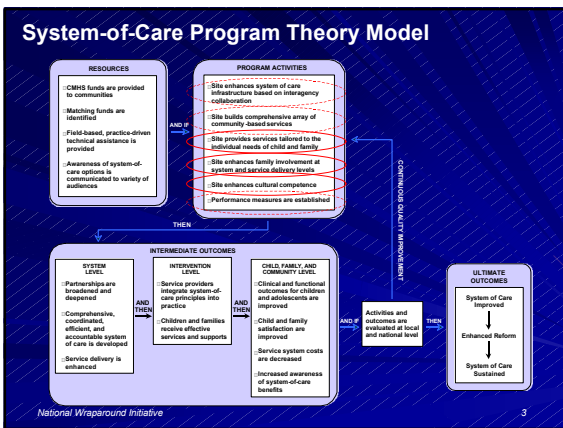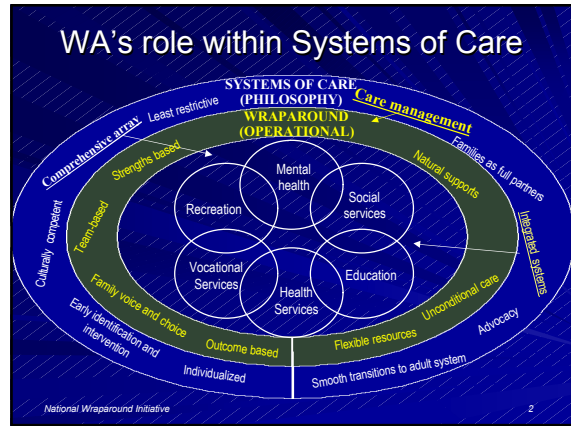## Toward a better understood and implemented Wraparound

A topical discussion on the 'National Wraparound Initiative'

Jane Adams, Eric Bruns, Trina Osher, Janet Walker, Jim Rast, Nancy Koroloff, Pat Miles, John VanDenBerg, and the National Wraparound Initiative advisory group

17th Annual System of Care Research Conference, Tampa, FL
March 1, 2004

WA's role within Systems of Care

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System-of-Care Program Theory Model

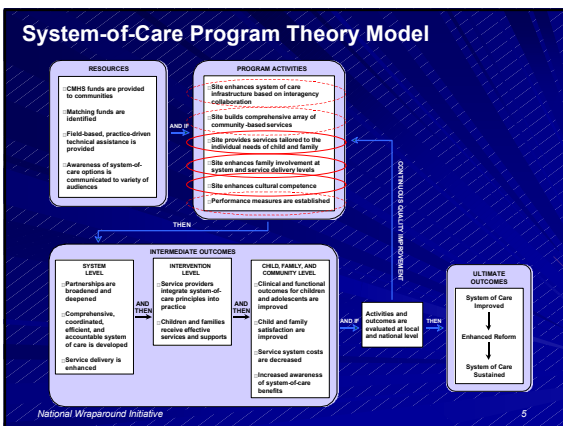National Wraparound Initiative

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Potential Contribution of WA to effectiveness of systems of care

- Research on systems change initiatives has found null or equivocal outcomes
  - Ineffectiveness of individual services delivered
  - "Logic chain too long" = processes not in place to ensure SOC principles are activated for individual families

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System-of-Care Program Theory Model

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Potential Contribution of WA to effectiveness of systems of care

- Research has found poor outcomes for treatments and EBPs delivered in "usual care" settings
- Less impact of evidence-based treatments for children with multiple problem areas (comorbidity) and families with complex needs (Jensen, 2004)
  - Lack of "fit" between family needs and services/supports provided
  - Lack of engagement of families
  - Lack of engineering of program and system environment to support flexible, individualized care

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Wraparound Process
Principles

1. Family-driven
2. Team-based
3. Collaborative
4. Community-Based
5. Culturally Competent
6. Individualized
7. Strengths based
8. Natural Supports
9. Unconditional
10. Outcome based

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Prevalence of "Wraparound"

- Estimated 200,000 youth engaged in services delivered via Wraparound approach (Faw, 1999)
- Recent survey found 42 of 46 State Mental Health liaisons report Wraparound approach being used in their state (Burchard, 2002)
- Majority of CMHS-funded Systems of Care sites report utilizing Wraparound process

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The Fidelity Problem in Wraparound

- "Values speak" substitutes for concrete practice steps
- Many things are referred to as Wraparound
- Lacking consistent standards, description of provider practices, and accompanying measures
- Results in
  - Confusion for families, staff, communities
  - Many programs achieving poor outcomes
  - A poorly developed research base overall

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Growth of Wraparound Literature Base
Number of citations, by database

	<1990	91-95	96-2002
PsychInfo	2	12	67
SocWkAb	0	1	9
ERIC	0	1	19
TOTAL	2	14	95

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Improving outcomes for children with EBD   *Integrated treatments cited[1]*

- Multisystemic Therapy (MST)
- Treatment Foster Care
- Functional Family Therapy

- Wraparound process

[1]*In order of development of the research base*

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Clinic/community Intervention Development and Deployment Model

Step 1	Theoretically and clinically informed construction, refinement, and manualizing of the protocol
Step 2	Initial efficacy trial under controlled conditions
Step 3	Single-case applications in practice setting with progressive adaptations to the protocol
Step 4	Initial effectiveness test, modest in scope and cost
Step 5	Full test of the effectiveness under everyday practice conditions, including cost effectiveness
Step 6	Effectiveness of treatment variations, effective ingredients, moderators, mediators, and costs
Step 7	Assessment of goodness-of-fit within the host organization, practice setting, or community
Step 8	Dissemination, quality, and sustainability within new organizations, settings, & communities

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CHALLENGE

- Bringing rigor and standardization to a widespread and compelling practice for which multiple innovations have been created but not compiled into a fully described model…

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"National Wraparound Initiative"

- Goals
  - To provide the field with a better understanding about what high quality wraparound is
  - To provide the field with a better understanding of what is required to do high-quality wraparound
  - To allow for better evaluation of wraparound's impact
    - E.g., determine indicators of high-quality wraparound implementation

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"National Wraparound Initiative"

- Goals
  - To allow for replication of wraparound process models that are found to have positive impact
  - To bring providers, trainers, researchers, parents/ advocates together into a learning and sharing community

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"National Wraparound Initiative"

- Supported by:
  - Maryland Dept of Juvenile Services
  - Maryland Mental Hygiene Administration
  - US DHHS Center for Medical and Medicaid Services

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"National Wraparound Initiative"

- Proposed outputs
  - Agreed upon definitions and terminologies for the wraparound process
  - Agreed upon description of the wraparound principles, specified for a team and family
  - Empirical- and theory-based rationale for the practices employed in wraparound (from multiple disciplines)
  - Clear description of a stepwise wraparound process

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"National Wraparound Initiative"

- Proposed outputs
  - Required practices within each step (Practice Standards)
    - E.g., within Engagement phase, a "Strengths Discovery Process"
  - Flexible set of practice options for each step
    - E.g., Different means of conducting a "strengths inventory"
  - Required supports for teams and providers (System and Organizational Standards)
    - With Strategies for achieving these conditions

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"National Wraparound Initiative"

- Outputs, continued
  - Fidelity and implementation measures tied to Standards and practice options
  - Process for ensuring adequacy of ongoing quality assurance efforts

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Initiative Methods

- Philosophic principles of wraparound process
- Multi-level framework of necessary conditions
- Small coordinating group that does initial work
  - Initial definitions, lit reviews, compile practices, etc.

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Initiative Methods

- Active engagement with innovators and trainers nationally
  - Nominate specific procedures and practices
  - Contribute specific frameworks and approaches to ensuring high-quality wraparound
- National Advisory group: 60 members
  - Set priorities for needed products
  - Nominate innovative practices
  - Participate in consensus-building
  - Review process, products, and outputs
- Web-enabled Delphi process

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National Initiative participants

National Advisory Group

National Innovators and Trainers

Core Coordinating Group

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Developing Technologies
from which we can borrow

- Effectiveness of treatments for specific problems
- Common ingredients of evidence-based practices (Chopitra)
- Effective methods for engaging families and developing self-efficacy (McKay, Heflinger)
- Characteristics of effective organizational cultures (Glisson)
- Engineering system and organizational contexts to enhance diffusion of treatments and processes (e.g., Schoenwald)

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More information

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