The Principles of Wraparound: Chapter 2.1

Ten Principles of the Wraparound Process

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The philosophical principles of wraparound have long provided the basis for understanding this widely-practiced service delivery model. This value base for working in collaboration and partnership with families has its roots in early programs such as Kaleidoscope in Chicago, the Alaska Youth Initiative, Project Wraparound in Vermont, and other trailblazing efforts.

Perhaps the best presentation of the wraparound value base is provided through the stories contained in *Everything is Normal until Proven Otherwise* (Dennis & Lourie, 2006). In this volume, published by the Child Welfare League of America, Karl Dennis, former Director of Kaleidoscope, presents a set of stories that illuminate in rich detail how important it is for helpers to live by these core principles in service delivery. As described in the *Resource Guide*'s Foreword, these stories let the reader "experience the wraparound process as it was meant to be" (p.xi).

For many years, the philosophy of wraparound was expressed through the work of local initiatives and agencies such as Kaleidoscope, but not formally captured in publications for the field. Critical first descriptions were provided by VanDenBerg & Grealish (1996) as part of a special issue on wraparound, and by Goldman (1999) as part of an influential monograph on wraparound (Burns & Goldman, 1999).

These resources presented elements and practice principles that spanned activity at the team, organization, and

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This is an updated version of *The Ten Principles of the Wraparound Process*, which was originally published in 2004.

system levels. In other words, some elements were intended to guide work at the team level with the youth, family and hands-on support people, while other elements described activities at the program or system level. For many, these documents were the best means available for understanding the wraparound process. They also provided the basis for initial efforts at measuring wraparound implementation. (See the chapter on wraparound fidelity in chapter 5e.1 of this *Resource Guide*.)

The Ten Principles as Presented by the National Wraparound Initiative

At the outset of the National Wraparound Initiative's work, it was recognized that presentation of the principles of wraparound would be a central part of the NWI's mission to enhance understanding of wraparound and support high-quality wraparound practice. So what, if anything, was needed to communicate the principles clearly?

In the first place, the early descriptions of wraparound's philosophical base included a series of elements that were described only briefly, or not at all. If these values were truly to guide practice, it seemed important to provide some information about what was meant by key terms and phrases like "culturally competent," "based in the community" and "individualized." Secondly, since the principles were intended to serve as a touchstone for wraparound practice and the foundation for the NWI's subsequent work, it was important that a document describing the principles receive formal acceptance by the advisors who comprised the NWI. Finally, for clarity, it seemed optimal to express the principles at the level of the family and team. Once the principles were clarified and written in this way, descriptions of the organizational and system supports necessary to achieve high-quality wraparound practice (see Chapter 5a.1 of this *Resource Guide)* could be presented as "*what supports are needed to achieve the wraparound principles for families and their teams?*" Furthermore, descriptions of the practice model for wraparound (See chapter 4a.1 of this *Resource Guide)* could be presented as *"what activities must be undertaken by wraparound teams to achieve the principles for youth and families?"*

The current document began with the efforts of a small team of wraparound innovators, family advocates, and researchers working together over several months. This team started with the original elements and practice principles, reviewed other documents and training manuals, and drafted a revised version of the principles as expressed at a family and team level. These descriptions were then provided to a much larger national group of family members, program administrators, trainers, and researchers familiar with wraparound. Through several stages of work, these individuals voted on the principles presented, provided feedback on wording, and participated in a consensus-building process.

Though not complete, consensus on the NWI principles document, initially created in 2004, was strong. Nonetheless, there were several key areas where the complexity of wraparound made consensus difficult within our advisory group. In many cases, advisors were uncomfortable with brief definitions of the principles because they did not acknowledge tensions that could arise in "real world" efforts to put the principles into practice. These tensions were acknowledged and addressed in the consensus document in several ways:

- First, in addition to the one- to two-sentence definition for each principle, more in-depth commentary is also provided, highlighting tensions and disagreements and providing much greater depth about the meaning of each principle.
- Second, we have allowed our NWI "community of practice" to revisit the principles. Most notably, at the behest of a number of advisors, the NWI revisited the principle of *Persistent*, and asked whether the original name for the principle, *Unconditional Care*, might be more appropriate and a new definition possible. The results of this 2008 survey of advisors are reflected in the definitions presented here, and a description of this process is presented for your information in Chapter 2.5 of this *Resource Guide*.
- Finally, true to the wraparound model, all the materials of the NWI are intended to be resources for use by local initiatives, families, and researchers to use as

they see fit. Thus, documents such as this one, as well as the *Phases and Activities of the Wraparound Process*, are conceived as "skeletons" to be "fleshed out" by individual users. For example, in Canada, a new nationwide initiative north of the border has adapted the NWI principles. As a result, they have used the NWI principles to describe the value base in ways to suit their purposes, such as a description of the paradigm shifts necessary for wraparound and the personal values expected of participating helpers.

Many have expressed a need to move beyond a value base for wraparound in order to facilitate program development and replicate positive outcomes. However, wraparound's philosophical principles will always remain the starting point for understanding wraparound. The current document attempts to provide this starting point for high-quality practice for youth and families.

Considered along with the rest of the materials in the *Resource Guide to Wraparound*, we hope that this document helps achieve the main goal expressed by members of the NWI at its outset: To provide clarity on what it means to do wraparound, for the sake of communities, programs, and families. Just as important, we hope that NWI documents such as this continue to be viewed as works in progress, updated and augmented as needed based on research and experience.

The Ten Principles of the Wraparound Process

1. Family voice and choice. Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

The wraparound process recognizes the importance of long-term connections between people, particularly the bonds between family members. The principle of family voice and choice in wraparound stems from this recognition and acknowledges that the people who have a long-term, ongoing relationship with a child or youth have a unique stake in and commitment to the wraparound process and its outcomes. This principle further recognizes that a young person who is receiving wraparound also has a unique stake in the process and its outcomes. The principle of family voice and choice affirms that these are the people who should have the greatest influence over the wraparound process as it unfolds.

This principle also recognizes that the likelihood of successful outcomes and youth/child and family ownership of the wraparound plan are increased when the wraparound process reflects family members' priorities and perspectives. The principle thus explicitly calls for family voice—the provision of opportunities for family members to fully explore and express their perspectives during wraparound activities—and family choice—the structuring of decision making such that family members can select, from among various options, the one(s) that are most consistent with their own perceptions of how things are, how things should be, and what needs to happen to help the family achieve its vision of well-being. Wraparound is a collaborative process (principle 3); however within that collaboration, family members' perspectives must be the most influential.

The principle of voice and choice explicitly recognizes that the perspectives of family members are not likely to have sufficient impact during wraparound unless *intentional* activity occurs to ensure their voice and choice drives the process. Families of children with emotional and behavioral disorders are often stigmatized and blamed for their children's difficulties. This and other factors—including possible differences in social and educational status between family members and professionals, and the idea of professionals as experts whose role is to "fix" the family—can lead teams to discount, rather than prioritize, family members' perspectives during group discussions and decision making. These same factors also decrease the probability that youth perspectives will have impact in groups when adults and professionals are present.

Furthermore, prior experiences of stigma and shame can leave family members reluctant to express their perspectives at all. Putting the prin-

ciple of youth and family voice and choice into action thus requires intentional activity that supports family members as they explore their perspectives and as they express their perspectives during the various activities of wraparound. Further intentional activity must take place to ensure that this perspective has sufficient impact within the collaborative process, so that it exerts primary influence during decision making. Team procedures, interactions, and products—including the wraparound plan—should provide evidence that the team is indeed engaging in intentional activity to prioritize the family perspectives.

The wraparound team should be composed of people who have a strong commitment to the family's well-being.

While the principle speaks of *family* voice and choice, the wraparound process recognizes that the families who participate in wraparound, like American families generally, come in many forms. In many families, it is the biological parents who are the primary caregivers and who have the deepest and most enduring commitment to a youth or child. In other families, this role is filled by adoptive parents, step-parents, extended family members, or even non-family caregivers. In many cases, there will not be a single, unified "family" perspective expressed during the various activities of the wraparound process.

Disagreements can occur between adult family members/ caregivers or between parents/caregivers and extended family. What is more, as a young person matures and becomes more independent, it becomes necessary to balance the collaboration in ways that allow the youth to have growing influence within the wraparound process. Wraparound is intended to be inclusive and to manage disagreement by facilitating collaboration and creativity; however, throughout the process, the goal is always to prioritize the influence of the people who have the deepest and most persistent connection to the young person and commitment to his or her well-being.

Special attention to the balancing of influence and perspectives within wraparound is also necessary when legal considerations restrict the extent to which family members are free to make choices. This is the case, for example, when a youth is on probation, or when a child is in protective custody. In these instances, an adult acting for the agency may take on caregiving and/or decision making responsibilities vis-à-vis the child, and may exercise considerable influence within wraparound. In conducting our review of opinions of wraparound experts about the principles, this has been one of several points of contention: How best to balance the priorities of youth and family against those of these individuals. Regardless, there is strong consensus in the field that the principle of family voice and choice is a constant reminder that the wraparound process must place special emphasis on the perspectives of the people who will still be connected to the young person after agency involvement has ended.

> ***2. Team based.*** The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.

Wraparound is a collaborative process (see principle 3), undertaken by a team. The wraparound team should be composed of people who have a strong commitment to the family's well-being. In accordance with principle 1, choices about who is invited to join the team should be driven by family members' perspectives.

At times, family members' choices about team membership may be shaped or limited by practical or legal considerations. For example, one or more family members may be reluctant to invite a particular person— e.g., a teacher, a therapist, a probation officer, or a non-custodial ex-spouse— to join the team. At the same time, not inviting that person may mean that the team will not have access to resources and/or interpersonal support that would otherwise be available. Not inviting a particular person to join the team can also mean that the activities or support that he or she offers

will not be coordinated with the team's efforts. It can also mean that the family loses the opportunity to have the team influence that person so that he or she becomes better able to act supportively. If that person is a professional, the team may also lose the opportunity to access services or funds that are available through that person's organization or agency.

Not inviting a particular professional to join the team may also bring undesired consequences, for example, if participation of the probation officer on the wraparound team is required as a

condition of probation. Family members should be provided with support for making informed decisions about whom they invite to join the team, as well as support for dealing with any conflicts or negative emotions that may arise from working with such team members. Or, when relevant and possible, the family should be supported to explore options such as inviting a different representative from an agency or organization. Ultimately, the family may also choose not to participate in wraparound.

When a state agency has legal custody of a child or youth, the caregiver in the permanency setting and/or another person designated by that agency may have a great deal of influence over who should be on the team; however, in accordance with principle 1, efforts should be made to include participation of family members and others who have a long-term commitment to the young person and who will remain connected to him or her after formal agency involvement has ended.

3. Natural supports. The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

This principle recognizes the central importance of the support that a youth/child, parents/caregivers, and other family members receive "naturally," i.e., from the individuals and organizations whose connection to the family is independent of the formal service system and its resources. These sources of natural support are sustainable and thus most likely to be available for the youth/child and family after wraparound and other formal services have ended. People who represent sources of natural support often have a high degree of importance and influence within family members' lives. These relationships bring value to the wraparound process by broadening the diversity of support, knowledge, skills, perspectives, and strategies available to the team. Such individuals and organizations also may be able to provide certain types of support that more formal or professional providers find hard to provide.

The primary source of natural support is the family's network of interpersonal relationships, which includes friends, extended family, neighbors, co-workers, church members, and so on. Natural support is also available to the family through community institutions, organizations, and associations such as churches, clubs, libraries, or sports leagues. Professionals and paraprofessionals who interact with the family primarily offer paid support; however, they can also be connected to family members through caring relationships that exceed the boundaries and expectations of their formal roles. When they act in this way, professionals and paraprofessionals too can become sources of natural support.

Practical experience with wraparound has shown that formal service providers often have great difficulty accessing or engaging potential team members from the family's community and informal support networks. Thus, there is a tendency that these important relationships will be underrepresented on wraparound teams. This

principle emphasizes the need for the team to act intentionally to encourage the full participation of team members representing sources of natural support.

4. Collaboration. Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

Wraparound is a collaborative activity—team members must reach collective agreement on numerous decisions throughout the wraparound process. For example, the team must reach decisions about what goals to pursue, what sorts of strategies to use to reach the goals, and how to evaluate whether or not progress is actually being made in reaching the goals. The principle of collaboration recognizes that the team is more likely to accomplish its work when team members approach decisions in an open-minded manner, prepared to listen to and be influenced by other team members' ideas and opinions. Team members must also be willing to provide their own perspectives, and the whole team will need to work to ensure that each member has opportunities to provide input and feels safe in doing so. As they work to reach agreement, team members will need to remain focused on the team's overarching goals and how best to achieve these goals in a manner that reflects all of the principles of wraparound.

The principle of collaboration emphasizes that each team member must be committed to the team, the team's goals, and the wraparound plan. For professional team members, this means that the work they do with family members is governed by the goals in the plan and the decisions reached by the team. Similarly, the use of resources available to the team—including those controlled by individual professionals on the team—should be governed by team decisions and team goals.

This principle recognizes that there are certain constraints that operate on team decision making, and that collaboration must operate within these boundaries. In particular, legal mandates or other requirements often constrain decisions. Team members must be willing to work creatively and flexibly to find ways to satisfy these mandates and requirements while also working towards team goals.

Finally, it should be noted that, as for principles 1 (family voice and choice) and 2 (team-based), defining wraparound's principle of collaboration raises legitimate concern about how best to strike a balance between wraparound being youth- and family-driven as well as team-driven. This issue is difficult to resolve completely, because it is clear that wraparound's strengths as a planning and implementation process derive from being team-based and collaborative while also prioritizing the perspectives of family members and natural supports who will provide support to the youth and family over the long run. Such tension can only be resolved on an individual family and team basis, and is best accomplished when team members, providers, and community members are well supported to fully implement wraparound in keeping with all its principles.

5. Community based. The wraparound team implements service and support strategies that take place in the most in-

clusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

This principle recognizes that families and young people who receive wraparound, like all people, should have the opportunity to participate fully in family and community life. This implies that the team will strive to implement service and support strategies that are accessible to the family and that are located within the community where the family chooses to live. Teams will also work to ensure that family members receiving wraparound have greatest possible access to the range of activities and environments that are available to other families, children, and youth within their communities, and that support positive functioning and development.

6. Culturally competent. The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

The perspectives people express in wraparound—as well as the manner in which they express their perspectives—are importantly shaped by their culture and identity. In order to collaborate successfully, team members must be able to interact in ways that demonstrate respect for diversity in expression, opinion, and preference, even as they work to come together to reach decisions. This principle emphasizes that respect toward the family in this regard is particularly crucial, so that the principle of family voice and choice can be realized in the wraparound process.

This principle also recognizes that a family's traditions, values, and heritage are sources of great strength. Family relationships with people and organizations with whom they share a cultural identity can be essential sources of support and resources; what is more, these connections are often "natural" in that they are likely to endure as sources of strength and support after formal services have ended. Such individuals and organizations also may be better able to provide types of support difficult to provide through more formal or professional relationships. Thus, this principle also emphasizes the importance of embracing these individuals and organizations, and nurturing and strengthening these connections and resources so as to help the team achieve its goals, and help the family sustain positive momentum after formal wraparound has ended.

This principle further implies that the team will strive to ensure that the service and support strategies that are included in the wraparound plan also build on and demonstrate respect for family members' beliefs, values, culture, and identity. The principle requires that team members are vigilant about ensuring that culturally competent services and supports extend beyond wraparound team meetings.

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.

7. Individualized. To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

This principle emphasizes that, when wraparound is undertaken in a manner consistent with all of the principles, the resulting plan will be uniquely tailored to fit the family. The principle of family voice and choice lays the foundation for individualization. That principle requires that wraparound must be based in the family's perspective about how things are for them, how things should be, and what needs to happen to achieve the latter.

Practical experience with wraparound has shown that when families are able to fully express their perspectives, it quickly becomes clear that only a portion of the help and support required is available through existing formal ser-

vices. Wraparound teams are thus challenged to create strategies for providing help and support that can be delivered outside the boundaries of the traditional service environment. Moreover, the wraparound plan must be designed to build on the particular strengths of family members, and on the assets and resources of their community and culture. Individualization necessarily results as team members collaboratively craft a plan that capitalizes on their collective strengths, creativity, and knowledge of possible strategies and available resources.

> ***8. Strengths based.*** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

The wraparound process is strengths based in that the team takes time to recognize and validate the skills, knowledge, insight, and strategies that each team member has used to meet the challenges they have encountered in life. The wraparound plan is constructed in such a way that the strategies included in the plan capitalize on and enhance the strengths of the people who participate in carrying out the plan. This principle also implies that interactions between team members will demonstrate mutual respect and appreciation for the value each person brings to the team.

The commitment to a strengths orientation is particularly pronounced with regard to the child or youth and family. Wraparound is intended to achieve outcomes not through a focus on eliminating family members' deficits but rather through efforts to utilize and increase their assets. Wraparound thus seeks to validate, build on, and expand family members' psychological assets (such as positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (such as social competence and social connectedness), and their expertise, skill, and knowledge.

> ***9. Unconditional.*** 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.

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 youth 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 without giving up on the youth or family. Providing unconditional care can be complicated in other situations, such as the context of child welfare, where unconditional care includes the duty to keep children and youth safe. Regardless, team members as well as those overseeing wraparound initiatives must strive to achieve the principle of unconditional care for the youth and all family members if the wraparound process is to have its full impact on youth, families, and communities.

10. Outcome based. The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

This principle emphasizes that the wraparound team is accountable—to the family and to all team members; to the individuals, organizations and agencies that participate in wraparound; and, ultimately, to the public—for achieving the goals laid out in the plan. Determining outcomes and tracking progress toward outcomes should be an active part of wraparound team functioning. Outcomes monitoring allows the team to regularly assess the effectiveness of plan as a whole, as well as the strategies included within the plan, and to determine when the plan needs revision. Tracking progress also helps the team maintain hope, cohesiveness, and efficacy. Tracking progress and outcomes also helps the family know that things are changing. Finally, team-level outcome monitoring aids the program and community to demonstrate success as part of their overall evaluation plan, which may be important to gaining support and resources for wraparound teams throughout the community.

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The Principles of Wraparound: Chapter 2.2

ADMIRE: Getting Practical about Being Strength-Based

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A cardinal principle of the wraparound approach is that it must be a strength-based practice. But if one asks what it means to be strength-based, the answer often contains a tautology—a strength-based practice is one that is based on people's strengths. For wraparound to make a successful transition from a philosophy to a methodology, a more concrete formulation is needed. First we need to explain why being strength based is important, then we have to describe actions or behaviors that would characterize a strength-based practice, and finally we need specific metrics for determining whether and to what degree a given service, including wraparound, is being delivered in a strength-based way.

Why be Strength Based?

A variety of strength-based interventions have been developed in the mental health, child welfare, developmental disability, medical and juvenile justice fields (See accompanying box, next page). The rationale given for the shift from what is usually described as a deficit or problem-based model is that when an intervention focuses on what's right about a person or family who is in a difficult situation, rather than on what's wrong, a number of benefits accrue:

- First, a therapeutic relationship is likely to have a stronger foundation when a family experiences the provider as recognizing and valuing positive aspects of the family members' personalities, life histories, accomplishments and skills.

- Second, if the point of the service encounter is to help the family develop improved coping skills for dealing with the challenges in their life, it will be easier to start that process using the family's existing competencies and characteristics as a foundation.
- Third, since a significant challenge for many families served through the wraparound process is the lack of a natural social support network, a process that elucidates and illuminates the strengths of the family members will make it easier to identify potential points of attachment that can grow into informal sources of friendship and support.
- Finally, if our goal is to help families with complex needs transition from service dependence to normalized social interdependence, an approach that only focuses on eliminating negative characteristics and conditions is less likely to be successful than one that balances the reduction in vulnerabilities with a measurable and sustained increase in capabilities.

What Does Being Strength Based Look Like?

Despite the widespread advocacy noted above, it remains difficult to describe the common elements of a strength-based approach with sufficient clarity to support reliable implementation, maintenance and improvement. Existing descriptive materials often concentrate on a given model's underlying value structure, or focus on its highly specific process steps. The reason why it's hard to pin down the components of strength-based practice is that it is a metaskill[1]. As such it represents a context or perspective within which

1 A metaskill is a capacity for knowing not just how to do a particular task, but also why and when to do it, and having a grasp of the larger meaning of a given activity. Thus a skill would be knowing how to ask a youth to tell you a story about times when some of the problems she had been experiencing were less of a problem, as part of a strength-based inquiry. A metaskill would be recognizing the context of the conversation in terms of the youth's culture, immediate life situation, relationship with the person asking the question, and the purpose for learning about the youth's coping strategies, as well as a variety other aspects of the personal and interpersonal dynamics at play during the interaction.

Selected Strengths-Based Interventions

In addition to wraparound, strengths-based interventions have been developed within a variety of fields. Descriptions of a few are provided in the resources below:

Nissen, Laura. (2006). Bringing strength-based philosophy to life in juvenile justice. *Reclaiming Children, 15*(1), 40-46.

Linely, P. A. (2006). Counseling psychology's positive psychological agenda: A model for integration and inspiration. *Counseling Psychologist, 34*(2), 313-322

Green, B. L., McAllister, C.L. & Tarte, J.M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 326-334.

Neff, J.M., Eichner, J.M., Hardy, D. R., Klein, M., et al. (2003). Family-centered care and the pediatrician's role. *Pediatrics, 112*(3), part 1, 691-696.

Blundo, R. (2001). Learning strengths-based practice: Challenging our personal and professional frames. *Families in Society, 82*(3), 296-304.

Rowlands, A. (2001). Ability or disability? Strengths-based practice in the area of traumatic brain injury. *Families in Society, 82*(3), 272-287.

Saleebey, D. (Ed.) (1997). *The strength perspective in social work practice.* New York: Longman.

a variety of services and activities can be carried out.

To help strength-based practice make the transition from an underlying value or philosophical goal to a consistent way of doing business, three things are necessary:

- First, the elements of strength-based practice must be defined with enough clarity to facilitate their implementation by practitioners and allow an objective observer to determine when they are, and are not, present.
- Second, sufficient resources must be in place to help practitioners acquire the understanding, knowledge and skills necessary to comfortably and consistently use a strength-based approach in their interactions with families.
- Third, the organizational climate of any agencies whose staff are expected to use a strength-based approach, and of the system of care in which those agencies are operating, must actively encourage and support the use of strength-based services.

Defining the Elements

What are the specific steps that a wraparound facilitator, family support worker, or other service provider should follow in developing a strength-based relationship with a family? The arc of involvement of any service encounter starts with the point of view the provider carries into the relationship, then moves to the process through which the provider gets to know the family, includes the way the provider shares information and develops a plan of action with them, flows into the interventions, actions or services that form the heart of the encounter, and concludes with the way that the provider captures and evaluates the results of the interaction and services.

One way to describe how these six steps could be carried out in a strength-based manner would be to use the acronym ADMIRE:

Attitude: A strength-based practitioner should enter into each service interaction with a disciplined and informed conviction that it is a family's strengths that will ultimately empower them to accomplish the changes or growth that are needed for them to have better lives.

Discovery: To put a strength-based attitude into practice, a provider needs a range of tools for identifying family member's functional strengths and key unmet needs, even when they are masked or hidden, and place them in a context that supports proactive and individualized planning, assistance and change.

Mirroring: To establish an effective relationship with a family based on this discovery of strengths and needs, the provider should reflect back these observed strengths to insure accuracy and mutual understanding, to facilitate engagement and to help family members see themselves as having strengths.

Intervention: To move this relationship into action, the provider must have a repertoire of strength-based and competency-building services that can be matched with or be adapted to fit with each family and family member's unique profile of strengths and needs.

Recording: To maintain consistency and accuracy, a strength-based practitioner should have a reliable system for documenting observations, assessments, interventions and impacts, as well as families' opinions, responses and outcomes.

Evaluation: Finally, to assess the fidelity and effectiveness of current practices and to build a foundation for service improvement, the provider should have a system for determining whether proposed practices are actually being implemented, whether they are helping families achieve their hoped-for goals, how families feel about the assistance they are receiving, and whether the provider is finding ways of improving the assistance.

Together the six ADMIRE characteristics define qualitative elements that should be present in any strength-based practice model[2] (Cox, 2006). These elements can be expressed in many ways, depending on the type of service being provided

2 The core elements of the ADMIRE system were inspired by the innovative research of Kathleen Cox, who developed a model linking the attitudes and behaviors of practitioners who were aspiring to be strength-based with the outcomes being achieved by their clients.

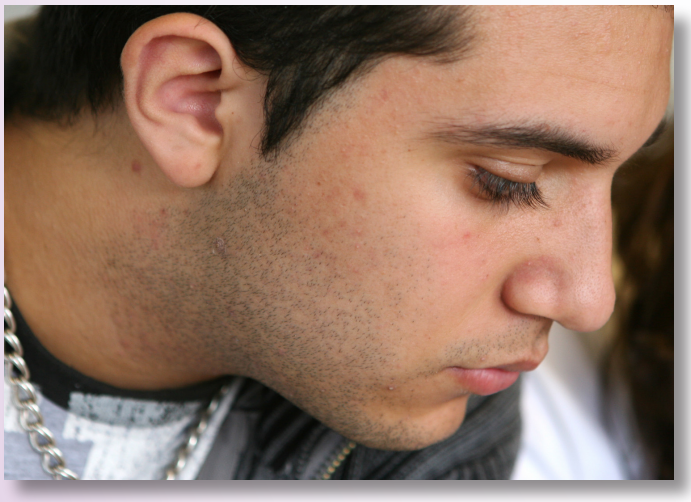
and its context.

For example, attitude in a strength-based juvenile probation service model might be founded on an understanding of the role that personal, family and community protective factors play in helping youth shift from a developmental pathway leading towards habitual delinquency to a more prosocial sequence, and be linked to assessment tools, structured interactions, interventions, documentation and evaluation that are built on this understanding (Pullman, Kerbs, Koroloff, Veach-White, Gaylor, & Dieler, 2006).

An equally strength-based service for women with co-occurring disorders who also have experienced severe traumas may be based on an understanding of the role that positive, mutual and reciprocal relationships play in supporting resiliency and recovery (Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005).

Implementation at the Individual Level

A strength-based practice model must have at its foundation resources to help service providers understand why identifying and building on strengths is important, learn how to discover strengths and incorporate them into the service response, and acquire the skills to put this understanding and knowledge into action, even in challenging situations. The model must also provide the tools needed to determine whether these providers have in fact acquired and implemented a strength-based perspective. The understanding, knowledge and skills supported by the practice model should be expressed in providers' behavior during each element of a service encounter:



Attitude: The perspective or orientation with which providers enter into service relationships will have a major impact on the outcomes achieved through those relationships. While it is easy to say that they should start every new encounter with a positive regard for the person or family they are being asked to assist, in reality many factors make this a difficult practice to maintain. Just knowing that one is supposed to be looking for strengths is not enough. Providers should understand why the exposition of strengths supports effective engagement with clients, feeds into a proactive service response, and helps support development of a positive narrative of future success for the individual and/or family. Providers should know how to express this understanding in a variety of service encounters, and have the skill to maintain a strength-based orientation even when their own situation or the behaviors of the individual or family militate against this attitude.

Discovery: This element will be reflected at the practice level when providers understand that it is important to take the time to identify functional strengths in each service encounter, know how to use a variety of formal and informal tools and techniques to accomplish strengths discovery (to be discussed later in this article), and have the ability to use the right tool in each situation.

Mirroring: For this element, strength-based practice will be present to the degree that providers understand that families must see and validate the potential strengths that the provider is attempting to identify through the discovery process, know how to use a variety of techniques to provide feedback and obtain family input without cueing excessive defensiveness, and be able to facilitate reciprocal relationships with family members who come from a wide variety of personal situations and present with highly idiosyncratic characteristics.

Intervention: Unless a practice can link strengths discovery with strengths development, it is only halfway there. A strength-based practitioner should understand that the most effective interventions are those that help families acquire or improve key personal and interpersonal com-

Directive Supervision

Patricia Miles has developed a system that uses strength-based feedback on a selected group of service data points as a core element of staff support and supervision. In her system, key information from family satisfaction reports, activity documentation and client outcomes are gathered and interpreted at the direct service, unit and agency levels and organized in an integrated model of human resource management, continuous quality improvement, value clarification and skill development. To learn more about her model, visit www.paperboat.com and click on the section entitled "Directive Supervision."

petencies to counteract the challenges they are facing and know enough about the available range of interventions to decide which ones are best matched with the strengths and needs of a given family. The practitioner should also have the skill necessary to implement a chosen intervention, or to link families and family members with providers who can deliver those services.

Reporting: Documentation is rarely a practitioner's favorite activity. Nonetheless, without consistently recording the activities and results of a service encounter, the reliability of a given practice model can easily erode. Therefore a strength-based practitioner must understand why it is as important to gather and record information about family and family member strengths, culture and preferences as it is to identify and label the nature and extent of the challenges they face. These days, it is also important to know how to operate the information management system associated with the practice model, and to have the skills needed to accurately, succinctly and quickly record appropriate data, including how to tweak the system if necessary in order to include competencies and accomplishments in the chart.

Evaluation: For any methodology to become infused throughout the operations of an agency or system of care, it is essential that an ongoing dialog about purpose, performance, outcomes, impact and improvement be maintained among direct service providers, service recipients, supervisors and managers and community stakeholders. For complex methodologies like strength-based practice, this dialog must be anchored in concrete and measurable descriptions of what is being done, how it is affecting the people involved, and what is being learned about ways of doing it better.

Therefore if we are to identify wraparound as a strength-based practice, we must have a system in place that succinctly conveys both the reasons why establishing helping relationships through the discovery and support of families' functional strengths is essential to assisting them in the process of growth and change, and also the ways in which this discovery and assistance is carried out. In addition, the system must have the capacity to quickly and accurately gauge the degree to which the core elements of strength-based practice are being expressed at any given time in the interactions with specific children and families, in the ongoing conduct of individual staff and in the culture and functions of the agency as a whole.

Finally, the system must have the ability to acquire, aggregate, interpret, and feed back these evaluations to practitioners, managers and stakeholders in a timely, accurate and useful format so that they have the opportunity to translate the information they receive into better ways of helping the families they are serving. To do this, staff will need an understanding of why data about performance and its effects should drive continual practice improvement, knowledge of how to use evaluation tools and interpret their results, and the skill to translate evaluative information into service improvement. (See accompanying sidebar, left, for an example of one such method.)

Support at the Agency and System Levels

An agency seeking to accomplish a consistent implementation of strength-based practice throughout its operations, or a system designed to make this happen across all of the participating agencies, must diligently create an organizational climate that models, guides, supports and rein-

forces the practice model regardless of the specific modality in which it is being expressed. Five specific components of this climate that must be aligned to accomplish reliable implementation of the model are:

- Incentives for appropriate practice,
- Disincentives and corrections for digressions,
- Removal of barriers to consistent practice implementation,
- Provision of resources to enable effective practice activities, and
- Expressed understanding of and support for strength-based practice by leaders, managers and supervisors (Allen, Lehrner, Mattison, Miles, & Russell, 2007).

Putting all five elements together in an agency or system of care is no easy feat, but the more each is present, the greater the likelihood that the agency or system will acquire a pervasive strength-based orientation.

Incentives. The number one incentive to strength-based practice is establishing a staff recruitment, selection, retention and advancement system that reflects strength-based principles. Human resource departments should have the capacity to identify staff that bring a strength-based attitude to their work, and reward those who practice what they preach at each stage of their service encounters. Agencies can also post or circulate materials that support and encourage strength-based work. For example, a number of agencies using the wraparound approach publish a monthly newsletter that includes descriptions of successful efforts by family teams and celebrations of accomplishments and innovations by youth, families, facilitators and service providers. More recently some agencies are developing DVDs and on-line training programs to show what these skills look like in practice. Finally, agencies can hold pre-service and in-service trainings that teach this approach; host recognition events for those who display exceptional understanding, knowledge and skills; and present ongoing workshops to demonstrate new techniques for improving strength-base practice.

Disincentives. If those expected to implement a strength-based approach observe that while agency administration or system leadership give lip-service to the model, no repercussions occur for the failure to deliver it, a natural tendency will be to drop back to more familiar strategies for client interactions and services. Some hierarchy of response should be in place that is designed to encourage accurate implementation. At the system level, agencies that fail to document continual improvement in their ability to provide strength-based services may need to face reduction in or even loss of their contracts.

At the practice level, agencies should have the means to identify staff members who are having difficulty implementing strength-based approaches and remediation systems to help them find ways to improve their work. It is important, however, to take this suggestion in the strength-based context in which it is offered. The point is not to punish staff when they get it wrong, but to help them become more comfortable with doing it right. For example, a supervisor might see from family member feedback or from her staff person's self-report that a wraparound facilitator had a tendency to focus more on problems than solutions in a child and family's situation. Her response might be to team the staff person with a more accomplished facilitator to co-facilitate some teams. Or perhaps she might gather some of the other staff and set up some scenarios for them to role-play together. The point is that since strength-based practice is a

metaskill, knowing how to walk through the steps isn't enough; practitioners have to get a feel for it to be able to use it successfully.

Removal of barriers. Strength-based practice is a new approach and many of the traditional operational components of service systems aren't well aligned with the practice model. Service access, billing, quality assurance and productivity measures, the old practice manuals lying about the office, and the habits that have become a part of day-in, day-out work can all present barriers to the consistent implementation of strength-based work. To overcome these barriers, agencies and systems may form quality practice groups to help identify and resolve barriers to effective implementation of the model, to provide in vivo support to staff who are making the transition to the new approach, and to recognize and share innovations as they emerge. The transition from a standard model to a strength-based approach in any of the operational aspects of human service delivery is likely to be challenging. For example, service access in standard publicly-funded human service models is often based on things having gone terribly wrong. Many financially strapped child welfare agencies have limited intake to "petitionable" situations – meaning that there has to be grounds for filing a court petition on abuse or neglect – before services can be provided. The strength-based shift that is currently working its way through the nation's systems is called Alternative Response or Differential Response. Families who are at risk of disruption, but whose current situation is not so severe as to require formal intervention are being connected with a wide variety of resources (including wraparound in some cases) on a voluntary and informal basis.[3]

Billing may be an even more difficult barrier to overcome than access. Many programs using the wraparound process rely on medical assistance as a principal funding source. But medical assistance requires that a specific deficit—via diagnosis—must be present. This means that many wraparound facilitators have to start their supposedly strength-based relationship with a family by first diagnosing and labeling the child. Two trends are emerging to overcome this barrier. First, clinicians are discovering ways of using assessment and diagnosis in a more strength-based and productive way. When children and adults have serious behavioral, emotional or neurobiological conditions, having a clear grasp of what is going on and what can be done about it can be an important step in the healing process. Second, when a mental health diagnosis is not going to be a useful part of the assistance a child and family needs, agencies are learning how to "port" wraparound technology into non-mental health contexts: probation officers, child welfare workers, public health nurses and economic support specialists are all using child and family teams to support their clients.

Probation officers, child welfare workers, public health nurses and economic support specialists are all using child and family teams to support their clients.

Provision of resources. If an agency or system is serious about transforming its current practices into strength-based approaches, a rich array of resources to support this change should be provided. These ought to include consistent, practical training, mentoring and case consultation for staff, supervisors and managers, access to outside workshops to enhance staff understanding and skills, strength-based formal tools for assessment, planning and evaluation, opportunities to observe implementation of strength-based practices in other agencies either in person or through video recordings, and making sure that a strength-based orientation is built into the service access, delivery and funding pathways.

Support from leadership. Staff notice what leadership pays attention to. All the words in the

3 For more information on Alternative Response, visit http://www.childwelfare.gov/famcentered/overview/approaches/alternative.cfm.

Resources for Practitioners

For an example of a broad based application of mindfulness, see:

Thich Nhat Hanh (1987). *The Miracle of Mindfulness.* Boston: Beacon Press.

Or visit the website of the University of Massachusetts Center for Mindfulness in Medicine, Healthcare and Society at:

http://www.umassmed.edu/cfm/

Information about Nonviolent Communication and links to training opportunities around the world can be found at the website of the Center for Nonviolent Communication:

www.cnvc.org

Or, see:

Rosenberg, Marshall B. (2002). *Nonviolent Communication: A Language of Compassion*. Encinitas, CA: Puddledancer Press.

An extensive bibliography on Appreciative Inquiry can be found at a website maintained by Case Western Reserve University:

http://appreciativeinquiry.case.edu.

An overview by Dr. David Cooperrider, who developed the model, is available there as well. For a more detailed description of Appreciative Inquiry, published by the institute Dr. Cooperrider founded, see:

Barrett, Frank & Fry, Ronald (2005). *Appreciative Inquiry: A Positive Approach to Building Cooperative Capacity.* Chagrin Falls, OH: Taos Institute Publications.

world are quickly either reinforced or erased by a few actions by leadership. Specifically, staff will be guided by the way that leaders react to crises, provide recognition for accomplishments, share in learning experiences, allocate rewards, frame challenging situations and in the way that choices are made about advancement and dismissal of employees. If these events reflect the importance of using strength-based approaches with clients then that model will gradually become a part of the agency or system's culture. If the overt actions of leaders contradict the espoused value of strength-based practice, the labels may remain but the heart of the model will erode.

Resources

Many published and on-line resources are available to help agencies and practitioners learn about and adopt a more strength-based approach in their work. Some are practice specific; others are more generally oriented. A few examples are provided here as a sampling of what is available, but interested individuals will find that a few moments of research will identify a trove of useful ideas for bringing a strength-based perspective to the full breadth of human services and educational approaches.

Attitude: Sometimes the best first step toward a more strength-based attitude in human service delivery is to step back and find a way of grounding one's perspective on a broader foundation. Examples of tools that can help one in this effort are the practice of mindfulness, the use of non-violent communication, and the technique of appreciative inquiry. (See accompanying box at left.)

Discovery: Wraparound uses a narrative approach to informal strengths discovery during the initial engagement phase of the process. A facilitator listens to the family's stories and extracts from them examples of descriptive, contextual and functional strengths that can serve as a foundation for an effective action plan. Another approach to identifying strengths can be found in the solution-focused practice model developed by Insoo Kim Berg and Steve DeShazer (1994) in which clients are asked to identify times when the current problem has been less of a problem and coping strategies that they have used to address

similar challenges in the past. Several tools for formal strengths discovery have been developed including the BERS, the CANS, the CALCAT and the YCA. (See accompanying box, right).

Mirroring: Agencies and systems looking for a way of helping staff become more effective at hearing what clients are saying and reflecting that information back to them to make sure information and meaning are being accurately shared need look no further than the well-known practice of active listening.[4]

Intervention: An increasing number of services and interventions are being designed from the ground up to help parents and children establish and enhance competency and resiliency (Caspe & Lopez, 2006). Many of these efforts are working their way through the evaluation process in an effort to gain recognition as evidence-based practices.[5] An agency or a system seeking to become firmly grounded in strength-based practice should regularly and carefully examine these options and maintain an up-to-date resource array well-aligned with the needs of the population they are serving.

Recording: The documentation and information management systems used by agencies and sys-

4 There are many references for active listening. For example, Joe Landsberger has posted a succinct summary on his website at http://www.studygs.net/listening.htm.

5 The federal Substance Abuse and Mental Health Services administration has established a National Registry of Evidence-based Programs and Practices that keeps an updated roster of interventions that have met the criteria to be identified as promising programs, effective programs or model programs. http://nrepp.samhsa.gov.

Measures and Instruments for Assessing Strengths

The ***Behavioral and Emotional Rating Scale*** assesses child strengths within the dimensions of interpersonal capacity, family involvement, intrapersonal competence, school functioning and affective ability. Scoring produces an overall strengths quotient and standard subscale scores within each domain. It can be obtained through its website at http://www3.parinc.com/products/product.aspx?Productid=BERS-2.

The ***Child and Adolescent Needs and Strengths Assessments*** are a suite of open use (no fee) tools designed to support effective service and support planning for children with complex needs and their families. Currently there are six tools available depending on whether the focus is on issues in early childhood, child welfare, developmental disabilities, mental health, juvenile justice, or sexual development. The tools can be used both for initial screening and for measuring client progress, and can also be used to look at system of care functioning. The manuals and forms and a description of their development are available from the CANS website, operated by the Buddin Praed Foundation, which was established by the developer of the CANS, John Lyons of Northwestern University, to support the dissemination of these tools. http://www.buddinpraed.org/.

The ***California Child Assessment Tool*** is a child welfare specific tool developed by the SPHERE Institute in Stanford for use in California's county-operated child welfare systems. The tool is designed to support consistency in assessing strengths and needs with regard to child safety, permanency and well-being and is being piloted in about 5 counties. Information about it is at http://www.sphereinstitute.org/cat.html.

The ***Youth Competency Assessment*** tool was developed by NPC Research in Portland, Oregon, to support strength-based restorative justice assessment of youth in the juvenile justice system. Although copyrighted, the tool can be reproduced and used for nonprofit purposes. Information is at http://npcresearch.com/ (Click on "materials" to get to the section on the YCA.)

tems seeking to support strength-based practice must evolve beyond being a time consuming obligation through which practitioners demonstrate rote compliance to become tools that guide appreciative, interpretive and reflective inquiry into the relationships they are forming with clients and the impact those relationships are having on the outcomes clients are achieving (Hornberger, Martin, & Collins, 2006). Two examples of such systems are the Synthesis data management system used by Wraparound Milwaukee (for more information visit their website at http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm) and the information technology system used by Choices, Inc. in a variety of its efforts, including the Dawn Project in Marion County, Indiana (Indianapolis). http://www.choicesteam.org.

Evaluation: Although many new methodologies identify themselves as strength-based, and there is a growing consensus that the use of strength-based approaches is a more effective way of helping people achieve and sustain positive outcomes, the true impact of these practices must be tested both in clinical settings and in the field to prove their promise. From a clinical perspective, well-designed experimental models are needed to reliably demonstrate what works and what doesn't (Harrell, [undated]). From the point of view of an agency or a system of agencies, the operational structure must include an information collection and analysis mechanism that provides practitioners, supervisors and managers with a functional and timely dashboard that keeps them reliably informed about key aspects of the services they are providing and presents this data in the context of a metric that reflects the core values of strength-based practice (Cohen, 2005).

Conclusion

Ultimately, the point is not to be strength based, but to be helpful and promote positive outcomes. The goal of an effective practitioner is to bring the best understanding of the current state of the art in a given area of service to each client interaction, and to use what is learned through these interactions to constantly advance the standard of practice in that art. One of the originators of the concept of evidence-based practice has put it this way (Muir Gray, 1997):

> *Evidence-based clinical practice is an approach to decision making in which the clinician uses the best scientific evidence available, in consultation with the patient, to decide upon the option which suits the patient best.*

Applying this principle to strength-based practice, the purpose of the ADMIRE framework is to identify a series of anchor points so that reflective practitioners can not only check themselves on the degree to which they are expressing a strengths orientation in their ongoing interactions with families, but also observe whether maintaining that orientation is associated with helping those families achieve positive changes in their lives.

In the specific case of wraparound as a strength-based practice, the framework can provide an outline for an ongoing conversation among facilitators, family members, agencies, formal and informal family supports and community stakeholders. To the extent that wraparound is a co-created system of reciprocal support for recovery, all of us participating in using this approach and in establishing the organizational and community environment that sustains it should regularly ask ourselves several questions:

- Are we consistently expressing a strength-based orientation in our interactions both with families and with other service providers and family team members?
- Do we begin each new relationship with a family with an engagement process that includes formal and informal processes for strengths discovery?
- Do we share the results of our observations with our families and teams in a way that supports an increase in mutual understanding and a shared commitment to finding a way to make things better?
- Do we build the interventions in our plans of care on the strengths of our families and design them to help families make progress toward accomplishing the mission they have chosen for themselves?
- Have we documented the essence of what we have observed, what we are doing, why we are doing it and what is happening as a

result, both in terms of family progress and family and community satisfaction? and

- Are we collecting and aggregating information about our services in a way that provides a useful overview of what works, where things could be better and how best to achieve this improvement?

These checkpoints can help us maintain our focus on strengths so that we bring to every service encounter the best of what we are learning about how to assist families with complex needs. Ultimately, the measure of our implementation of a strength-based methodology will be the degree to which both families and family teams experience a shared sense of recovery, growth and change.

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The Principles of Wraparound: Chapter 2.3

A Roadmap for Building on Youth Strengths

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A core element of the wraparound process is the planning of services that build not only on family assets, but also on youth strengths and capabilities. This principle is founded in the belief that by capitalizing on the capabilities of children and adolescents, wraparound providers create a sense of hope for the future and enhance motivation for change (Saleebey, 2002). To facilitate the process of assessing the internal and external resources of youth, a variety of methods and tools have been advanced, ranging from informal "strengths chats" (VanDenBerg & Grealish, 1996) to standardized measures, such as the Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1998). Little work has been done, however, to delineate the process of tapping the strengths identified through these and similar means. In an effort to fill this gap, this chapter provides a roadmap for wraparound practitioners, intended to guide their efforts in developing plans of care that build on the skills, interests, and capacities of the youth served.

A Conceptual Framework for Understanding Strengths

One conceptual model that is useful in guiding the assessment of youth strengths is offered by Cowger (1997). This author contends that a comprehensive assessment gathers information along two intersecting continuums: the environmental versus individual axis and the strengths versus obstacles axis. Four domains can be created when these continuums are enclosed and have been labeled as follows: *personal strengths, personal obstacles, environmental strengths,* and *environmental obstacles*. Strength-

based assessment does not ignore the challenges represented in the obstacles domains, but it does highlight and emphasize the personal and environmental strengths that each youth brings to the process of meeting needs, overcoming barriers, and resolving problems.

A concept that illuminates the role of environmental strengths in guiding intervention planning is that of the *enabling niche*. James Taylor (1997) defines the social niche as an "environmental habitat of a category of persons, including the resources they utilize and the other category of persons they associate with" (p. 219). Within the broader concept of the social niche, he draws a distinction between entrapping niches and enabling niches. Entrapping niches tend to stigmatize individuals and offer few incentives for skill development or goal attainment. In contrast, enabling niches are said to recognize capacities, and offer rewards for skill acquisition and/or progress toward goals. The development of such spaces and places for encouragement and enrichment can be critical to youth recovery and healthy development.

Building on Strengths in Wraparound

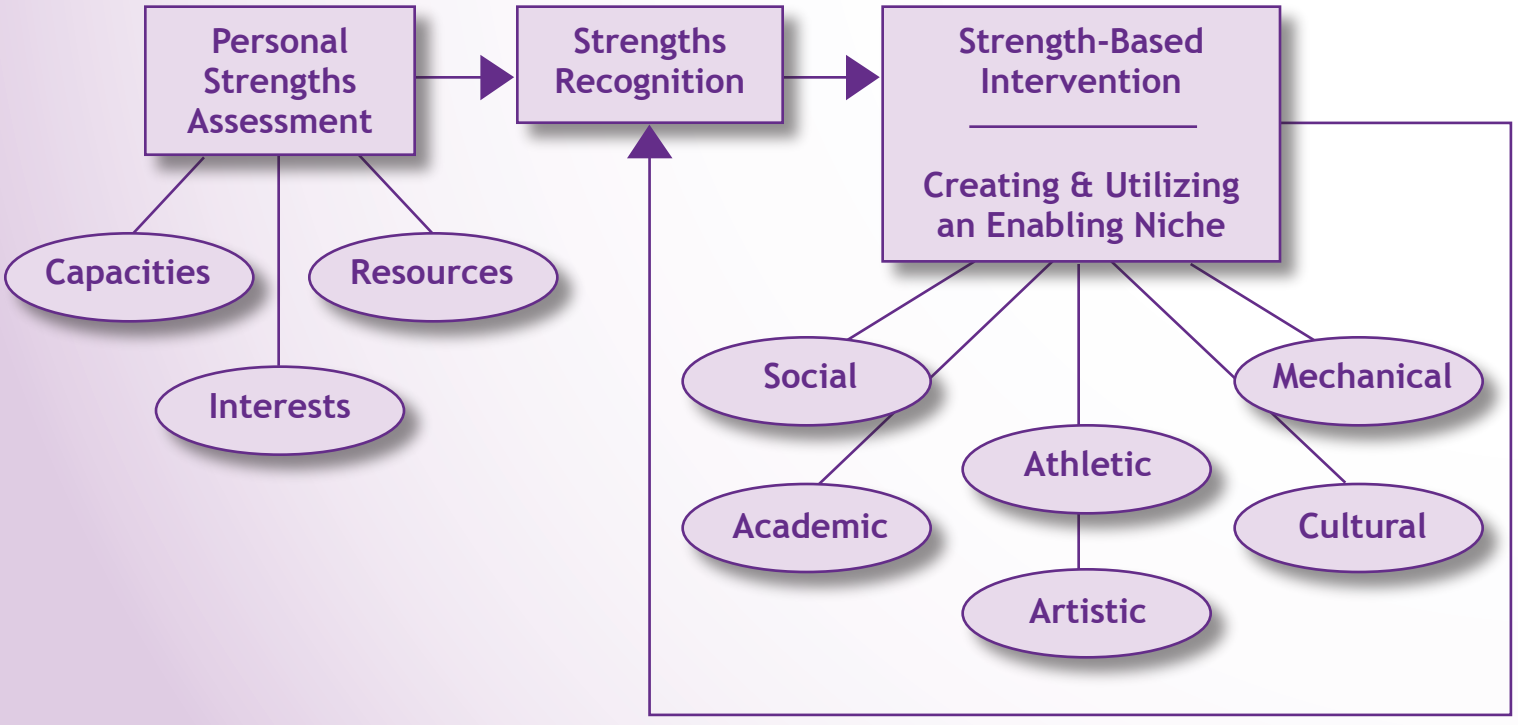
The practice model offered below aims to capitalize on the youth's personal strengths in order to enhance his or her environmental assets. It does so by first conducting an in-depth assessment of the youth's capacities, interests, and resources. It continues with a formal process of strengths recognition and, finally, the design and implementation of strength-based intervention focused on two main goals:

1. Creating an enabling niche, and
2. Utilizing this niche as a vehicle for furthering the youth's progress toward improved emotional or behavioral functioning. (See Figure 1.)

Assessing Youth Personal Strengths

A wide range of strategies, both formal and informal, can be used to facilitate the process of strengths assessment. The "strengths chat" recommended by VanDenBerg and Grealish (1996) involves the practitioner having a conversation with the individual about what they view their

Figure 1. Process for Building on Youth Strengths



strengths and resources to be (p. 12). This type of strengths chat conducted with a child or adolescent can be focused around the completion of an assessment tool developed by the current author, referred to as the *Personal Strengths Grid*. (See Table 1, end of this chapter.) This tool is designed to guide discussion of the youth's capacities, interests, and resources within the domains of social, academic, athletic, artistic, mechanical, and cultural/spiritual functioning.

Strengths Recognition

A key component of the wraparound process is the acknowledgement of the youth's skills, interests, aims, and abilities. This ideally takes place during team meetings, with participation by service providers, family members, and their natural supports, such as friends, neighbors, and mentors. One can speculate that this focus on assets increases the child or adolescent's willingness to engage with formal and informal providers and participate actively in the wraparound process. Additionally, parents have been found to be significantly more satisfied with human services when such strengths recognition is performed (Cox, 2006). The positive impact of this practice is likely to be enhanced, however, when combined with the use of interventions that build on the unique strengths of the child recipient of wraparound.

Strengths-Based Intervention

The wraparound team is also charged with designing a plan for services that is tailored to the unique strengths and needs of the youth. It is common for the needs to include the child's emotional or behavioral problems. Strength-based interventions aimed at resolving such challenges tap a particular youth asset, while striving to improve the child's functioning at home, in school, and/or in the community. For example, a boy who loves cars (and who has issues with impulsivity) might be taught to manage his behavior by learning to "put the brakes on" and "read the stop signs." His family might be encouraged to adopt language infused with auto-related metaphors while praising his progress toward following directions at home and at school. He might be offered an opportunity to work toward earning a remote control car by consistently completing tasks. While these interventions may prove beneficial, they would be enhanced by a plan to create or support an enabling niche for this youth. For instance, he might be enrolled in a stock car racing club or provided an opportunity to learn auto repair by assisting a mechanic at a neighborhood auto shop. During such endeavors the boy could be assisted in practicing his newfound skills in impulse control.

Case Example

Alicia is a 15-year-old girl who resides with her mother, Ana, and 10 year old brother, Jason. The family lives near Alicia's maternal grandmother and aunt in a semi-rural area. Mother was struggling financially as she sought employment as a nurse's aid. Alicia displayed symptoms of severe anxiety and traumatic stress stemming from an episode of sexual abuse by her mother's ex-boyfriend that occurred 2 years previously. She also appeared angry at her mother for initially refusing to believe her when she first disclosed the abuse. Alicia has a flare for dramatics and can be playful and engaging yet had difficulty sustaining friendships. She spent her free time alone in her room watching old movies on T.V. and writing in her journal.

A focus on assets increases the child or adolescent's willingness to engage with formal and informal providers and participate actively in the wraparound process.

During her assessment with the wraparound provider, the Personal Strengths Grid was used to guide discussion about Alicia's interests and abilities. As a result, she disclosed that she enjoys both writing and play-acting. These strengths were recognized at the first wraparound team meeting that included her mother, grandmother, aunt, school counselor, and therapist along with the wraparound facilitator and family partner. Her therapist began work in helping her acquire

coping skills in preparation for the creation of a written trauma narrative. When the narrative was completed, joint mother-daughter sessions were held in which Alicia shared parts of her narrative with her mother. Ana had been prepared by the therapist to respond to Alicia's story in a manner that was supportive and validating. In addition to therapy, the wraparound plan included a focus on job search assistance for mother and social skill development for Alicia. The school counselor helped Alicia connect with the drama club at school and she was offered a part in the school play. This counselor also coached her in strategies for initiating and maintaining friendships with the other students in the play. Alicia's mother, grandmother, aunt and brother were all present for opening night of the performance. Alicia's symptoms lessened as she neared the end of her therapy and found a social niche that was enabling.

Conclusion

If wraparound practitioners are to give more than lip service to the notion of building on strengths, they must embrace not only a philosophy that recognizes youth assets, but also a practice methodology that leverages child and adolescent capacities and interests toward the achievement of service planning goals. The framework above is intended to guide providers in the implementation of strength-based planning as it applies to children and adolescents. It is understood that the wraparound process entails much more than this one element of service. Indeed, strength-based planning often entails building on natural supports of families in order to meet their needs within a wide variety of life domains. However, a well-designed and strength-focused approach to addressing youth emotional and/or behavioral challenges is often critical to the overall effectiveness of wraparound.

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Table 1. Personal Strengths Grid

Sources of Information Regarding Strengths:

Youth's Name: _____ □ Youth Interview □ Caregiver Interview □ Other

Age: _____ □ Teacher Interview □ Observation

Strength Domain	Social	Academic	Athletic
Capacities	□ Initiates relationships with ease □ Sustains relationships over time □ Good interpersonal boundaries □ Relates well with peers □ Relates well with adults **Comments:**	□ Good reading skills □ Good writing skills □ Good math skills □ Good verbal skills □ Good computer skills **Comments:**	□ Good at team sports (e.g. basketball, football, baseball) □ Good at independent or non-competitive sports (e.g. swimming, gymnastics, jogging, rock- climbing, yoga) **Comments:**
Interests	□ Wants to have friends □ Wants relationships with caring adults □ Wants to belong to peer groups, clubs □ Likes to help others □ Enjoys caring for animals **Comments:**	□ Enjoys reading □ Enjoys writing □ Enjoys math or science □ Enjoys computers **Comments:**	□ Wants to play team sports □ Wants to learn individual or non-competitive sports **Comments:**
Resources	□ Has close (pro-social) friend(s) □ Has access to adult mentor □ Has access to naturally occurring groups, clubs, volunteer work, opportunities etc. **Comments:**	□ Has access to opportunities to display, share, or enhance academic abilities **Comments:**	□ School offers athletics programs □ Neighborhood offers athletics programs **Comments:**

Personal Strengths Grid *(Continued)*

Strength Domain	Artistic/Creative	Mechanical	Cultural/Spiritual
Capacities	□ Talent in visual arts (drawing, painting, etc) □ Talent in performing arts (singing, dancing, drama, music, etc.) □ Skills in domestic arts (cooking, sewing, etc. **Comments:**	□ Able to assemble & disassemble bikes, appliances, computers, etc. □ Skills in using tools for carpentry, woodworking, etc. □ Skills in car maintenance/repair **Comments:**	□ Knowledge of own heritage □ Knowledge of spiritual belief system □ Practices cultural/ spiritual customs/rituals **Comments:**
Interests	□ Desires to develop talent in visual arts □ Desires to develop talent in performing arts □ Desires to develop talent in domestic arts **Comments:**	□ Enjoys fixing appliances, etc. □ Enjoys building, woodworking □ Enjoys working on cars or desires to learn mechanics **Comments:**	□ Likes to attend church or other place of worship □ Desires to learn about own heritage □ Desires to participate in cultural or spiritually oriented activities **Comments:**
Resources	□ School offers programs in type of art preferred □ Neighborhood offers programs in type of art preferred **Comments:**	□ School offers vocational program in mechanical area of interest/skill □ Has opportunity to serve as apprentice in mechanical area of choice **Comments:**	□ Connected to place of worship □ Has access to opportunities to participate in culturally oriented activities **Comments:**

Other strengths: _____

_____

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The Principles of Wraparound: Chapter 2.4

Creating Community-Driven Wraparound

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The King County Blended Funding Project

The King County Blended Funding Project (the Project) was created as part of a Robert Wood Johnson grant designed to meet the needs of children who had experienced years of failure in the mental health, child welfare, education and juvenile justice systems. The Project demonstrated extraordinary success in working with a historically difficult and isolated group of families and youth. Youth referred to the Project had long histories of multiple placements. Their families had limited or no support systems. Thus, it was believed that the most effective wraparound effort would be one that emphasized building support systems to engage families in their communities.[1] Family participants were trained and supported in managing the process and were given control of the resources. Ultimately, the program evaluation for the Project demonstrated that the program's ability to develop community relationships and supports for families were among the most important factors in its success.

Many of the families had been involved in wraparound processes prior to coming into the Project. The teams had been primarily professionally driven because the families were so isolated they had few or no natural supports to participate on their teams. A lack of trust of systems was pervasive among the families. Families were not ready for "another program" that looked the same as other programs

[1] *In this discussion, "community" refers to individuals and not agencies. When discussing system-driven wraparound, we are referring to wraparound based in service-providing agencies.*

that they felt had failed them. There needed to be a different approach for engagement, program development and a shift in how the process was managed.

The Project went through several ups and downs. Initially the planning was totally centered on family needs and worked inside and outside of existing service structures and many of the system rules. This resulted in tension with funders and system regulators. The approach was described as "too pure" to wraparound principles. Changes were put in place as a requirement for funding. The energy was moving away from community to meeting bureaucratic requirements. The quality of outcomes and community involvement decreased. The Project was beginning to look like several other programs that families felt had failed them in the past. The introduction of the concepts of co-production (to be discussed later) to families helped move back to a more community-based approach while still meeting systemic requirements. Discussed here are some observations about factors that helped the Project and its participants move through the tension between system requirements and the desire to implement wraparound that is truly based in the community. In the end, achieving a wraparound process that focused on developing community where none was available was made possible by utilizing the strengths of family members in the Project to provide both services and support for each other.

What Did this Wraparound Effort Look Like?

From the beginning, the parents' level of participation and involvement was unique. The parents took leadership roles in all aspects of the Project. Family members who had a lot of training in wraparound helped design the structure, trainings and project evaluation. They developed a wraparound program that relied heavily on parents supporting other parents.

One of the goals of the Project was to ensure that the families were part of a supportive community. This was achieved by using parent partners who reached out and engaged families. There was also a separate and independent parent-led organization that was created to become the hub of community activity for Project participants. The organization was a provider of parent partner and training services. The parent organization went through several iterations over the years and eventually focused less on service provision and more on mutual support and Co-Production.

The Project evaluation highlighted the need for developing a supportive community. Unlike many evaluations, the evaluation of the Blended Funding Project was used as a guide to keep the Project aligned with its values. When the Project strayed, the evaluation helped bring it back to its original vision. As was true in all parts of the Project, the evaluation was created and implemented by family members. The evaluation demonstrated that relationships among family members and the community were a significant factor in families' success. As a result, connectedness to supportive individuals and institutions was measured as a key indicator of success in the evaluation. This reinforced the Project's focus on building supportive community relationships for families and youth. (A fuller description of this innovative evaluation has been published previously. See Vander Stoep, A., Williams, M., Jones, R., Green, L., and Trupin, E., 1999.)

Creating Community-Driven Wraparound

To create a truly community-driven wraparound effort, the Project emulated early wraparound work that operated outside the mainstream of traditional service systems. Instead of conceiving itself as a system intervention or service, the Project took a community-based approach in working with children and families. Resources were directed at members of the community working together to do "whatever it takes" to achieve positive outcomes for children and families.

Historically, such an approach to wraparound has demonstrated success and became appealing to systems because it reduced need for services and kept children out of expensive residential services. However, as system-of-care thinking and family-centered work gained acceptance, it became a preferred approach for the formal system itself to use in working with children and families with complex needs. This once radical approach became a mainstream approach, often embedded in the mental health system. As it became codi-

fied in mental health, requirements increased and standards were established. Wraparound plans became surrogate treatment plans and the system itself began controlling the process. Wraparound began to look like the system. Wraparound did not transform the system but in many cases was transformed by the system.

As described by Mario Hernandez and Sharon Hodges in the Michigan Outcome Project (Hernandez, Hodges, Macbeth, Sengova, & Stech, 1996), different stakeholders propose different outcomes. The desired outcomes as stated by families are different than for system directors and providers. Families are concerned about the quality of their lives while, as mentioned above, systems want to reduce service utilization. Desired outcomes drive program design and structures. Thus, it is not surprising that the families in the Project wanted a structure very different than those that were in existence and that were "blessed" by the systems. As communities implement "high-fidelity wraparound," leaders of such efforts need to maintain a focus on creating community-driven wraparound and be aware that system-driven wraparound effects design and implementation. By being aware of these factors and looking to families and communities as resources, wraparound efforts will be more likely to achieve core principles such as "community based," "family driven," and "natural supports" in practice.

Wraparound did not transform the system but in many cases was transformed by the system.

Family-Run vs. System Ownership

Bureaucracies are managed from the top down. Policy decisions may be made with community input but rules and procedures are passed down through silos. Funding is managed through contracting requirements that put limits on spending and what can be purchased. Such limits shape the thinking of those providing wraparound. Funding of service selection is ultimately constrained within certain parameters. Those who know the system can manipulate it to make it work, but frequently those who know the rules limit creativity and dialogue by saying what cannot be done. As a result, conversations about family and community needs inevitably turn to a discussion about rules and services and creativity is lost.

This is in contrast to a family-driven system where controls and decisions are based at the family/community level. The management of funds in the Project was totally flexible. Decisions were made at the team level for all services and nonservices. Teams did not appreciate being restrained by bureaucratic rules. When limits were imposed, they would fight to maintain their independence. When questioned, families took great pride and power in saying, "It was a team decision," voicing their choices as rights.

Funding is usually seen as the most significant resource for helping children and families within systems. The use of families and individuals as non funded resources is frequently an afterthought to planning. In the Project there was a shift in emphasis and individuals and families were utilized as the major resources and giving more responsibility to communities helped this happen. This strategy became the most significant factor in creating change.

The example below demonstrates the difference between system-run vs. family-run teams:

One mother, referred to the Project, had adopted her nine-year old daughter from an Eastern European orphanage at the age of four. The girl had been severely abused, was nonverbal, and had experienced four years of extreme malnutrition. The daughter was in an acute psychiatric hospital because of her aggressive behavior. The mother had been asked by a hospital psychiatrist, "Why did you ever adopt this child? She will never be able to live outside an institution!" They saw no hope. A team representing the various systems was formed to find alternatives to hospitalization. No residential programs or foster homes would accept her.

During a referral call a team member said, "We have a great team but we do not know what to do with this child." The team perceived itself

as strong because it worked collaboratively across systems but it was at a loss to find workable options. For the team members there was a sharing of frustration that created a divide with the family. The reaction was projected as frustration with the family and they started to define the family as pathological. The mother's perception of the same team was that it was a huge barrier to getting needs met and that team members had no understanding of her or her child. Her response was to get an advocate and a lawyer to see if she could force the team to provide her with services, including residential care and specific therapies for her daughter.

Shortly after the family entered the Project, a new approach yielded different outcomes. Her first contact with the Project was a parent partner who took her to her neighbors to talk about her situation. To the mother's amazement, they found people not only willing to help but eager to reach out. For instance one of her neighbors was an emergency medical technician and was willing to be on call for her 24 hours a day. A local horseback riding business offered riding lessons in exchange for the daughter grooming horses. There were several other supports found in the community but the mother reported later that one of the most supportive things the parent partner did was buying her daughter a tooth brush. The smallest of basic needs had great importance to her and was symbolic of caring.

Universally, families and youth were more positive and hopeful when they felt in charge of their lives and were not dependent on the system to meet their needs.

The parent partner was very tuned in to the range of needs for the family, not just the behavioral problems of her daughter. This helped the mother feel very supported and with the help of her parent partner she created a team completely without professionals. Her experience with her new team was quite different. She saw them as supportive and available for her and her family. Services were added that she felt were effective, including alternative therapies that would not be available in traditional service systems. Since funds were flexible, those services were contracted for and purchased by the Project. Her daughter was returned to the community from the hospital and had a program designed to meet her needs and her family's needs. Help was available immediately when she needed it. The mother led the team and did much of her own case management. Eventually her daughter became her own team leader. The ownership of the process had shifted from system representatives to the family.

Dependence on the System

The example above is not uncommon for individuals who find themselves dependent on systems. The mother was desperate for help, had exhausted her resources and was being told there was nothing that could be done. It felt to her that help was being withheld from her family. That was not the case; it was just that no one could think of service options that would work. The mother and the team of professionals had all viewed the situation through the same lens, looking for professional resources and looking to the same source for funding: the bureaucracy. When she came into the Project, a whole new set of resources became available that no one had known how to access—neighbors and friends from whom she had withdrawn because of her family struggles. Her parent partner was aware of this and had a different idea of what kind of help to seek out and who to approach.

The situation the mother and daughter found themselves in has been described as a "connectivity trap," in which reduced connections in the community lead to a heightened need for professional services, which leads to further reduction of connections in the community. The spiral leads to greater isolation and a loss of the feeling of being able to control one's life. Typically, families with children with complex needs look to services to fix problems. Professionals are the experts. The relative position of anyone looking for service in this situation is "one down." There is a built-in

expectation that more services mean better outcomes. If individuals need more support, the way to get it is by being worse off or by continuing to have problems that require service. Many of the families in the Project came to realize this dilemma, and were united against reliance on the systems or "professionals." As often occurs, a schism had developed between professionals and families due to the lack of positive outcomes.

This is a typical problem in system-driven wraparound: When outcomes are not achieved, families are blamed or professionals are blamed, and the answer is frequently more of the same services. Universally, families and youth were more positive and hopeful when they felt in charge of their lives and were not dependent on the system to meet their needs. The challenge for the Project was to build an effective process by which the community and family were the drivers of the wraparound effort, with professionals and systems providing supports as needed, and most importantly, when identified by families.

Bridging the Gap from System to Community Using Co-Production

The Project supported parent-driven work and created an environment that encouraged mutual dependence, but it learned that it could go further than that. A new theoretical construct came to the Project with the introduction of co-production by Edgar Cahn, author of *No More Throw-Away People: The Co-Production Imperative*. Edgar and Chris Cahn visited the Project and talked with parents about the importance of the work in raising children, building families, and strengthening the sense of community. Their observations and views were invaluable in further directing the Project work.

They observed that wraparound incorporated community-based "natural" supports as a critical element of care. But in most cases those natural supports and services look very much like grassroots versions of their professional counterparts, as in mentoring, tutoring and so on. This is because the overall prevailing paradigm is treatment centered.

As an alternative, the Cahns have proposed co-production, the idea that clients/consumers can "co-produce" outcomes, as a new twist on wraparound. Incorporating a co-production framework turns wraparound from a treatment-centered modality to one that is contribution centered. It focuses on the contributions that clients can offer to one another, and to the larger community. The idea is that, through their contributions, families:

- Experience themselves as assets with skills, capacities and talents that others value,
- Are provided with both psychological and other rewards for doing the real work needed to build the family and community of which they are a part,
- Define themselves as providers as well as recipients of services, and
- Become the creators as well as the beneficiaries of natural support systems that help assure new levels of resiliency.

Thus, the co-production approach adds a new, extended role for community that stands as a critical countervailing force to professional, systematized care.

Co-production builds on the insight that for all its strengths, the wraparound process is limited by a framework that ultimately rests on the provision of services. Professionalized services are the norm. And because they had become the norm, they become the framework within which natural supports are offered. As a result, the difficulties associated with professionalized care, which the natural supports were intended to overcome, remain an inherent characteristic of the overall

system of care.

Identifying individual assets in planning is standard practice in wraparound planning. In the concept of co-production those strengths are put to use not just in the family but in the greater community as well. One of the parents in the Project whose daughter had severe problems, strongly objected to diagnoses. “My child is more than just a borderline personality disorder” was her com-

plaint. She felt no one saw her child’s positive attributes. In the Project her strengths became apparent at family get-togethers. Even though the child had been very self-destructive, she was very gentle and very sweet to younger children. She helped provide child care during meetings. As she became more involved with others, her self confidence grew, her self-image changed, and others’ perception of her changed. She *was* more than just a borderline personality disorder. She had real personal gifts that were appreciated and she began to form relationships with others that supported her recovery and involvement in the community.

Parent Partners

As mentioned above, the Blended Funding Project was built on evaluation results that showed the number of relationships a family and child had was the most reliable indicator of improvement. Most of the families initially had far more professional relationships than informal relationships. Families had few people to turn to in time of need and they had limited options of people to be with socially. The family group recognized this and built in social activities for all family members. These were usually in the form of meals or picnics but also included recreational activities. Parent partners were used to engage families not only with the Project but also with social activities. The development of the relationship started with the outreach of the parent partner to introduce families to the Project.

As an example, a parent from one of the families referred had been ostracized by her family after an uncle had sexually abused her daughter. When the parent partner first met the mother, she had no one to include on her team, she was unemployed and had no friends or social groups. The parent partner took an active role in going with her to fill out paperwork, attending school meetings, helping deal with her children in the home, and negotiating with the residential treatment center in which her child was living at the time of referral. They also talked on the phone frequently and were involved in social activities. The relationship changed from being task oriented to social. The mother, who had been very cautious about becoming involved, began to see everyone as supportive. She was able to have her son home and when there were problems, she had professionals to call, but she maintained her closest contact with her original parent partner and called her first.

Utilizing Strengths in the Community

When the Project turned to the contribution-centered approach of co-production, families who were referred to the Project were now evaluated for what they could offer others, with the expectation that they would become an active part of a community. This was not always easy for families to accept because they were more accustomed to being judged and defined as problems.

With the contribution-centered approach, assets took on whole new meanings. One of the parent partners observed that her history with drugs and the prison system was her biggest strength in helping other families. She saw this as experience she would not have received in any education program. Her history was not seen as a strength when she applied for a job that required a background

check. It took some negotiating to hire her. At the same time, her life experience allowed her to be very comfortable with severe problems. She could confront people when necessary and was not shocked by extreme behaviors. She recognized that almost all families have dreams and want the best for their children, and she could draw on her experience and encourage people to find their dreams and contribute to a network.

As a parent partner she had a unique ability to engage families. She recognized it was important to set a tone that the Project was different and that families were valued. More than once she would introduce a family to the Project and find that she had known them years ago on "the streets." This was sometimes amazing to new families, but it helped them realize change was possible. At a lunch, she and another parent were sitting with one of the staff and she was relating her past on the streets to the staff member. The other parent kept looking at her. When they were alone, she said, in shock, "You tell them all of that?!" It helped develop trust between professionals and families.

With parent partners and family members playing new roles, the families were achieving new levels of success. The members of the family group had collectively been seen as dysfunctional to the system, but they were not seen as dysfunctional to each other. They began to share their abilities and to support each other in ways that were not available to them before. They were also available to meet others' needs informally. By knowing each other, they shared their capabilities. Some examples:

- A father who could not read wanted to start his own business. He was embarrassed about his inability to read and would not seek help with people he did not know. One of the parents in the group helped him with the paperwork to get his business license. He was able to start his business, which was a great point of pride for him. This father also hired one of the other family members. In addition, he also had mechanical ability and was able to help people with minor automotive repairs.
- A grandmother who was home all the time became an after school care provider for one of the other families who could not be at home during afternoons.
- Another one of the grandmothers in the Project became a support for grandmothers in and out of the Project who were raising their grandchildren.
- The best thing for the family members was having each other. In times of crisis the first call tended to be to other family members rather than crisis lines or professionals. In nearly every situation families were able to support each other through crisis.

These activities cost nothing but were invaluable to the families. If the above services were to be priced out they would be prohibitively expensive. They tended to be invisible and passed on in team meetings or at family groups. The family relationships were important in time of need but the friendships were equally important during good times.

Developing Connections to Community Resources

In the development of the Project there was an emphasis in creating relationships with community organizations to help support the development and functioning of wrap-around teams. The effort was not very successful in most cases. Funds from the Project could be used to purchase services and some unique contracts were developed. For instance a staff position was paid for at a local Boys and Girls Club to supervise a youth without the staff being identified as an aide. It was a different story when a service was not contracted. Due to the background of the youth in the Project, many organi-

The members of the family group had collectively been seen as dysfunctional to the system, but they were not seen as dysfunctional to each other.

zations were concerned about the child and the family. Liability was inevitably brought up. The Project experienced the same forces that families encountered in being rejected and isolated in their communities. There was moral support but not necessarily tangible supports.

The families became emissaries to the community for the youth and also great sources of information about community organizations that were supportive. When they approached organizations they were involved in for support they were much more successful. They referred families to those organizations because of the willingness of the organizations to work with their children. They also became a referral source for services to organizations that were perceived as family friendly and respectful. They shared opinions and impressions with each other that helped new families to guide themselves through community options and to learn of choices.

Conclusion

Families in the King County Blended Funding Project cared for children and youth with extremely complex needs. However, the focus on developing community meant that for many families, even when there were serious behavior problems, they were able to function with far fewer services. Support from the group enhanced their ability to handle problems. Reduced stress meant increased energy to support children. For example, the father who started his own business had to fight to get his child out of hospital and back home. Professionals felt he was not capable of meeting his son's needs. However, the support he received led him and his support system to a different conclusion. There were no problems that he could not deal with. He found great support from members of the group.

For most families, the formal role of the Project became diminished over time. This was especially true with the management of the Project. Relationships between professionals working in the Project and involved families became more collegial and less hierarchical. Families were seen as resources and when families were in crises or in need of support, other families were readily called upon for support and insight.

At a time when there were fiscal problems in the Project, the group was brought together to share responsibility for dealing with the problem. In one of the meetings the name of the Project was brought up. The Project was looking for a better name. It was thought everyone agreed "Blended Funding Project" was a poor name for this complex endeavor. However, a 17-year-old girl who was part of the Project said "You are not changing the name of *my* project." Others agreed with her. It was obvious that ownership had become shared. It was decided not to bring up the topic again. The families had transformed the Project and made it their own.

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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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National Wraparound Initiative Advisory Group

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.

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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:

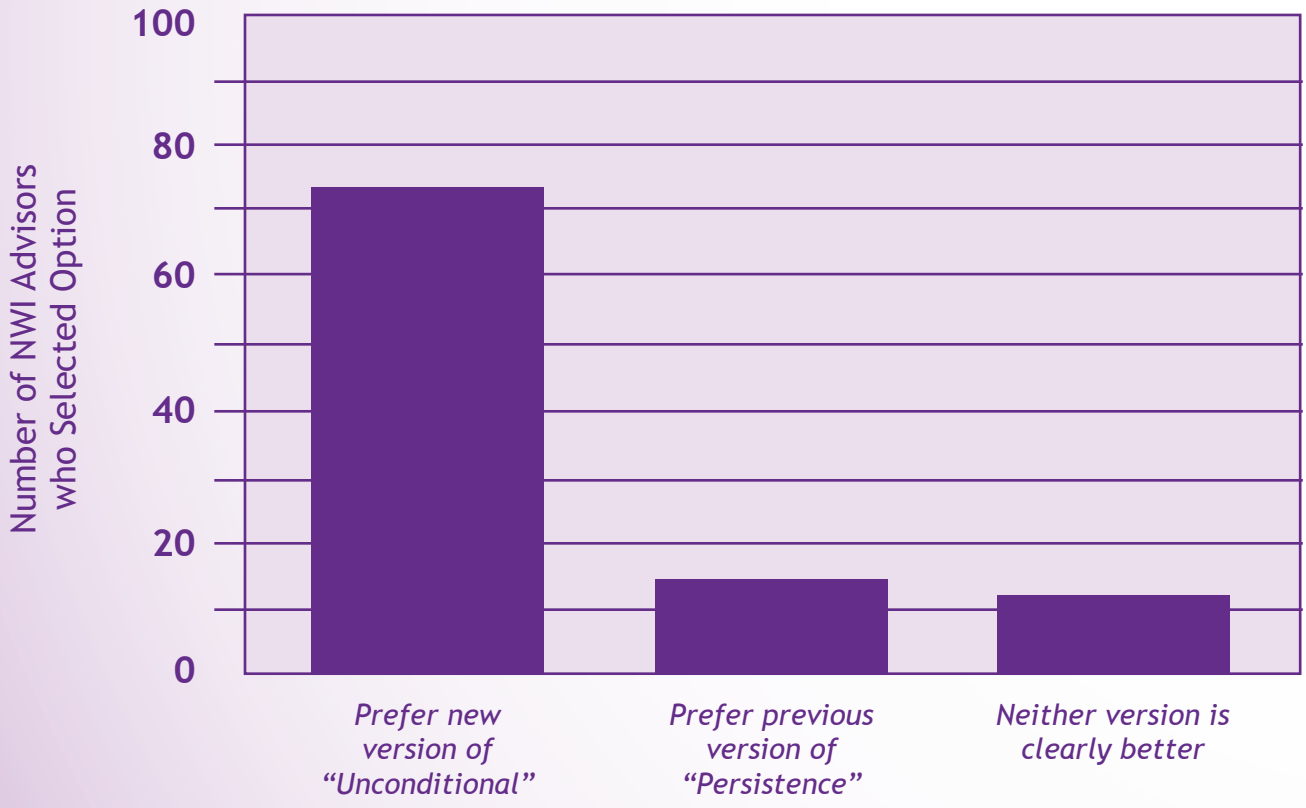
- One hundred members of the NWI Listserv (approximately 49%) responded to the request for input.
- 73% expressed preference for the new description of *Unconditional Care* (See Figure 1).
- 15% expressed a preference for the definition and description of *Persistence*.
- 12% endorsed the option "Neither 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 *Persisten*t, 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 wherever possible for the youth and all family members 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 "unconditional" 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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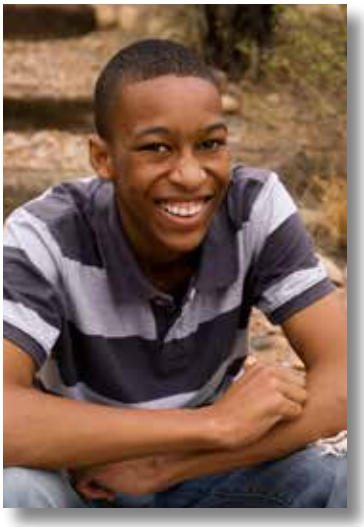
The Principles of Wraparound: Chapter 2.6

Implementing Culture-Based Wraparound

Scott Palmer, Tang Judy Vang, Gary Bess, Harold Baize, Kurt Moore, Alva De La Torre, Simone Simpson, Kim Holbrook, Daedalys Wilson, & Joyce Gonzales

Connecting Circles of Care



Culture-based wraparound is an approach that expands on the wraparound services model defined by the National Wraparound Initiative by establishing a higher standard for cultural competence. This article describes how to implement these cultural components and offers preliminary comparative findings based on the experience of Connecting Circles of Care (CCOC), a SAMHSA-funded systems of care grantee. The enhanced model ensures that families can receive treatment services that are (a) grounded in their cultures; (b) designed by members of their cultures; and, (c) provided by culturally matched staff. CCOC focuses on four distinct cultural groups: African-Americans, Hmong, Latinos and Native Americans. The process of implementing culture-based wraparound services is examined relative to the community and organization structural supports, the four phases of wraparound, and the adaptations for specific cultural communities. Statistically significant differences were found among CCOC youth and family participants compared to other systems of care grantee sites.

Culture Based Wraparound

In this article, we describe "Connecting Circles of Care," a culture-based wraparound model that expands on the basic description of wraparound from the National Wraparound Initiative by establishing a higher standard for cultural competence. The concept of "culture" has its own definition, which is dependent upon the subjective view of an individual, community, and population. In this article, culture is defined as the wisdom, healing traditions, and transmitted values that bind people together from one generation to another (Duran, 2006); thus, "culture-based wraparound"

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aligns with the healing power of culture. Wraparound, as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), is a "unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes." Wraparound is a relational process of caring for youth that is designed to keep the family together, thus avoiding the risk of out-of-home placements. The wraparound planning process involves a community care team that consists of the youth, his/her natural support system (e.g., family members and friends), and formal supports (e.g., social workers, teachers, probation officers, and judges). The goal of the focused planning process is to help youth thrive and live harmoniously within their families and communities by respecting, honoring, and incorporating the families' cultures and spiritual belief systems into the wraparound process.

Wraparound embraces cultural competence as one of its 10 principles (Bruns, Walker, and al., 2004). This principle reads, "The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community." Culture-based wraparound, as we propose to define it, distinguishes itself from the basic description of wraparound by setting higher standards for the cultural competence principle. For instance, in the basic description of wraparound, researchers and experts pose that by sharing a cultural identity with natural supports, family partners, treatment professionals, community-based organizations, and formal and informal supportive services, families may be more effectively served (Bruns, Walker, et al., 2004; Penn and Osher, 2008). Culture-based wraparound—as implemented by CCOC—is intended to build on this principle by affording specific mechanisms for achieving it, such as by allowing families the opportunity to select culturally and linguistically matched care team members, as well as culture-based services (i.e., Native American drumming group, Black Effective Parenting Group, or healing ceremonies led by a Hmong shaman). Additional examples of how CCOC extends basic expectations of cultural competence in wraparound are presented in Table I. It is important to note that many wraparound programs may use similar or other methods to exceed the basic standards of cultural competence, which reduces the differences presented in Table 1.

Connecting Circles of Care

Connecting Circles of Care (CCOC) is a SAMHSA-funded, six-year systems of care initiative in a rural northern California community that emphasizes its culture-based focus. While wraparound programs are intended to adapt to specific local needs and goals (Walker, 2008), attention to cultural components is generally not as decidedly focused upon as in CCOC. CCOC started in response to a palpable concern that one in fifteen African-American and Native-American children in the county were being placed in group homes or foster care, while Latino-American and Hmong-American children were typically not receiving mental health services due to language and profound cultural differences that impeded their access to and engagement in treatment.

In 2000, a multiservice health center serving Native Americans received a SAMHSA Circles of Care grant to engage in a needs assessment and planning process to address emotional and behavioral needs among Native-American youth. The in-depth planning process catalyzed local agencies to listen to the needs and wisdom of families and leaders from among other underserved populations. These cultural communities included African Americans, Native Americans, Latino Americans, and Hmong Americans. Members of each group reported common concerns about their ability to access and be well treated by youth and family service agencies. Issues included distrust of local law enforcement and child protective services agencies that were characterized as focused solely on removing children from their homes and placing them in institutional care, as well as mental health professionals who were perceived as (a) condescending and demeaning, (b) not trustworthy (e.g., assessments could lead to removing children from their families), and/or (c) not understanding of families' needs. Additionally, language translator services were seen as inaccurate, extremely cumbersome, and ineffective. Out of Circles of Care, a vision for a culture-based wraparound program emerged by combining the

wisdom of local cultural communities, the wraparound implementation research in tribal groups (Cross, et al., 2000), and the commitment from representatives of local agencies to retool their service models. The effort to achieve the culture-based wraparound vision was primarily funded by SAMHSA through its Systems of Care funding program, starting in 2005.

This article will present lessons learned in implementing culture-based wraparound at the organizational level using the six areas identified by the Community Supports for Wraparound Inventory (Walker, 2008). This will be followed by lessons learned regarding implementation of culture-based wraparound at the service delivery level across each of the four wraparound phases. Finally, we will discuss outcomes and implications of culture-based wraparound for youth and families. To better understand these issues, examples will be provided on how culture-based wraparound operates within specific cultures.

Creating the Organizational Context for Culture-Based Wraparound

Families receiving services generally experience culture-based wraparound as a tapestry that interweaves culture with the 10 principles and

Table 1: Expanding on the Cultural Competence of Basic Wraparound

Wraparound with Cultural Competence	Culture-Based Wraparound
Integrates culture into wraparound	Integrates wraparound into the youth and family's culture
Trains staff to respect and understand family viewpoints and then adapt services to the culture	Staff are culturally matched and view the world through the eyes of a family's culture
Trains staff in the principle of cultural competence in 4-40 hours	Expertise in a particular culture requires decades of immersion
Focuses on culturally competent techniques of staff to develop therapeutic relations	Realizes that a youth or family member's perceptions of, and level of trust, for staff from different cultures may impair relationship formation no matter how culturally competent staff may be
Often does not offer youth and families the choice to have culturally and linguistically matched professionals	Offers youth and families the choice to have culturally and linguistically matched professionals
Translation with a qualified interpreter is considered sufficient	Fully bilingual staff provided to ensure that true meanings are not lost and family members can emotionally process easier in their first language
Culture is often seen as a family's traditions and ways of doing	Culture is seen as the wisdom, healing traditions, and transmitted values that bind people from one generation to another (family traditions are honored and valued, but not seen as culture)
Wraparound is accountable to families and local agencies	Wraparound is accountable to families, cultural communities, cultural organizations, and local agencies

four phases of wraparound. Their experiences, however, reflect the implementation of cultural-based processes and wraparound at the organizational level, which may or may not transfer to the client intervention level. Yet, successful wrap-

around requires transforming the organizational system to create a hospitable environment and culturally appropriate context to enable service delivery to families (Walker and Koroloff, 2007). Walker and Koroloff identified organization- and system-level conditions that foster wraparound implementation, and these were later grouped into six essential domains—community partnership, collaborative action, fiscal policies & sustainability, access to supports & services, human resource development & support, and accountability—that comprise the Community Supports for Wraparound Inventory (CSWI). The discussion that follows focuses on standards for implementing culture-based wraparound in each of the six domains.

Community Partnership

CSWI defines community partnership as "Collective community ownership of and responsibility for wraparound which is characterized as collaboration among key stakeholder groups" (Walker, 2008b). Ensuring that all community voices are represented and heard can be a challenge. For instance, institutional and professionally trained stakeholders from education, mental health, probation, the courts, protective services, and /or welfare can eclipse the voices of representatives from culturally diverse groups and youth and families.

Therefore, the first step toward ensuring that diverse stakeholders' voices are equally heard is the formation of a governance body and adjunct committees in which a minimum of one-half of the members are from the community members, families, and youth belonging to the culturally diverse populations targeted. In CCOC, this commitment to ensuring that family and youth have a meaningful voice in this process has led to each cultural group being represented on the governance body. This included an African-American minister as chair, a Native-American youth as co-chair, and the president of the leading Hmong organization as a parent partner. In an effort to be inclusive, CCOC also has translation services using wireless headsets that are available for public meetings, trainings, and for community events.

In addition, the collaborating agencies need to ensure that other community-based cultural organizations are full partners. Community-based cultural organizations promote a culture-based emphasis within the program and thereby counteract the tendency of public agencies to carry on business as usual. As a show of commitment to these values, CCOC established a co-directorship whereby a public behavioral health agency and Native American agency each provided equal oversight for the CCOC initiative. While the former brought experience in launching large scale initiatives, the latter offered years of experience in designing services in response to the cultural needs of Native Americans, as well as the credibility needed to propagate trust among other cultural communities that theretofore had perceived themselves as being marginalized from mainstream services and resources.

Collaborative Action

Collaborative action is the practical steps that stakeholders take "to translate the wraparound philosophy into concrete policies, practices and achievements" (Walker, 2008b). Collaborative action between governmental agencies is often easier than between a governmental agency and non-traditional cultural groups and cultural organizations. When involving culturally diverse groups, leaders, family members, and organiza-

tions, it can not be assumed that the representatives possess an understanding of public agency processes. It is thus important that people from governmental agencies meet with cultural group representatives so that institutional stereotypes are dispelled, a mutual understanding of how to satisfy cultural needs is fostered, and adherence to public policy regulations is maintained. Through this process, issues that might seem challenging at first—such as inviting cultural leaders to sit in on interviews and make recommendations on the hiring of agency staff—can become standard practice. Cultural leaders and families also need time to adequately acquaint agency leaders with their respective customs and traditions, as well as to orient other cultural groups to differing practices among partners. This will serve to ensure that the cultural groups' needs are effectively addressed, and that cross-cultural communication among agencies, among cultural groups and agencies, and among cultural groups, is standard practice. In short, these strategies collectively facilitate CCOC's ability to take collaborative action with the support of all stakeholders.

Fiscal Policies and Sustainability

Fiscal policies and sustainability pertain to how the "community has developed fiscal strategies to meet the needs of children and methods to collect and use data on expenditures from wraparound-eligible children"(Walker, 2008b). To be culture-based in this area means that youth, families, staff members, and cultural leaders must have access to accurate, up-to-date financial information. More precisely, they need to actively participate in the making of financial decisions that affect budget expenditures, thus ensuring that funds are available for healing ceremonies and other cultural activities. This also means that sufficient dollars are set aside to make certain that service providers receiving CCOC funds receive training in culturally competent services and that funds are available to support internships in wraparound services or other activities that enhance short- and long-term sustainability of culture-based services. Supplemental funding may be required to sustain training and internships, along with the engagement of volunteer experts sometimes drawn from the target communities.

An important component of this process has been the CCOC family partner and youth empowerment specialist staff. Individuals occupying these positions have been certified in county-sponsored training programs that permit them to bill Medicaid (Medi-Cal in California) to support their services. Moreover, a non-profit CCOC offshoot entity has been created to provide culture-based training outside of the service area as a revenue generation strategy for supporting local culture-based services, as well as for engaging in grant writing and other fundraising activities on behalf of CCOC.

Access to Needed Supports and Services

Access to needed supports and services indicates that the "community has developed mechanisms for ensuring access to the wraparound process and the services and supports that teams need to fully implement their plan" (Walker, 2008b).

In the culture-based wraparound model, CCOC families exercise choice over the services they receive, and may elect, for example, culture-based parent education; coping and social skills training for youth embedded in cultural activities;

and counseling from culturally and linguistically matched staff members. They may also request the use of flex funds for healing ceremonies and other cultural activities, as well as access to peer support from members of their cultural group. Additionally, it is important to have a cultural competence coordinator and a cultural competence subcommittee of the governance body to ensure that these types of services and supports are available, and that they address the needs of participants.

Human Resource Development and Support

Human resource development and support relates to how "the community supports wraparound and partner agency staff to work in a manner that allows full implementation of the wraparound model" (Walker, 2008). Culture-based wraparound requires the recruitment, hiring, and retention of culturally diverse staff so that families can have the choice of working with staff members who are of their culture. CCOC staff members from the local cultural communities report being naturally drawn to culture-based wraparound due to several factors: (a) their own culture is embraced, (b) clinical consultation and supervision is provided by culturally diverse supervisors, and (c) they can effectively serve their cultural communities. To obtain the best staff, it is important to have the cultural communities actively participate in the recruitment and hiring process. In this context, cultural matching is facilitated by having family members and leaders recruit prospective candidates from individuals whom they not only know, but also have observed helping youth and families in their community. Family members and cultural leaders also participate on the hiring panels.

In CCOC, this selection process has led to the hiring of several limited-English-speaking staff who are respected elders within their ethnic communities. They are among CCOC's most effective staff as they have the trust and respect of their community. In cultural groups where many members have recently arrived in the U.S., hiring younger, more fluent English-speaking staff members is often interpreted as a failure on the part of the agency to adequately embrace the cultural values and traditions of the ethnic group in question particularly since elders are often perceived as being most knowledgeable in these matters. Indeed, in some cultural groups it may be deemed culturally inappropriate to seek advice from a young adult rather than from a respected elder.

If it is not possible for a program to hire a member from a given culture, it is still imperative that members of that cultural community participate in the hiring process. This is because they bring penetrating insight into the process of identifying individuals who possess the requisite skills to work effectively in a particular cultural milieu. However, perhaps the best way to identify superior candidates for staff positions is through responses obtained from the following questions: (a) Do the cultural communities and families trust and respect the staff member? (b) Does the staff member understand and embrace the families and cultural community? (c) Does the staff member help families to achieve their goals while embracing their culture?

Accountability

Accountability pertains to the community having "implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort."(Walker, 2008b) While at the service level, wraparound teams are clearly accountable to the family, at the organizational and system levels, it is important to clearly define to whom the wraparound program is accountable, and what data and other information will be used to determine whether programmatic, collaborative, managerial, and fiscal goals are reached. In culture-based wraparound, primary accountability is to the cultural communities, their leadership, and organizations that they represent. There is also accountability to funders and participating community-based group and agencies.

While collecting quantitative data that measures fidelity to culture-based services, the wraparound process, and treatment outcomes are important, this information is sometimes difficult to interpret due to the lack of normative data on specific population groups. Furthermore, many cultural groups' internal values are not easily captured quantitatively. Conducting interviews and focus groups with culturally diverse families, and involving cultural leaders in the interpretation

of findings, are necessary steps to ensuring that cultural needs are being met. It is also of consequence to operationally define what is meant by cultural competence and culture-based processes, so that the project can assess for these elements within the context of continuous quality improvement (CQI). For example, if cultural competence is defined as the ability to interact effectively with people within a cultural context, it could be assumed that we will not see differences in outcomes across cultural groups, assuming that high quality wraparound is provided. Identifying culture-specific elements, however, and reviewing their implementation and client satisfaction, is important information for the CQI process.

Wraparound Phases

The process of culture-based wraparound implements the four phases of wraparound—engagement, initial plan development, plan implementation, and transitioning; however, within each phase there is an enhanced focus on culture. The following discussion of the wraparound phases concentrates on explicating the context of culture and implementing culture-based processes at each phase.

Phase One: Engagement Phase

The engagement phase, lasting from one to two weeks, is characterized by wraparound staff meeting with the family to explain the wraparound process, hear the family's story, explore the family's cultural preferences and strengths, and identify informal supports (e.g., people who currently help the youth and family members to thrive) (Walker et al., 2004). Explaining the wraparound process to families from cultural communities is often easy to do as the wraparound approach reflects a way of caring for youth and families that has been practiced by indigenous cultures for thousands of years (Cross et al., 2000).

Referrals for culture-based wraparound preferably come from families requesting services after hearing about the program from a family member, friend, or cultural leader. When a family is referred by someone they trust, they often approach the program with greater trust than if they are referred by an arm of the criminal justice or social services systems (e.g., the courts, probation, or child protective services). Most families in CCOC self-refer based on an informal recommendation. Families referred by local agencies are often aware of the program since CCOC hires family partners and professional members from local cultural communities. Most enrolled families in small communities are extended family members of at least one of the team members or have friends who know team members. Family members often make inquiries regarding wraparound team members in their own cultural community to determine whether these members are people whom they can trust and have the skills to help them. Therefore, it is important that every team member has the respect of the cultural community, and can act as a cultural liaison (i.e., a person who knows and understands the cultural values, supports, and treatments available to community members, as well as the educational, mental health, and social service systems in the larger community).

Culture is defined as the wisdom, healing traditions, and transmitted values that bind people together from one generation to another (Duran, 2006); thus, "culture-based wraparound" aligns with the healing power of culture.

A family's first contact with CCOC is generally with a family partner from their own culture. While each of the CCOC-employed family partners has gained expertise through having a youth that has struggled in school, at home, or in the community, he or she is also selected for having strong connections and effective leadership skills in their cultural group. Many wraparound programs have discovered that involving a family partner accelerates the trust-building and engagement process. CCOC staff has also observed that having the family partner culturally and linguistically matched

to the family generally increases the speed and efficacy of trust building. Trust is exemplified when both families receiving services and CCOC team members refer to each other in such familial terms as brothers, sisters, and uncles when it is culturally appropriate. Cultural matching thus emphasizes the salient relational and trust processes that are crucial for success in the engagement phase. Cultural matching, however, does not preclude the need to discover and embrace each family's unique traditions and values that are not part of the cultural community.

CCOC's psychotherapy, family meetings, case management, counseling, parenting education, and social skills training are provided in the languages of the families -- primarily English, Hmong, and Spanish, but also available in Laotian, Mien, Thai, French, and Korean. This is because a range of potentially adverse dynamics may otherwise occur, which include: (a) information is often lost or distorted in translation; (b) services in English shift power from parents and elders to the English-speaking children (using children to translate creates family dysfunction as it increases the power of the child and often breaks cultural taboos where traditions have focused on deference and respect toward elders); (c) speaking in English for a limited-English speaker requires effort, particularly when speaking about complex and emotionally difficult problems, such as trauma, which is generally encoded and interpreted in a person's primary language and culture; and,(e) immigrant families feel further isolated and estranged from processes when translation is provided for them rather than for the English-only team members. Moreover, if psychiatric consultations or psychological evaluations are needed and the psychologist or psychiatrist is not fluent in the participant's native language, a bilingual/bi-cultural wrap-team member provides translation, including cultural information.

Phase Two: Initial Plan Development

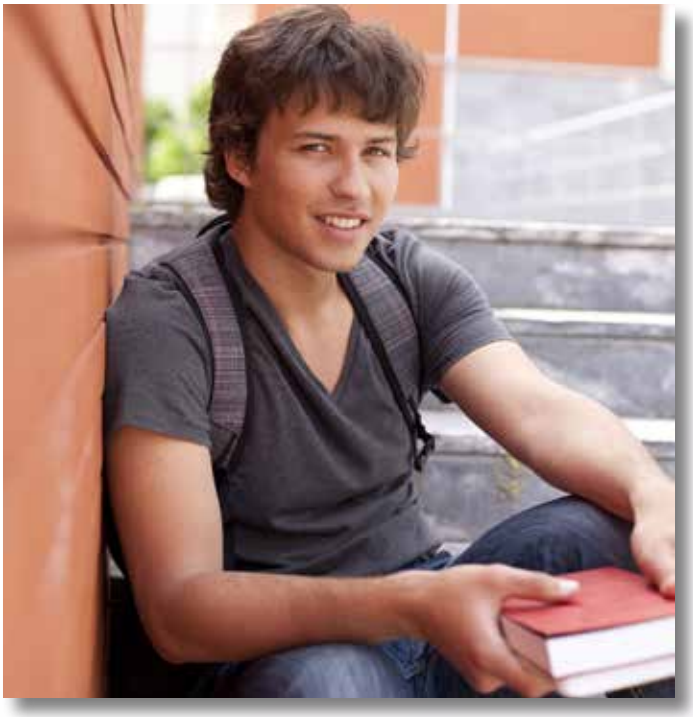
In this phase of culture-based wraparound, the family invites relatives, friends, culturally-matched CCOC staff (i.e., family partners, family support workers, and clinicians), church members, community members, probation officers, school teachers, and other supportive persons to form a wraparound team and create a family plan (plan of care). The wraparound team identifies the youth and family's strengths, challenges andvalues, and the influential people in their lives. Based on this information, the team produces a family vision, develops goals to actualize the vision, and establishes action steps and services to accomplish the goals. When services are needed to reach goals, implementing culture-based wraparound requires that families have the option of culture-based services. If these services are not readily available, they need to be created. Examples of services available in a successful culture-based wraparound program can be found in the services CCOC offers:

- Ability to select culturally-matched family partners, facilitators, and clinicians for targeted cultural communities (e.g., Native American, Latino American, Hmong American, and African American);
- Mental health, family partner, and youth coordinator services, as well as wraparound facilitation, are available in languages families understand (e.g., Hmong, Spanish, and English).
- Inclusion of cultural leaders within wraparound teams.
- Cultural-based parenting education groups (e.g., Positive Indian Parenting, Southeast Asian Parent Education, Los Niños Bien Educados, and Effective Black Parenting)
- Multicultural events that honor each culture through cultural performances and community convenings (the honor of one is the honor of all)
- Flex funds available for cultural and spiritual activities (e.g., shamans and healing ceremonies).
- Culturally based activities (e.g., weekly Native American youth drumming group).
- Multicultural youth program with youth staff hired from the local cultural communities, where youth staff serve as mentors devising activities that honor the local cultures.

Phase Three: Plan Implementation

Phase three comprises the implementation of the family plan (plan of care). Family meetings

focus on reviewing accomplishments, assessing whether the plan of care has worked, adjusting action steps for goals not being met, and assigning new tasks to team members (children and families included) to reach the family's vision (Walker et al., 2004). CCOC has observed that when the plan of care is achieved, family vision and goals are strongly associated with the youth's pride in his or her cultural background, appreciation for the contributions of elders, and development of a strong connection between family and culture. For instance, a Latino child who has refused to speak Spanish to his mother shows pride after seeing her lead Latino families and other CCOC families in cooking Latino foods. He begins speaking in Spanish and taking pride in his heritage, demonstrating dramatic improvements at school and stopping his gang activity. Another example is a Native American child participating in a drum group during which he receives positive feedback from Native-American elders and from leaders outside of the Native-American community. Embracing his culture and experiencing success lead to his achieving success both at school and at home.



Phase 4: Transitioning

During this phase, plans are made for a purposeful transition from formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). It is important to note that the focus on transition is continual across all phases of the wraparound process in that preparation for transition is apparent even during the initial engagement activities (Walker et al., 2004), though it culminates in phase 4.

Successful transition requires a plan for the family to cope with stressors that occur after the formal wraparound process is no longer available. Though families have acquired problem-solving skills and learned how to work effectively as a team with their formal and natural supports, their skills have not been put to the test. Often, the most challenging and difficult task for transitioning families is to sustain formal and natural supports. Culture-based wraparound helps in building and sustaining community supports. CCOC helps families create a community by providing opportunities for families to develop friendships with other families in CCOC and the community (e.g., culturally-matched parenting groups, culture-specific parent education programs, multicultural youth activities, and multicultural family activities). Youth and families continue to participate in these activities even after successful graduation from CCOC, which helps to maintain cultural connections.

Integrating Wraparound into Different Cultures

A youth and a family's difficulties may reflect the trauma that the family has experienced due to past or current racism, persecution, and oppression, as well as the state of balance and well-being within their local cultural community. Many families in CCOC discover that much of the disharmony and dysfunction in their lives are related to the trauma that their family members have endured for generations, as with Native Americans and African Americans. This perspective often liberates family members to release feelings of guilt, despair, stigma, and hopelessness as they realize their problems are not self-created. By studying the strengths and healing traditions from their culture, families find new pride in their culture and in their personal identity.

Many of the families in CCOC have become isolated from their relatives, their cultural communities, and the general community. CCOC staff have observed that taking pride in their culture raises families' hope, confidence, and self-esteem, and also leads them to connect with others. Additionally, CCOC staff has found that cultural healing practices (e.g., seasonal and life-stage ceremonies) are often effective ways of healing and bringing balance to families. Successful implementation of culture-based wraparound requires that it is shaped by the specific needs of the cultural communities targeted by the program. CCOC staff members integrate wraparound services into the family's culture, rather than integrating the family's culture into wraparound. Examples of how CCOC implements culture-based wraparound services for Native American, Latino-American, African-American, and Hmong-American cultural communities are described in the following sections. While the following sections deal with CCOC's methods for tailoring its services to different cultures, this does not negate the fact that the wraparound principle of individualization demands that each family's traditions, values, and circumstances need to be explored, understood, and embraced, and used as the basis for that family's wraparound plan.

Native American Wraparound

The CCOC Native American wraparound services occur on Maidu tribal lands, though most of these lands were confiscated years ago. Trauma within the Maidu community is the result of various losses, including loss of homeland, spiritual practices (which were outlawed from 1883 to 1978), local Maidu language, federal tribal status, and family members who have been involuntarily taken away to federally-mandated boarding schools (where children were often severely abused) and to out-of-home placements through adoption or foster care. Cumulatively and individually, these losses have led many individuals and their families to develop coping mechanisms, some of which are harmful, such as alcohol and other substance abuse, antisocial behaviors stemming from distrust and fear of the dominant society, and lateral oppression (family members act out the violence and oppression they have received on other family members). Such responses have contributed to medical problems (e.g., diabetes, high blood pressure, and obesity), mental health issues, and other socioeconomic difficulties ranging from poverty to limited social connections (Duran, 2006). In turn, these issues lead to disharmony, or imbalance within the "sacred circle." Dave Chief from the Oglala Lakota Tribe explains the "sacred circle":

> *The Circle has healing power. In the Circle, we are all equal. When in the Circle, no one is in front of you. No one is behind you. No one is above you. No one is below you. The Sacred Circle is designed to create unity. The Hoop of Life is also a circle. On this hoop there is a place for every species, every race, every tree and every plant. It is this completeness of Life that must be respected in order to bring about health on this planet.*

Healthy relationships complete the sacred circle, bringing unity, harmony, and balance. Maidu basket makers, for instance, are renowned for using plants to weave baskets capable of holding water. Basket weavers begin by creating strong, balanced circular weaves using materials necessary for the basket's purpose. In this manner of creation, they gather the best materials for their endeavor, using them to create a balanced, secure basket.

Native American wraparound works similarly in helping families become part of the sacred circle. Healing often involves the family and natu-

ral supports reconnecting to cultural traditions. Outdoor activities are important to help the youth and family connect to the sacred circle. The circle becomes stronger as extended family members are added. Elders mentor the children and connect the children to the natural world. This circle is connected to other circles, such as family gatherings, powwows, ceremonies, dances, and holistic healing celebrations. The family can also connect to concentric circles of the larger community (i.e., local schools and other cultural groups). In this way, a child and family learn to live harmoniously, engulfed by a dynamic sacred circle. Maidu and Native Americans' emphasis on cultural traditions thus serve as sources of strength and motivation, and also as the wellspring from which healing unfolds.

Hmong Wraparound

The Hmong are a subgroup of Asian descent with no country of origin, but are known as strong and collective mountain tribesmen who have forcefully fought their way to become free from slavery and warfare (Yang, 1995). After the fall of Saigon, many Hmong escaped Laos due to fear of prosecution because they had assisted the U.S. during the Vietnam War, and more than one million resettled in the U.S. between 1975 and 2004. Many faced trauma, torture, rape and starvation in Laos or in refugee camps prior to leaving Southeast Asia. Due to these experiences, the Hmong community suffers from high rates of mental health disorders that include posttraumatic stress disorder, anxiety, and depression, among others (University of California Irvine Southeast Asian Archive, 1999). The Hmong's transition from a simple agrarian lifestyle based on strong cultural traditions to the fast-paced, technological industry of western culture has resulted in significant cultural adjustment issues among this population, and especially the elders (Mouanoutoua and Brown, 1995).

The Hmong culture has strong traditions that value family and clan leadership (Yang, 1995). Accordingly, it is essential to develop a strong relationship with elders and culturally competent agencies in the service area. For instance, CCOC responded to the needs of the Hmong mental health community by embracing the values and garnering respect of Hmong elders. CCOC hired an elder to be the Hmong team's family partner in recognition that this position needs to be trusted among community members so as to provide credible cultural expertise and guidance for implementing Hmong wraparound services. To additionally enhance its rapport with the Hmong community, CCOC developed a support network with the only Hmong family services agency in the region. This linkage provided the Hmong services team with cultural consultation on difficulty cases and assistance for families in obtaining bi-cultural parenting education, English as a second language classes, and assistance with accessing social services.

CCOC's approach ensures consistently incorporated culturally competent services that are effective in reducing clinical problems in youth.

Another important component of the program is the integration of cultural traditions and healing practices into the client's mental health treatment, and the education of allied providers regarding these practices. For example, the Hmong team has utilized a Hmong Shaman/Shawoman in treating mental health difficulties through hand tying and soul calling ceremonies. And, CCOC's Hmong staff has been instrumental in educating school personnel and medical providers about Hmong cultural healing practices.

Latino-American Wraparound

"La familia" and "la comunidad," which means family and community, are central elements of the Latino culture, which includes its language (Spanish or Indian dialect), traditions, folklores/mythology, music, food and religious or spiritual affiliation; all of which are fundamental

for family norms to be transmitted from one generation to the next. The Latino families served by CCOC are predominately from family systems that have ceased to bond and prosper due to assimilation, acculturation, severe trauma associated with violence in the home, strict male patriarchy (machismo), ongoing immigration-related legal issues, and traumatic deportation history. Although migration experiences to the U.S. may be similar, each family has its own story that often reflects painful generational traumas. Situations leading to immigration from Mexico and Central America include poverty, political persecution, drug cartel wars, the hope of a better future for children, and limited job opportunities. When Latino families experience mental health problems or alcohol and substance abuse issues, or engage in gang behaviors or experience violence within the home, the result can be shame and embarrassment for family members, ostracism from their religious community, and the fracturing of the family system.

CCOC assists Latino youth and families to integrate the past with the present, to reclaim their heritage, and redefine family roles with a positive, strength-based approach. There may be monolingual Spanish-speaking parents trying to communicate with their first generation English-speaking child who speaks and understands limited Spanish. Although parents are often proud to say that their child speaks English, they are grieved over the communication difficulties this creates in the family system and over the way it impedes cultural bonding within the family and community. There is a severe level of segregation in these family systems between the parents and children, a deep level of denial, and often resignation that the fracturing of the Latino family system is necessary to achieve the American dream. CCOC wraparound works with each family and incorporates Latino folklore/mythology, traditions, food, music, and religious or spiritual affiliation to help define what la familia and la comunidad means to them. CCOC also helps families focus on reclaiming their mental health, family unity, and cultural pride. One of the simplest, and yet most effective interventions is having la familia sit together for a meal and start the integration of the past (family stories, folklore/mythology) with the present (education and opportunity).

Integrating la comunidad is also vital for the healing of the family, as well as creating or strengthening support systems for each family. La comunidad is often inclusive of the extended family, including individuals who are not blood relatives (i.e., godparents, religious or spiritual community members, neighbors or friends from the same country of origin). They offer important emotional and cultural support systems for the family. CCOC strives to create within each family the opportunity to develop new traditions, to preserve traditions, to pay respect to past generations, to instill cultural pride, to promote emotional well-being, and to find a balance between the new and the old ways so that the Latino family system experiences la comunidad and la familia.

African-American Wraparound

Most African-American community members in the region are descendants of Africans who were forcibly removed from their homeland and enslaved in America. Many African Americans experienced forced separation of family members in slavery. After the civil war Black Codes and Jim Crow laws continued to break up African-American families. Many African-American families came to northern California for the assurance of good jobs associated with public construction projects, with the State promising an economic boom for the region. Unfortunately, this economic boom did not materialize and the African-American families that located for employment were left without local jobs. Many leaders and gifted members of the community moved again for higher paying jobs in other areas, separating families and relegating those remaining into poverty. Many local African-American families have for generations been subject to trauma, led disrupted family lives and struggled with low paying dead-end jobs. The experience of racial discrimination—actual or perceived—leads to lower levels of mastery and higher levels of psychological distress (Broman, Mavaddat, & Hsu, 2000). Some males respond to trauma and other stressors through aggressive and angry behaviors towards self and others or by using drugs. Amid difficulties of coping, and with bouts of anger, some males engage in illegal behaviors for which they are apprehended and incarcerated, further fracturing the African-American family.

Throughout its history, the mental health field has often pathologized religious or spiritual individuals (Bergin & Jensen, 1990). Nevertheless, reaching the African-American community usually involves collaborating with African-American churches. Many African Americans have used their church as a major coping mechanism in handling the often overwhelming pain of racial discrimination (Billingsley, 1994). Acknowledging this, CCOC has established strong participation of African American pastors on its governance body, including one who served as its president. Of the four African-American staff employed by CCOC, two are pastors and another is a pastor's daughter.

The African-American team incorporates the conceptual framework of the rites of passage, developed by Ron Johnson, Executive Director of the National Family Life and Education Center in Los Angeles. Rites of passage programs have gained popularity in many African-American communities as a way of developing a positive African-American identity in young male and female adolescents (Harvey, 2001). The rites of passage are based on meeting different developmental tasks from a biblical framework and African ceremonies. The 10 rites are: (a) personal; (b) emotional; (c) spiritual; (d) mental; (e) social; (f) political; (g) economic; (h) historical; (i) physical; and (j) cultural. The rites of passage personal domain says, "Life can seem hard and unfair, but our ability to Love, struggle and overcome obstacles produces the fruit of our labor and gives us the Faith to go on." The African-American team uses a faith-based approach that has arisen over the centuries of struggling to overcome persecution and legal obstacles to find personal, communal, and spiritual liberation. Families' struggles are discussed in relation to how they mirror the struggle of people in the Bible, as well as African Americans before and after emancipation. CCOC families draw strength from these references, and gain inspiration, insight, and resolve.

Outcomes of Cultural-Based Wraparound

A preliminary look at outcomes suggest that CCOC's approach ensures consistently incorporated culturally competent services that are effective in reducing clinical problems in youth. As part of the Cultural and Linguistic Competence Implementation Sub-study of the National Evalu-

Figure 1. Caregiver Ratings of Provider Cultural Sensitivity

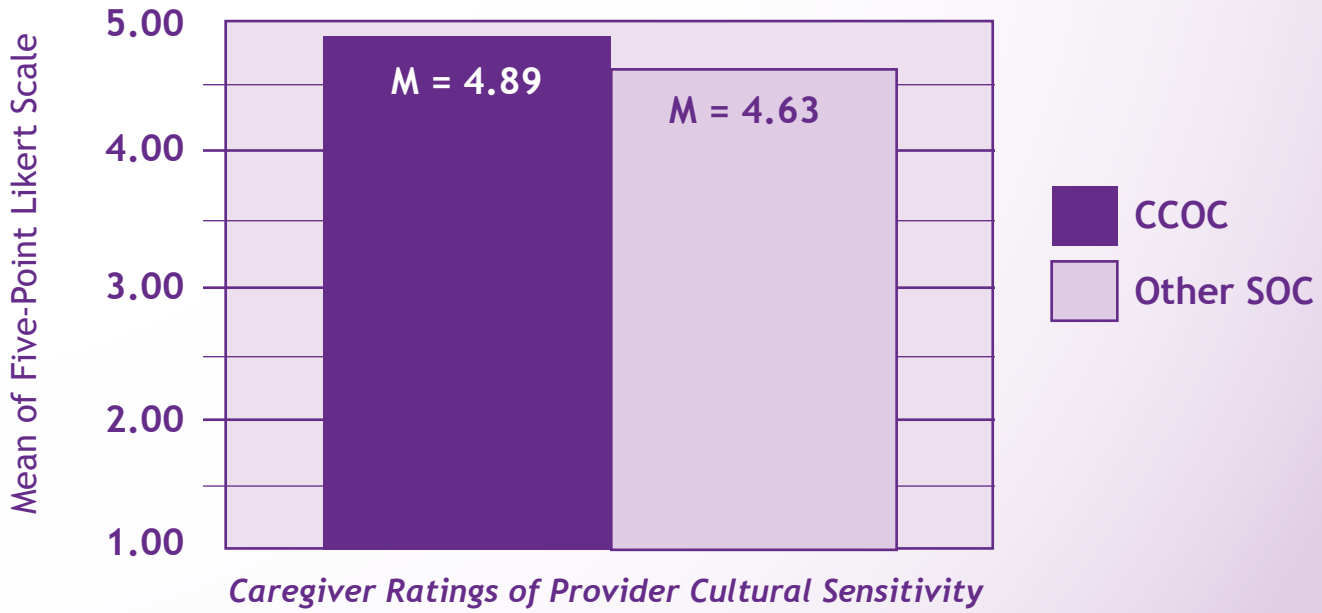
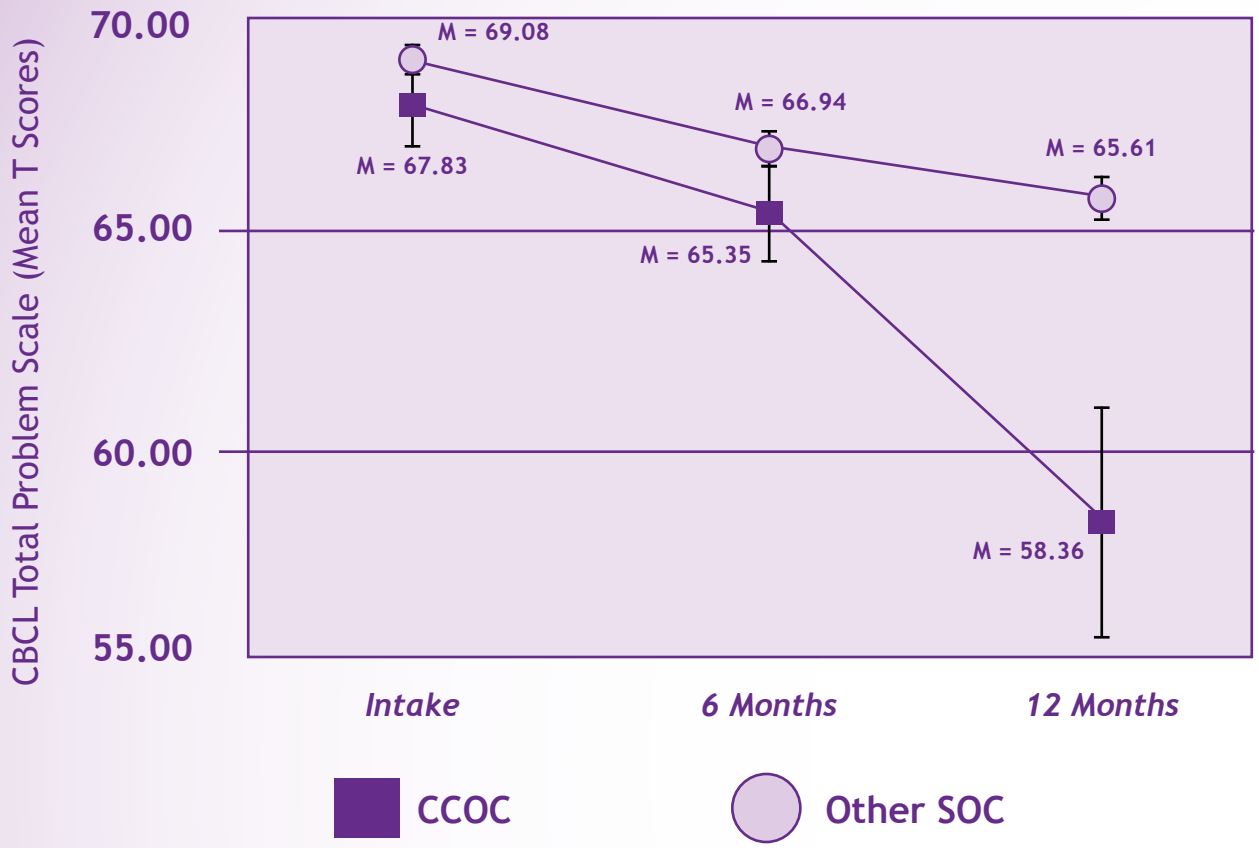


Figure 2. Total Problem Scale



ation conducted by Walter R. McDonald & Associates (WRMA), and ICF Macro (Macro 2009), CCOC families reported high satisfaction with cultural sensitivity and clinical services. WRMA and Macro (2009) also found that CCOC wraparound teams:

> *create an environment of safety, positive regard, and nonjudgmental support underpinned by the cultural beliefs and tradition of each community. Respondents reported services were delivered in the language and from the cultural belief system of the family member.*

CCOC participates in the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program of SAMHSA funded systems of care grantees. CCOC youth and families are given the option of enrolling in the longitudinal study of the National Evaluation, which allows for the comparison of CCOC to other system of care grantee sites funded by SAMHSA. The study includes a Cultural Competence and Service Provision Questionnaire of 10 items that measure the cultural sensitivity of the primary service provider as reported by the youth's caregiver. The questionnaire uses a five-point Likert-type format ranging from 1 (never) to 5 (always). An aggregate mean score is created to produce a provider cultural sensitivity quotient. Mean CCOC scores were compared to those of 29 other system of care funded communities. At 12 months of service, the scores for CCOC compared with other system of care funded communities were significantly higher for provider cultural sensitivity (Figure 1; $t\ (33.7) = 4.59$, $p < 0.001$).

A second measure, the Child Behavior Checklist (CBCL; Achenbach, 1991) also suggests that CCOC outcomes are superior to average improve-

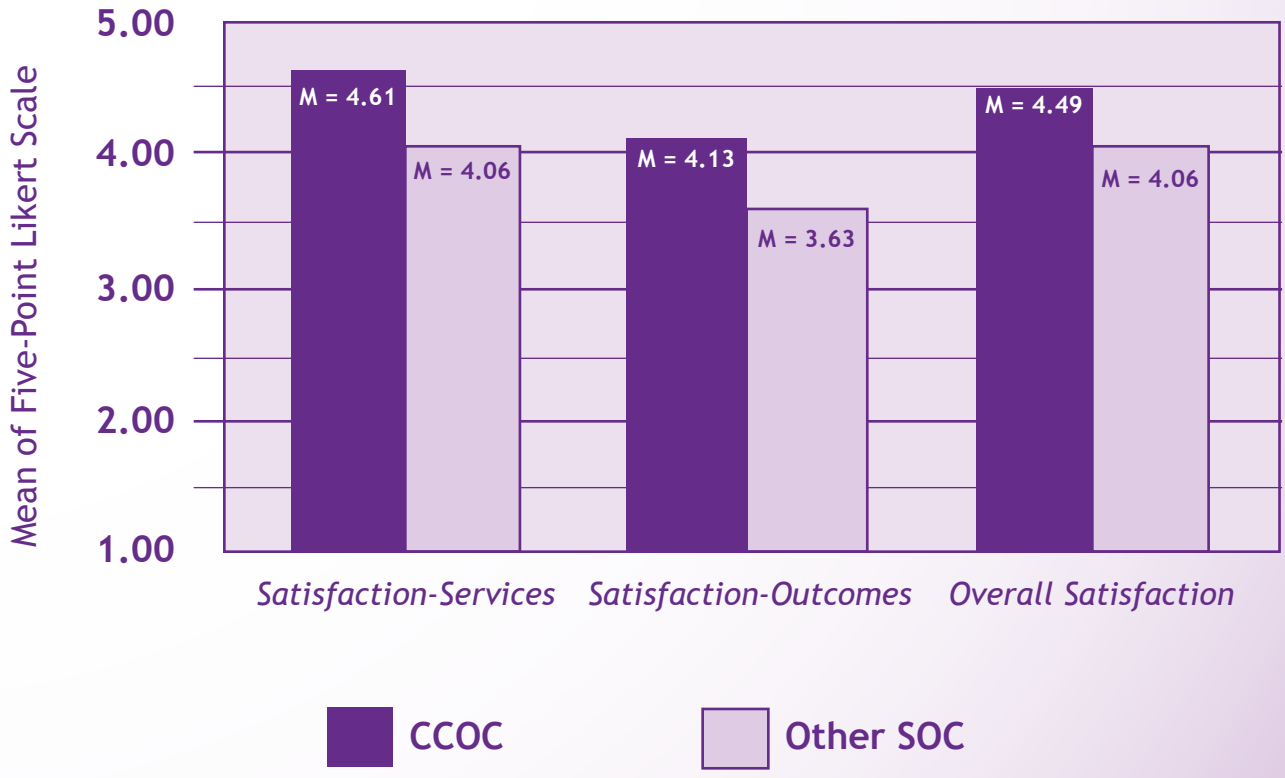
ments achieved in other sites based on mean score differences. The figure below illustrates that although CBCL Total Problem Scale for CCOC was similar to those of cohort communities at the time of intake, youth reassessed after 12 months in CCOC show fewer problem behaviors compared with other systems of care sites for a comparable 12-month period. The difference between CCOC and other sites is substantial (more than one standard deviation) and statistically significant for the Total Problem Scale (Figure 2, $t(27.7) = -2.43$, $p = 0.022$).

In addition to high scores in cultural sensitivity and greater reduction in problem behaviors, caregivers of youths enrolled in CCOC also report higher satisfaction with CCOC services compared with average satisfaction scores across caregivers at other systems of care sites. Satisfaction with services was measured by the Youth Services Survey for Families (YSS-F; Brunk, Koch, & McCall, 2000), which assesses satisfaction with services and outcomes, and produces an overall satisfaction score. As shown in Figure 3, CCOC was statistically higher for each scale of the YSS-F at 12-months compared to the mean of other systems of care sites, suggesting that culture-based wraparound services may contribute to higher service satisfaction levels (Services, $t(38.0) = 7.14$, $p < 0.001$; Outcomes, $t(33.2) = 4.61$, $p < 0.001$; Overall, $t(35.2) = 6.06$, $p < 0.001$).

Results of Youth Satisfaction Survey (Family)

Additionally the Wraparound Fidelity Index v. 4.0 (WFI) was used to assess wraparound fidelity across the four racial and cultural groups (Bruns & Walker, 2008). CCOC overall scores were above national means, which suggests that it is possible to provide culture-based wraparound without losing fidelity to the wraparound process.

Figure 3. Parent Satisfaction: CCOC Vs. Other SOC



Implications and Limitations

The culture-based wraparound model designed by CCOC is intended to establish a higher standard for cultural competence in wraparound implementation. The preliminary results from this small cohort of youth and their families are promising. Findings from this review suggest that a culture-based wraparound program is responsive to personal preferences of racially and culturally diverse youth and their families, and may contribute to greater reductions in problem behaviors coupled with higher caregiver satisfaction compared to non-culture based programs. The WFI results also suggest that it is possible to establish culture-based processes while maintaining fidelity to the wraparound model.

Additionally, independent program evaluations for cultural competence have found CCOC to be reaching its clinical and programmatic objectives. Conclusions drawn from these findings are limited, however, in that systems of care comparison data represents a range of interventions that while including wraparound services, also includes intensive case management and other modalities.

The statistical differences in results between CCOC and other SAMHSA System of Care sites also could be a result of extraneous factors, such as simply having a high quality wraparound program, rather than having incorporated higher standards for cultural competence at the organizational and service delivery levels. Other possible factors include CCOC's comprehensive approach to community engagement, its awareness of intergenerational and historical trauma, its explicit reference to spirituality, or the higher premium that it may place on relationships and trust building with families. This being said, additional research as to the benefit of infusing cultural competence into wraparound programs serving youth from diverse cultures is worthy of continued exploration, as well as the influence of other programmatic and thematic elements that transcend specific cultural groups.

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