
ENSURING FIDELITY TO THE WRAPAROUND PROCESS

The Wraparound approach emerged during a groundbreaking era in children's mental health. During this period, traditional ideas about how children and families should be served were widely challenged. In places from Chicago to Alaska to Vermont, Wraparound provided a method for conducting a family-centered and team-based care planning and implementation process that shared (and some would say expanded) system of care values.

During this exciting era, many suggested that Wraparound was a mere fad—too radical and progressive to take root in the systems it was intended to transform. Adding to this perspective has been the slow development of a research base demonstrating Wraparound's effectiveness. Though several studies have reported promising results (see the review in Burns, Schoenwald, Burchard, Faw, & Santos, 2000), the model's flexible, individualized nature and grassroots development make rigorous testing difficult. Given the current emphasis on evidence based interventions, one might think this lack of research would further push Wraparound to the margins.

Instead of fading away, however, today Wraparound is more prominent than ever. Recent estimates suggest 200,000 young people are served via some sort of Wraparound model (Faw, 1999). At the same time, almost all federally funded system of care demonstration sites propose Wraparound as their method of delivering services in keeping with systems of care philosophies. Wraparound appears to be too compelling a notion to simply fade away.

But the term Wraparound is used to describe many very different types of service processes. In some communities and states, Wraparound describes any service purchased with

flexible dollars. Other places it is any form of team process for developing plans. Elsewhere it is a professional system that uses a continuum of care. As providers increasingly apply Wraparound to describe many different types of practices, different concerns arise: Does it matter if the term Wraparound is used to describe so many things? And if so, *how do we ensure that Wraparound is really Wraparound?*

Even if a community *intends* to do Wraparound in a manner that reflects the values and elements, it is far from certain that they will be able to do so. While endorsing Wraparound's value system may be easy, actually *doing* high quality Wraparound is tremendously difficult. The list of challenges is extensive and includes the following:

- Implementing Wraparound requires providers who are well-versed in the value system underpinning it. Yet most higher education programs do not teach family-centered, community-based principles and strategies.
- Wraparound requires intensive and ongoing training, supervision, and administrative support. Yet many Wraparound programs do not provide such supports to the staff who are asked to implement the process.
- Implementing Wraparound requires adoption of new ways of funding and organizing services, such as the availability of flexible funds for teams, strong collaborative relations, and single plans across multiple agencies. Yet Wraparound programs remain vexed by traditional reimbursement procedures and agencies that continue to operate in isolation.

The set of challenges does not end here. Unlike most evidence-based practices, Wraparound was not developed by a single person or research

group. Instead, Wraparound's development has been guided by a diverse set of loosely affiliated providers, trainers, and family advocates. This means that training on the model has varied widely, consensus on the core elements of Wraparound has only recently emerged, and a definitive manual of strategies for Wraparound has never been developed. The result has been that the *word* Wraparound is used far more often than the *actual model*.

Ensuring Wraparound is Really Wraparound

Slowly, the technology of implementing Wraparound is catching up to its reputation and promise. As mentioned above, and described elsewhere in this special issue, the core elements of Wraparound were defined in 1998 (Goldman, 1999). These elements provide a framework that service providers and researchers can reference as they work to define Wraparound practice more clearly. These elements provide minimum expectations for labeling a process Wraparound. Trainers around the nation can now use these elements as the building blocks for teaching the Wraparound process. In addition, sites nationwide, such as Wraparound Milwaukee, have used the core elements as the basis for designing a wide variety of innovative, well-described, and specific strategies for serving families.

The definition of the core elements also enabled another critical step in ensuring that Wraparound is really Wraparound, namely, the creation of implementation measures or *fidelity* tools. *Treatment fidelity* refers to how well a program adheres to its prescribed protocol, model, or standards. Measuring such adherence is essential to providers, policy makers, and researchers. For providers, in-

cluding fidelity measurement within a quality assurance process is important for communicating service expectations, for training staff in the expected process, and for preventing slippage from the principles and practices over time. For administrators and policy makers, results of fidelity assessments within or across sites can be used to determine the types of policies and supports necessary to ensure high-quality services. Finally, for researchers, fidelity assessment is used to make sense of evaluation results, since high- or low-quality implementation of the model will likely help explain the kinds of outcomes that are found. In addition, the advent of more fully-defined protocols for implementing Wraparound, paired with fidelity measures, allows for more rigorous evaluations that can advance the research base. For example, measuring implementation can determine how various elements of the process impact outcomes, potentially leading to improvements in the Wraparound approach itself.

The Wraparound Fidelity Index

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(WFI) is an interview process that measures the implementation of Wraparound on a family-by-family basis (Bruns, Suter, & Burchard, 2002). Results of individual families' WFI interviews can then be combined to describe implementation for a program, different providers within a program, or an entire jurisdiction. The WFI is completed through brief, confidential telephone or face-to-face interviews using forms for each of three types of respondents: caregivers, youth (11 years of age or older), and resource facilitators (sometimes called care coordinators or case managers). Because Wraparound is individualized for each family (instead of manualized), the WFI assesses adherence to the essential elements of Wraparound, which provides a foundation for proper implementation.

The WFI assesses fidelity by having the interviewer assign a score to each of four items for each element. Separate scores are assigned to items for each respondent (caregiver, youth, or resource facilitator). For many items, the scores are simply the result of the respondent's agreement

with a statement, such as "Is there a friend or advocate of your family who actively participates on the team?" For other items, scores are the result of more extensive data collection by the interviewer. For example, one item asks for the number of hours of school or vocational activity the youth spends in the community per week, while another asks for specific examples of community-based activities in which the youth is involved. Regardless of the way the item is structured, responses are ranked on a scale from 0 (low fidelity) to 2 (high fidelity).

Learning from the WFI

WFI profiles can illuminate areas of relative strength and weakness for staff, programs, or communities to guide program planning and training. Such reports describe results for elements and for individual items and can identify areas of service delivery that may need improvement at a system level. A sample WFI profile is presented in the accompanying box.

The WFI has also advanced our understanding of Wraparound implementation nationally. In a series of studies using WFI data from 16 sites in 10 states, the WFI's authors have found a wide range of service quality across programs proposing to do Wraparound. These results show that even these self-selected programs (likely to be of fairly high quality) were not consistently adhering to the recognized Wraparound elements. Some common shortcomings include:

- Not engaging important individuals on the child and family team, especially school personnel and friends and advocates of the family;
- Limited youth involvement in community activities and activities the youth does well;
- Not using family and community strengths to plan services;
- Limited flexible funds to implement innovative ideas from team planning; and
- Inconsistent measurement of consumer satisfaction.

Research is also supporting the

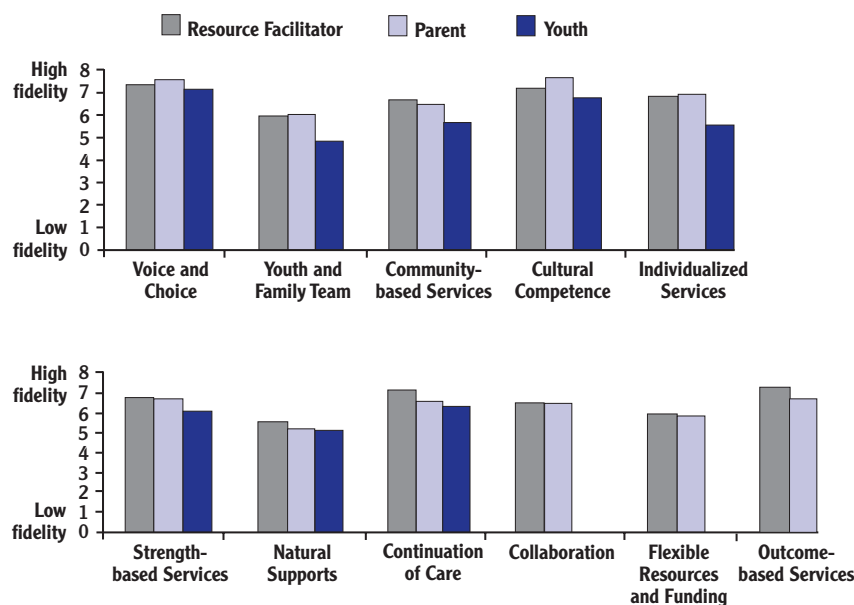


Figure 1. A profile of adherence to the elements of Wraparound: Graphic depiction of mean Wraparound Fidelity Index scores for all 11 elements and across all three respondent types (resource facilitators, caregivers, and youth) for 15 families in one service delivery site.

hypothesis that such shortcomings may be detrimental to families. Though much more research is needed, results of two preliminary studies using the WFI support the hypothesis that adhering to Wrap-around elements is important to achieving outcomes (Bruns, Suter, Burchard, Force, & Dakan, 2003). In addition, pilot research using the WFI (along with an associated program administrator interview measure) has shown that certain kinds of supports at the program and system level are important to producing fidelity (Bruns, Burchard, Suter, & Leverentz-Brady, 2003). These findings emphasize the need to define system- and program-level standards for Wrap-around, such as caseload sizes, mechanisms for ensuring flexibility of funding, and the presence of inter-agency coordinating bodies.

Achieving the Promise of Wraparound

As we learn about the importance of fidelity from tools such as the WFI, innovations by trainers nationally are teaching us how best to achieve high-fidelity Wraparound. Though early training approaches that focused on values and rationales produced tremendous excitement—and the rapid proliferation of the label Wrap-around—these approaches did not always result in a high fidelity Wrap-around process. For provider training to have a significant impact on service delivery, training should go past general values to the specifics of the process. For example, higher intensity training that presents videotaped interactions, incorporates role plays, and focuses on specific performance indicators will improve training's impact on Wraparound fidelity.

But even high-intensity classroom training often does not result in a high fidelity process. Both experience and research alike are demonstrating that more advanced methods, such as coaching and performance-related supervision, are likely to have greater impact on the fidelity of Wrap-around. One example is the Wrap-around Coaching and Supervision

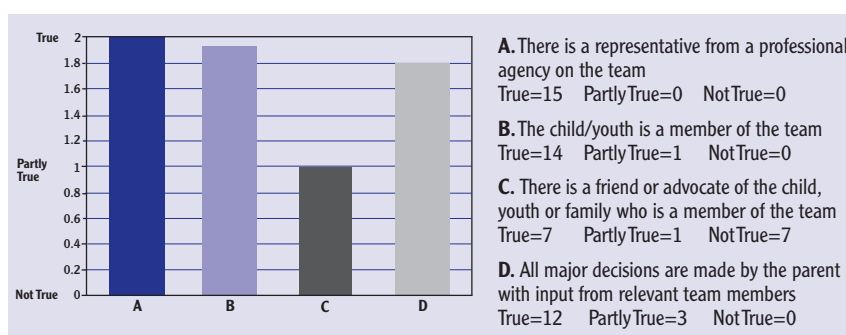


Figure 2. Resource facilitators' opinions on Wraparound fidelity for 15 families in one service delivery site for the four items in the "Youth and Family Team" Element.

approach (Rast & VanDenBerg, 2003). This approach includes tools for assessing practice related to each of eight specific steps of the Wrap-around process:

1. Engaging the family;
2. Crisis stabilization and planning;
3. Functional strengths, culture, and needs assessment;
4. Developing and nurturing the child and family team;
5. Developing the child and family plan;
6. Preparation;
7. Facilitation;
8. Creating the plan document;
9. Ongoing crisis and safety planning;
10. Tracking and adapting; and
11. Graduation and transition.

Each of the above steps involves a set of 10 to 15 standards, separated into 3 basic skills and 7-12 advanced skills. These steps and standards are used in initial training and orientation to communicate details of the practice model to staff, supervisors, and community members. These tools then go beyond the initial trainings, with resource facilitators becoming certified to provide Wrap-around only after mastering each standard. Finally, the supervisor, coach, and staff then use the steps and standards in ongoing supervision to help staff develop more advanced skills. Such a process is resulting in higher-fidelity Wraparound as measured by the WFI.

Conclusion

Wraparound is a complex process requiring adherence to both a phi-

losophy and a set of specific practices. The development of standard measures to determine fidelity provides the field with a common language about the basics of Wraparound. Such measures also provide researchers with tools that can explain the impact of the Wraparound process and why different forms of Wrap-around may result in different outcomes. However, simply using measures such as the WFI cannot ensure high quality Wraparound. Successful Wraparound implementation also requires a description of the process that is sufficiently detailed to be used in training, coaching, and supervision. With specific definitions of essential practice elements in place, Wraparound will be more likely to achieve its promise for families and communities.

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For information about the WFI, visit the Wraparound research team's website at www.uvm.edu/~wrapvt. For information about the Vroon VanDenBerg approaches visit, www.vroonvdb.com.

National Wraparound Initiative

As this issue of *Focal Point* clearly illustrates, Wraparound is as much a philosophy and a grassroots movement as it is an intervention. This unique nature of Wraparound has proven to be a source of both strength and difficulty. Normally, an intervention is designed and tested by a single person or group. In contrast, Wraparound practice and supporting policies have evolved through a process of ongoing innovation on the part of families, trainers, and providers around the nation. This process has stimulated a kind of creativity that would never have occurred within a less flexible model. On the other hand, the lack of shared standards or guidelines for Wraparound practice has created problems around issues of quality assurance and fidelity.

In true Wraparound fashion, a team approach is being used to address these difficulties. In Portland, Oregon, on June 25, 2003, the Research and Training Center on Family Support and Children's Mental Health hosted a national group of over 30 parents, parent advocates, Wraparound trainers, practitioners, program administrators, researchers, and systems of care technical assistance providers. This was the first meeting of the Advisory Group of a new *National Wraparound Initiative*. At this initial meeting, the group reaffirmed the need for clearer definition of the Wraparound model, discussed potential methods for conducting such work, and described specific products that should result. By the end of the meeting, the group reached a consensus about what is most needed to promote high quality in Wraparound:

- Clear definitions of the terms used to describe the Wraparound philosophy and practice;
- Specific strategies on how to achieve high quality Wraparound at the family, team, provider, and system levels;
- Minimum standards for Wraparound practice and for supporting families, teams, and practitioners;
- Implementation and fidelity tools—aligned with the strategies and standards for Wraparound—that can inform quality improvement and be used for more rigorous evaluation; and
- Handbooks for youth, caregivers, practitioners, and team members that explain Wraparound and what should be expected during implementation.

The coordinators of the Initiative have proposed using a web-enabled group process in an effort to achieve consensus in the first three areas listed above. Later stages of the effort would focus on producing implementation guides, handbooks, and fidelity tools. The overall goal of the Initiative is to preserve the creative essence and innovative spirit of Wraparound while also providing specific guidelines and resources to support high quality implementation.

— Eric Bruns & Janet S. Walker