

Wraparound Practice: Chapter 4d.2

# The Role of the Clinician Employed in a Wraparound Program

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**H**ow does a clinician become a valuable contributor to the wraparound process? Many wraparound providers struggle with the fit between a support perspective and clinical focus. At Hathaway-Sycamores, we have defined a new role, the Wraparound Clinician, who works exclusively with child and family (wraparound) teams. For clinicians to be successful in this role, they need to transform their participation from a traditional clinical role to a community-based and family-centered practice approach. When this transformation occurs, the wraparound project can successfully integrate all perspectives effectively and efficiently.

## Recruitment

Defining the role of the Wraparound Clinician begins with recruitment. The role requires that the applicant be licensed or eligible in a behavioral health field. Not all applicants will be a good fit for the job, however. For example, many clinicians seeking employment are looking for an agency that allows them to practice independently and provide an “outpatient” approach akin to a private practice. In contrast, the Wraparound Clinician is a team player that must interact, consult, and collaborate not only with youth and families but with other professionals as well. In many wraparound projects, licensed clinicians have a hard time accepting that they are one among equals on the treatment team and providing services alongside staff in the community and in family homes. Another qualification required is to have the critical thinking and communication skills that are needed in order to act as a “bridge” or translator between the strength-based, needs-driven, family-centered wraparound process and the Medicaid planning and billing processes that are built around a medical model of men-

tal illness. When recruiting for a clinician to enhance wraparound operations, it is important to assess the applicant's values, beliefs and clinical approach to assure a fit with wraparound principles. Key attributes in the selection process are skills such as maintaining a non-judgmental attitude toward families, engaging and working with others from diverse backgrounds, appreciating the various training and life experiences of other staff, and reaching agreement without needing to prevail as the expert.

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Conducting the initial interview in a group format and including a parent partner sets the stage for collaboration. One technique utilized is to assess the applicant's response to the question, "the worst home is better than the best placement." In the applicant's response, their values and critical thinking skills become obvious. Having a conversation about this question is an opportunity to assess the applicant's ability to provide non-judgmental, family-centered interactions and interventions. Teaching skills and coaching to wraparound practice can be fruitful only after selecting a clinician who has values consistent with wraparound.

### Role

Typically, a wraparound clinician works with fifteen to twenty child and family teams, providing consultation, coordination, oversight, intervention, and evaluation. In doing so, a clinician hired by a wraparound project provides benefits for other staff as well as for families.

*Direct Benefits to Families and Their Teams:* Providing consultation is helpful to the family. Often families want clarity around specific issues. Talking to a clinician provides support and a level of understanding about their child, who may be experiencing mental health symptoms. For example, parents of a child who is experiencing specific behaviors and has the diagnosis of bi-polar may not understand the volatility of mood and rapid changes that occur from agitation to silliness. The clinician can help them understand why interventions work or may fail to work and how to support and assist the child depending on what is happening at home and at school. The clinician is also available to consult with the child's psychiatrist and assist in supporting symptom monitoring with the family. Consultation, evaluation and direct mental health services are provided as needed and defined by the child and family team. The clinician's activities are performed differently within each child and family team process. Each family that enters the wraparound process will have an opportunity to engage with the clinician from the wraparound process. It is important during the engagement phase that the clinician explains his or her role to the child, family and other formal and informal supports on the team. The clinician thus sets the stage for two types of interactions with the child and family team: consultation and/or providing intervention.

Often, youth enrolled in wraparound programs are involved in multiple formal systems and therefore they may have more than one clinician. In this case, the wraparound clinician's role is to develop strategies and interventions that complement the work of the other clinicians. Wraparound clinicians also provide risk assessments, assist with hospitalizations, educate the other team members around particular symptoms and diagnoses, and implement evidence-based practices. The clinician also completes court reports regarding client participation, frequency and progress. The clinician interventions are not "stand alones"; they build on or set the stage for the work of the other team members.

*Direct Benefits to Other Employed Staff and Program Operations:* At our agency, the clinician is typically only one of several staff working with a child/youth and family. A central part

of the clinician's goal is to coordinate the work provided by these staff members, and to provide oversight. This is guided through a comprehensive psychosocial assessment. In wraparound, the clinician completes the assessment that captures the facts of the child and family's history and situation, and that also includes their strengths and what has worked with interventions and services in the past. The clinical skills and knowledge provides other staff with a better understanding of behaviors and how interventions are selected or created so that they fit a family's strengths and unmet needs. For example; in developing a family safety plan it is important for the team to understand the seriousness of diagnosis, behaviors, and specific interventions. The clinician's understanding of behavior and past experience offers support and direction to those staff who do not have clinical training or extensive experience in working with children and families experiencing emotional stress and disturbance. The clinician is valuable during the safety planning process because they are able to assess for safety and risk. In addition the clinician is part of the rotating 24/7 crisis response team for all enrolled children and families and can be a consultative resource to the staff that is called to a family home during a crisis. The clinician is available to assess the situation, determine if the child's behavior or mental health condition can be met with interventions in the home or whether temporary placement in a respite group home or other emergency setting is required such as psychiatric inpatient hospitalization.

**Funding & Wraparound Clinicians:** In Los Angeles County, funding to support wraparound projects consists of a blend of state and federal Medicaid dollars. Thus, each child enrolled in wraparound must have a diagnosis and meet medical necessity to draw down the federal dollars. Medical necessity can only be assessed by a licensed clinician, and Medicaid requires a treatment plan that links interventions to specific mental health goals. In contrast, the wraparound plan starts with ascertaining child and family needs, and building holistic strategies to address needs and build on strengths. Thus the clinician must be able to take the wraparound plan, developed by the child and family team, and "translate" it to create a Medicaid plan

that documents mental health goals and interventions in a way that will satisfy state requirements. The clinician is responsible for creating the treatment plan to meet the state's Medicaid plan and to



meet the needs of the child and family. In keeping true to the values and practices of wraparound, the clinician documents the mental health goals and interventions for team review after the wraparound plan of care has been developed by the child and family team. The mental health goals are integrated across twelve life domains. For example; the wraparound plan may be built around meeting an unmet need such as "Juan needs to know that even when he gets upset adults will be there for him." The Medicaid plan, in contrast, would focus on the mental health goal of reducing anxiety. For both plans, the interventions then would be helping Juan's mother to respond to him when he is upset and assisting Juan in understanding his own process and escalation when he begins getting anxious. These types of interventions are agreed upon by the child and family team. Various staff can bill Medicaid for providing these services once a Medicaid treatment plan is completed. The wraparound clinician continually monitors the treatment plan to assure that it is driven by the child and family team wraparound planning process. Finally, the clinician is also responsible for collecting data for treatment planning and outcomes. Specific tools most often utilized are the Child & Adolescent Functional Assessment Scale, Child Behavior Checklist, Youth Self Report, Restrictiveness of Living Environment Scale, and the Global Assessment of Functioning.

## Training of The Wraparound Clinician

Preparing clinicians to be successful in their role requires on-going training and supervision. All trainings must build on a family-centered foundation. Much of this is fairly standard clinical training. Typical courses provided are diagnosis and symptom reduction, evidence-based practices, legal and ethical issues, confidentiality, and child abuse reporting. On the other hand, wraparound clinicians find that while their knowledge base is similar to other clinically trained positions, the wraparound process changes the focus and application of that knowledge. Two examples are presented below:

*Child Abuse Reporting.* During the engagement phase it is important that the clinician explain to the family their obligation as a mandated reporter. Often, in the traditional clinical model, if child abuse is suspected the report is made without knowledge of it happening by the family. After the investigation, the parent/suspected individual may be angry and lose trust in the clinician and other providers. What is essential for a clinician in wraparound is to learn when child abuse is suspected, and if the child is not in immediate danger, to work with the family/suspected individual to make the report together. This process is essential to maintain the integrity of the team approach.

*Confidentiality* is another area of challenge for wraparound clinicians. The clinician in wraparound needs to know how to translate important issues for the team without violating any of the family's privileged information. The wraparound clinician also needs to help the different family members share with the whole team what others need to know so they can provide reliable help. Developing precision and competence in these skills is best taught in supervision.

In addition, the clinician role in wraparound requires skills in working collaboratively within the child and family team, with other professionals and families. As all team members, the clinician receives basic training in the philosophy of wraparound, the team meeting process, and an overview of each role.

## Supervision of The Wraparound Clinician

Our agency uses a formal structure titled "Directive Supervision" when supervising the wraparound clinician. The clinician is supervised by another, more experienced, licensed clinician. This structure aligns practice with the agency's core organizational mission, values and principles. Data is gathered initially on the employee's self-rating and the supervisor's rating. Areas of practice needing improvement are targeted to be addressed through observation and coaching. In addition, family members are queried to assess if specific activities related to the clinician's role occurred. This data provides feedback to the clinician and his or her supervisor with a real-time dashboard of key performance and practice areas. During clinical supervision and at periodic reviews this information is used to help guide the clinician's growth and development, to determine gaps in training and supervision, and to celebrate achievements.

A clinician's role in wraparound is a radical departure from the traditional role. He or she serves as an asset to other staff, the child and family team and provides information and support for the child and family. Although recruiting for this role can be challenging, those who fill the role have found it to be very rewarding. It gives them flexibility and the opportunity to use a variety of skills and to work in a team where the responsibilities are shared. As the process of wraparound is utilized for different populations, a clinician who functions in a way that is compatible with the wraparound principles and practices can provide versatility, adaptability and enhance the family's experience of the process.

In the appendix of this *Resource Guide*, you can find:

- A job description for a wraparound clinician (Appendix X.1).
- The clinician self-rating form for use in directive supervision, as described above (Appendix X.2).

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