

Theory and Research: Chapter 3.5

Summary of the Wraparound Evidence Base: April 2010 Update

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Wraparound is a team-based planning process intended to provide coordinated, holistic, family-driven care to meet the complex needs of youth who are involved with multiple systems (e.g. mental health, child welfare, juvenile justice, special education), at risk of placement in institutional settings, and/or experiencing serious emotional or behavioral difficulties (Walker & Bruns, 2008). Wraparound provides an “on the ground” mechanism for ensuring that core system of care values will guide planning and produce individualized, family-driven and youth-guided support that is community based and culturally competent (Stroul & Friedman, 1996).

In the children’s services field, there is broad consensus that for youth and families with multiple and complex needs, the wraparound paradigm is an improvement over more traditional service delivery methods that are uncoordinated, professional-driven, deficit-based, and overly reliant on out of home placement. This is reflected in wraparound’s widespread adoption nationally and worldwide. A 2007 survey shows that 91% of U.S. states have some type of wraparound initiative, with 62% implementing some type of statewide initiative. Over 100,000 youth nationally are estimated to be engaged in a well-defined wraparound process (Bruns, Sather, & Stambaugh, 2008).

Regardless of how popular an intervention is with providers or families, or how well it conforms to current values of care, such criteria can not be used as the sole basis for policy making or treatment decision making. In the current era

of “evidence-based practice,” decisions regarding how we invest our scarce health care resources—as well as decisions about what treatment approaches will be used with a given youth or family—must also be based on evidence derived from properly designed evaluations. After all, youth with complex needs may be served via a range of alternative approaches, such as via traditional case management or through uncoordinated “services as usual” (in which families negotiate services and supports by themselves or with help of a more specialized provider such as a therapist). Other communities may choose to invest in an array of more specialized office- or community-based evidence-based practices that address specific problem areas, in the absence of wraparound care coordination. And of course, many communities continue to allocate significant behavioral health resources to out-of-community options such as residential treatment, group homes, and inpatient hospitalization. The range of options in which states and localities may invest, combined with resource limitations, demands that we develop evidence for what models work for which youth under which conditions.

Increasingly, investment in wraparound is backed by controlled research. As of 2003, when the first meeting of the National Wraparound Initiative was held, there were only three controlled (i.e., experimental or quasi-experimental) studies of wraparound effects published in peer-reviewed journals. As of 2010, there are now nine controlled, published studies. Several of these newer studies include fidelity data as well as cost data, increasing our understanding of wraparound’s potential for impact and what is required to achieve that impact. In addition, the first meta-analysis of wraparound has now been published (Suter & Bruns, 2009). As a result of this expansion in controlled research, as well as the greater availability of dissemination materials, Wraparound is currently being reviewed for inclusion in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP).

Kazdin (1999) says there are four criteria for assessing the status of an intervention’s evidence base: (1) A theory to relate a hypothesized mechanism to a clinical problem; (2) Basic research to assess the validity of the mechanism;

(3) Outcome evidence to show that a therapeutic approach changes the relevant outcomes; and (4) Process-outcome connections, which display the relationships between process change and clinical outcomes.

With respect to criteria 1 and 2, for youth and families with complex and overlapping needs, the theory of change for wraparound (Walker, 2008) provides rationale (with supportive basic research) for why wraparound treatment planning is likely to be more effective than services provided in the absence of this process. Some of the specific mechanisms of change include better treatment acceptability and youth/family engagement; better teamwork; an emphasis on problem solving; and an emphasis on increasing optimism, hope, self-efficacy, and social support.

For condition 4, research is increasingly showing associations between system-, organizational, and team-level fidelity and child and family outcomes. Bruns et al. (2005; 2006; 2008) as well as other authors (e.g., Walton & Efland, 2010) have shown that communities that adhere more closely to the wraparound principles as assessed via measures such as the Wraparound Fidelity Index tend to show more positive outcomes. On the flip side, communities with better developed system supports for wraparound tend to demonstrate higher fidelity scores. (You can see an entire section in the Resource Guide to Wraparound on this evidence).

Ultimately, however, it is outcomes evidence from rigorous studies (criterion no.3) ***that is most relevant to evaluating an intervention’s evidence base.*** As described in our review of wraparound research, as of 2008, we found 36 published outcomes studies of wraparound. However, only a small number of these (n=7) were controlled studies that used random assignment or some type of comparison group design. In 2009, we published a meta-analytic review of these seven studies (Suter & Bruns, 2009). This analysis found that, on average across these studies, significant effects of wraparound were found for all four outcome domains we examined, including living situation, youth behavior, youth functioning, and youth community adjustment. Mean effect sizes across these domains (calculated as the difference between wraparound and control group means at posttest divided by the pooled standard

deviation, or Cohen's d) ranged from .25 to .59, with the largest effects found for living situation outcomes (e.g., youth residing in less restrictive, community placements and/or greater stability of placement). The mean effect size across all outcomes was .33-.40, depending on whether studies for which effect sizes were imputed were included ($d=.33$) or excluded ($d=.40$). These effect sizes are quite similar to effects found for established EBPs implemented under "real world" conditions and compared to some type of alternative treatment condition (Weisz, Jensen-Doss, & Hawley, 2006).

As of 2010, there have been nine controlled studies of wraparound that have been published in peer reviewed publications. In the rest of this document, we present a summary of each of these studies (Table 1), followed by a summary of all significant behavioral outcomes found across the controlled studies (Table 2).¹

Though many of these studies have significant methodological weaknesses, the "weight of the evidence" of these studies indicates superior outcomes for youth who receive wraparound compared to similar youth who receive some alternative service. On the strength of these studies, as well as others currently being completed, it is likely that wraparound will increasingly be referred to as an "evidence-based" process in the future.

At the same time, much more wraparound research is needed. The diversity of contexts in which wraparound is implemented (e.g., for youths from birth to transition age as well as adults, and in contexts as varied as mental health, juvenile justice, child welfare, and schools) demands more effectiveness studies, so that we can better understand for which individuals and in what contexts wraparound is most likely to be effective. The many ways in which wraparound can be implemented

also demand an expansion of the implementation research base on wraparound. For example, what are outcomes and costs of achieving different levels of fidelity? What modifications to the practice model achieve the best results? What training, coaching, and supervision yield the best fidelity, staff, and youth and family outcomes? What is needed at the organizational and system level to support high-quality wraparound implementation? Though the wraparound research base continues to grow, so does the list of questions for which we seek answers.

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¹ Two notes on the studies included in Tables 1 and 2 and the Suter & Bruns (2009) meta-analysis are worth making. First, one study included in Table 1 (Myaard et al., 2000) studied outcomes for N=4 youths participating in wraparound with outcomes assessed using a multiple baseline experimental design. Given this research design, this study is worthy of inclusion in a review of rigorous wraparound studies; however, due to its unique multiple baseline design, this study was not included in the 2009 meta-analysis nor are its outcomes included in Table 2. Second, one of the studies included in the meta-analysis (Bickman et al., 2003) presented evidence indicating that the "wraparound" condition that was evaluated did not conform to the principles or practice model of wraparound and was not meaningfully different from the comparison condition. Thus, while this study was included in the meta-analysis to be conservative, it is not included in Table 1 or 2.

Table 1. Summary of Nine Published Experimental and Quasi-Experimental Outcomes Research Studies of Wraparound**

Study	Citations	Outcomes
Child Welfare		
Randomized control study (18 months) of youth in child welfare custody in Florida: 54 in wraparound vs. 78 in standard practice foster care.	Clark, Lee, Prange, & McDonald, 1996; Clark et al., 1998.	Significantly fewer placement changes for youths in the wraparound program, fewer days on runaway, fewer days incarcerated (for subset of incarcerated youths), and older youths were significantly more likely to be in a permanency plan at follow-up. No group differences were found on rate of placement changes, days absent, or days suspended. No differences on internalizing problems, but boys in wraparound showed significantly greater improvement on externalizing problems than the comparison group. Taken together, the findings provided moderate evidence for better outcomes for the wraparound program; however, differences appear somewhat limited to boys and externalizing problems.
Matched comparison study (18 months) of youth in child welfare custody in Nevada: 33 in wraparound vs. 32 receiving MH services as usual	Bruns, Rast, Walker, Bosworth, & Peterson, 2006; Rast, Bruns, Brown, Peterson, & Mears, 2007	After 18 months, 27 of the 33 youth (approximately 82%) who received wraparound moved to less restrictive environments, compared to only 12 of the 32 comparison group youth (approximately 38%), and family members were identified to provide care for 11 of the 33 youth in the wraparound group compared to only six in the comparison group. Mean CAFAS scores for youth in wraparound decreased significantly across all waves of data collection (6, 12, 18 months) in comparison to the traditional services group. More positive outcomes were also found for the wraparound cohort on school attendance, school disciplinary actions, and grade point averages. No significant differences were found in favor of the comparison group.
Matched comparison study (12 months) of N=210 youth in child welfare custody in Los Angeles County: 43 discharged from Wraparound vs. 177 discharged from group care.	Rauso, Ly, Lee, & Jarosz, 2009	Initial analyses for a larger matched sample of youth (n=102 wraparound vs. n=210 for group care) found that 58% (n=59) of youth discharged from wraparound had their case closed to child welfare within 12 months, compared to only 16% (n=33) of youth discharged from group care. Of those youth who remained in the care of child welfare for the full 12 months follow-up period (n=43 for wraparound vs. n=177 for group care), youth in the wraparound group experienced significantly fewer out of home placements (mean = 0.91 compared to 2.15 for the comparison group). Youth in the wraparound group also had significantly fewer total mean days in out of home placements (193 days compared to 290). During the 12-months follow-up, 77% of the Wraparound graduates were placed in less restrictive settings while 70% of children who were discharged from RCL 12-14 were placed in more restrictive environments. Mean post-graduation cost for the wraparound group was found to be \$10,737 compared to \$27,383 for the group care group.

****NOTE:** The research selected for inclusion in this Table includes the nine experimental and quasi-experimental outcomes research studies published in peer-reviewed journals relevant to the wraparound process (8 controlled studies and 1 multiple-baseline study). Studies are organized by the population studied. These include four studies of youths served through the child welfare system, two studies of youths served because of their involvement in (or risk of involvement in) juvenile justice, and four studies of youths served because of their intensive mental health needs.

Table 1. (CONTINUED) Summary of Nine Published Experimental and Quasi-Experimental Outcomes Research Studies of Wraparound**

Study	Citations	Outcomes
Child Welfare		
Matched comparison study (6 months) of N=126 youths involved in the child welfare system in Clark County, NV: 96 in wraparound vs. 30 in traditional child welfare case management.	Mears, Yaffe, & Harris, 2009	Youth in the wraparound group approach showed significantly greater improvement in functioning ($d=.50$) as assessed by the Child and Adolescent Functional Assessment Scale (CAFAS) compared to youth receiving traditional child welfare services. Youth in the wraparound group also showed significantly greater movement toward less restrictive residential placements ($d=.71$) as assessed by the Restrictiveness of Living Environment Scale (ROLES). More wraparound youth experienced a placement change during the 6 month follow up (23% vs. 49%); however, this was due to youth in the wraparound group being more likely to move to less restrictive placements during the study period. No differences were found for child behavior as assessed by the CBCL, school, or juvenile justice outcomes.
Juvenile Justice		
Randomized control study (18 months) of “at risk” and juvenile justice involved (adjudicated) youth in Ohio: 73 in wraparound vs. 68 in conventional services	Carney & Buttell, 2003	Study supported the hypothesis that youth who received wraparound services were less likely to engage in subsequent at-risk and delinquent behavior. The youth who received wraparound services were less likely to miss school unexcused, get expelled or suspended from school, run away from home, or get picked up by the police as frequently as the youth who received the juvenile court conventional services. There were, however, no significant differences, in formal criminal offenses.
Matched comparison study (>2 years) of youth involved in juvenile justice and receiving MH services: 110 youth in wraparound vs. 98 in conventional MH services	Pullmann, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006	Youths in the comparison group were three times more likely to commit a felony offense than youths in the wraparound group. Among youth in the wraparound program, 72% served detention “at some point in the 790 day post identification window” (p. 388), while all youth in the comparison group were subsequently served in detention. Of youth in the Connections program who did serve detention, they did so significantly less often than their peers. Connections youth also took three times longer to recidivate than those in the comparison group. According to the authors, a previous study by Pullman and colleagues also showed “significant improvement on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community” (p. 388) among Connections youth.
Mental Health		
Randomized control study (12 months) of youths referred to out-of-home placements for serious mental health problems in New York State: 27 to family centered intensive case management (wraparound) vs. 15 to treatment foster care.	Evans, Armstrong, & Kuppinger, 1996; Evans, Armstrong, Kuppinger, Huz, & McNulty, 1998	Significant group differences were found in favor of the case management/wraparound program for behavioral and mood functioning. No differences were found, however, with respect to behavior problems (internalizing and externalizing), family cohesiveness, or self-esteem. No differences found in favor of the TFC group. Overall, small sample size plus loss of data on many of the outcome measures resulted in the study having very low power to detect differences between groups.

Table 1. (CONTINUED) Summary of Nine Published Experimental and Quasi-Experimental Outcomes Research Studies of Wraparound**

Study	Citations	Outcomes
Mental Health		
Quasi-experimental (24 months) study of youths with serious mental health issues in urban Baltimore: 45 returned or diverted from residential care to wraparound vs. 24 comparison youths.	Hyde, Burchard, & Woodworth, 1996	Primary outcome was a single rating that combined several indicators: restrictiveness of youth living situation, school attendance, job/job training attendance, and serious problem behaviors. Youths received ratings of “good” if they were living in regular community placements, attending school and/or working for the majority of the week, and had fewer than three days of serious behavior problems during the course of previous month. At 2-year follow-up, 47% of the wraparound groups received a rating of “good,” compared to 8% of youths in traditional MH services. Limitations of the study include substantial study attrition and group non-equivalence at baseline.
Experimental (multiple-baseline case study) study of four youths referred to wraparound because of serious mental health issues in rural Michigan.	Myaard, Crawford, Jackson, & Alessi (2000).	The multiple baseline case study design was used to evaluate the impact of wraparound by assessing whether outcome change occurred with (and only with) the introduction of wraparound at different points in time. The authors tracked occurrence of five behaviors (compliance, peer interactions, physical aggression, alcohol and drug use, and extreme verbal abuse) for each of the youths. Participants began receiving wraparound after 12, 15, 19, and 22 weeks. For all four participants, on all five behaviors, dramatic improvements occurred immediately following the introduction of wraparound.

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Table 2. Summary of All Behavioral Outcomes for the Wraparound Process with Supporting Citations from Eight Controlled Studies

Section 1: Statistically Significant ($p < .05$) Behavioral Outcomes		
Outcome	Effect Size	Citation
Less assaultive	0.30	Carney & Buttell, 2003, p. 561
Ran away less	0.45	Carney & Buttell, 2003, p. 561
Suspended from school less	0.47	Carney & Buttell, 2003, p. 561
Missed less school	0.47	Carney & Buttell, 2003, p. 561
Less likely to be picked up by police	0.49	Carney & Buttell, 2003, p. 561
Less likely to be suspended from school	0.22	Clark et al., 1998, p. 529
Less likely to spend more time incarcerated	0.31	Clark et al., 1998, p. 529
Fewer days on runaway	0.34	Clark et al., 1998, p. 528
Residing in more permanency-type settings	0.17	Clark et al., 1998, p. 526
Less likely to spend time on runaway	0.22	Clark et al., 1998, p. 529
Less likely to experience a high number of placement changes	0.25	Clark et al., 1998, p. 529
Improved behavioral functioning on CAFAS	0.61	Evans et al., 1998, p. 566
Improved moods / emotions on CAFAS	0.61	Evans et al., 1998, p. 566
Improved overall functioning on CAFAS	0.50	Mears et al., 2009, p. 682
Residing in less restrictive placements	0.71	Mears et al., 2009, p. 682
Reduced recidivism for any offense	0.25	Pullman et al., 2006, p. 386
Reduced recidivism for felony	0.26	Pullman et al., 2006, p. 388
Fewer days served in detention	0.66	Pullman et al., 2006, p. 388
Fewer episodes in detention	0.75	Pullman et al., 2006, p. 388
Less likely to serve in detention	0.85	Pullman et al., 2006, p. 388

Note on effect sizes: The effect size reported for these outcomes is the standardized mean difference, typically referred to as Cohen's d (1988). Effect sizes were calculated as the difference between wraparound and control group means at posttest divided by the pooled standard deviation. Effect sizes were generated using an effect size program created by Wilson (2004) and presented such that positive values always indicated positive results for youth receiving wraparound relative to youth in control groups. All effect sizes were adjusted using Hedges' small sample size correction to create unbiased estimates (Hedges & Olkin, 1985). The magnitude of effects is typically interpreted using Cohen's (1988) guides for small (0.20), medium (0.50), and large (0.80) effects.

Table 2. (CONTINUED) Summary of All Behavioral Outcomes for the Wraparound Process with Supporting Citations from Eight Controlled Studies

Section 1: Statistically Significant ($p < .05$) Behavioral Outcomes		
Outcome	Effect Size	Citation
Improved school GPA	0.69	Rast et al., 2007, p. 22
Improved overall functioning on CAFAS	0.69	Rast et al., 2007, p. 20
Fewer disciplinary actions	0.95	Rast et al., 2007, p. 22
Moved to less restrictive living environments	1.09	Rast et al., 2007, p. 21
Fewer emotional and behavioral problems on CBCL	0.86	Rast et al., 2007, p. 19
Fewer out-of-home placements	0.84	Rauso et al., 2009, p. 65
More stable living environment	0.57	Rauso et al., 2009, p. 66-67
Residing in less restrictive placements	0.98	Rauso et al., 2009, p. 66
Section 2: Behavioral Outcomes That Were Not Statistically Significant, But with Positive Effect Sizes		
Outcome	Effect Size	Citation
Less likely to be arrested	0.23	Carney & Buttell, 2003, p. 561
Less likely to be in clinical range on CBCL or YSR	0.23	Clark et al., 1998, p. 532
Fewer unexcused absences	0.50	Rast et al., 2007, p. 22
Combined rating indicating lower restrictiveness of placement, improved school attendance, and fewer negative behaviors.	0.68	Hyde et al., 1996, p. 78

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