

Wraparound Practice: Chapter 4d.1

Direct Support Services in Wraparound

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Direct Support services are the flexible, creative, community-based services that help put an effective wraparound plan into action. Broadly defined, they are individualized support services provided in the home or community by anyone, whether paid or unpaid, that cares about the family. For example, just as a paid support worker may help a child learn to purchase groceries and cook a meal, that same support could be provided by the child's uncle, a volunteer from the community, or anyone else that plays an important role in the family's life. However, for the purposes of this paper, the focus is primarily on paid direct support employees that help carry out the work outlined in a wraparound plan.

Wraparound as a Service or Process?

Debates often occur regarding whether wraparound is a team-based planning process guided by an underlying set of principles, or whether it is a set of services provided to a family. For example, some agencies advertise that they offer “wraparound services,” yet those services may not be provided in the context of effective and creative team-based planning, or they may not be family-driven, strengths-based, or flexible. Other agencies may offer “wraparound facilitation” or care coordination, but do not have the flexible, community-based workforce to help implement the creative plans designed by wraparound teams. In order to provide helpful and meaningful support for a family, all of the following elements are important: a) creative, team-based planning, b) adherence to the ten principles of wraparound (as developed by the National Wraparound Initia-

tive), and c) a flexible workforce to help provide the support designed by the team.

Direct support services are needed in a system to support individualized, community-based practice. However, equally important to the success of community-based care is the tie to the values and process elements of wraparound. Families consistently report that home-based services alone, without grounding in the principles of wraparound, are of little use. Similarly, creative planning and quality needs identification may be less than fruitful without a flexible, community-based workforce to help implement the plans. For this reason, it is essential that direct support services are tied intimately with the wraparound process and that wraparound initiatives in a community include a strong component of direct support workforce development.

Overview of Direct Support Services

Direct support services (also known in some communities as direct services, home-based services, or community-based services) may be organized in a variety of formats, but those that are most effective share a set of important values, regardless of program configuration. The following are the six core values of direct support services:

1. *Direct support services occur in the home and community, not in the office.*

Less Effective Example of this Value: A direct support provider agency operates by default out of its clinic office, providing a variety of classes and groups for children to attend. They do not have employees that work in the community due to concerns about liability, insurance, scheduling inefficiency and transportation costs.

Effective Example of this Value: A direct support provider agency works entirely in the homes, schools and neighborhoods of the children and families with which it works. The agency has made the adjustments needed to provide services in this context because it believes this is where services are most needed and helpful.

2. *Direct support services are commissioned by a family-driven collaborative team, such as a wraparound team, which helps define the needs to be addressed through the direct*

support services as well as the frequency, duration and time of delivery.

Less Effective Example of this Value: A case manager, without the involvement of the wraparound team, requests services from a direct support provider. That provider, independent of the team, meets with the family to develop a service plan. The provider never works with the wraparound team to identify the needs that should be addressed through direct support.



Effective Example of this Value: A wraparound team identifies that it would like a direct support provider to help a young man explore his career interests. The team commissions a provider to accompany the young man to a variety of places in the community, where he can gain experience learning what is involved with various professions in which he thinks he may have an interest. These include places such as a blacksmith shop, an attorney's office, a dairy farm and an accountant's office. The team asks the provider to report back after doing these activities.

3. *Direct support services are individualized to the strengths and culture of the child and family rather than delivered as a scripted or pre-packaged set of services.*

Less Effective Example of this Value: Despite the wraparound team's request to work with a youth on career exploration, a direct support provider tells the team that they cannot do this because they do not have a career exploration program. (There has not been enough interest in the community to develop one.) Instead, they want to

include the youth in their social skills and public transportation curriculum.

Effective Example of this Value: Rather than having a pre-set program, the direct support provider listens to what the team needs and develops the services based on those needs. The direct support provider arranges visits to each of the career exploration places in which the youth is interested and helps the young man come up with the types of questions he would like to ask at each place. Arrangements are made to allow the youth to help with some activities on site at each place to get a feel for each type of career.

4. *Direct support services are geared toward helping children live in the community rather than in institutions or congregate care settings.*

Less Effective Example of this Value: Upon receiving a referral to help a youth transition home from a treatment center, the direct support provider learns of his challenging behavior and declines the referral, saying he needs to spend more time in the treatment center becoming stable before they can help him.

Effective Example of this Value: A direct support provider works with a young man who, without intensive support, would not be ready to leave the treatment center at which he resides and live again with his family. The young man has some very challenging behavior, such as running away, punching people when he is angry, and making threats of violence using weapons. The provider works closely with the team to develop a comprehensive safety plan and does what it takes to put the plan into action and help the child return home, knowing there will be difficult challenges ahead behaviorally.

5. *Direct support services are provided when the family needs them most and in the frequency and duration needed by the family, rather than having pre-determined, program-driven time slots, frequencies or durations.*

Less Effective Example of this Value: A direct support provider tells a team that it cannot meet its request for services because the request is for

three hours on a Saturday. The provider explains that the agency only works Monday through Friday from 8 am to 7 pm, and that the services must be ordered in four-hour segments, so as to not interfere with the agency's scheduling pattern. Additionally, the agency's program calls for visits twice per week for a duration three months.

Effective Example of this Value: A direct support provider has no arbitrary structure that limits the frequency, duration, time of day, day of the week, or length of participation in support services. Services can be configured in any manner needed by the wrap-around team.

6. *Direct support services are based on positive actions and opportunities. They are provided using an approach that builds on capacities and strengths, opportunities to participate in activities that are important to the child and family, chances to make choices and learn from mistakes without criticism, activities that promote dignity and respect for the individual and family, and opportunities that help an individual practice (rather than just talk about) living a life full of dignity and respect in the community. Direct support services avoid punishment, behavior level systems, ultimatums, coercion, removal of opportunities to participate in the community, and criticism.*

Less Effective Example of this Value: A direct

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support provider is working with a child who says something disrespectful to a peer. In front of the peer, the support worker corrects the child by saying, “Stop speaking disrespectfully to your friend (a verbal punishment).” When they get back to the house, the support worker relates the experience to the child’s mother and recommends that he not be permitted to attend his sister’s graduation the next week because of the behavior.

Effective Example of this Value: A direct support provider is working with a child who says something disrespectful to a peer. Rather than embarrassing the child by directly correcting him in front of friends, the support worker ignores the disrespectful comments and models a positive comment to the peer. The worker then searches for the next possible opportunity to notice something respectful that the child says, and when he does, the worker immediately provides a wealth of attention and positive feedback regarding the respectful comment. The provider engages the help of the entire wraparound team to systematically provide positive feedback every time anyone notices the child acting respectfully.

Which Services Are Direct Support Services?

Questions sometimes arise as to whether a particular type of traditional service, such as counseling, is a direct support service, if it adheres to the six values of direct support, or whether direct support only includes certain services such as peer mentoring, respite and skills training. The answer depends on the degree to which the service in question is congruent with the core values of direct support. For an example, consider the examination of the service, family counseling, in Table 1.

This same analysis may be conducted regarding services that are often, without second thought, classified as direct support services, such as a peer mentoring. However, if the service does not adhere to the core values underlying direct support, it may be that the third example of family counseling cited above is more of a true direct support service than the peer mentoring, despite the service titles. Consider the examples in Table 2.

Table 1. Family Counseling as Direct Support

Service	Context	Direct Support?
Family Counseling	Provided in the therapist’s office, focused primarily on sharing feelings and talking.	Not a direct support service.
Family Counseling	Provided in the family’s home, conducted seated around the living room table, focused primarily on sharing feelings and talking.	Debatable, but may not be if focused on talking rather than on actions and activities or if driven by the professional in terms of content, duration and frequency.
Family Counseling	Provided in the family’s home at the time requested by the wraparound team (Friday night after dinner), focused on the needs identified by the team (relationships in action) as the family does yard work together. The counselor helps two siblings weed a flower bed collaboratively and supports the mother in her role as parent by helping her direct the activity.	Most likely could be considered a direct support service.

Table 2. Peer Mentoring as Direct Support

Service	Context	Direct Support?
Peer Mentor	Provided at the clinic office with a group of other youth, focused on psychoeducational materials regarding impulse control, based on a theory of depriving youth of community-based activities as a consequence for lack of impulse control.	Probably not a direct support service.
Peer Mentor	Provided in the community at a horse stable owned by a friend of the peer mentor because “all youth could benefit from interactions with horses” and because the peer mentor likes horses.	Probably not a true direct support service because it is based on the interest of the peer mentor, is not individualized, and does not tie to a need identified by the wraparound team.
Peer Mentor	Provided in the youth’s neighborhood, helping him start a pick-up game of basketball at the park, with the focus on learning to make friends (an area of need identified by the wraparound team).	Definitely a direct support service

Keeping Children in the Community

A primary focus of direct support is helping children live successfully in the community rather than in institutions or congregate care settings. Direct support services play a critical role in preventing out-of-home placements and returning children from out-of-home placements.

Because direct supports can be used in so many different configurations, it is important for the wraparound team to identify the needs of the family related to the risk of out-of-home care. While safety is often identified as a reason for seeking out-of-home placement (either safety of the individual, siblings, parents, or the community in general), it is often not the only, and sometimes not even the primary, underlying need, despite initial presentation. Consider the following examples:

Example 1: A young man was placed in a treatment center because he physically attacked his siblings and parents when angry, sometimes causing injury. However, upon closer examination, the wraparound team found that he did not have aggressiveness in any other setting, and the young man’s mother explained that there were signifi-

cantly strained relationships at home affecting the family’s interactions. Therefore, the primary focus for support services upon return to the home was not simply physical protection of others in the home. Instead, it was upon family relationships and interactions.

Example 2: A twelve-year-old girl was hospitalized for cutting herself when sad. The hospital was reluctant to send her home without someone to monitor her situation 24 hours per day to ensure she would not cut herself. However, the wraparound team viewed the primary need of the girl to be positive attention and activities rather than simply preventing self-harm. Spending a few hours a week with a mentor from her church as well as paid direct support mentors for a few hours several times per week helped create an environment where she could safely live at home. The team reflected that simply monitoring her for cutting activity would have never addressed her primary need, and therefore may not have sufficiently addressed the safety issue.

The reasons for risk of out-of-home care may be as varied as the number of people participating in wraparound. They may include the need

for a break for a parent, employment or financial needs, impulse control, boredom, lack of friendship, need for positive attention, strained sibling relationships, or a number of other needs. Effective wraparound teams help discover the types of support that will address the underlying needs of the family rather than simply employing one-to-one monitoring services.

Once the needs are identified, direct support providers may be commissioned to help address them through community-based activities such as mentoring, modeling, living skills training, positive behavior support, respite, peer support, family support, or a variety of other activities.

What Families Have to Say About the Value of Direct Support

The following quotes regarding the value of direct support come from families who have been recipients of direct support services (some details have been changed to protect privacy).

- “My child’s direct supports, which we refer to as his “coaches,” are his teachers in life skills; manners, personal care, chores, taking responsibility for his actions, kindness, self-control, and even in helping him in nurturing his relationship with God!”
- “My son participated in soccer last winter through the YMCA and that was quite an accomplishment, even though there were a couple of times we had to leave in the middle of a practice or game. Because of the help of direct support services, it was the very first time he was able to participate in a group activity. He is learning to ice skate, bowl, and ride a dirt bike right now.”
- “I would not even be here had we not been recipients of direct support services because we wouldn’t have a story with a happy ending in sight to share.”
- “He was kicked out for bad behavior of every single day care setting we placed him in and we had to remove him from the mainstream school setting because he could not function in an appropriate way to get him to behave for any length of time... I was even asked to keep him from his church Bible study and remove him from the children’s choir; this also meant that I couldn’t attend Bible study or church either. Our direct support services worked with him at his school, and slowly his grades and behavior started improving. Now he is in a mainstream classroom. They also attended church, Bible study and choir with my son, helping him integrate back into our regular community activities. Now, I can attend church again as well.”
- “My daughter had no friends at school, church, or in the neighborhood, and even family members didn’t want to be around us for long periods of time. No one would baby-sit; so I was exhausted, frustrated, and felt very isolated. Direct support services helped me get a break, find some hope, helped my daughter make and keep friends, helped us find babysitters who could work with her, and helped us reconnect with my extended family.”
- “If direct support services were not involved, my children would no longer be in my home and I would have to deal with that guilt. I’ve been married 14 years and we’ve had a wonderful marriage. The children were taking up so much of our time and energy that we only saw each other in passing and under stress. It’s been so much better than it had been. We all learn from each other.”
- “Life is much better now. Like before, my daughter used to throw a tantrum when we went to the store and she wanted something I couldn’t buy for her. Now, she doesn’t throw a tantrum. Now I can take her out to public and stuff; it is much better.”

Examples of Direct Support Provision

Some people ask for examples of the types of direct support that have helped children and families. Because each situation leads to a unique configuration of support that is tailored to the interests, strengths, needs and culture of the family, it is impossible to list all of the different examples

of direct support. In addition, as discussed earlier, direct support is not simply a list of service categories, such as respite or living skills training. Please consider the following examples of direct support to be illustrations of some of the possible configurations of direct support, rather than as a comprehensive listing.

- An eight-year-old boy struggling with impulse control loves trains. His direct support worker takes him to the library to learn about trains and to a train park to watch the trains in action. Together, they create a train book that shows a variety of the boy's favorite trains. The book shows how a train is slow to get started as well as to slow down. This framework is used with the boy in his response to impulses, using the language of a train slowing down or starting up.
- A direct support worker accompanies a young girl to her Girl Scout troop, which she would not otherwise be able to attend due to behavior struggles. The worker helps the girl transition into the group setting and helps others in the troop understand how to interact effectively with the girl.
- A direct support worker helps a sixteen-year-old boy research recipes that look good to him and create a shopping list of items needed to prepare the recipes. Together, they go to the local grocery store to find and purchase the items. They bring the items back to the home, cook them together, and serve the meal to the boy's family.
- A direct support worker helps a teenage girl prepare a resume that highlights her skills and attributes effectively. Together, they collect job applications and complete them, attaching a resume to each. They



practice how she will introduce herself to a prospective employer, how to have a phone conversation following up on the application, and how to dress for and participate in the job interview.

- A young boy, struggling with self-image partially due to weight issues, participates in a number of physical activities with his direct support worker, such as soccer, basketball and jogging. The worker helps the young man learn to organize a pick-up game in the neighborhood, and models handling insults from peers without taking them personally.
- A direct support worker helps a young woman create an appreciation card for her mother, with whom she has a strained relationship. Together they practice what she will say to her mom as she gives her the card and how to be prepared to respond positively to a number of different responses she may receive.

Note that in the examples above, an important consideration is the needs being addressed by each activity, not simply the activity itself. For example, the same activity (such as going to a movie theatre) may be carried out to help with a number of different purposes or needs. A direct support worker may take a child to a movie to practice social skills in public, or to have a positive interaction with a distant sibling, or to learn about an important life skill being taught in a particular movie, or as a reward built into a structured incentive system, or simply to give his or her parent a break. In order to understand direct support service activities, one must know the purpose behind the activity, not just the activity itself. This concept is discussed in more detail in the section titled "Purposeful Support."

Coordinating Through the Team

As mentioned earlier, the wraparound team identifies the need for direct support services, finds a direct support provider which it commissions to do certain tasks, monitors progress and communicates with the provider on a regular basis, adjusts the plan based on the results of the service provision, and makes decisions about how to transition the child and family away from paid direct support services when goals have been met. The following section provides information about each of these roles of the wraparound team.

Identifying a Provider: The facilitator of the team considers whether direct support services would help meet one or more of the needs identified by the team. The facilitator ensures that the team has relevant information and makes an informed choice regarding the different sources of direct support available, including natural supports, community supports and paid direct supports. Some teams choose to invite prospective providers to team meetings in order to learn about the approach of the provider and determine the goodness of fit for the child and family. An essential role of the team is to determine whether the direct support provider operates according to the six principles of direct support outlined earlier. Prior to meeting with potential providers, the facilitator helps the team consider questions such as the following: “What are we asking the provider to help with?”, “What availability are we seeking (days of the week, times of day, frequency, etc.)?”, and “What can we ask the provider to help determine if it is a good match for our needs?”

Commissioning the Provider: Once a provider has been selected, the team commissions the provider to do certain tasks based on the needs of the family. Experience shows that when this step is missing, providers often get involved without knowing exactly what the team and family want them to be working on. This may result in inefficient use of resources. The provider must understand that it works for the team and that it needs to report regularly to the team. This means that the team may help define its role and the expectations associated with it. It also means that the team makes the decision to end the provision of support.

Monitoring and Communicating Progress:

The team regularly monitors the progress of the direct support work. This may be accomplished by having the support provider attend team meetings in order to report, by submission of regular written reports or data collection, or by a combination of these methods. The section of this paper concerning outcome measurement contains additional suggestions for tracking, reporting and using information obtained by support providers.

Adjusting: The team often needs to adjust the approach to support provision. This may be indicated by the data collected from outcome measurement, or it may simply be at the request of the family or another team member. Adjustments to support are common and expected in direct support provision in a wraparound context. At a provider level, the company should be prepared to be asked to do things differently, provide alternate support workers, or otherwise make adjustments. At a team level, members may consider how to best adjust the current configuration of support, how to supplement the support with other sources, or even how to replace the support with another provider if it is not working.

Working Toward Transition: A key responsibility of the team is to work toward independence by trying to use less paid direct support over time and more natural and community resources. However, this does not happen automatically. It requires consistent effort by the team and should be a regular part of consideration when a team is using a direct support provider. This may be an area of fear or concern for some families. They

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may have experienced services being pulled from them without warning in the past, they may worry friends or community members would be unwilling or unable to provide the type of support needed, or they may have a number of other concerns about discussions toward transition of support. However, rather than bypassing discussions about support provision, teams should listen carefully to all the concerns of the family and create a safe place for them to be expressed. It is a careful balancing trick to transition support effectively and respectfully. However, teams have an obligation to their community to use resources effectively. Because no community has unlimited resources, every hour of paid support consumed means another child or family elsewhere is doing without. Therefore, teams should seriously consider the need to transition the amount and type of support provided over time, always respecting the opinions of each of the team members, particularly the family. The trap many teams fall into is waiting to discuss transition of support until late in the process or choosing not to even consider the need to transition support for a particular child due to fears about the implications of such discussions. This is an area that requires a great deal of diplomacy, respect and honesty, and it is a significant part of creating a community where the needs of as many families as possible can be addressed.

What If There is Not a Team in Place?

Sometimes a direct support agency may receive requests to provide support when there is no wraparound team in place, or when there is a team, but it is not functioning well. In these cases, the direct support provider may play an important role in helping form or improve the group planning process, even if informally. For example, the direct support worker can help the team consider the types of activities desired from the direct support agency, helping them explore interest, strengths, needs and culture. Or, the direct support worker may help organize the people that care about the child into an informal team in order to make sure everyone is working together to help the child. Rather than refusing to participate unless there is a high-quality wraparound team in place, a strong direct support provider agency will jump in and help the team process along.

Individualizing Support

As mentioned above, direct support services are tailored to fit with family needs, strengths, interests and culture.

Sometimes, these areas have been identified by the team prior to the referral for direct support services. Other times, the direct support provider must play a more active role in helping discover and build consensus around these areas with the family and the team. A direct support provider may use tools, such as a functional behavioral assessment, to help discover these and other areas important to conducting quality positive behavior support. Such an assessment is often requested by the team of the direct support provider when particularly challenging behavior is present. The following areas are often parts of a functional behavioral assessment:

- Family story, elements of family culture
- Presenting behavioral needs or concerns
- A deconstruction of the context of the behavior:
 - » Slow (setting events) triggers
 - » Fast (antecedents) triggers
 - » Specific descriptions of the behavior when it occurs
 - » Consequences being experienced as a result of the behavior (note: consequences do not mean punishments—they are simply the “what happens next” that follows a behavior)
- Relationships
- Choices map (what choices the individual is allowed to make in various contexts)
- Behavior that develops respect and positive reputation
- Behavior that detracts from respect and positive reputation
- What works for this individual
- What is known not to work for this individual
- Recommendations for consideration in support planning

Support Planning

Once needs, strengths, culture and interests have been identified, the team begins planning the support. In some instances, the entire wraparound team is part of developing the support plan used by the direct support provider. At other times, the team simply commissions the direct support provider to develop the specific support



plan with the family based on the needs identified by the team and report back to the team regarding the plan development.

In either case, the direct support provider plays a key role in developing a plan for individual support based on all available information and materials, with special consideration to the functional behavioral assessment, if one has been conducted. The support plan may take a variety of formats, but some of the universal elements are the following:

1. Goals of support provision, as stated by the family
2. Needs of the child/family underlying the identified goals
3. Strategies/activities to be conducted by the direct support provider, answering the specific “who, what, where, when and how” questions associated with the plan
4. Measurement of progress—how the progress toward the goals will be measured

Support planning involves consideration of

both prevention and reaction. Prevention planning is similar to crisis planning in wraparound because it identifies what could go wrong and what can be done to prevent concerning behavior from occurring in the first place. Planning also needs to focus on how to react if the challenging behavior does in fact occur. Direct support providers may ask questions such as the following to help develop an effective prevention plan:

- What adjustments to the setting/context could be made in order to prevent the concerning behavior from ever occurring in the first place (without criticizing or blaming any member of the team, especially the family or child)?
- Which activities are most likely to help keep the concerning behavior from occurring, and how can we get all the members of the team working together to use these types of activities uniformly?
- How do we integrate what we have learned from the functional behavioral assessment into the prevention plan (such as what works/doesn't work)?
- What signs show us when things are starting to get concerning for the child (such as mannerisms, words, etc.).
- What can be done when things start to escalate, and in what way can we uniformly implement them as a team?

Provider-Side Individualization

We have discussed various ways a wraparound team can work with a direct support provider to individualize support services. There are also important considerations solely on the side of the direct support provider that help tailor the support to the individual and family. For example, the provider must consider which of its staff members best match the request for services and how to mobilize those individuals to meet the support needs.

While this may appear to be a simple task, in reality it is full of challenges. For example, smaller agencies may have a more difficult time finding an ideal match for a particular child. While an agency with 50 support workers may be able to

find within its ranks a male support worker from an African nation who plays basketball (an actual request that came to a support provider from one wraparound team), an agency with only five

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employees will be far more restricted in being able to do so. Nevertheless, finding the best match possible for each child is critical to success, so direct support providers must do whatever they can to help find the best match possible.

One option providers may use is recruiting and hiring specifically for an individual or family. Some providers have the family help interview the prospective employees who would be hired to work with their family. However, a challenge to this approach is it takes some time to go through the hiring process in order to

find the right person, and there may be challenges associated with human resources laws in specifically targeting specific ages, races, genders, and so forth.

An important aspect in finding the best match for a child and family is knowing the attributes, skills and interests of the employees of the support provider organization. If a request arises for a worker who loves crocheting and softball, yet the company has no idea what the particular interests and skills are of its support workforce, the company severely limits its ability to provide the best match possible for the family.

However the right match has been identified for a particular child or family, there may still be challenges ahead in deploying that worker. For example, most agencies cannot afford to have workers sitting by idly waiting for the request to come

along for which those workers would be the perfect match. Instead, typical agencies have most of their workforce busy working in the field on a continual basis and have openings of availability only when families transition out of service or when new hiring occurs. Perhaps a request comes for a support worker from an African nation who is a young male and loves basketball and the organization has just the employee in its workforce. However, that employee is currently working to capacity with a young man with who has had tremendous success and who would likely experience difficulty if an abrupt transition were to occur to accommodate the request made by the new referral.

This is where creative management of the direct support agency becomes critical as there are often no easy answers when trying to find the best matches possible for youth. The provider may consider some of the following questions:

- Which child would benefit (or be harmed) more from working with (or not working with) this particular support worker?
- How can we meet both needs at once? For example, spending less time with the first child than the worker is currently, and less time with the new child than the request specifies, and supplementing the remaining time with additional workers for both children.
- How can we find another worker who will meet the needs equally well?
- What can be changed about the context to reduce the degree to which a particular person is needed? For example, could a relative of the child fill some of the cultural and social needs, while a paid support worker fills other needs?

Purposeful Support

Even when a team has masterfully outlined needs, strengths, culture, a functional behavioral assessment, and a detailed support plan, direct support providers face the challenge of ensuring that the support is carried out as planned, with consistent, purposeful interactions. While the team may be experiencing the vision of what the

support worker should do, sometimes the support worker, for a number of reasons, may experience challenges catching the same vision.

One reason this may occur is the support worker is the one working each day with the family. Theoretical progress and activities may be diffi-



cult to translate into daily interactions, especially across an entire visit with a child or family. For example, the worker may understand that the team would like him to take a child grocery shopping in order to gain real-life experience in independent living. However, if the worker is scheduled to be there for five hours and the shopping only takes one, the worker may wonder what to do the rest of the time. One temptation is to just “hang out” the rest of the time. Another may be to leave earlier than planned. Another may be to create forced learning opportunities falling back on tradition psychoeducational techniques so as to not “waste the time.”

Again, there are no easy answers in this scenario, and quality supervision (discussed in the next section) is perhaps the best answer to this situation. What if that worker were part of a 24-hour safety network helping keep a child safe in the community and the provider agency had committed to the entire five hour period with the child? The answer of leaving early would not be acceptable (nor would it be for a number of other circumstances, some as simple as the family is counting on the support worker to be with the child until the agreed-upon time and has built its plans around that commitment). Support workers

must be prepared ahead of time to think about what to do throughout their entire time working with a child and family, even when the unexpected occurs. A constant dialogue within the worker’s head should occur, processing the following question: “Why am I doing what I am doing right now?” The answer to that continual question should always be “Because it relates to the goals, needs, and plans for this child.”

If direct support regresses into simple “hanging out” without a clear purpose, much of the benefit of the support may be lost. But what about if the purpose of the support is companionship and mentoring? The answer is the worker would know and constantly be considering that this is the purpose of the support that day. A breakdown occurs when everyone else on the team thinks the support worker is working on social skills in the community, while the support worker himself thinks he is simply spending time to build rapport. What could otherwise be remarkable progress toward goals may instead turn into months of stalled progress.

Consistent, purposeful support is perhaps the single biggest challenge for an effective direct support provider agency. Significant amounts of energy in the form of training, supervision and constant encouragement may be required before an agency is successful in having a support workforce that is providing support in this manner. One clinical director at a support provider agency is famous for having employees always on their toes prepared for his question: “Why are (or were) you doing what you are (were) doing?”

Supervision of Support

In many professions, direct supervision is a key factor in the quality of product or service provided by the company. In the field of direct support, this could not be more accurate. Consider the following critical roles a quality supervisor plays in a direct support provider agency:

- **Knowing where support workers are at any given time.** This helps reduce the chance of their getting hurt and reduces the chances of their doing something that will be harmful to the child or the agency. One significant concern people often have about running a direct support agency is

how they will know what all those employees are doing out there in the field. Supervisors are a key to knowing this information.

- **Instilling the culture of the company.** Despite what a company teaches in new employee orientation or claims in its mission statement, it is the day-to-day interactions with a supervisor that teach employees what is the true culture of the agency. This is the way effective direct support agencies instill the six values of direct support into their operations and their workforce. For example, a supervisor who emulates the values of positive support and strengths-based practice with a support worker, despite a variety of challenges that worker may be facing in the work, helps that employee learn to think in a positive and strengths-based manner each day, even when times get tough.
- **Clinical guidance.** While direct support may be a less traditional form of clinical service, it is clinical nonetheless, and therefore requires quality clinical guidance and support. In this context, clinical means that the services help provide assistance for challenging behavioral circumstances for a child and family. Because direct support workers are often behavior technicians and paraprofessional level employees, the amount of clinical support is often more than in a traditional outpatient clinic setting.
- **Consistency for the family and other agencies.** Especially when multiple support workers from a single agency work with a single family, a supervisor plays a critical role in providing cohesion and consistency in the support provided. The supervisor often acts as the liaison between the family and the support agency, as well as between the wraparound team including other stakeholder agencies and the support agency. Quality supervision helps provide a more consistent experience with direct support for families and other agencies.

- **Handling the complexity of flexibility.** The more an agency is flexible in its response to requests for support, the more complex running the agency becomes. Supervisors play a critical role in helping families get the amount of support they need from the best match of support workers possible, while also helping support workers get the help they need finding enough hours of work to sustain their employment and handling the inconveniences they sometimes experience by providing flexible support. For example, if an agency's best match for a child is an individual who lives two hours away, this creates challenges for that employee if the agency chooses to deploy him or her in that role. Supervisors need to maintain an awareness of the needs of the direct support workers and communicate these to other management staff. Some agencies choose to place some supervisors over direct support employees and appoint others to coordinate the support with families so that they can help assure that the needs of both get addressed.

Program Models of Direct Support

The first step in having an effective model of direct support is not to have a model at all. This may sound extreme and unorganized, but program models often interfere with a direct support provider agency's ability to be flexible and meet the needs of the family. For example, if a program pairs a master's level clinician with a bachelor's level technician as a support team for all families, this may be helpful for some families, but it also may be a hindrance for others. If the provider model is that the support workers make two one-hour visits per week to the home, but the family needs five six-hour periods of support, conflict between family need and program models occur again.

Perhaps the best program model for a direct support provider is to do whatever the wraparound team needs them to do. Whether one support worker coming to the home once per month or whether six support workers coming every day, the team knows best what a family needs and a support provider's job is to help the team meet their

needs. Of course, a team may combine the support from a variety of provider sources, including the natural and community resources of a family. However, this should not be reason for a provider

An effective support provider develops tools and reporting mechanisms to help measure, monitor and report behavioral progress.

to develop limiting program structures. Instead, direct support providers may be most effective when maintaining as flexible program model as possible.

Having a flexible program model does not mean the organization should lack structure. As discussed earlier, the more flexible the organization, the more complex the management of the company. Therefore, flexible providers actually require higher degrees of structure and sup-

port. Flexible program structure with inadequate supervision and protocol structure is a recipe for disaster. On the contrary, organization and quality administrative structures and processes help support the greatest degree of flexibility possible for a support provider.

While there is room in a community for support providers that specialize in the provision of a single type of support service, such as respite, or that work with a specialized population, such as children using substances, it is important that there are support providers available that use more of a “generalist” model of support. Generalist providers work with children of any age and with any type of presenting situation. They mold their support entirely around the needs of a family. It may be difficult to keep children living in the community safely without access to the services of a generalist support provider because support needs do not occur in isolation (a child who uses substances may require a variety of types of support) and it would be extremely difficult to predict and organize a community consisting exclusively of specialty providers. This concept is similar to

the reason grocery stores have evolved into supermarkets. It simply did not work for families to have to make separate trips to so many different specialty stores to get what they need in the current busy lifestyle.

Although helpful for the effort to keep children in the community, operating under a generalist direct support provider approach is challenging for the support provider as it requires greater degrees of flexibility, supervision, consultation on specialty topics, and insurance protection. For example, a generalist provider could be used to work with any specialty behavior challenge such as gang involvement, sexual offenses, or eating disorders. However, the provider will need to bring in specialized consultation in the presenting subject to help orient and train the support workers in the approach to use with the particular specialty topic.

Measuring Outcomes

One of the most challenging functions of a provider organization is agreeing on and using outcome measures. However, without measurement and reporting of outcomes, progress is less likely. Therefore, an effective support provider develops tools and reporting mechanisms to help measure, monitor and report behavioral progress.

The starting place for outcome measurement is establishing a baseline. This does not have to involve complex university-level statistics. Instead, it may be as simple as plotting on a chart how often a child wets the bed or threatens his sibling for one week and using the average as the baseline. Each team should work with the direct support provider to develop agreed-upon baselines for the behavior for which the help of the support provider is sought.

A common temptation is to measure negative behavior. For example, the situation above describes measurement of the frequency of bed wetting or threatening behavior. However, that measurement could easily be reversed to measure how often the bed is kept dry or days of positive interactions.

Another pitfall of outcome measurement is stating the measurement in terms of the absence of a behavior. This is sometimes called the “dead man’s rule.” In other words, never describe the

behavior you are trying to monitor in terms of something a dead man can do. For example, if the goal were “Tom will stop lying,” this is something a dead person could do, because it is simply the absence of a behavior. Additionally, “Justice will refrain from hitting and biting peers” is something a dead person could do. Effective measurement states goals in terms of something a living person could accomplish. For example, “Tom will tell the truth” or “Justice will keep her hands (and mouth) to herself.”

A third trap of outcomes is being too general. Both examples listed in the preceding paragraph would be difficult to measure because they are not specific enough. The support provider must work with the team on making the measurement as specific as possible. One way to do this is to ask how we will know when the behavior being measured occurs. For example, “Justice will keep her hands to herself during her school class as evidenced by observation from the teacher and the support worker.”

Once a specific statement relating to the behavior has been created, a system for tracking the measurement is easy to develop. For the example of Justice keeping her hands to herself, for example, a simple form could be developed for the teacher and support worker to mark each 30 minute period in which Justice does indeed keep her hands to herself.

The information tracked by team members, including the support workers, on a day to day basis will require some form of organization in order to be meaningful. Teams may organize the data into scatter plots, histograms, narrative reports, or many other formats. The critical element is that the information is compiled so that it can be considered by the team.

The team uses the compiled information to consider the progress being made and to make any needed adjustments to the plan. For example, one team decided to help encourage positive playground behavior for a child by using a peer his own age as the intervention source (the paid support worker helped the peer to develop and implement strategies to help the student). Weeks later, the data showed no improvement in social behavior on the playground. The team decided to modify the approach by having the paid support worker interact directly with the child, and

weeks later the data showed significant improvement. This was not the only option available to the team. They could have stayed the course with the current plan, modified the approach with the peer, found a different peer, or any number of different options. The important point is that the team reviews the data and makes decisions about how to modify the approach.

Agency Outcomes

Effective support providers are interested in the feedback of youth and families regarding their services and provide a manner for them to comfortably provide input that helps shape the company. Whether this information is sought directly by a company employee or by a third party (such as a local family organization), keep in mind the following considerations:

1. *Families may fear they will lose their services if they report negative information about a direct support worker or agency.* Create an environment where they can share concerns openly while reducing this fear as much as possible. For example, the agency may use a third party to collect the information, allow anonymous feedback, or provide a statement that the information will only be used in the aggregate.
2. *Make changes to the agency based on the feedback.* Do not simply collect the feedback and place it on a shelf. This is not respectful to the families contributing the input.
3. *Consider using a peer or family member to collect the input from families.*
4. *Before relying extensively on electronic media to collect input from families, keep in mind they may not all have access to it, or even if they do it may not be a preferred communication method for them.* Consider at least offering alternatives to electronic submissions.
5. *Be considerate. Do not take too much of a family's time with a burdensome survey or try to collect the information too often.* The experience should be geared toward the family rather than the benefit of the

agency. Do not leave a survey for a family to complete without providing an envelope and stamp. Consider providing a small gift for families that complete surveys that is not tied to their answers.

How Are Direct Support Services Funded?

Direct support services may be funded using a number of different methods, ranging from private pay services in the community to public sector social services such as those provided by Medicaid. As evidence grows concerning the benefit of community-based direct support services, more funding methods become available.

One funding model for direct support is a fee-for-service arrangement, where services are paid on an hourly or daily basis for the work performed. These arrangements may be helpful to a direct support provider because they ensure the agency will be paid for every hour of service performed. However, a challenge with this model is it may be difficult to predict the amount of support that will be purchased over the course of a year, and cash flow is often delayed as agencies try to collect payment following the provision of service.

Another funding model is block purchase with encounter claims. In this model, a contract with the direct support provider specifies a desired amount of funding for a period of time (such as a year) and an anticipated amount of direct support that will be provided in return. The funding amount is typically divided into equal payments over the course of the contract period and paid in advance to the provider. The provider earns credit back toward the funded amount through the provision of services, but adjustments for delivery under or over the contracted amount are not made each month. Instead, the equal payments continue month to month and adjustments in service provision are made to ensure that the provider earns credit for the amount of funding that has been provided. This model provides a cash flow advantage for the direct support provider and helps the agency plan regarding utilization across the contract period. However, this approach also carries some risk. If the amount of funding is not earned by the provider, it often must be returned

to the contracting agency, regardless of whether that money had been spent. In addition, when a provider accepts too many referrals and provides work above and beyond the contracted amount, the provider does not necessarily receive additional funding for those services. This is part of the tradeoff in a block funding arrangement: The provider must closely manage spending, capacity and encounter claim value.

Conclusion

Direct support is one of the most critical aspects of helping children live safely and successfully in their own communities. However, effective direct support that operates according to the six values of direct support outlined in this paper may be difficult to operationalize. Therefore, it is important that communities carefully consider the needs they have for direct support service capacity development and devote the resources required for successful creation and support of these essential services.

Author

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