

## The Principles of Wraparound: Chapter 2.5

# Debating “Persistence” and “Unconditional Care”: Results of a Survey of Advisors of the National Wraparound Initiative

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In 2004, the National Wraparound Initiative (NWI) used a collaborative process to create two publications to help meet its stated goal of increasing clarity and consistency of wraparound implementation for youth and families. These two documents were the *Ten Principles of Wraparound* and *The Phases and Activities of the Wraparound Process*. Since these publications, the most contentious aspect of these formative documents has arguably been the reframing of the *Unconditional Care* principle of wraparound as *Persistence*, which was done in order to acknowledge the fiscal and logistical challenges of providing unconditional care in real-world systems.

In advance of publishing all the NWI documents in the *Resource Guide to Wraparound*, it seemed important to revisit the question of how best to present this core principle: Using the newer term of *Persistence*, or returning to the traditional wraparound term *Unconditional*. To help figure this out, approximately 200 NWI advisors were sent a two-page document that included the definition of the *Persistence* principle as it has been presented since 2004, as well as a new description of the principle *Unconditional Care*. Part 2 of this chapter reproduces this information as it was presented to the advisors. Advisors were provided a link to an on-line survey. The survey asked the advisors to give their opinion on whether the change represented an improvement to the ten principles of wraparound, and also invited open-ended feedback on the wording of the principle as well as the issue overall.

## Part 1: Summary and Interpretation of Feedback

More detailed results from analysis of open-ended questions are presented in Part 3 of this chapter. Overall, results showed that:

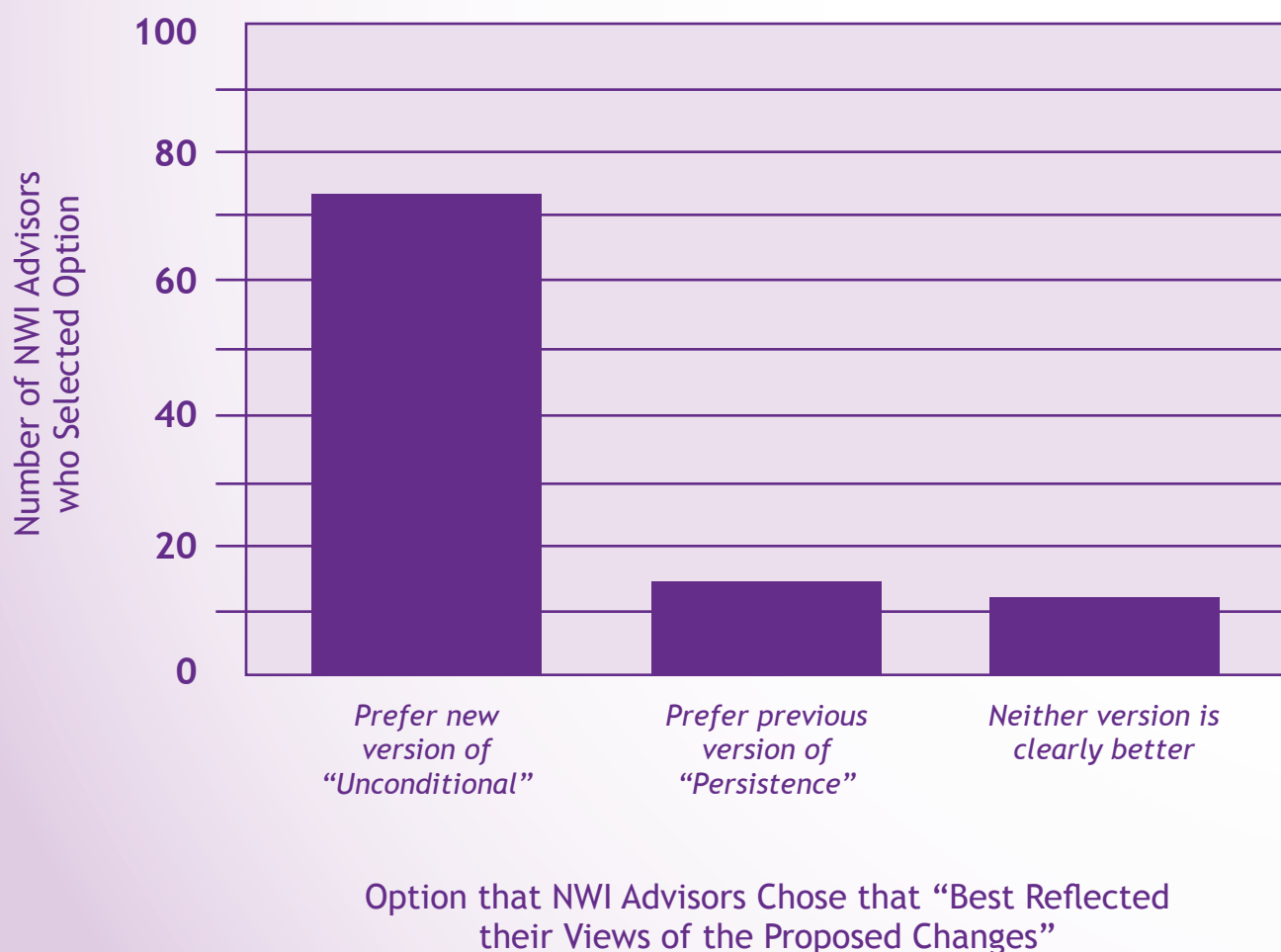
- One hundred members of the NWI Listserv (approximately 49%) responded to the request for input.
- 73% expressed preference for the new description of *Unconditional Care* (See Figure 1).
- 15% expressed a preference for the definition and description of *Persistence*.
- 12% endorsed the option “Neither version is clearly better.”

Looking at the open-ended feedback, there was little disagreement with the content of the descriptions of either principle. Debate centered primarily on what *title* to assign this principle. Advisors seemed to be split between those who want to highlight the more value-based ideal expressed by *Unconditional* and those who seem to want to highlight a more practical or applied version of the principle expressed by the title *Persistent*.

## Discussion

Overall, nearly three-quarters of 100 NWI advisors who participated in this exercise expressed a preference for the description of the principle as “Unconditional Care.” At the same time, 15 advisors expressed a preference for the previous version, entitled “Persistence.”

Figure 1. Results of Survey of NWI Advisors



Despite different opinions among the advisors in terms of preferences for *Unconditional* versus *Persistence*, it should be noted that comments indicated substantial agreement about the main components included in the description of the principle. Each description (as presented in either the *Unconditional Care* or the *Persistence* version) contains two parts: The first paragraph describes the basic vision or value, while the second paragraph points to typical difficulties that are encountered in real-life wraparound.

In reviewing the results, we concluded that those who prefer *Unconditional Care* as the title of this principle tend to want to highlight the more value-based ideal expressed in the first paragraph of the description. Those who prefer the *Persistence* (or *Persistent*) title seem to want to highlight a more practical or applied version of the principle that acknowledges the limitations expressed in the second paragraph. In general, advisors' comments did not suggest disagreement either with the ideal of unconditional care or with the reality that systems are often not set up to provide care that is truly unconditional. Rather, comments seemed to focus more on which aspect of the principle should be emphasized over the other in the single term that will stand for the whole principle. Advisors also were interested in making sure this would be clear for audiences who are unfamiliar with wraparound and who may have difficulty grasping what this principle really stands for.

### Now What?

Though we respect the feedback from advisors who voiced a preference for describing wraparound as *Persistent*, advisors who prefer to present this principle as *Unconditional Care* represent a clear majority. In addition, a large majority of advisors seemed to be satisfied with the description of the practical limitations that were included in the second part of the new description. For these reasons, a shift to a principle description entitled *Unconditional* would seem to be a logical step. Depending on the future response from advisors, we may be asking (yet again) for review and feedback.

## Part 2: Versions of *Unconditional Care* and *Persistence* Presented to Advisors for Review

**Principle: *Unconditional Care*.** *A wraparound team does not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary.*

**Description:** This principle emphasizes that the team's commitment to achieving its goals persists regardless of the child's behavior or placement setting, the family's circumstances, or the availability of services in the community. This principle includes the idea that undesired behavior, events, or outcomes are not seen as evidence of child or family "failure" and are not seen as a reason to reject or eject the family from wraparound. Instead, adverse events or outcomes are interpreted as indicating a need to revise the wraparound plan so that it more successfully promotes the positive outcomes associated with the goals. This principle also includes the idea that the team is committed to providing the supports and services that are necessary for success, and will not terminate wraparound because available services are deemed insufficient. Instead, the team is committed to creating and implementing a plan that reflects the wraparound principles, even in the face of limited system capacity.

At the same time, it is worth noting that many wraparound experts, including family members and advocates, have observed that providing "unconditional" care to youth and families can be challenging for teams to achieve in the face of certain system-level constraints. One such constraint is when funding limitations or rules will not fund the type or mix of services determined most appropriate by the team. In these instances the team must develop a plan that can be implemented in the absence of such resources but in a way that does not give up on the youth or family. Providing unconditional care can be complicated in other situations as well. For example, when wraparound is being implemented in the context of child welfare, protection of children's safety may require that care is unconditional primarily



to the child or youth. Regardless, even in these circumstances, team members as well as those overseeing wraparound initiatives must strive to achieve the principle of unconditional care whenever possible for the youth and all family mem-



bers if the wraparound process is to have its full impact on children, families, and communities.

**Principle: Persistence.** *Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.*

**Description:** This principle emphasizes that the team's commitment to achieving its goals persists regardless of the child's behavior or placement setting, the family's circumstances, or the availability of services in the community. This principle includes the idea that undesired behavior, events, or outcomes are not seen as evidence of child or family "failure" and are not seen as a reason to eject the family from wraparound. Instead, adverse events or outcomes are interpreted as indicating a need to revise the wraparound plan so that it more successfully promotes the positive outcomes associated with the goals. This principle also includes the idea that the team is committed to providing the supports and services that are necessary for success, and will not terminate wraparound because available services are deemed insufficient. Instead, the team is committed to creating and implementing a plan that reflects the wraparound principles, even in the face of limited system capacity.

It is worth noting that the principle of "persistence" is a notable revision from "uncondi-

tional" care. This revision reflects feedback from wraparound experts, including family members and advocates, that for communities using the wraparound process, describing care as "unconditional" may be unrealistic and possibly yield disappointment on the part of youth and family members when a service system or community can not meet their own definition of unconditionality. Resolving the semantic issues around "unconditional care" has been one of the challenges of defining the philosophical base of wraparound. Nonetheless, it should be stressed that the principle of "persistence" continues to emphasize the notion that teams work until a formal wraparound process is no longer needed, and that wraparound programs adopt and embrace "no eject, no reject" policies for their work with families.

### Part 3: Detailed Survey Results

In addition to analyzing votes from advisors, open-ended comments about the two versions and the exercise in general were analyzed for themes. Looking across all three open-ended survey items, five major themes were identified:

1. Support for returning to a principle focusing on *Unconditional Care*,
2. Support for using a principle focusing on *Persistence*,
3. Ideas for how to revise the name of the principle,
4. Ideas for how to revise the wording of the principle, and
5. General comments about this exercise and the issue of defining this principle.
6. Brief descriptions of the patterns of open ended comments in each of these areas is presented below.

#### 1. Support for Unconditional

Approximately 58 advisors' open-ended comments included some type of support for returning to the notion of *Unconditional Care*. Most of these were simple statements such as:

- "The revised statement better reflects the intent of the wraparound process and provides more clarity to the definition," or

- “The wording is good and I think more strength based. *Unconditional Care* fits better into the wraparound philosophy.”

In addition, however, there were more specific endorsements of the *Unconditional* wording. These tended to fall into two categories. First, many advisors expressed that *Unconditional* is a more appropriate expression of a *principle* than *Persistence*, which was viewed in these comments as more pragmatic and focused on how wraparound is actually implemented. For example:

- “Wraparound is a philosophy, not a mandate. It is unrelated to the funding of treatment. As such, I think it is preferable to unequivocally state that the highest fidelity to the wraparound philosophy is achieved when service recipients get their services “unconditionally.”
- “These are principles—why replace a value-based term like *Unconditional* with *Persistence*?”
- “Dumbing down the principle because it is difficult is condescending to families—expect poor services, get poor services.”
- “*Unconditional* is a higher bar to strive for.”
- “Let’s keep the high ground on these.”
- “You can deliver ‘wraparound’ unconditionally. You may not be able to get FUNDING to deliver some specific services without complying with the rules of the funding agency, but it’s worthwhile to note the difference, and strive for the highest fidelity to the wraparound philosophy no matter who funds your services.”

The second specific rationale expressed by advisors in favor of *Unconditional* was that it would help ensure that specific challenges faced by youth or families would not be used as a reason for terminating services.

- “We don’t want to give providers an excuse to give up when faced with a special challenge.”
- “Keeping the value of unconditional care is

all the more important to help us advocate for families.”

- “*Unconditional Care* goes along with ‘unconditional positive regard’—empathizing even if you disagree.”
- “*Persistence* would bring us back to the idea that at some point a family can be kicked out of wraparound.”
- “*Persistence* allows professionals an ‘out,’ as in: ‘we’ve been persistent, *but...*’”

Several advisors also referenced this concern as a reason to eliminate some of the wording at the end of the explanation of the *Unconditional* principle that described instances in which systems may not be able to provide formal supports unconditionally.

## 2. Support for Persistence

Approximately 23 advisors gave open-ended comments that voiced support for using the *Persistence* principle. Virtually all of these comments expressed objections to the use of the term and concept “unconditional,” stating a belief that presenting a service model as “unconditional” was unrealistic in real-world systems. For example:

- “The title *Unconditional Care* implies that services are unlimited. While team members do not give up on, blame or reject children, the term *Unconditional Care* in the context of wraparound systems of care is not sustainable and will cause some systems not to integrate wraparound into their services array.”
- “I have always had a bit of a problem with the term *Unconditional* when applied in this context. Whether we like it or not, there are always conditions to just about anything we do. The term itself, *Unconditional* is so large in scope that it is difficult, if not impossible, to commit to in advance.”
- “I don’t like the name of the principle, *Unconditional Care*. I think it’s misleading to families and can create resistance in system partners.”
- “There are times when the payor holds the



cards and requires that services be ended. *Unconditional Care* is not possible.”

- “*Unconditional Care* is not a reality when courts, child welfare, juvenile justice are engaged. The intent (to quote Karl Dennis) of this principle was ‘never give up.... If the plan doesn’t work change the plan.’ *Persistence* more closely approximated this, not *Unconditional Care*. Wraparound is a model for organizing multi-system response, not a religion.”

The other primary points advisors made in favor of *Persistence* were that this concept was more clear and less vague, and/or easier to train staffpersons to do:

- “I believe that of the two, *Persistence* provides a clearer description of the effort placed in team collaboration.”
- “*Unconditional Care* is too vague—*Persistence* is more about doing than feeling, and thus easier to teach.”
- “I have struggled with *Persistence* as a principle and yet when faced with changing it to *Unconditional Care* I find that *Persistence* is a more accurate description.”
- “I recently asked a class of case management students which term they resonated most with. Most could identify with *Persistence* and understood how to apply it in support of the family. Some found *Unconditional Care* too vague.”

### 3. Ideas for the name of this principle

Several advisors presented ideas for changing the wording or name of this principle to make it more palatable, descriptive, or clear.

- Three advisors suggested that *Unconditional Care* was less on target than *Unconditional Commitment*. Another respondent suggested *Ongoing Commitment*, making for a total of four suggestions that “commitment” would be a better word choice than “care.”
- Two advisors proposed that *Perseverance* would express the notion of *Persistence*

more positively.

- One advisor suggested that *Persistence* refers to the duration and intensity of support while *Unconditional* refers to the nature of that support; thus the two terms should be combined into *Persistent and Unconditional Care*. Other suggestions included *Compassionate Care* and *Adaptability*.
- Finally, several advisors indicated that if persistence was to continue to be used, it should be expressed as *Persistent*, so its wording would be parallel to the other principles of wraparound.

### 4. Revisions to the wording

Many advisors presented feedback on the wording of the principle descriptions. Many of these comments suggested specific revisions to either *Unconditional* or *Persistence*. In addition, there



were several general themes that arose across the comments received:

- At least four reviewers suggested that the term *Persistence* should be maintained, but the definition and description updated with the new language that was presented

in the new explication of *Unconditional*.

- Four additional advisors commented that, regardless of the definition used, the language of the principles document should be more “plain and simple,” “less wordy,” and/or “family friendly.”
- Finally, three reviewers specifically suggested that the second section of the description of *Unconditional Care* (describing the challenges of providing support in this way) should be deleted. “Don’t apologize for unconditional care,” said one; “Sounds like excuses,” said another.

### 5. General comments

Some of the most interesting pieces of open-ended feedback from this survey were not related to the question of how to present the wraparound principle of *Unconditional* vs. *Persistence*. These themes related to the exercise itself, or to the methods employed by the community of practice we have called the National Wraparound Initiative. For example, several comments expressed that the issue is more complex than can be expressed in a written principle, or that the effort transcends how the NWI presents the principle:

- “What seems to be most important is to let families know the intent of wrap team philosophy—which is to be pledged (committed) to ongoing flexible service (regardless of circumstance) until goals are met and/or the team is no longer needed or appropriate.”
- “It is not the wording that we use, as the way that we teach the concept. *Unconditional Care* or *Persistence* both need to be explained and understood.”

Consistent with the above theme, several advisors presented specific concerns about wraparound implementation related to the issue of providing unconditional or persistent care:

- “I have a problem with using team consensus rather than outcome achievement as a graduation criterion. I’ve been in lots of situations in which families that have the most complex needs are thrown out of the

process because professionals find them ‘difficult.’ This consensus is often established in so-called sidebar sessions from which the family is excluded.”

- “I find the language [of unconditional care] good but would add something to the effect of that the team should give attention to ensuring that the goals reflect the real goals of the family/youth. I have observed teams resort to blaming the family/youth when the plan does not work as the ‘team’ envisioned. Often I have observed the source of this failure as the result of the team substituting their values and practice experience for the family/youth’s real desires/goals.”

“It is not the wording that we use, as the way that we teach the concept. *Unconditional Care* or *Persistence* both need to be explained and understood.”

- NWI Advisor

Several advisors also offered interesting alternative perspectives on how to express this principle. A couple advisors suggested ways to differentiate the two concepts. As mentioned above, one advisor suggested that *Persistence* is something related to “doing” while *Unconditional* is more related to “feeling.” Another advisor suggested that the two versions of the principle may be related to people in different types of roles:

- “The wording *Unconditional Care* in my mind is reserved for natural supports who will be a resource for a child over a lifetime. This concept does not pertain to a group of professionals representing a system of care on a child and family team.”

And one advisor offered this interesting perspective:

- “It does not seem to be the wording that is problematic, but rather the constructs themselves. In somewhat rhetorical fashion, I would ask you to consider what would be lost if both were simply dropped. The gains seem more obvious... there would be both a streamlining of the principles and concomitant increase in clarity.”

Finally, 38 advisors expressed in their comments that they appreciated that the NWI was soliciting feedback on this issue and/or conducting this exercise. At the same time, there were several advisors who questioned the approach of using a community of practice/consensus building approach to defining the wraparound practice model:

- “There are many limitations in defining a model by consensus. It’s time for us to move beyond this. If we are to remain with a consensus approach to model clarification then it is ESSENTIAL that proposed changes are identified by source and with a rationale rather than sending out a survey for ‘consensus’.”
- “Is this wraparound or that Survivor TV show? I’m not sure any of these focus group/survey methods are working.”

### Acknowledgments

We would like to thank the 100 advisors of the NWI for taking the time to participate in this survey. We would also like to thank all NWI participants who have participated in such exercises in the past and continue to do so in the future.

### Authors

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**Janet Walker** is Research Associate Professor in the School of Social Work at Portland State University and co-Director of the Research and Training Center on Pathways to Positive Futures. Her current research focuses on 1) exploring how individuals and organizations acquire capacity to implement and sustain high quality practice in human service settings, 2) describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and 3) developing and evaluating interventions to increase the extent to which youth with emotional or mental health difficulties are meaningfully involved in care and treatment planning. Together with Dr. Eric Bruns, Dr. Walker co-directs the National Wraparound Initiative.

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