

## *Wraparound Practice: Chapter 4a.2*

# The Phases of Wraparound: Real Life & Teams

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Andrew is a nine-year-old boy who was referred to the behavioral health system for the third time after being removed from his mother, Ms. Smith, and placed in Child Protective Services custody. Child Protective Services removed Andrew as a result of potential abuse and multiple unsuccessful attempts, despite implementation by family preservation services, to support Ms. Smith and Andrew to live together. The referral also noted Andrew had significant behavior challenges in the home and at school including property destruction and verbal and physical aggression towards peers and adults. Finally, the referral noted that Andrew was having difficulty establishing and maintaining relationships. Andrew is currently living in a group home shelter placement.

Molly, a case manager for a small behavioral health agency in her third week of employment is excited to start directly working with families. She has spent the first two weeks on the job in training, learning about wraparound and the child and family team process (Arizona's specific term for its team-based care management process). Molly is jazzed about the opportunity to serve families utilizing approaches that view families as partners and recognize strengths within children and their families.

Andrew is Molly's first referral, and her first assignment is to determine which practice model she's going to use in serving Andrew and his family. After reviewing the referral information and a brief conversation with the Child Protective Services case worker, Angie, she finds herself confused as to what her initial steps should be in beginning a team process for Andrew and his family. Molly approached Jim, her supervisor, and asked him for guidance around where to begin, Jim's response was pretty simple: "Do you know

what to do? If you do, follow child and family team practice steps. If you don't know how to move ahead, use wraparound." Molly asked for more clarity. Jim continued to explain, stating "If you are clear and confident in the fit between what's needed and what you can provide then go ahead and do it. If you're undecided and unclear as to what is needed or what will work due to the complexity of the situation or limitations of the system resources, wraparound would be the proposed practice model to implement."

He then took out a piece of paper and said, "We try at our agency to practice using the wraparound principles for all 10,000 families we serve, but we also know we can't possibly follow all of the steps of the wraparound process with any reliability for all of those families. So when we're

confident about having a clue about what to do and how to do it, we move fast and work collaboratively with the family. When we're confused or pretty sure that we don't have a good grasp on the answers we follow the wraparound process."

Jim then sketched out some differences between child and family team practice and wraparound practice on a piece of paper. Table 1 displays what he identified.

Molly explained she wasn't clear about what to do in Andrew's situation, especially since counseling and other system responses hadn't worked. Since that was true, she proposed following the wraparound process with Andrew and Ms. Smith. Jim smiled and responded "You're a quick learner. Go have some fun."

**Table 1. Differences in Practice**

	Standard Child and Family Team Practice	Wraparound Practice
<b>Engagement</b>	Engagement is primarily between us and the family with secondary engagement with others involved.	Engagement is ecological: facilitator, team, family, agencies, broader community and everyone else.
<b>Crisis Stabilization</b>	Stabilization is a big part of what the case manager does with the family. "The team" is family and case manager with others.	We try to avoid too much in the stabilization step. We do just enough to hold on until we can get the team process started.
<b>Strengths</b>	We do strengths discovery, but it's more limited—strengths are seen as grounded in the family and child, and may be less explicit drivers of practice. We share information on strengths with whoever is involved on as-needed basis.	Strengths discovery is more ecological, and we identify and use strengths and capacities of the family, child, community, and potential team members. Reframing the family as people with potential solutions, the gathered information is public and shared with all of the team being present.
<b>Team</b>	"Teaming" is a verb—something we do with the family usually through a team of two perspectives (case manager and family), though case manager may interact with natural supports.	The team is an entity—something we are. The addition of natural supports is important and their participation is a formalized part of the process as we make decisions.
<b>Who is Served</b>	All enrolled youth are served through the child and family team process.	Wraparound is utilized with youth for whom formal and traditional services have proven to be ineffective and folks involved don't know what to do.

## Engagement and Team Preparation

Molly visited Andrew's mother, Ms. Smith, at her apartment and Andrew at the shelter to get to know them and explain the wraparound process. During these visits Molly focused on explaining her role and responding to immediate crisis needs. She also explored strengths, needs, culture, and Andrew and his mother's vision of the future. Throughout all this, she attempted to establish trust. After a series of visits it became increasingly clear that Andrew and his mother wanted to be together.

During this time Andrew wasn't doing well at the group home. He was having trouble sleeping through the night and was fighting with some of the other kids at the group home. He also had some altercations with staff that resulted in many of his privileges being taken away from him, including phone contact with his mother. Molly started to receive requests for assistance from the group home manager, Mike, about Andrew's behavior. She met with the group home staff and the CPS caseworker, Angie, and developed a crisis plan to stabilize Andrew's placement. Molly looked forward to meeting with others to develop a crisis plan partially because she was comfortable with this type of planning thanks to her previous employment completing functional behavioral assessments for individuals with developmental disabilities. During the meeting Molly used her experience and skills and guided the team to look at reasons why some of the behavior was occurring. It was noted the fights or altercations usually occurred after dinner when Andrew was instructed to do a chore or something that he didn't want to do. Fights would also occur when he asked to call his mom and was told no. Steps in the crisis plan included getting a direct support provider from 4pm-8pm daily to help Andrew through this portion of the day. The group home staff also agreed to quit using contact with mom as a reward or consequence and allowed Andrew to contact his mom daily no matter how he behaved.

The crisis plan was developed and put into action within two weeks from the time Molly received the referral. As the crisis plan was implemented, Andrew's behavior started to improve. This allowed Molly the opportunity to focus on other activities necessary to build a team and start pro-

actively planning with the Smith family. The next step for Molly was to meet with the CPS worker to review what she had learned during her meetings with Andrew and Ms. Smith. Molly was also gathering Angie's perspective on the hopes and dreams she had for the Smith family and what would be needed for Andrew and Ms. Smith to be able to live together. Angie was apprehensive about the idea of Andrew returning home to live with his mom during these initial conversations. Angie made statements like "Mom has to prove that she's willing to change the way she's parenting," and "I have to make sure Andrew will be safe, it's my tail if something bad happens to Andrew again."

Molly's initial response was emotional and focused on "That's not right, if mom and Andrew want to live together it's up to us to figure out how we're going to make it happen." She decided to go to her supervisor, Jim, to help design some specific strategies to engage the CPS worker. Jim suggested that Molly slow down and validate Angie's concerns and work with her on achieving some common ground. Molly took this instruction and changed her approach from "I'm right and you're wrong." At this point she started having conversations with the CPS worker around developing a shared vision that included ensuring the safety of Andrew while returning to live with his mom. Molly was able to establish a relationship with the CPS worker by validating her concerns and fears and creating a mantra of "shared accountability" between systems to ensure safety. This didn't happen overnight but over the course of three weeks Molly and Angie built a trusting relationship that allowed both perspectives to be understood and respected.

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As Andrew's behavior stabilized, Molly devoted more time to exploring the family's strengths, culture and vision. She also contacted other people in the family's life, including:

- Andrew's favorite teacher, Mrs. Franklin;
- Ms. Smith's friend from work, Sandy; and
- two neighbors who provided after school care.

During the next two weeks Molly took notes on each encounter. She approached her supervisor again. "OK, I feel like I have a lot of information but I'm not sure what exactly to do with it. I know it's valuable, but how do I make it useful?" Jim's response was, "Take the information and write it into a working document that outlines the vision, strengths, needs and culture of the Smith family. Present that to team members at the first team meeting. You will update the document as you go along. This information will help the team to develop a plan of care for the family." As Jim was talking Molly was thinking to herself, "Duh, I learned that in training," but politely nodded her head and thanked Jim for his help.

After this discussion, Molly developed a document reflective of the Smith family. Molly scheduled the first team meeting which included the following individuals:

- Ms. Smith
- Andrew
- Angie - CPS case worker
- Mike - Group home manager
- Jamie- Neighbor
- Sandy- Mom's best friend
- Mrs. Franklin- Andrew's 2nd grade teacher
- Dave - Direct support worker
- Jane - Therapist
- Molly- Facilitator

### Initial Plan Development

Molly contacted all of the team members shortly before the meeting to confirm their attendance. She oriented them to the overall wraparound process, the way the team meeting would proceed,

and the initial purpose of the team (Andrew safely returning to live with his mother). She then developed the meeting agenda. As she was doing this, Jim stopped by and offered some words of wisdom to Molly about facilitating the first team meeting stating "Don't try to be a hero—the team was created for a reason. Rely on everybody's expertise in developing the plan. Think of yourself like a movie director. Your role in producing a successful team meeting is ensuring the stage is set so the actors can act."

The initial team meeting began with everyone introducing themselves and their relationship to the family. After introductions, Molly urged team members to be creative and generate a mission statement that would describe the team's purpose. After much discussion, Andrew spoke up and said "I belong home with my mom." Things got silent until Angie said, "How about the mission statement of Andrew belongs home." Everyone agreed. After the team mission was established, Molly led the team in developing ground rules for future meetings. The team established the following five ground rules:

- No shaming or blaming of any team member
- Stay focused on the mission
- Be on time
- Do what we say we're going to do
- There are no dumb ideas

Molly then shared her document that outlined the vision, strengths, needs, and culture of the family. She asked the team to review for accuracy and to voice any additions they would like to make. The team members verified the document's accuracy but Ms. Smith and Mike added some additional strengths for Andrew. Molly stated she would send an updated version to everyone. She then guided the team in prioritizing the needs statements listed in the document. Molly led the team in discussing the needs and made sure Ms. Smith's perspective was well represented. Ultimately, the team agreed to focus on the following needs:

- Andrew needs to know others will keep him safe when he's unable to do so

- Ms. Smith needs to feel a sense of safety within her home
- Andrew needs to see that love doesn't always have to hurt
- Ms. Smith needs to be validated for her efforts in what she's trying to do



The next step involved developing goals for each of the needs. Molly moved the discussion to brainstorming options on how the team is going to meet the targeted goals. Molly asked the team to come up with at least 10 possible strategies for each goal. She referenced the “no dumb ideas” ground rule. Everyone participated in brainstorming, including Andrew.

The team selected from their list of strategies and developed specific action steps that they were going to implement to meet the identified goals. Molly clarified who would do each action step and when it would be completed. After the team completed the initial plan, the energy in the room was extremely high. Molly nervously asked the team, “What could go wrong with this plan?” The energy instantly diffused as the room became quiet. Molly found herself becoming increasingly nervous and at a loss for words, when Ms. Smith stepped up and said “Molly, I appreciate you asking that, because we’ve had professionals and people involved in the past that we thought we could trust and they were famous for saying they were going to help but they never followed through and ended up causing more harm than good.” The team listened intently to Ms. Smith, and decided to work on holding each other accountable. They spent the rest of the meeting developing a com-

munication plan for the primary purpose of getting updates and ensuring timely follow through.

Table 2 (following page) exhibits a portion of the Andrew Belongs Home Plan that was developed during the initial meeting.

### Implementation:

Molly wrote up the team meeting notes, the plan, and the updates to the strengths document and sent out copies to the team members. Molly became unsure about next steps. She wasn't clear about how to make sure team members were following through. She approached Jim for guidance. Jim stated “The team is at a crucial place, and your role right now is extremely important. In this situation you are not an implementer. As the facilitator, you need to be ensuring people are following through and that information regarding what is and isn't working is being collected. You also need to help break down any barriers that are getting in the way of the plan.” Molly asked “OK, but how do I do that?” Jim replied “I would love to be able to answer that but I don't sit on this team. With each team it will look a little bit different. Your job is to work collaboratively with everyone to figure out what would work best.” This was a little frustrating for Molly but she started to develop plans for implementing this approach.

Approximately a week after the initial team meeting, Molly started contacting the team members to see how it was going. She discovered a lot of things were going well. Ms. Smith and Jamie (neighbor) had attended the parent support group twice. Ms. Smith reported that she enjoyed the support meetings and had even met other parents that were in similar situations. They had exchanged phone numbers and were meeting for dinner over the weekend. Ms. Smith also stated that she met with Andrew's teacher, Ms. Franklin. She reported a positive discussion with her around ways she could change some of her responses when Andrew came home stressed out. Molly learned from Angie that everything was on schedule for Andrew's return home. In addition to noting Ms. Smith's follow through, Angie reported she was feeling more optimistic about a safe return home for Andrew.

Molly was feeling confident about the updates she was receiving from the team members until

she contacted Mike (group home manager). He reported that Andrew has been struggling lately at the group home. Andrew had received five incident reports over the last week that involved Andrew becoming physically aggressive to staff and peers. Mike felt the majority of these incidents were a result of turnover in staff at the group home. Some of the new staff didn't have a relationship with Andrew and were not following the crisis plan as designed. When Molly contacted Dave, the direct support provider, he reported that he had resigned from his position as of the following week. Hearing this information and looking at the Andrew Belongs Home Plan, Molly became increasingly concerned about how the plan could possibly work. She remembered her conversation with her supervisor about not trying to be a hero. She decided to bring the team together and dis-

cuss this new information.

Molly was able to get the team together within the week. She prepared for the team meeting by ensuring all team members had received the updates and were clear as to what the purpose of the meeting was going to be. The two agenda items that required focus were

1. How to improve Andrew's life at the group home and
2. How to ensure that the direct support activities would still occur.

Molly opened the team meeting by reviewing the ground rules and having the team members remind each other of the mission. She then led the team by reviewing progress, noting and celebrating the strengths and accomplishments that occurred from the last time the team had met. Af-

**Table 2. Excerpt from “Andrew Belongs at Home” Plan**

Need	Goal	Action Steps
Andrew needs to know others will keep him safe when he's unable to do so.	Ms. Smith will feel safe when Andrew returns home.	<ul style="list-style-type: none"> <li>The group home staff will continue to use the crisis plan.</li> <li>Mom will spend time with the group home staff 3 times per week to learn how to interface with Andrew when he becomes stressed.</li> <li>Direct support worker Dave will accompany Andrew for home visits three times per week.</li> <li>Andrew will play basketball for one hour after school by himself.</li> </ul>
Ms. Smith needs to feel a sense of safety within her home	Andrew will return home within the next two months.	<ul style="list-style-type: none"> <li>Ms. Smith will get a lock installed on her bedroom door.</li> <li>Ms. Smith and Jamie will attend a support group for parents two times per week.</li> <li>Angie and Ms. Smith will meet with family preservation team two times per week.</li> <li>Mrs. Franklin will meet with Ms. Smith to discuss “what works for Andrew” information and to assist in home changes.</li> <li>Mike, Jamie and mom will meet within the next month to develop crisis plan for when Andrew returns home.</li> </ul>
Andrew needs to see that love doesn't always have to hurt	Andrew will form relationships with his peers	<ul style="list-style-type: none"> <li>Direct support worker Dave will take Andrew to boys and girls club two times per week.</li> <li>Andrew will work with therapist Jane to work on a “person I would like to be” project once per week.</li> <li>Group home manager Mike and staff will work on including Andrew in activities with other kids at group home.</li> <li>Andrew will help out in Mrs. Franklin's class once per week.</li> </ul>





ter all the updates were shared on what was going well, the team had a positive mindset about its effectiveness. The team then moved into brainstorming around the items requiring action. The team generated a variety of creative options to choose from. To resolve the direct support area, it was decided Mrs. Franklin would take over those responsibilities by becoming a part-time employee for Molly's agency. The team decided to resolve the group home concerns by conducting an all staff meeting with Andrew and Mike co-facilitating to share what works and doesn't work, and to ensure all are familiar and comfortable with utilizing the crisis plan.

The team implemented the adjusted plan, and quickly Andrew became more comfortable at the group home. Mrs. Franklin was enjoying the work she was able to do with Andrew and his mom. As time went on Molly continued to receive updates on what was working and what wasn't. The team met every week to once every other week to continue to make adjustments to the plan and be proactive in discussing the question, "What could go wrong?" Molly's focused on supporting team members and ensuring all involved stayed committed to the mission of Andrew Belongs Home.

About two months from the initial team meeting, the team's work started really paying off. Andrew returned home safely with his mom and the team continued to stay focused in making the necessary accommodations to support both of them. Ms. Smith was still attending support groups and facilitating a new support group for parents that were going through similar situations. She also had developed a renewed confidence on how to

interact with Andrew under stress, and was starting to develop a social life—something she had dreamed about for years. Andrew was playing basketball on a team, receiving passing grades at school, and, though at times reluctantly, helping out around the house. Angie, the CPS worker, was very pleased with the status of the reunification process and was developing a report to send to the court that recommended CPS involvement end.

## Transition

Instead of meeting at least once every two weeks, meetings were now being held once a month to every other month. Mike and Angie ended their involvement when the team went to court and presented a summary of the accomplishments. The judge was extremely impressed and agreed with the plan. The team celebrated the closure of CPS involvement by having a party at Ms. Smith's and Andrew's home and playing a variety of different games that Andrew developed.

The team continued to meet at least quarterly. Molly was still enjoying the many successes that Andrew and his mom were having. During this time Molly also became a little confused about what the purpose of her involvement was and when to introduce the concept of transition. This was the first time she had reached this place with the process. This time Molly's answer came from a phone call from Ms. Smith. Ms. Smith noted the progress made and her appreciation for the team's hard work and dedication. Molly took this opportunity and asked Ms. Smith what she saw as the future role of the team. Ms. Smith responded, "I guess to make sure that if Andrew or I are having trouble in the future that we will be able to get help right away so we don't go back to the place where we were when we first started." Ms. Smith and Molly developed steps to transition the team.

Molly set up a team meeting to discuss the concept of formal team transition. The team members present were Ms. Smith, Andrew, Jamie, Sandy, and the therapist, Jane. This meeting started their normal ritual of going over the ground rules, the team mission and vision of the family, and updates on progress and accomplishments. Molly worked with everyone to create a transition plan outlining team accomplishments while updating the crisis plan. The team decided

to have a party celebrating their work together.

Molly wrote up the meeting results and distributed the transition, crisis and re-engagement plan. Then it was time to have a little fun since the day of the team celebration had arrived. They all went to one of Andrew's basketball games and cheered as Andrew scored his first basket of the season. Afterwards everyone went to the park for a barbecue. Team members shared memories of their experience together. People expressed their happiness at the accomplishments but noted that the ending was bittersweet. Ms. Smith was last to speak. She said "Thank you all for everything. We did what we said we were going to do. We were oh so right when we developed our mission statement. Andrew indeed belongs home with me." Molly thinks of those words often as she continues this work today.

### Postscript

When I agreed to complete this article or summary, I wanted to stay away from sharing an "idealized" wraparound story because I've found that it almost never happens that way. I also wanted to avoid going to a story that was so unsuccessful as to cause anyone considering Wraparound to move away from it. This story doesn't adequately capture the ups and downs of the team nor the amount of confusion experienced by Molly as she was implementing and learning this process. Rather it merely provides a snapshot of the learning process. What I tried to do is explain how things happen in our agency while recognizing that families are human and they don't always fit into our phases exactly as we wish.

Some points I wish the reader would consider include:

- We chose to follow the wraparound process in serving Andrew and Ms. Smith. This took the supervisor helping the case manager deciding what to do. From then on, Molly was coached to follow the wraparound phases as closely as possible.
- The first plan wasn't easily implemented. Unfortunately, people and their plans change. Our first ideas had to be modified and reinforced. The thing to remember and consider in the implementation of wraparound is when you get to implementation,

you need to make sure your plans were actually implemented rather than assuming they were wrong. Notice that the group home plan wasn't substantially changed. Instead the analysis of the problem is that it hadn't been implemented. So Andrew and Mike, the group home manager, found a way to get it implemented.

- People do make a difference. We use words like "celebrate" and we do have barbecues because those small rituals make a difference for youth, families and helpers. This is more than mere words. Ms. Smith continues to talk about the barbecue today. Those are often the first things that get cut when agencies are faced with budget shortfalls but we've learned that families may often value those things more than anything else that we do.
- The wraparound facilitator doesn't have to have all of the answers, but rather a commitment in getting the right people to the table. Molly learned through this process that by developing trust and creating meaning for team members, shared solutions can be brainstormed and achieved. Formal and informal supports don't like to be told what to do but appreciate being part of a team that genuinely wants to achieve positive outcomes for others.
- Quality supervision and coaching is instrumental in achieving high fidelity wraparound. This work isn't easy no matter how experienced you are. All wraparound facilitators need someone to support them, bounce ideas off of, and provide clarity and direction around next steps.
- In addition to training and supervision, there were a lot of supports necessary to achieve this success:
  - » The CPS worker recognized the potential of wraparound and was supported by her supervisor and home agency to participate on the team;
  - » Molly's caseload was maintained at a manageable level, allowing her to engage the family and team members, follow-up with team members, and follow-through with all the strategies in the plan;



- » Molly's agency was able to do things like pay a team member with expertise (Matt's teacher), so that she could carry out her role on the team;
- » Resources for things like barbeques, basketball leagues, and celebrations were readily available to the team.

### Author

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