Research on the Wraparound Process: Intervention Components and Implementation Supports

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Introduction

In 1996, when the time since the advent of "systems of care" (Stroul and Friedman 1996) for youths with serious emotional and behavioral problems was still measured in terms of years and not decades, this journal provided the children's services field with a landmark Special Issue focused on research on the wraparound process and individualized services for children with complex needs (Clark and Clarke 1996). The Special Issue aimed to provide the first comprehensive academic perspective on wraparound, which was at the time one of a variety of "innovative alternatives to highly restrictive, categorical services and costly institutional care", on which outcomes studies were only beginning to be published.

The goals for the 1996 special issue were to: (a) provide a definition of the wraparound process and a rationale for its use, (b) illustrate potential applications of the approach, and (c) present results from studies that shed light on the potential for wraparound's positive impact. As described by the Special Issue's discussant (Rosenblatt 1996), the Special Issue also aimed to put this new strategy on a developmental pathway that would lead its specification and refinement to be guided by theory and research, rather than by "fad and fashion," lest wraparound become yet another "program of great promise that fell by the wayside once [its] moment in the sun passed".

Fifteen years later, we can report that far from falling by the wayside the wraparound process has become an organizing framework and prominent practice model through which community-based services for a broad range of populations with complex needs are delivered. As described by Bruns, Sather, Pullmann, and Stambaugh in this Special Section, it is estimated that the wraparound process is available via nearly 1,000 initiatives in nearly every one of the United States with the number of states taking implementation statewide increasing every year (Bruns et al. 2010).

We also have observed that the field has continued to make progress in the areas discussed in the 1996 Special Issue. Wraparound's principles, practice model, and organizational and system support conditions have undergone systematic examination over the past 10 years, in a way that intends to provide adequate specificity to permit replicability and quality assurance while maintaining the strategy's ability to be adapted to local conditions and populations (Bruns et al. 2010; Walker and Bruns 2006; Walker et al. 2011). Nine controlled studies of wraparound are now in the peer reviewed literature (Bruns and Suter 2010), with a recently completed meta-analysis demonstrating significant positive effects and mean effect sizes ranging from 0.31 for mental health symptomotology to 0.44 for residential placement (Suter and Bruns 2009).

Finally, examples of applications of wraparound continue to proliferate and gain national attention. The initiatives studied in the above reviews and meta-analysis span mental health, juvenile justice, and child welfare (Suter and Bruns 2009), and the wraparound process is now frequently referenced as a practice model that can facilitate integration of care for complex populations of all ages. Achieving such integration of care—and the quality improvement and cost savings that are proposed to occur

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as a result—is one of the goals of current federal health care legislation (Thorpe and Ogden 2010). As such, perhaps it is not surprising that, in 2009, Wraparound Milwaukee won an Innovations in American Government Award from the Kennedy School of Government at Harvard University for its pioneering work in achieving such integration for children and youths with multi-system needs, as well as improved quality, access to care, and cost savings (Chong 2009).

At the same time, much work remains. Clark and Clarke (1996) reported, "the push to rapidly implement wraparound approaches has resulted in a plethora of service models that vary widely in their implementation processes, structures, and underlying theories". Rosenblatt (1996) reflected that there needed to be a "gold standard" for wraparound "systematically built upon theory and research" and "modified based on an accumulating knowledge base". Rosenblatt also noted the importance of attending to model integrity through better definition and the development of measurement strategies: an issue that, in 1996, had only begun to be discussed.

Despite the progress described above, these issues remain important today, especially with respect to developing consistent, empirically supported implementation strategies for use by states, communities, and provider organizations that have chosen to provide wraparound. Although we have documented the potential effectiveness of certain methods for using training and coaching to achieve fidelity and outcomes (Bruns et al. 2006), we also continue to see great variation in implementation fidelity nationally, with predictable negative impacts on outcome (Bruns et al. 2008; Bruns et al. in submission). Well into the twenty-first century, concerns remain about our capacity to use theory and research to systematically establish standards for wraparound practice and implementation support.

The Current Special Section

The purpose of this Special Section is to return to the themes discussed 15 years ago, and stimulate the development of research on wraparound that can inform refinement of both the wraparound intervention as well as its implementation support components. In part, the inspiration for this idea was derived from the monograph on effective implementation published by our colleagues in the National Implementation Research Network (NIRN) (Fixsen et al. 2005), and the spotlight that this monograph shone on the need for systematically developing and researching implementation support technologies for empirically-supported practices. Recognizing that wraparound is not "owned" by any single developer or research team, and that part of its popular appeal and potential for public health impact is its broad applicability to many populations and settings, we cast a broad net and solicited original research from the field that might help advance our understanding of effective practice and implementation support strategies in wraparound.

Collectively, the articles that were ultimately selected and published here are intended to achieve three goals: (1) Describe a number of implementation support mechanisms and measures for the wraparound process; (2) Present research findings that have implications for model refinement and implementation support; and (3) Provide descriptions of applications of the wraparound process across a range of contexts. In addition, by drawing attention to current research on wraparound, this Special Section aims to promote further expansion of the research base.

The Special Section consists of eight articles, each of which contributes to one or more of these goals. Two articles serve to set the context. First, Bertram, Suter, Bruns, and O'Rourke present a review of implementation-related research on wraparound that uses the NIRN framework (Fixsen et al. 2005) to describe the degree to which wraparound intervention and implementation components have-and have not-been addressed by research. Bertram et al. provide a centerpiece for the Special Section, as well as a potential organizing structure for developing an implementation research agenda for wraparound going forward. For example, Bertram et al.'s review finds gaps in theory and research in areas such as staff training and coaching, wraparound team composition, and the relationship between the wraparound team process and availability of community supports, each of which is addressed to some degree by research presented in other articles in this Special Section.

The Bertram et al. paper is followed by Bruns, Sather, Pullmann, and Stambaugh's study that uses a survey of state children's mental health directors to describe the current status of wraparound implementation in the United States. Comparing data from 2008 to data from a previous survey conducted by Faw (1999), the study suggests that formal implementation supports are being increasingly employed in wraparound initiatives nationally, but that substantial gaps remain.

The Special Section then presents four original research papers, findings from which fill gaps in the implementation research base for wraparound. First, Effland, Walton, and McIntyre describe approaches adopted in Indiana for measuring wraparound model fidelity, and system-level implementation support conditions. Analyses of data from these assessments demonstrate positive relationships between implementation support conditions for wraparound and wraparound fidelity and between wraparound fidelity and improvement in youth outcomes. Of particular interest to future intervention refinement, the authors found associations between achievement of certain elements of wraparound (i.e., maintaining an outcomes focus and integrating youths and families into the community) and improved youth outcomes.

Continuing on the theme of measuring implementation supports, Walker and Sanders describe a research-based framework for conceptualizing system and program level support for the wraparound process, and present reliability and validity findings for a measure entitled the Community Supports for Wraparound Inventory (CSWI). Findings indicate that the CSWI shows promise as a reliable, valid and useful tool.

Next, Weiner, Leon, and Stiehl present research validating the hypothesized connection between youth and outcomes and one particular type of system support—the availability of community-based clinical services and supports. Using Geographic Information Systems technology, the authors found that risk of placement disruption among youth in foster care and receiving services within a wraparound model is reduced by the presence of child strengths and proximity to resources. The study has significant implications for the implementation of wraparound programs as well as service system planning for youths in general.

In the sixth article, Palamaro-Munsell, Cook, Kilmer, Vishnevsky, and Strompolis present research that provides additional guidance regarding wraparound practice elements. Their study explored the relationship between wraparound team member attendance at team meetings and the fidelity of wraparound service provision. Analyses indicate that the structural team factors of attendance consistency and mean team members present relate to the degree to which meeting processes are consistent with the principles of wraparound. Findings underscore the relevance of attending to and tracking the composition of wraparound teams.

This Special Section concludes with two articles that describe new frontiers of wraparound implementation and implementation support. First, Eber, Hyde, and Suter describe the structure for implementation of the wraparound process within a multi-tiered system of school-wide positive behavior support to address the needs of students with complex emotional/behavioral challenges. The authors present examples of system implementation benchmarks that are assessed concurrently with student outcome data, and that are part of a systematic process of moving toward full operation and sustainability of wraparound implementation. Finally, Walker and Matarese conclude the Special Section with a description of the theory of change for wraparound implementation, intervention components, and outcomes, and how this theory can be used to promote more consistent and effective implementation support, particularly in the area of training and professional development of provider staff.

Conclusion

In concluding his discussion of the 1996 Special Issue, Rosenblatt predicted that the process of using research and experience to define and refine "gold standard" methods for wraparound and im-

plementation support would require patience, and he urged commitment "to the process of cumulative knowledge... of building and creating innovative research and program efforts over time". The field of children's services deserves credit for the patience with which it has allowed the wraparound research base to expand and implementation and quality assurance supports to develop. At the same time, children with complex emotional and behavioral needs and their families should not have to wait an entire generation for an innovation such as the wraparound process to become adequately understood and implemented in a way that consistently facilitates improvements in their lives. We hope the articles in this Special Section contribute to the field's understanding of how to deliver and support the wraparound process, and that they facilitate and stimulate additional research and meaningful practice improvements.

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