

## Creating Effective Child and Family Team Meetings: What Does the Research Say?

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## Child and Family Team Meeting Processes as Predictors of Changes in Youth Functioning

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## The Importance of Wraparound Fidelity

- Growing recognition of the importance of assessing wraparound fidelity
- The Wraparound Fidelity Assessment System examines adherence as shown in:
  - ♦ Wraparound practice (WFI)
  - ♦ Documentation (under development)
  - ♦ Observation of team meetings (WOF)
- WFI is the most widely used measure of fidelity
- WFI has, at times, related to outcomes

## The Utility of Participants' Perceptions of CFTs

- Wraparound team meeting processes have important implications for how the team develops and implements plans
- Observations are useful indicators of team process, but are expensive and do not capture experiences of the participants
- The Participant Rating Form (PRF) has been developed to record participants' views of the team
- Team members' perceptions relate to child outcomes, and should be examined more often

## The Participant Rating Form

- Assesses the perceptions of 5 different types of participants on adherence to wraparound principles at the team meeting:
  - ♦ Youth
  - ♦ Caregiver/Parent
  - ♦ Supportive Person (informal support)
  - ♦ Service Provider
  - ♦ Facilitator
- Administered at end of Child and Family Team (CFT) meeting

## The Participant Rating Form

- 35 total items; 5 forms
  - ♦ Parent/caregiver
  - ♦ Youth
  - ♦ Facilitator/coach
  - ♦ Service provider
  - ♦ Informal support
- Skewed high; but 25/35 have scores ranging from 1-4
  - ♦ **Low scores:**
    - I had a say in who came to the meeting. Mean = 3.18
    - The plan involves supportive people besides child professionals (such as a friend, neighbor, coach, aunt, minister). Mean = 3.26
  - ♦ **High scores:**
    - Participants worked together as a team. Mean = 3.86
    - The meeting was useful. Mean = 3.86

## The Participant Rating Form

- Two factors have been identified:
  - Team Cohesion - 6 items, reflecting, for example:
    - Members listen
    - Work together as a team
    - Sensitive to family culture
    - Members understand family
  - Team Functioning - 10 items, reflecting, for example:
    - Focus on child and family strengths
    - Focus on family needs
    - Follow up on plan
    - Address barriers to plan
    - Plan for crisis
- Participants - 1 item
  - Everyone who needed to be there was present

## The Participant Rating Form

- Results from the PRF relate to observers' ratings of team functioning (Cook et al., 2007)
- Findings are comparable to those yielded by other measures of fidelity (Bruns, Suter, & Leverenz-Brady, 2003; Davis & Dollard, 2004; Epstein et al., 2003; Koroloff & Schutte, 2003)
- Data have been collected from:
  - ♦ > 9000 participants
  - ♦ > 1700 team meetings
  - ♦ > 350 teams

## The Present Study

- Involves data from 60 families with
  - ♦ Team completing at least 1 PRF
  - ♦ Intake and 6-month follow-up interviews in National Evaluation
- PRF data include, on average for each meeting:
  - ♦ 4.44 individual respondents
    - 2.28 professionals
    - 1.14 caregivers
    - .67 youth
    - .23 informal supports
- Data divided into 3 groups:
  - ♦ Parent/caregiver
  - ♦ Youth
  - ♦ Other (professionals and informal supports)

## Group Differences in Ratings

- Parents and Others rated team meetings more highly than youth on *Cohesion, Functioning, and Participants*
- When team members identified someone who needed to be at the meeting who was not there:
  - ♦ 73% of teams had Professionals identify someone
  - ♦ 40% of teams had Youth identify someone
  - ♦ 22% of teams had Parents identify someone

## Group Differences in Ratings

- But when we examine how often individual participants identified a specific person who should be at the meeting:
  - ♦ 25% of youth identified a specific individual
  - ♦ 17.4% of professionals identified someone
  - ♦ 6.5% of parents/caregivers identified someone
- Youth were most likely to identify informal supports as those needing to be there (33.3%); they rarely identified professionals (1.6%)
- Caregivers wanted professionals (43.5%) more than informal supports (21.7%)
- Professionals wanted professionals (55%) more than informal supports (20.7%)

## Relationship of Team Functioning to Outcomes

- Average Ratings by All Team Members:
- Teams with higher overall levels of *Team Cohesion*:
  - ♦ Had greater gains on CBCL scores
    - Internalizing ( $\beta = -.214, p = .04$ ); and
    - Externalizing ( $\beta = -.226, p = .04$ )
  - ♦ Had higher caregiver ratings:
    - Satisfaction with Services ( $r = .37, p = .02$ )
    - Improvement in Youth Functioning ( $r = .43, p = .01$ )

### Relationship of Team Functioning to Outcomes: Ratings by Youth

- When Youth rated *Team Functioning* higher:
  - ♦ Youth reported greater gains in their Strengths
    - BERS Strength Quotients ( $\beta = .317; p = .04$ )
- When Youth indicated they had “all the Participants needed” at the meeting:
  - ♦ Youth showed higher levels of Internalizing Problems ( $\beta = .215; p = .05$ )
  - ♦ Contrary to expectations

### Relationship of Team Functioning to Outcomes: Ratings by Caregivers

- Higher Caregiver Ratings of *Team Cohesion* Related to
  - ♦ Higher caregiver ratings of:
    - Satisfaction with Services ( $r = .34, p = .04$ )
    - Improvement in Youth Functioning ( $r = .42, p = .01$ )
- Higher Caregiver Ratings of *Team Functioning* Related to
  - ♦ Higher caregiver ratings of:
    - Satisfaction with Services ( $r = .37, p = .02$ )
    - Improvement in Youth Functioning ( $r = .49, p = .01$ )
  - ♦ Higher youth ratings of:
    - Improvement in Youth Functioning ( $r = .48, p = .01$ )
  - ♦ Improvements in Externalizing Problems ( $\beta = .255; p = .02$ )

### Relationship of Team Functioning to Outcomes: Ratings of Teams by Professionals (Others)

- Higher Professionals' Ratings of *Team Cohesion* Related to
  - ♦ Higher caregiver ratings of:
    - Satisfaction with Services ( $r = .36, p = .03$ )
    - Improvement in Youth Functioning ( $r = .35, p = .03$ )
  - ♦ Improvements on CBCL scores
    - Social Problems ( $\beta = -.207, p = .02$ ); and
    - Internalizing Problems ( $\beta = -.225, p = .03$ )
- When Professionals indicated they had “all the Participants needed”, there was
  - ♦ Deterioration in Social Problems ( $\beta = .233; p = .02$ )
  - ♦ Decline in Caregiver-reported Youth Strengths ( $\beta = -.243; p = .02$ )

### Summary of Outcomes

- Ratings of *Team Cohesion*
  - ♦ Predict youth improvement (CBCL)
  - ♦ Predict caregiver satisfaction with services and reports of improvement in youth functioning
- Ratings of *Team Functioning*
  - ♦ By Youth predict improvements in youth-reported strengths
  - ♦ By Caregivers predict higher caregiver satisfaction with services, reports of youth improvement in functioning, and youth-reported improvement in functioning

### Summary of Outcomes

- Ratings of “having all Participants needed”
  - ♦ By Youth – Predicts increases in internalizing behaviors (as reported by caregiver)
  - ♦ By Others - Predicts decreases in youth strengths, increases in social problems, increases in global impairment (as reported by caregiver), and lower levels of caregiver-reported improvement
- These results are contrary to expectations

### Implications

- Not surprising that more cohesive teams predict improvements
  - ♦ Working together, listening to one another, respecting culture, etc. – all are likely to contribute to teams being able to come together and address needs
- Similarly, no surprise that better team functioning is related to youth functional improvement, caregiver ratings of satisfaction and youth improvement in adjustment, youth-rated improvements, and youth rated strengths
  - ♦ If teams focus on strengths, follow through, etc., we should have better outcomes.

## Implications

- Surprising findings center on the rating of *Participants* – whether “team members who needed to be there” were, in fact, at the meeting

## Implications

- ♦ When youth indicated no need for anyone else (avg. of 4.4 people per meeting) to be there, they showed more internalizing behavior problems over time.
  - Why? Perhaps those with internalizing symptoms are less likely to want to engage with people more generally?
- ♦ When “others” (mostly professionals) indicated no need for anyone else to be there, youth evidenced declines in strengths, increases in social problems, and increases in global impairment
  - Put another way, when “others” indicate a need for others to be on the team, youth do better.

## Implications

- ♦ Why does the report that team needs more participants relate to poorer outcomes?
  - Does the desire for more team members, when there are so few informal supports on small teams, indicate a greater tendency to support a wraparound approach?
  - Could it be a recognition that these youth have pronounced needs and, if all necessary “players” are not at the table, the team will be less able to address them?
  - Is this indirectly suggesting that professionals (including the team facilitator) who “buy” the model have better outcomes?

## Implications: Summary

- What happens at the team meeting level is important
  - Needs to be a greater focus of practice and research
  - Training, supervision, feedback, coaching, and other strategies should be studied to assess what improves meetings
- Even with measurement limitations (variability in amount of data collected, restricted range of responses) and a relatively small *N*, this work identified an important pattern of results, using outcomes measures “distant” from the predictors

## Implications: Summary

- Examination of how different people at the team view the process is important
  - Youth see it as less positive than everyone else
  - Not surprising that facilitators view process positively, but parents view it very similarly; more importantly, their views were related to outcomes in very different ways from youth and parents
  - Different participants’ ratings related to different outcomes; need to look at other types of participants and consistency
- We need to use more sophisticated data analytic strategies to better understand these processes, over longer periods of time

## Thanks

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## Relationships of Child and Family Team Meeting Processes to Initial and Long-Term Changes in Youth Functioning

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## Understanding Outcomes Over Time

- Most prior studies of wraparound examine youth outcomes at a single follow-up point
- **Benefits** of examining multiple points of follow-up:
  - ♦ Assessing change over longer periods of time
  - ♦ Better capturing differences in individual patterns of change
  - ♦ Ability to examine nonlinear effects

## Multi-Level Modeling Approach to Longitudinal Data

- Use of multi-level modeling can address challenges in using "real-world" longitudinal data
  - ♦ Missing data
  - ♦ Nested data
  - ♦ Differences in rates of change (slopes)
  - ♦ Captures nonlinear effects

## Present Study

- This paper builds on the Hemphill et al. findings, using multi-level models to:
  - ♦ expand analyses to a larger sample; addressing problems with missing data
  - ♦ examine differences in rates of change
  - ♦ examine linear and non-linear effects

## Questions

- Do outcomes change over 18 months?
- Do greater *Cohesion, Functioning & Participation* predict linear change over 18 months?
- Do CFT processes relate to non-linear change, for example:
  - ♦ Greater initial than long-term improvement
  - ♦ Change, but then "relapse"

## Method

- Data were from 126 families with:
  - ♦ At least one time point of Participant Rating Forms (PRFs)
  - ♦ Intake and *any* follow-up data from the National Evaluation
  - ♦ A small minority of families were also included with initial but no follow-up data
- Four types of reporters:
  - ♦ Parent/caregiver
  - ♦ Youth
  - ♦ CFT facilitators
  - ♦ Other service providers
- Aggregate ("Total") scores were also examined

## Analyses

- Outcomes:
  - ♦ CBCL Internalizing, Externalizing, & Social Problems
  - ♦ BERS Total Strengths
- Separate multi-level models (MLMs) estimated for each PRF indicator, outcome, and reporter type
- Linear and nonlinear effects included
- Predictor outcome relationships modeled as cross level interaction terms
  - ♦ Predictor x time & predictor x time x time

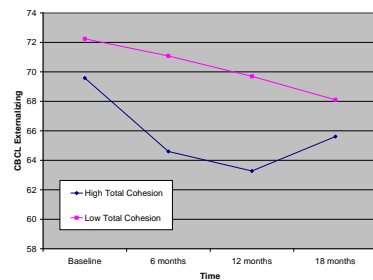
## Results

- Unconditional models showed substantial variability within as well as between youth on all outcome indicators
  - ♦ Level 1 variance: between 51.87% (externalizing) and 61.47% (internalizing)
- All outcome indicators also showed *both* significant linear and quadratic change

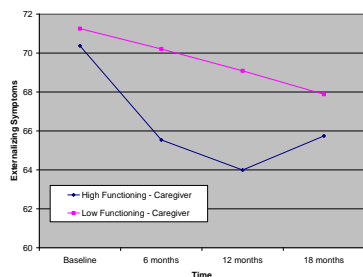
## Conditional Models – Cohesion & Functioning

- PRF Cohesion and Team Functioning scores predicted only *non-linear* change
- Total cohesion predicted non-linear change in externalizing problems
- Caregiver reports of functioning predicted non-linear externalizing problems and strengths
- What was the nature of the non-linear effects?

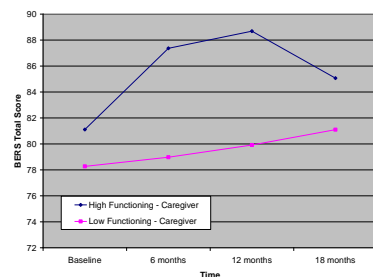
## Total Cohesion & Externalizing Symptoms



## Caregiver Rated Team Functioning & Externalizing Symptoms



## Caregiver Rated Team Functioning & Youth Strengths



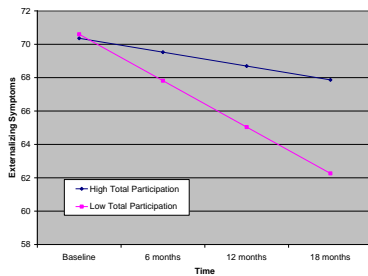
### Conditional Models – Cohesion & Functioning

- In sum:
  - ♦ Greater team *cohesion* predicted a “relapse” pattern of change for externalizing symptoms and strengths
    - i.e., greater initial improvement was followed by greater later deterioration
    - Though youth did not return to baseline levels, this meant that overall (i.e., linear) change was not significant
  - ♦ Greater caregiver-rated *team functioning* predicted similar patterns for externalizing symptoms and strengths

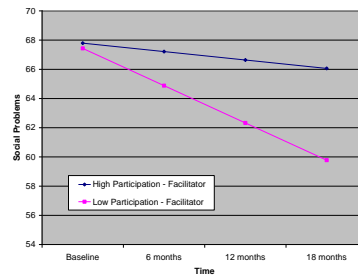
### Conditional Models – Participation

- Echoing findings from Hemphill et al., participation predicted:
  - ♦ less improvement of externalizing symptoms (total participation)
  - ♦ for facilitator and service provider-rated participation, less improvement in social problems
- Non-linear effects were non-significant

### Total Participation & Externalizing Symptoms



### Facilitator-Rated Participation & Social Problems



### Discussion – Cohesion & Team Functioning

- Unlike in Hemphill et al., cohesion and functioning were NOT related to overall improvement
- However, non-linear patterns of prediction still suggest that better teams produce initial gains
- If only non-linear effects had been tested, we would have missed this
- Possible explanations:
  - ♦ “Mobilization of hope”, but insufficient follow-through with adequate formal and informal supports
  - ♦ Maturation may be associated with deterioration (e.g., because of increased likelihood of substance abuse)

### Discussion – Participation

- As in Hemphill et al., higher ratings on team participation were associated with poorer prognosis
- Also as in Hemphill, professionals' reports in particular were associated with less improvement
- The fact that these ratings predicted poorer prognoses over the entire 1.5 year follow-up period is especially troubling

## Limitations & Future Research

- Small sample – in larger sample may want to test more complex models
- As in Hemphill et al., different findings across reporters are hard to interpret
- In addition to outcomes, *CFT processes* may change over time
  - ♦ Is *change* in processes related to change in outcomes?
  - ♦ Stronger inferences about the relationships could be made by relating change to change
- Are better CFT processes related to increased or more suitable services?

## Summary & Conclusions

- CFT processes matter
- More cohesive and better functioning teams are related to more youth improvement initially
- However, initial improvements diminish over time
  - ♦ Reasons for a lack of more sustained influence need to be explored
- Reports of adequate participation continue to predict less improvement at 1.5 years
  - ♦ Is less seeking of team members – particularly informal supports – an enduring trait of less effective teams?

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