. Even where family members have higher status, their status within meetings is likely to be deflated because of team members’ tendency to see the family in terms of its needs and deficits.

If teams do not actively and con-

Effectiveness in ISP Teamwork





sistently use practices that work to counteract the imbalances of power between the family/youth and professionals, it is unlikely that the family's perspective(s) will drive planning. Practices that increase the amount, consistency, and/or impact of family members' contributions are likely to increase their influence in teamwork. Strategies we have seen include providing opportunities for family members to speak first and last during discussions, verbally summarizing or reflecting family contributions to discussion, checking back in with families after any decision, and using a family advocate to reinforce the family perspective as elicited in interviews outside of full team meetings. It is particularly important that the team goals reflect the family/youth perspective so that the team's work is structured by their views. Obviously, this will not happen if the team has not set clear goals.

The ISP value base also stresses that planning should build upon the strengths of the family and youth, and should incorporate the assets of other team members and the community. The "how to" of strengths-based practice is not well developed either in theory or in practice, and interviewees in our research studies were quite frustrated by this. Interviewees did point out that child and family strengths are affirmed when the family is trusted and empowered to drive the ISP process. In our observations, we also saw teams using various practices to draw attention to strengths, espe-

cially those of the family (though whether this means that strengths were being built on or enhanced remains an open question). The most common practice was to undertake a structured inventory of team and family strengths. Interviewees also spoke of a practice of linking each strategy in the plan to specific team member strengths.

The "how to" of culturally competent teamwork also remains difficult to pin down. It is likely that cultural competence will be greater on teams that are successful in promoting the family perspective and building an appreciation of strengths. Several research studies have shown that building team cohesiveness is particularly important on teams whose members are ethnically and/or racially diverse, and that facilitator neutrality is linked to satisfaction for team members from racial/ethnic minority populations. Thus, practices that promote perceptions of cohesiveness and equity are also likely to enhance cultural competence. Team members in our studies have also suggested that cultural competence is likely to be higher on teams whose members have developed clear expectations for interpersonal behavior and on teams whose members are skilled in managing and resolving disagreements.

Conclusion

Effective ISP teams are familiar with a repertoire of practices that promote high quality planning, cohesiveness, and the ISP value base. What is more, teams do not need to pursue each of these three elements separately. Indeed, effective practices often promote two or even all three elements at the same time. We have outlined some such practices in this article, and more are available or forthcoming in other products of our research. However, there are certain areas (e.g. strengths-based and culturally competent practices) where information that can provide guid-

ance in selecting practices is scant. One of the primary goals of the National Wraparound Initiative (see page 24) is to increase the extent to which communities and providers can share practices that are consistent with high quality ISP, and a primary goal of the Initiative is to make available not just a greater number but also a wider spectrum of practices for effective teamwork.

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OUR WRAPAROUND TEAM: SUCCESSSES AND SUGGESTIONS

My son has had serious emotional and behavioral challenges since he walked into this world. I sought help for him beginning at the age of three. After early intervention; after numerous visits to doctors, therapists, and psychiatrists had met with limited success; and when his behavior at home, school and in the community became beyond the scope of our capabilities, it was suggested that he be placed in residential care. This was not what I wanted for my son. I didn't think that he needed to be "sent away," but I was at a loss about what to do. We had exhausted all resources available to us.

In May 2000, my son, then eight years old, was hospitalized for his emotional and behavioral problems. When he was discharged, we were referred back to our county Mental Health Organization (MHO) for continued treatment. Through my affiliation with Portland State University, I learned that there was a federally funded grant site conducting a research project at my county MHO. This grant was using Wraparound to expand services available to children with severe emotional and behavioral challenges that were at risk of being placed outside the home. This definitely defined my son. Through heavy advocating on my part, I was able to get the two required referrals for my son to participate.

Once our team had formed, it consisted of everyone I could think of who could possibly act as a support to or for my son. It included family members, friends from church, his therapist, his psychiatrist, our care coordinator, a family support worker, his teacher, and occasionally members from the school district's special services office. This team met a few times in its entirety. After a few



Theresa Rea with son Cody

months, many of the "natural supports" (family members and friends) who had been on the team withdrew their support. This was either because of personal reasons, or because their beliefs about the nature of my son's challenges were not compatible with mine. There were also personality conflicts among the natural supports that could not be resolved. As I am writing this, my son's team consists of his care coordinator, his therapist, and me. His psychiatrist is kept in the loop and informed of meetings, but does not attend. If school-related issues are on our agenda, we schedule the meetings at school under the terms of their contract hours. I am OK with this, mostly because we are getting ready to "close his case." I will assume the role of the care coordinator (as I had in the past) and keep the team informed. I am now the person who disseminates information about my son and his treatment to the various people involved. This

includes his doctor, his psychiatrist, his teachers, family, friends, and community supports.

The beauty of Wraparound, from my perspective, is that IT WORKS. It works because it provides an opportunity for everyone involved with my son to gather at the same table (even figuratively speaking) and discuss what he needs and what our family needs to keep him at home. Having everyone at the table informed and aware of his treatment, his goals, and more importantly, his strengths, has had an incredible impact. First, he saw everyone working together. All the important figures in his life were working on the same plan and the same goal, *for him*. This was a powerful message. Everyone with whom he interacted was in touch with who he was and where he was going. They were all aware of what was going on in other areas of his life. All events—at home, at school, in therapy, and in the community—were put out on the table once a month for everyone to revisit and evaluate. No one was in the dark about any detail of our lives or his progress. He is a different child today, thanks to the Wraparound philosophy and the dedicated people who have stuck with us along the rocky way.

There were two major challenges that kept Wraparound from being as successful as it could be for me and my family. First, services that our family needed (and still need!) did/do not exist. For example, one of my family's needs was/is after school care. I was a single, working mom with nowhere for my son to go after school. Daycares for kids with emotional and behavioral challenges simply don't exist. This has severely impacted my ability to work a full-time job. I remained a student through all

these years in part because of my love of academe, and in part due to the flexibility of the schedule.

Another challenge is that not everyone understands the values and theory of Wraparound. At the individual level as well as the organizational level, many of the agencies that we are involved with (including the schools) are unfamiliar with Wraparound. Individuals within agencies who are unfamiliar with how Wraparound works seem reluctant to have a parent and a family directing their own treatment. If these professionals are familiar with Wraparound, they do not appear to “buy into” the

belief that families are an integral and necessary component of the team. At the organizational level, agencies have forms, protocol, procedures, and power structures that work to discourage creative problem solving to address unique family challenges. The daycare dilemma is a good example. The need clearly exists, not just for my family, but for many families like mine. How can these agencies, in partnership with families, go to work on solving this challenge? From my perspective, it requires stepping outside of policies, procedures, protocols, and turf protection. It requires creative thinking, believing in

the power of families and community, and believing in the strengths of children and families like mine. When this happens, many families and their children with emotional and behavioral challenges can be provided with the necessary supports to keep their children at home, in school, and out of the juvenile justice system. Moreover, these families and children can flourish, given the opportunity.

Theresa Rea is a mom and an advocate and is currently finishing her Ph.D. in System Science/Psychology at Portland State University.

CODY'S EXPERIENCE OF WRAPAROUND

Wraparound teams may find it challenging to involve youth in meetings. Youth may find the meetings boring, they may be easily distracted, or they may get upset about what team members are saying about them. However, when youth are en-

gaged in their own team meetings, they can take part in the development of their plan.

Cody, who is 11, has had a Wraparound team since 2000. He is an example of a youth who finds Wraparound meetings boring. In the beginning, Cody said he acted out during the meetings because he was bored. As Cody puts it, “It’s not exactly the funnest thing to do!”

Despite being bored, Cody participates as a member of his team and admits his team has helped him and his family. “It [attending the meetings] is usually kind of boring for me, but now I kind of realize that it’s to help me.” Since realizing this, Cody listens to what his team is talking about and realizes they are looking after his best interests. “Some of the adults see things that I don’t even know I do!” He finds it helpful when the team talks about these things and discusses ways to work on them.

Cody is appreciative of the team for listening to his needs. When he describes things that he would like to do, like attending summer camp, the team makes it happen. They also hired a mentor for him, which he says

helped him make friends. “Now I’m making friends really good. I used to be shy and I didn’t want to go up and say, ‘Hi!’ to somebody. And now I just go up and say ‘Hi, what’s your name?’” The team even helped Cody and his brother get along better, despite their “over-the-top sibling rivalry.” For Cody, the boredom of the meetings is worth it because in the end, good things have come from these meetings.

What does Cody like best about the team meetings? He likes it when the team talks about the good things. “I like it when I get to name my strengths because that’s a really easy thing to do!” He says the team does a good job at recognizing his strengths and helping him to use his strengths. At the same time, it is helpful for him to hear what he needs to change and get the help from the team to work on these changes.

Cody’s suggestion for making the team meetings better is to have lots of free food at the meeting and discuss the bad things about his brother. It seems as if sibling rivalry is still around!

— Kathryn Schutte



Please update your contact information!

Help us keep our lists up to date by letting us know about any changes in your contact information. You can also add your email to the rtcUpdates email list to receive information on the latest developments in family support and children’s mental health. Online, go to our home page and click on “Join Our List” then follow the instructions to update or add your contact information. Otherwise, email tullisk@pdx.edu or call Kathryn Tullis at 503.725.4256.



Nick O'Connor with art exhibited at the Thought Auction (see page 20)

STAYING THE COURSE WITH WRAPAROUND PRACTICE: TIPS FOR MANAGERS AND IMPLEMENTERS

It's not a good feeling. You just reviewed your Wraparound project and find that you can't recognize the practices that are occurring with individual families. You remember back to the early, "pioneering" days of Wraparound when you and a couple of other "true believers" got started. It started more as a dare than anything else, but what you found got your attention. Families, especially parents, indicated they felt really listened to and liked the process. As a manager you learned from the experience and made changes in your system to "plant" Wraparound practice within your system. Some of your initial efforts included:

Eliminating fixed contracts. When you and your colleagues first experimented with Wraparound a number of years ago, you realized that families' needs were not going to be met with services pulled off the shelf. Indeed, many of these children and their families had already been in the system so long that they had experienced existing services with little impact. During the initial experience with those first families, the desired mix of services never seemed to be available at the right time, given the realities of contracting, bureaucracy, and start-up. As a result, you eliminated fixed contracts that guaranteed providers a certain amount of business.

Instead, contracts were modified to assure that the Wraparound team process could drive the demand for services. Teams could select the services they wanted when they wanted them, rather than filling slots that were already purchased. This empowered care coordinators, which, in turn, empowered families and their teams. Teams made decisions about what, when, and how much was needed, and the provider was paid for the actual service provided.

Creating a pool of nontraditional empathy agents. During those early days, it also became clear that the people initially charged with implementing the Wraparound planning process would need to be hand-selected and carefully nurtured within the larger system. Key characteristics of these individuals included *enthusiasm* and *energy* for families, *flexibility* in working within an experimental system, *openness to training*, and *tolerance for change* as the system continued to evolve.

Forming partnerships with policy makers and leaders. The initial Wraparound project had to operate close enough to the existing system of child-serving agencies to have an impact, but with enough distance to allow workers to experiment with new practices. In order to create "frontier space" that allowed for relevant ex-

perimentation, the project needed advocates or "champions" at higher levels within the system who could make the administrative practice follow the lessons learned from the experiment. Without the presence of inside champions, staff within the Wraparound project may find that they become increasingly isolated from the larger child-serving system as time goes on. Peers within the system may become cynical about the "special" advantages they see available to staff within the Wraparound program (e.g., smaller caseloads, increased flex funds). As a result, these system peers may grow skeptical of the efficacy of Wraparound and become indifferent or even hostile to the efforts of Wraparound staff to try new approaches to interacting with youth and families and providing services and supports. Champions within the system must work actively to prevent these kinds of misunderstandings and hostilities. These champions must also be accepted by families as well as system representatives.

Developing, communicating and implementing a set of practice patterns. When first getting started, you discovered Wraparound was more than its philosophical base. The initial implementers needed to identify a specific set of steps and practices that would serve as a roadmap for

implementing the Wraparound planning process. As a manager, you had to initiate practice patterns that were easily understood by staff and families, and you had to find ways to supervise those practices. You realized that if the specific steps of the planning process were not followed reliably, then your project might end up with staff espousing the values *at* families rather than demonstrating the values *with* families. Cross-sys-

tem training efforts ensured that system partners from direct practice levels through administrative levels were also acquainted with Wraparound practice and values.

Building an ongoing monitoring capacity. As the project grew, maintaining quality required continuous review and assessment of practice. For example, Wraparound Milwaukee completes facilitator reviews quarterly to assure adherence to prac-

tice skills required for running team meetings. The format for the reviews was developed by a group of family members, who considered Wraparound Milwaukee's practice guidelines and created a set of practice measures. Reviews also occur at the agency level to assure adherence to the practice patterns that are consistent with the value base.

Developing capacity for ongoing leadership. Another challenge was to create a capacity for developing ongoing leadership within the project and system. You realized that, in contrast to start-up leadership, ongoing leadership must be focused on maintaining project quality and on the reliable implementation of practice.

But now it's ten years later and your project has continued to evolve. Despite the changes you made and the structures you put in place, you feel that your project has somehow experienced slippage from your initial practice methods. In particular, there are two areas that may be of concern: the lack of natural and informal support people on teams, and failure to adequately define and meet child and family needs. Why are these difficulties arising even as your program matures, and what can you do?

Lack of Informal and Community Supports

When you first experimented with Wraparound, the families were delighted to bring their "home team" to the planning table. Parents indicated that including individuals who cared about them, their children, and their perspective seemed to "level the playing field." Now, staff members are telling you that families are not willing to have informal and natural supports at the table, and that families have nobody they can turn to. As a manager, you might want to consider two questions:

How is staff proposing the inclusion of other people in Wraparound team meetings? When you reflect back on early experiments with Wraparound you realize that families were approached and asked to bring

Wraparound Success Story

C.J. is a 13-year-old boy who was enrolled in Wraparound Milwaukee and who was slated to go to residential care in September 2002, due to serious charges filed by the juvenile court system. The vision established by the family was for the family to help support C.J. to remain out of trouble, for C.J. to stay focused on his education, and for the family to become more involved in church. The family team consisted of C.J., his mother, two sisters, a brother, a pastor, four uncles, an aunt, a therapist, a crisis stabilizer, the probation officer, a family friend, and the care coordinator. C.J. and his family team have multiple strengths and resources, and building on these assets ultimately led to his successful transition out of Wraparound Milwaukee. Strengths include C.J.'s interest in chess, sports, and education; the family's supportive church and extended family; and C.J.'s mother's work ethic and interest in learning. Academic, safety, social/recreational, spiritual, and family needs were identified by the family team.

To address C.J.'s needs in the academic area, his mother and uncle were committed to reading books with C.J. and having C.J. describe what the books were about. Homework was monitored by his mother and natural supports. C.J. also attended a specialized academic program three times a week in addition to his regular schooling. To address the safety needs, supervision and stabilization was provided by family members, a crisis stabilizer, and the probation officer. In-home therapy was provided to address underlying needs that led to C.J.'s charges in the court system. The family's pastor and church provided additional support and guidance to address safety, as well as spiritual needs.

Rather than going into residential care, C.J. was able to live with his mother due to the support of his team, the availability of community resources, and a well thought out crisis/safety plan. All needs identified in his plan of care were met successfully. Although C.J.'s care coordinator facilitated the team process, his mother coordinated all aspects of his plan. She also attended care coordination training, which teaches the Wraparound process.

C.J. and his family disenrolled from Wraparound Milwaukee this August. The family will continue to be supported by extended family, as well as their church group. C.J. will attend counseling with his pastor twice a month. The family participates in programs through the YMCA. C.J. is involved with the local Boys and Girls Club and he will attend a sports camp. C.J.'s mother states that her son is much happier and more content these days, and the team feels confident that the family will continue to succeed. —C.J.'s Team

their supporters to the table to help us, as system representatives, get more precise about what we should be doing to get better outcomes. Somewhere between the early experiments and the current reality, the assumptions have changed. Now, families are asked to bring their friends to the table not to assist the system in getting it right but to support the family. It could be that families are reluctant to have their friends and loved ones turn into helpers.

When is staff proposing that others be invited to join a Wraparound team? Timing is everything when constructing a team. Families and staff can easily fall into the habit of experiencing Wraparound as an individual help effort rather than a team-based experience. The Wraparound manager should check to make sure that teams are constructed at the earliest possible moment so that Wraparound is experienced as a team-based organizing approach.

Beyond this, what can you do to promote the participation of informal and natural supports on teams? Some strategies include:

Normalizing the need for informal support. Encourage coordinators to use concrete situations to help define the notion of community and informal supports on a Wraparound team. Coordinators should be encouraged to share examples from their own lives about how informal, community, and formal supports all helped in a challenging situation. An additional option at the program or system level is to share stories of families whose teams have been successful in incorporating natural and community supports into the planning process. Such stories can be shared through newsletters or other materials distributed to all families involved in the project.

Building incentives for participation. You may want to consider using various incentives to increase the participation of natural and community supports on teams. Positive incentives might include building more flexibility into plans of care that

clearly have been designed by balanced teams. For example, teams that create plans of care that demonstrate participation by a variety of people and inclusion of a variety of perspectives could be rewarded with permission to modify plans or access flexible funding without going through a pre-approval process (provided the funds necessary are below a certain amount). Another option is to establish a threshold of participation and reject those plans of care that have been developed solely by project staff and the family. Another incentive approach is to establish a threshold for participation by informal or community supports in delivering interventions summarized in the plan of care. One example of such a threshold is that for each formal, paid intervention within the plan of care, there must be two unpaid or community interventions. This allows teams and coordinators to identify and recognize those types of help that often go unrecognized in the system, and it sets the stage for the entire team to think strategically about involving natural and informal supports. Another strategy involves establishing agency performance measures that reflect standards for teams to move from formal to informal supports as they reach disenrollment.

Engaging parents as partners to assist with team construction. The best resource a mature project can deploy is the families who have participated in the process. As the project matures, you can find ways to solicit time from those early “graduates” of your Wraparound program, and request that they begin to dialogue with incoming families about the importance of constructing a team at the earliest possible moment. Some sites have codified this strategy in the development of a paid role of parent advocate or parent/family partner, who works alongside the Wraparound coordinator. Other sites have used these individuals on an as-needed basis. Other projects have assembled a community resource committee, consisting of a blend of

families and staff, to assist teams that are struggling with building community and natural supports.

Failure to Adequately Define and Meet Needs

Upon review of teams and plans of care you may also have discovered that clear needs statements are rare. You may have found that both services and goals were often being disguised as needs statements. An example of a service statement disguised as a needs statement was this: “Family needs to continue in family therapy.” Examples of goals disguised as needs statements were these: “Child needs to pay her restitution,” or “Mom needs to maintain her sobriety.” In these examples, the unexamined questions are “Why is that important?” and “What do we hope to gain from this?”

Service statements tell us what to do but fail to tell us why we are doing it. When service statements are defined as needs statements, teams often find themselves with no choice but to keep providing the service, but with no real way to evaluate whether the service is helping. A goal statement identifies where we hope to end up but fails to explain the underlying reasons and assumptions about why we want to get there. The danger in disguising goals as needs statements is that the team can get hung up on a debate about control and compliance while failing to meet needs. For example, in order to get to the underlying need associated with the goal statement “Child needs to pay her restitution,” a thoughtful Wraparound team would explore the underlying assumptions behind that statement. Underlying assumptions might be about the young person’s need to learn responsibility. Underlying assumptions about the parent in this example might include the need to know that the son/daughter can actually follow through. By articulating needs rather than simply focusing on goals, the payment of the restitution becomes a means rather than an end in itself.

Zeroing in on needs can be difficult. What strategies can help ensure that needs will be adequately defined, and that services will be employed to meet those needs? One strategy is to complete a 10% review of all plans of care to insure that needs statements speak to the underlying assumptions about the service or goal. Crafting the right needs statements requires a complex set of skills and actions for any team. Managers should check Wraparound plans of care frequently to assure that certain benchmarks are met. These benchmarks include

- Evidence that the entire team was

involved in drafting needs statements and reaching agreement about the priority needs,

- Evidence that the team is staying focused on meeting needs to achieve the vision over time,
- A clear framework that ties the identified and prioritized needs to the stated vision, and
- Evidence that the team is distinguishing between needs and goals, services, or deficits.

Installing a pattern of reviewing “met need” at each team meeting.

Some sites have established the tradition of having the family rate, at

each team meeting, whether their needs are being met. Wraparound Milwaukee uses a scale that allows families to rate the degree to which they feel their needs are actually met. This information is then synthesized and can be summarized for individual teams to insure that they are moving closer to a family experiencing having their needs met. If the data show they are not moving closer, then interventions are modified and support strategies altered in order to bring the group closer to a sense of “met need.”

Lessons Learned

While there have been many lessons learned in the past ten years of Wraparound implementation, five key approaches seem to contribute to the success of those projects which are able to grow and maintain high quality over time. These include

- Frequent revisiting of the Wraparound value base and program mission statement;
- Inclusion of family members at all levels of operation;
- Sharing outcome data that is meaningful to all stakeholders, including families;
- Continual enhancement of technologies including Management Information Systems and Quality Assurance activities; and
- Training, training, and more training to assure the presence of core skills.

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Patricia Miles has been consulting with a variety of Wraparound projects for the past thirteen years. She has provided training materials and individual consultation to a variety of systems of care and Wraparound sites around the country.

Thought Auction



Artworks by Nick O’Connor (upper left) and Alex Steckly (upper right and lower left) were included in the Thought Auction exhibit at the 2003 Building on Family Strengths Conference in Portland this past June.

The exhibit included paintings, drawings, and sculpture by young artists. “Thought Auction—when your mind betrays you by enslaving your thoughts and auctioning them off.”—Nick

ENSURING FIDELITY TO THE WRAPAROUND PROCESS

The Wraparound approach emerged during a groundbreaking era in children's mental health. During this period, traditional ideas about how children and families should be served were widely challenged. In places from Chicago to Alaska to Vermont, Wraparound provided a method for conducting a family-centered and team-based care planning and implementation process that shared (and some would say expanded) system of care values.

During this exciting era, many suggested that Wraparound was a mere fad—too radical and progressive to take root in the systems it was intended to transform. Adding to this perspective has been the slow development of a research base demonstrating Wraparound's effectiveness. Though several studies have reported promising results (see the review in Burns, Schoenwald, Burchard, Faw, & Santos, 2000), the model's flexible, individualized nature and grassroots development make rigorous testing difficult. Given the current emphasis on evidence based interventions, one might think this lack of research would further push Wraparound to the margins.

Instead of fading away, however, today Wraparound is more prominent than ever. Recent estimates suggest 200,000 young people are served via some sort of Wraparound model (Faw, 1999). At the same time, almost all federally funded system of care demonstration sites propose Wraparound as their method of delivering services in keeping with systems of care philosophies. Wraparound appears to be too compelling a notion to simply fade away.

But the term Wraparound is used to describe many very different types of service processes. In some communities and states, Wraparound describes any service purchased with

flexible dollars. Other places it is any form of team process for developing plans. Elsewhere it is a professional system that uses a continuum of care. As providers increasingly apply Wraparound to describe many different types of practices, different concerns arise: Does it matter if the term Wraparound is used to describe so many things? And if so, *how do we ensure that Wraparound is really Wraparound?*

Even if a community *intends* to do Wraparound in a manner that reflects the values and elements, it is far from certain that they will be able to do so. While endorsing Wraparound's value system may be easy, actually *doing* high quality Wraparound is tremendously difficult. The list of challenges is extensive and includes the following:

- Implementing Wraparound requires providers who are well-versed in the value system underpinning it. Yet most higher education programs do not teach family-centered, community-based principles and strategies.
- Wraparound requires intensive and ongoing training, supervision, and administrative support. Yet many Wraparound programs do not provide such supports to the staff who are asked to implement the process.
- Implementing Wraparound requires adoption of new ways of funding and organizing services, such as the availability of flexible funds for teams, strong collaborative relations, and single plans across multiple agencies. Yet Wraparound programs remain vexed by traditional reimbursement procedures and agencies that continue to operate in isolation.

The set of challenges does not end here. Unlike most evidence-based practices, Wraparound was not developed by a single person or research

group. Instead, Wraparound's development has been guided by a diverse set of loosely affiliated providers, trainers, and family advocates. This means that training on the model has varied widely, consensus on the core elements of Wraparound has only recently emerged, and a definitive manual of strategies for Wraparound has never been developed. The result has been that the *word* Wraparound is used far more often than the *actual model*.

Ensuring Wraparound is Really Wraparound

Slowly, the technology of implementing Wraparound is catching up to its reputation and promise. As mentioned above, and described elsewhere in this special issue, the core elements of Wraparound were defined in 1998 (Goldman, 1999). These elements provide a framework that service providers and researchers can reference as they work to define Wraparound practice more clearly. These elements provide minimum expectations for labeling a process Wraparound. Trainers around the nation can now use these elements as the building blocks for teaching the Wraparound process. In addition, sites nationwide, such as Wraparound Milwaukee, have used the core elements as the basis for designing a wide variety of innovative, well-described, and specific strategies for serving families.

The definition of the core elements also enabled another critical step in ensuring that Wraparound is really Wraparound, namely, the creation of implementation measures or *fidelity* tools. *Treatment fidelity* refers to how well a program adheres to its prescribed protocol, model, or standards. Measuring such adherence is essential to providers, policy makers, and researchers. For providers, in-

cluding fidelity measurement within a quality assurance process is important for communicating service expectations, for training staff in the expected process, and for preventing slippage from the principles and practices over time. For administrators and policy makers, results of fidelity assessments within or across sites can be used to determine the types of policies and supports necessary to ensure high-quality services. Finally, for researchers, fidelity assessment is used to make sense of evaluation results, since high- or low-quality implementation of the model will likely help explain the kinds of outcomes that are found. In addition, the advent of more fully-defined protocols for implementing Wraparound, paired with fidelity measures, allows for more rigorous evaluations that can advance the research base. For example, measuring implementation can determine how various elements of the process impact outcomes, potentially leading to improvements in the Wraparound approach itself.

The Wraparound Fidelity Index

The Wraparound Fidelity Index

(WFI) is an interview process that measures the implementation of Wraparound on a family-by-family basis (Bruns, Suter, & Burchard, 2002). Results of individual families' WFI interviews can then be combined to describe implementation for a program, different providers within a program, or an entire jurisdiction. The WFI is completed through brief, confidential telephone or face-to-face interviews using forms for each of three types of respondents: caregivers, youth (11 years of age or older), and resource facilitators (sometimes called care coordinators or case managers). Because Wraparound is individualized for each family (instead of manualized), the WFI assesses adherence to the essential elements of Wraparound, which provides a foundation for proper implementation.

The WFI assesses fidelity by having the interviewer assign a score to each of four items for each element. Separate scores are assigned to items for each respondent (caregiver, youth, or resource facilitator). For many items, the scores are simply the result of the respondent's agreement

with a statement, such as "Is there a friend or advocate of your family who actively participates on the team?" For other items, scores are the result of more extensive data collection by the interviewer. For example, one item asks for the number of hours of school or vocational activity the youth spends in the community per week, while another asks for specific examples of community-based activities in which the youth is involved. Regardless of the way the item is structured, responses are ranked on a scale from 0 (low fidelity) to 2 (high fidelity).

Learning from the WFI

WFI profiles can illuminate areas of relative strength and weakness for staff, programs, or communities to guide program planning and training. Such reports describe results for elements and for individual items and can identify areas of service delivery that may need improvement at a system level. A sample WFI profile is presented in the accompanying box.

The WFI has also advanced our understanding of Wraparound implementation nationally. In a series of studies using WFI data from 16 sites in 10 states, the WFI's authors have found a wide range of service quality across programs proposing to do Wraparound. These results show that even these self-selected programs (likely to be of fairly high quality) were not consistently adhering to the recognized Wraparound elements. Some common shortcomings include:

- Not engaging important individuals on the child and family team, especially school personnel and friends and advocates of the family;
- Limited youth involvement in community activities and activities the youth does well;
- Not using family and community strengths to plan services;
- Limited flexible funds to implement innovative ideas from team planning; and
- Inconsistent measurement of consumer satisfaction.

Research is also supporting the

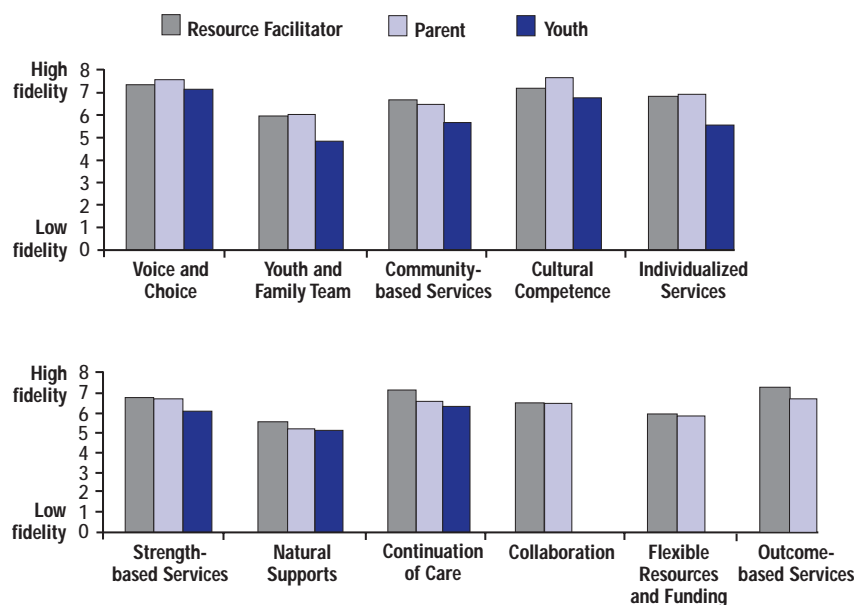


Figure 1. A profile of adherence to the elements of Wraparound: Graphic depiction of mean Wraparound Fidelity Index scores for all 11 elements and across all three respondent types (resource facilitators, caregivers, and youth) for 15 families in one service delivery site.

hypothesis that such shortcomings may be detrimental to families. Though much more research is needed, results of two preliminary studies using the WFI support the hypothesis that adhering to Wrap-around elements is important to achieving outcomes (Bruns, Suter, Burchard, Force, & Dakan, 2003). In addition, pilot research using the WFI (along with an associated program administrator interview measure) has shown that certain kinds of supports at the program and system level are important to producing fidelity (Bruns, Burchard, Suter, & Leverentz-Brady, 2003). These findings emphasize the need to define system- and program-level standards for Wrap-around, such as caseload sizes, mechanisms for ensuring flexibility of funding, and the presence of inter-agency coordinating bodies.

Achieving the Promise of Wraparound

As we learn about the importance of fidelity from tools such as the WFI, innovations by trainers nationally are teaching us how best to achieve high-fidelity Wraparound. Though early training approaches that focused on values and rationales produced tremendous excitement—and the rapid proliferation of the label Wrap-around—these approaches did not always result in a high fidelity Wrap-around process. For provider training to have a significant impact on service delivery, training should go past general values to the specifics of the process. For example, higher intensity training that presents videotaped interactions, incorporates role plays, and focuses on specific performance indicators will improve training's impact on Wraparound fidelity.

But even high-intensity classroom training often does not result in a high fidelity process. Both experience and research alike are demonstrating that more advanced methods, such as coaching and performance-related supervision, are likely to have greater impact on the fidelity of Wrap-around. One example is the Wrap-around Coaching and Supervision

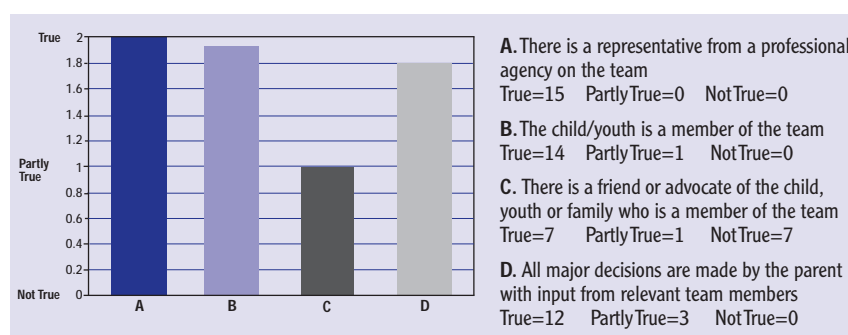


Figure 2. Resource facilitators' opinions on Wraparound fidelity for 15 families in one service delivery site for the four items in the "Youth and Family Team" Element.

approach (Rast & VanDenBerg, 2003). This approach includes tools for assessing practice related to each of eight specific steps of the Wrap-around process:

1. Engaging the family;
2. Crisis stabilization and planning;
3. Functional strengths, culture, and needs assessment;
4. Developing and nurturing the child and family team;
5. Developing the child and family plan;
6. Preparation;
7. Facilitation;
8. Creating the plan document;
9. Ongoing crisis and safety planning;
10. Tracking and adapting; and
11. Graduation and transition.

Each of the above steps involves a set of 10 to 15 standards, separated into 3 basic skills and 7-12 advanced skills. These steps and standards are used in initial training and orientation to communicate details of the practice model to staff, supervisors, and community members. These tools then go beyond the initial trainings, with resource facilitators becoming certified to provide Wrap-around only after mastering each standard. Finally, the supervisor, coach, and staff then use the steps and standards in ongoing supervision to help staff develop more advanced skills. Such a process is resulting in higher-fidelity Wraparound as measured by the WFI.

Conclusion

Wraparound is a complex process requiring adherence to both a phi-

losophy and a set of specific practices. The development of standard measures to determine fidelity provides the field with a common language about the basics of Wraparound. Such measures also provide researchers with tools that can explain the impact of the Wraparound process and why different forms of Wrap-around may result in different outcomes. However, simply using measures such as the WFI cannot ensure high quality Wraparound. Successful Wraparound implementation also requires a description of the process that is sufficiently detailed to be used in training, coaching, and supervision. With specific definitions of essential practice elements in place, Wraparound will be more likely to achieve its promise for families and communities.

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Jim Rast has over 25 years of experience in various settings in human service and healthcare organizations, as well as extensive experience in Wraparound training and program development.

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For information about the WFI, visit the Wraparound research team's website at www.uvm.edu/~wrapvt. For information about the Vroon VanDenBerg approaches visit, www.vroonvdb.com.

National Wraparound Initiative

As this issue of *Focal Point* clearly illustrates, Wraparound is as much a philosophy and a grassroots movement as it is an intervention. This unique nature of Wraparound has proven to be a source of both strength and difficulty. Normally, an intervention is designed and tested by a single person or group. In contrast, Wraparound practice and supporting policies have evolved through a process of ongoing innovation on the part of families, trainers, and providers around the nation. This process has stimulated a kind of creativity that would never have occurred within a less flexible model. On the other hand, the lack of shared standards or guidelines for Wraparound practice has created problems around issues of quality assurance and fidelity.

In true Wraparound fashion, a team approach is being used to address these difficulties. In Portland, Oregon, on June 25, 2003, the Research and Training Center on Family Support and Children's Mental Health hosted a national group of over 30 parents, parent advocates, Wraparound trainers, practitioners, program administrators, researchers, and systems of care technical assistance providers. This was the first meeting of the Advisory Group of a new *National Wraparound Initiative*. At this initial meeting, the group reaffirmed the need for clearer definition of the Wraparound model, discussed potential methods for conducting such work, and described specific products that should result. By the end of the meeting, the group reached a consensus about what is most needed to promote high quality in Wraparound:

- Clear definitions of the terms used to describe the Wraparound philosophy and practice;
- Specific strategies on how to achieve high quality Wraparound at the family, team, provider, and system levels;
- Minimum standards for Wraparound practice and for supporting families, teams, and practitioners;
- Implementation and fidelity tools—aligned with the strategies and standards for Wraparound—that can inform quality improvement and be used for more rigorous evaluation; and
- Handbooks for youth, caregivers, practitioners, and team members that explain Wraparound and what should be expected during implementation.

The coordinators of the Initiative have proposed using a web-enabled group process in an effort to achieve consensus in the first three areas listed above. Later stages of the effort would focus on producing implementation guides, handbooks, and fidelity tools. The overall goal of the Initiative is to preserve the creative essence and innovative spirit of Wraparound while also providing specific guidelines and resources to support high quality implementation.

— Eric Bruns & Janet S. Walker

Assessing the Fidelity of Wraparound: The Wraparound Observation Form—Second Version

Whereas the Wraparound Fidelity Index (WFI) uses interviews with multiple respondents to assess Wraparound implementation, another method for assessing the implementation of the Wraparound approach is to observe the planning of formal and informal services during youth and family team meetings. Youth and family team meetings are organized by a care coordinator trained in the Wraparound approach that engages families and their formal and informal supports to design, revise, and evaluate a plan of care for the family. The Wraparound Observation Form-Second Version (WOF-2) was developed to reflect the delivery of services based on the Wraparound approach to children and youth during team meetings in community-based systems of care.

The 48-item WOF-2 was developed in collaboration with a committee of family members, care coordinators, and administrators who identified essential components of Wraparound team meetings. The WOF-2 and its user's manual are based on a review of the literature on Wraparound (including the 10 essential elements), input from stakeholders, and a pilot study. The WOF-2 elicits information on the following characteristics of the Wraparound process as expressed in team meetings:

- Community-based resources (5 items)
- Individualized services for the family (9 items)
- Family-driven services (10 items)
- Interagency collaboration (7 items)
- Unconditional care (3 items)
- Measurable outcomes (3 items)
- Management of team meeting (5 items; e.g., plan of care is agreed on by all present at the meeting)
- Care coordinator (6 items; e.g., care coordinator makes the agenda of the meeting clear)

All 48 items are closed-ended and require the observer to select one of the following three responses: Yes, No, or Non-Applicable. Completing an observation using the WOF requires verbal and written parental consent. Once consent has been granted, the observer sits away from meeting participants in a location that does not distract from the meeting. During the meeting, the observer marks Yes, No, or NA (not applicable) to each of the 48 items and places a check by the domains discussed. At the conclusion of the meeting any questions that needed further explanation are asked of the family or care coordinator. The WOF-2 can be scored by totaling individual items or by adding the applicable response totals for the items under each of the eight key characteristics.

Previous research from 30 Wraparound team meetings has demonstrated good inter-rater reliability for the WOF, with average agreement ranging from 83% to 100% across items and average percent agreement of 97%. Based on these results, the WOF-2 appears to be a reliable instrument for assessing the implementation of Wraparound in team meetings.

To obtain WOF-2 materials, information on research cited in this article, and any additional information, please contact Philip D. Nordness, Ph.D., Western Illinois University, Horriban Hall 25, 1 University Circle, Macomb, IL 61455-1390, PD-Nordness@wiu.edu.

— Philip D. Nordness, *Western Illinois University* and Michael H. Epstein, *University of Nebraska-Lincoln*



TAPESTRY: A WRAPAROUND PROGRAM FOR FAMILIES OF COLOR FACILITATED BY PARENT PARTNERS

The name Tapestry represents the weaving together of parents and families with their community. With funding from The California Endowment, Tapestry was developed to increase access to Wraparound services for families of color residing in southeast San Diego. While this region has many strengths, including a population that is deeply spiritual, creative, and close knit, it also suffers from extreme poverty, high rates of crime and domestic violence, and the highest rate of reported child abuse countywide. Tapestry was conceived to address the over-representation of children of color in the juvenile detention system and to increase utilization of Wraparound services.

Fueling the Tapestry idea was evidence that local Latino and African American families did not embrace existing mental health services. Disadvantaged families in general were mistrustful of formal providers and saw treatment or services as part of a larger social services system they did not trust. What is more, social workers or providers tended to have little impact with disadvantaged families of color. A new way of working with families had to be developed. Tapestry was created with the understand-

ing that an effective mental health program needed to be owned and overseen by community members. With these concerns in mind, Tapestry trained Parent Partners to serve as Wraparound facilitators. Parent Partners are parents from the community who have personal experience with a child who has been involved with mental health, special education, and/or juvenile justice systems.

To ensure that Tapestry was truly embedded in its community, two main strategies were used. First, Tapestry wanted to locate its operations in the community and to build upon the strengths within its community. Tapestry staff formed a true collaborative partnership with The Mosaic Forum, a community collaborative sponsored by Southeast County Mental Health. Mosaic hosts a monthly meeting where providers, parents, youth, probation, and education representatives come together to share resources, partner on projects and community fairs, address and solve community issues, and help parents locate assistance. The inception, development, and outcomes of Tapestry were shared with Mosaic members.

Second, Tapestry committed to building strong links with the region's faith-based communities. While working with community liaisons, Tapestry located operations within a neighborhood church. This arrangement helped the local economy while also promoting the idea that faith and mental health are two dimensions of healing.

Features of the Tapestry Approach

The Tapestry program has sought to do business differently. Staff laugh when they hear Jon VanDenBerg's call to think outside of the box, saying, "We thought so far outside of the box that we now have a triangle."

Hiring and training Parent Partners as facilitators. Tapestry was developed to increase access to culturally sensitive mental health services. Because the community had embraced the *Natural Helper* or *Promo Toro* model of health support, it was felt that Parent Partners would be more effective than social workers in providing facilitation for the Wraparound process. Latino and African American families in the community tend to be strong and close knit, and they cherish the expertise and senior-

ity of older people as mentors. Parent Partners fit with this natural helper model because they are seen as mentors who have personal experience raising youth with emotional, behavioral, and learning challenges. Often, they have also been enrolled in a Wraparound program. Tapestry provides rigorous and lengthy training for Parent Partners (Becker, 2003), to ensure that they acquire the skills and knowledge they will need in their roles with teams.

By employing parents in this way, Tapestry promotes several goals simultaneously: creating services that are culturally sensitive, drawing upon neighborhood resources, and strengthening the community by providing new career opportunities. The hope of Tapestry is to build a network of support for families that continues to grow stronger with each participant.

Training and supervision focused on cultural sensitivity. Because Tapestry is committed to providing culturally sensitive services, we engage in an ongoing examination of how culture does, and should, impact our work. We believe that an appreciation of culture needs to be embedded in the very fiber of what we do. We began the program with a task force of community parents and providers who developed a cultural training and supervision plan for paraprofessionals. With this in place, we began intensive monthly cultural supervision, during which our cultures and those of our families are consistently discussed and examined. For example, while working with a parent from Louisiana, one Parent Partner was confronted with a family who held both Christian and voodoo beliefs. Supervision and discussion helped the Parent Partner better understand these practices, their history, and their impact on this family and their current situation.

Culture, as a topic, was expanded to include the culture of poverty, the culture of raising youth with challenges, Latino and African American cultures and subcultures, and an ex-

amination of gender roles and single parenting. Initial training focused on a definition of terms and social norms and practices. Self-examination and self-understanding were stressed, particularly in the areas of personal relationships, family relationships, and service relationships. Ongoing group training and supervision focus on the interaction of our personal cultural beliefs, feelings, and norms with those of our families. Culture is intertwined with the concept of relatedness and the quality of the relationship.

Being community based. The staff from Tapestry also wanted to clarify the meaning of community based, and then to make sure that our practices were in line with this definition. Tapestry hires from the community, serves a specific community, works to keep youth in their community, finds or helps to create resources within the community, and is co-managed by a resident community advisory board.

Family-friendly assessment. As a parent there was nothing more humiliating to me than to have assessments performed on my child or myself and never see the results. The results were given to experts who then somehow used them to help. Tapestry involves families in assessments in a meaningful way. We decided to include assessments that tapped both youth and parental functioning and strengths. A measure that asked parents about their understanding of their children's mental health was developed to assess pre- and post-Wraparound understanding. Then assessments were fully explained to parents and they were given a report afterwards that explained each test, the results, and suggestions to be included by Wraparound teams.

Wraparound fidelity. Having trained Parent Partners to work with several San Diego Wraparound agencies, we noticed that there was a great variety in how Wraparound was actually conducted. The Tapestry program wanted to ensure that the values, principles, and processes of

Wraparound were being followed. We also wanted to give Parent Partners enough structure to conduct their work successfully. To address this concern, the Tapestry program developed a checklist for Parent Partners that walked them through the structure, goals, and achievements of initial meetings. As a further quality control check for facilitating Wraparound meetings, the Wraparound Observation Form was used (Nordness & Epstein, 2003). Parents, trained in Wraparound, received six hours of instruction on the observation form, and then attended Wraparound meetings to rate facilitators' performance. Feedback was then given to Parent Partners to help enhance their work.

Program Outcomes and Lessons Learned

In the first year of operation, the Tapestry program served 77 families. Families required the most assistance with information about services, mental health services, school difficulties, and advocacy. The average age of the children served was 10, far younger than originally expected. Sixty percent of families were Latino, and the remainder were African American. Average annual income was between \$12,000 and \$16,000. Forty percent of referrals were from informal sources such as churches, friends, schools, community forums, and health centers.

Assessments were conducted prior to the initiation of Wraparound ser-

Partnership News

The Research and Training Center for Children's Mental Health at the University of South Florida's Louis de la Parte Florida Mental Health Institute. The 17th Annual Research Conference, a System of Care for Children's Mental Health: Expanding the Research Base, will be held February 29-March 3, 2004 in Tampa, Florida. <http://rtckids.fmhi.usf.edu/>



Artwork by Cheryl Ewer

vices and at completion. Measures were chosen that 1) were based on sound research and 2) would translate into useful knowledge for families. All tests were explained to families and a report with their scores and suggestions was provided to families and their teams.

Children's and youth's scores improved significantly on the Connors Scale, which measures various dimensions of youth functioning. Scores on the Parenting Stress Inventory revealed a trend toward lowered stress for parents, but the change was not statistically significant. Change as measured by the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998), a parent rating of child strengths, was not significant. Interestingly, parents reported that they did not care for this measure, as they found it discouraging to compare their children's challenges to strengths.

The Wraparound Observation Form yielded interesting results. Parent Partner Wraparound facilitation scored high in terms of preserving family voice, accessing resources, cultural sensitivity, and well organized, comprehensive care plans. Parent Partners had more difficulty incorporating strengths, including professionals on teams, overall team build-

ing, and focusing on strengths. Scores were lowest when it came to partnering with professionals and team building. This suggests that Parent Partners, who themselves were involved with systems, may need to pay extra attention to building productive relationships with professionals.

For Wraparound to be effective, teams need access to goods and services that meet families' unique needs. Tapestry had limited access to funds, so teams were called upon to develop creative strategies for family assistance. Creative means of finding goods and services included donation drives, free food round ups, service bartering, thrift store training, partnering with churches and community centers, participation in time dollar programs, and calling upon individuals mandated to perform community service. The average amount spent with a family is \$400 annually. These flexible funds were used primarily to access food, shelter, and youth and family enrichment activities. The success that Parent Partners have with finding goods and services is directly related to their familiarity with the neighborhood, and their personal experience with having to make do with limited financial resources.

It appears that there is a develop-

mental progression that Parent Partners go through as they become comfortable in their roles. Initially Parent Partners are excited, out to change the world, a bit naïve, and slightly overwhelmed with their responsibilities. After about three months, this stage may give way to fear, lack of self-confidence, and a sense of being overwhelmed by family pain and circumstances. At approximately six to eight months, Parent Partners generally begin to feel somewhat frustrated and a bit judgmental of families whose issues often mirror the Parent Partners' own histories and involvement in systems. At approximately one year, Parent Partners appear truly comfortable with their new roles. They have less difficulty establishing healthy helping relationships with families, and they acquire a feeling of ease. Each stage of a Parent Partner's growth entails different training and supervision needs. Future research that accumulates more information about these stages will be important as the career of Parent Partners expands.

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Julie Becker, Tapestry Director, is a parent of a child with mental health difficulties and Director of the Parent-to-Parent Services of Harmonium, Inc., San Diego, CA.

Mark Kennedy is a clinical social worker at Southeast County Mental Health and Mosaic Forum facilitator.

WEARING TWO HATS

Paula Savage, a single mother of three with two children receiving services, is also a Wraparound facilitator. During the late 1990s, Paula learned about Wraparound when she became involved with her local parent organization. Paulas son, then ten years old, was experiencing increasing difficulties, to the point that it was becoming unsafe to keep him at home. Paula learned firsthand about Wraparound from the team that formed to help support her and her family. Later, when her own family's need for services decreased, Paula decided not to end her involvement with Wraparound. Instead, she began volunteering as a Parent Partner, assisting other families on their teams. As her experience and knowledge base increased, she began to feel that she could be even more helpful to families if she were a facilitator. Since 2001, she has facilitated four teams.

Paula has participated in various Wraparound trainings. She says, however, that many of the skills that have proved most helpful to her in running a Wraparound team she learned in parenting classes. These classes covered negotiation, communication, and active listening, skills she believes facilitators need to have in order to be effective. In her opin-

ion, the Wraparound trainings she has attended have fallen short of teaching some of these skills. "Unfortunately, in many of the trainings, there's no really concrete 'How do you do this?' It's theory and a lot of philosophy. Many people struggle with how to implement this philosophy and theory." The Wraparound trainings did teach her that the process "is family focused, not client focused."

Paula believes that being a parent facilitator brings a number of advantages to Wraparound teams. For example, "Being a parent, I can make [Wraparound] more family [focused]. . . especially, I think, being a single parent. Its not just about one child, its about everyone." In addition, she can empathize with the family, she is able to truly hear what a parent is saying, and she can help the family develop a plan.

Paula's experience as a parent on Wraparound teams also helps her to recognize several issues that professionals often don't consider. One such issue is making sure caregivers are taking care of themselves. "We [parents] are working so hard to help our children, especially if you have more than one, that there is no time for us and we get worn out. Professionals continually encourage parents to take care of themselves, yet there is no realistic way to implement this. So, I'm able to make sure that, for each member of the family, those needs are identified [while the professionals are at the table] and I'm able to promote problem solving to address the needs of the entire family, including the parents or caregivers." She is also able to address the grief that these caregivers often experience. "I also understand there's a lot of grief with having a child who has complex

needs. Many people don't acknowledge or recognize that. . . . This is not the world we dreamed [our children] would grow up in. We are grieving at each developmental stage." Addressing these typically unrecognized issues helps the team create a plan that has future positive impact.

Paula has also learned strategies that help her manage the challenge of being both a parent and a facilitator. For her, self-awareness is essential. "I have to be very aware of my attitude, what's mine, what's theirs . . . I have to be very careful not to put my experience over theirs." Paula also has to be upfront with the teams she has facilitated and tell them when she is unable to attend meetings because of her own family's special needs.

As in many systems of care, the issue of academic credentials can be a barrier for her. Paula has no formal academic credentials and the facilitation skills she possesses are neither officially recognized nor organizationally supported. This lack of organizational and system support can pose significant challenges as she must volunteer her time to facilitate teams.

Lastly, she feels that neutrality is a major issue for her now that she has changed roles and is a facilitator. "I think one of the biggest things that I focused on, personally, with my history, is the neutrality. I must be neutral. Everyone must feel heard."

For Paula, the advantages outweigh these challenges. She feels that her experience as a parent really works to benefit the family. "There is a depth from being a parent that is missing from someone who is not. We, as parents, are not only looking at today, were looking at all of the tomorrows." - **Rupert van Wormer & Kathryn Schutte**

Partnership News

Federation of Families for Children's Mental Health. The 2003 Conference, Families Deserve the Best: Promising Interventions and Best Practices for Serving Children with Mental Health Needs, will be held November 21-23 in Washington DC. www.ffcmh.org/



RTC PROJECT UPDATES: www.rtc.pdx.edu

Common Ground? Families, Educators, and Employers

We completed online data collection for the Parent Employment Experiences Survey last March and are currently working on data analysis of the survey. Preliminary results are available for viewing at the RTC website in the presentation *Employment: What Parents Say About Their Work-Related Experiences*. We have also completed the first phase of the Workplace Support Survey, gathering a total of 70 nominations of family-friendly employers. Project staff are in the process of constructing the survey. Phase 2 of the Workplace Support Survey—interviews of family friendly nominees—is scheduled to take place this winter.

Models of Inclusion in Child Care

Our monograph, *Setting the pace: Model inclusive child care centers serving families of children with emotional or behavioral challenges*, will

be available in early fall. In October 2003, Jennifer Bradley and Eileen Brennan, with Brian Siverson-Hall, will present a paper on inclusive out of school care at the national conference of the Center for School Mental Health Assistance. Data collection for Phase 2 of the project, the survey of state child care administrators, is underway to investigate state level efforts to include children with emotional and behavioral challenges in child care settings.

Guidance for Early Childhood Program Design

We completed data collection in March for a survey of Head Start mental health practices, concepts, and outcomes. We had an excellent response rate. Our summary report, available now, includes empirical support for integrating a mental health professional into the day-to-day management and training of staff at early childhood centers and for developing

articulated goals for a mental health program and ensuring every staff person is solidly aware of the goals. Now the challenge is to transform these research findings into a practical training curriculum and helpful technical assistance materials. Look for news of three training opportunities in early 2004.

ISP/Wraparound Teamwork in Practice/Context of Services

These two projects have collaborated to produce a report focusing on “what it takes” to ensure high quality implementation of Individualized Service/Support Planning (ISP or Wraparound). The report includes assessments that can be used to gauge the extent to which teams, agencies, and systems are providing the conditions necessary for high quality ISP. Context of services staff are collecting and analyzing data from sites that are pilot testing the assessments. Teamwork staff are continuing to analyze data from the intensive study of videotaped ISP team meetings. Preliminary findings can be found in the Research section of the RTC website.

2003 Conference a Success



Our 10th Annual Building on Family Strengths Conference, held at the Portland Hilton from June 26th-28th, 2003, was a resounding success. Over 450 people attended, and from John VanDenBerg's stirring keynote until Saturday's stimulating final early childhood plenary session and workshops, the quality of information, discussion and conversation about current research, programs and issues in family support and children's mental health was profound. Thanks to all who participated! To view photos and PowerPoint presentations from the 2003 Conference, browse through past conference Proceedings, or get the latest word on planning for the 2004 Conference, please visit the conference webpage at www.rtc.pdx.edu/pgConference.shtml.

Family Members as Evaluators

The project team has published a report, *Families in the world of evaluation: The evaluation of the national Federation of Families for Children's Mental Health Course I, 'How to Understand Evaluation,'* now available from the RTC. We have recently completed interviews with 20 evaluators who have worked with family members on evaluation teams at system of care grant communities. Currently, we are conducting interviews with family members who are working on evaluation teams. Findings from these studies will guide the development of training materials for evaluators and family members.



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❑ BUILDING ON STRENGTHS IN COMMUNITY SETTINGS. 2002, 16(1), Spring. @

❑ TRANSITIONS FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL CHALLENGES. 2001, 15(1), Spring. @

❑ ROLES FOR YOUTH IN SYSTEMS OF CARE. 2000, 14(2), Fall. @

❑ ADOPTION: A LIFELONG JOURNEY FOR CHILDREN AND FAMILIES. 1996, 10(1), Spring.

❑ EMPOWERING FAMILIES WHOSE CHILDREN HAVE EMOTIONAL DISORDERS. 1995, 9(1), Spring.

❑ DEVELOPING CULTURALLY COMPETENT ORGANIZATIONS. 1994, 8(2), Summer. @

❑ CULTURAL COMPETENCE SELF-ASSESSMENT QUESTIONNAIRE: A MANUAL FOR USERS. 1995. Instrument to assist child- & family-service agencies assess cross-cultural strengths & weaknesses. \$8.00 @

❑ **NEW!** FAMILIES IN THE WORLD OF EVALUATION: THE EVALUATION OF THE NATIONAL FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH COURSE I, "HOW TO UNDERSTAND EVALUATION." 2003. Presents findings of the evaluation of the national Federation of Families for Children's Mental Health Course 1 training, "How to Understand Evaluation". \$4.50 @

❑ FAMILY PARTICIPATION IN THERAPEUTIC FOSTER CARE: MULTIPLE PERSPECTIVES. A final report on a study of families and therapeutic foster parents as partners. 1999. Presents findings of case study in a local context, examining family participation from multiple perspectives. \$9.25

❑ FAMILY/PROFESSIONAL COLLABORATION: THE PERSPECTIVE OF THOSE WHO HAVE TRIED. 1994. Describes curriculum's strengths and limitations, effects of training on practice, and barriers to collaboration. \$7.50

❑ **NEW!** IMPLEMENTING HIGH-QUALITY COLLABORATIVE INDIVIDUALIZED SERVICE/SUPPORT PLANNING: NECESSARY CONDITIONS. 2003. Describes the conditions that are necessary to achieve high quality implementation of team-based Individualized Service/Support Planning (ISP or Wraparound). Assessments for implementation quality at the team, organizational, and system (policy and funding) level are included. \$10.00 @

NEW! INDIVIDUALIZED SERVICE/SUPPORT PLANNING AND WRAPAROUND: PRACTICE-ORIENTED RESOURCES. 2003. A compilation of available training materials, manuals, and supporting materials. @ (Available online only)

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❑ KEEPING FAMILIES TOGETHER: IMPLEMENTATION OF AN OREGON LAW ABOLISHING THE CUSTODY RELINQUISHMENT REQUIREMENT. 1999. Describes the development of an Oregon law to prevent custody relinquishment and presents findings about family caseworker knowledge of the law. \$8.50

❑ PARENTS AS POLICY-MAKERS: A HANDBOOK FOR EFFECTIVE PARTICIPATION. 1994. Describes policy-making bodies, examines advocacy skills, describes recruitment methods, provides contacts for further information. \$7.25

❑ PROMISING PRACTICES IN EARLY CHILDHOOD MENTAL HEALTH. SYSTEMS OF CARE: PROMISING PRACTICES IN CHILDREN'S MENTAL HEALTH, 2001 SERIES, VOLUME III. 2001. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research. Develops a picture of state-of-the art practices in early childhood mental health services through an extensive literature review and examples of promising practices. Free while supplies

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❑ 2000 Keynote, Nirbhay Singh. \$10.00 @

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❑ AN INTRODUCTION TO CULTURAL COMPETENCE PRINCIPLES AND ELEMENTS. AN ANNOTATED BIBLIOGRAPHY. 1995. Describes articles & books that exemplify aspects of the CASSP cultural competence model. \$6.50

BENEFITS OF STATEWIDE FAMILY NETWORKS FOR CHILDREN'S MENTAL HEALTH: VOICES OF FAMILY MEMBERS. 1998. Describes issues, benefits, and impacts of statewide family networks in a user-friendly format with extensive quotes from family members to illustrate findings. @ (Available online only)

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☐ THE DRIVING FORCE: THE INFLUENCE OF STATEWIDE FAMILY NETWORKS ON FAMILY SUPPORT AND SYSTEMS OF CARE. STATEWIDE FAMILY ADVOCACY ORGANIZATION DEMONSTRATION PROJECT, 10/90 – 9/93. Final Report. 1994. Highlights 1993 activities of 15 statewide family advocacy organizations. \$9.00

☐ WORKING TOGETHER FOR CHILDREN: AN ANNOTATED BIBLIOGRAPHY ABOUT FAMILY MEMBER PARTICIPATION IN CHILDREN'S MENTAL HEALTH POLICY-MAKING GROUPS. 1994. Ideas for enhancing family member participation and conceptual models regarding increasing participation. \$6.25

Journal Articles (Free reprints while supplies last)

☐ CAREGIVERS' VIEWS ON THE CULTURAL APPROPRIATENESS OF SERVICES FOR CHILDREN WITH EMOTIONAL OR BEHAVIORAL DISORDERS. 2002. Journal of Child and Family Studies, 10(3), 315-331.

☐ **NEW!** RESEARCH IN THE SERVICE OF POLICY CHANGE: THE "CUSTODY PROBLEM". 2003. Journal of Emotional and Behavioral Disorders, 11(1), 39-47.

☐ VOICES OF AFRICAN AMERICAN FAMILIES: PERSPECTIVES ON RESIDENTIAL TREATMENT. 2002. Social Work, 47(4), 461-470.

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