

Wraparound Child and Family Team Processes Among Transitioning Youth

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Transition-age Youth (TAY) in Public Mental Health Systems

- Wraparound child and family teams (CFTs) for TAY and families are an increasingly a focus of attention (e.g., Malloy & Cormier, 2004)
- Wraparound is “family-centered” (Burns & Goldman, 1999)
- This focus on the family can help bolster needed support from caregivers (Cook & Kilmer, 2010)
- However, bolstering support while promoting youth autonomy can be difficult (Walker & Child, 2008)
- This tension may help to explain the mixed findings in existing research

Transition-Age Youth in Wraparound: Prior Research

- Families of TAY...
 - can enhance youth outcomes though ongoing supportive involvement (Fourqurean et al., 1991)
 - show greater strain and have fewer social resources (Davies et al., 2009)
 - may be less cohesive with more intense conflicts (Laursen et al., 1998)
- TAY in wraparound...
 - improve less than younger youth (Manteuffel et al., 2008)
 - in controlled research, have shown *greater* benefits (Clark, Prange, et al., 1998)
- Lack of participation in CFTs appears to be a problem among *all* youth (Gyamfi et al., 2007)

Transition-Age Youth in Wraparound: Prior Research

- Some experts have recommended shifting to one-on-one approaches (Clark & Hart, 2009)
- However, data do not currently support abandoning wraparound for TAY
- More research is needed to examine whether and how wraparound influences TAY differently
- Very few studies examine family context, specific CFT processes, and youth outcomes of wraparound
- No studies compare these features for TAY vs. younger youth

Current Study

- Overall Objective:
 - To examine age differences between younger and older adolescent youth wraparound CFTs processes and outcomes
- Questions
 - Do family context variables – i.e., strain and social resources – differ for TAY vs. younger youth?
 - Do wraparound CFT processes differ and in what ways?
 - Do outcomes of TAY and younger youth and relationships between CFT processes and outcomes different over time?

Method

- Data Sources:
 - Linked data from the National Evaluation of Systems of Care and the MeckCARES' local evaluations
 - MeckCARES' local evaluation data include data on team members observations of CFTs
 - Data collected from 350 CFTs, 1700 meetings, and 9000 participants
- Participants:
 - Among families with data from both sources, the 55 with enrolled youth ages 15 and older were selected
 - These youth were compared to the equal number of families with youth ages 11-13 that had national and local data.

Measures: National Evaluation

- Externalizing symptoms from the Child Behavior Checklist (CBCL; Achenbach, 1991)
 - Defiant, rule breaking behavior, impulsivity
- Caregiver Strain Questionnaire (Brannan et al., 1997)
 - Objective Strain
 - Subjective Internalizing
 - Subjective Externalizing

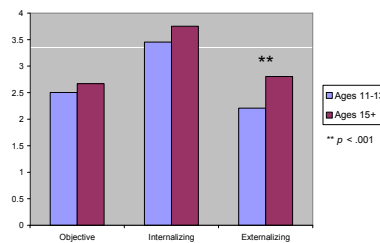
Measures: MeckCARES' evaluation

- Assessment of Social Connectedness (Cook & Kilmer, in press)
 - Measures five types of received support (e.g., financial, emotional)
 - In addition to overall levels, breaks down support by source (e.g., family, friends, partners)
- Participant Rating Forms
 - Forms assessing CFT processes from perspectives of youth, caregivers, and service providers
 - Two factors: **Cohesion** (do we get along?), and **Team Functioning** (do we get something done?)

Results: Caregiver Strain

- All differences were in the direction of greater strain among caregivers of TAY
- Differences on Objective Strain & Subjective Internalizing Strain were not significant
- Differences on Externalizing and Global Strain were significant ($p < .01$ & $p < .05$)

Caregiver Strain



Results: Caregiver Social Support

- Generally, there were few differences
- A trend was shown for caregivers of TAY to report less partner social support ($t = -1.81$, $p < .10$)

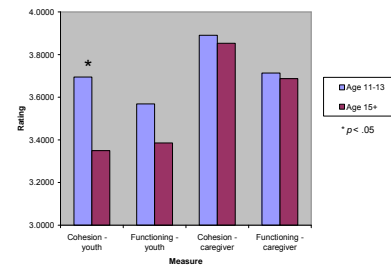
Results: Wraparound Processes

- T tests of age differences on cohesion and team functioning showed that:
 - Cohesion, as rated by youth, was lower for TAY ($t = 2.051$, $p < .05$)
 - Cohesion rated by others (i.e., caregivers & service providers) showed no significant differences
 - Team Functioning showed no differences across TAY and younger youth, regardless of rater.

Results: Wraparound Processes

- CFT process ratings of were also compared in a 2 (age) x 3 (reporters) x 2 (processes) design.
 - Age: younger (i.e., 11-13) and older (15+) youth
 - Reporters: youth, caregivers', and service providers' reports
 - Processes: Cohesion and Team Functioning
- Result: cohesion was lower among TAY, but only when rated by youth.

Wraparound Processes



Results: Wraparound Outcomes

- Longitudinal multilevel models of change showed quadratic (i.e., curvilinear) effects
 - For all youth, CBCL externalizing symptoms decreased over first three follow-up time frames (0 – 1.5 years), then increased in the fourth (1.5 to 2 years)
- Cohesion and Functioning both predicted the extent of quadratic change
- No differences between TAY and younger youth in overall change or process by change effects ($\gamma_{11} = -0.95$, $t = -0.54$, ns)

Summary

- TAY Caregivers reported greater strain, particularly on the externalizing dimension
- Social support was similar
- Cohesion appeared to be poorer among TAY, *but only* from the perspective of youth
- Externalizing outcomes of TAY and younger youth were similar

Implications, Limitations, & Future Directions

- Caregivers of TAY may be less able to provide ongoing support due to strain.
- TAY perceive their CFTs as less cohesive, unlike other participants.
 - This suggests that TAY may feel disengaged from teams...and that other participants may not be aware
 - Despite these challenges, wraparound impacted TAY similarly to younger youth
- Future research should examine relationships between study variables simultaneously and over time

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