

# Wraparound Team Composition, Youth Self-determination, and Youth Satisfaction in Transition Services

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## Abstract

*Wraparound, a team-based planning process for youth and families, has been widely adopted in school-based services for older adolescents and emerging adults with serious mental health conditions transitioning to adulthood. Reservations have been voiced, however, regarding possible drawbacks of teams for these youth, including concerns about difficulties with involving supportive adults, and whether youth might perceive team-based planning as a threat to their developing autonomy. To date, however, no studies have examined the feasibility of involving supports in teams and relationships between team composition and youth's service experiences. The present study examined the relationships between team composition and youth's perceptions of self-determination and service satisfaction among 36 youths in seven school-based programs using a specialized form of wraparound for transition services. Findings showed that meeting participation by caregivers and professionals from both inside and outside of schools was common and that regular participation by combinations of these types of adults was related to youth self-determination and satisfaction.*

## Introduction

Wraparound, described as a team-based process for developing and implementing a plan of care for an individual youth and his or her family “involving informal, formal, community support and service relationships”,<sup>1</sup> is one of the most widely used approaches in services for youth and families, and wraparound approaches have also been adopted in many school-based services for older adolescents and emerging adults in transition to adulthood with serious mental health conditions (SMHC) or at risk for SMHC, including those using widely implemented intervention

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models for the population such as the Transition to Independence Process (TIP) model<sup>2</sup> and the Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW) model.<sup>3</sup> Further, wraparound was recently recommended as a “best practice” for these youth by a consensus panel report of the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>4</sup> Recent research has begun to examine specific issues related to wraparound implementation and its utility for youth transitioning to adulthood, either through qualitative description of specific approaches for using wraparound with older adolescents<sup>5</sup> or by examining possible age-related differences between younger and older adolescents in quality or fidelity of wraparound processes.<sup>5,6</sup>

In the midst of this consideration of the wraparound model for youth transitioning to adulthood, reservations have been voiced concerning possible drawbacks of the approach for the population, especially the wraparound practice of *youth and family team meetings*, regular meetings of youth and family members and formal and informal supports that develop and monitor implementation of wraparound plans.<sup>6,7</sup> Some concerns have been raised regarding difficulties in identifying and convening stable, consistent supports, including formal supports<sup>8</sup> and informal supports.<sup>9</sup> Others have questioned whether older youth might be dissatisfied working with teams of adults, experiencing them in this context as a threat to their developing autonomy.<sup>7</sup> However, to date, no study has directly examined the feasibility of involving supports through team meetings or young adult satisfaction with involvement of supportive adults in team meetings in transition services. In addition, few if any studies in the transition services literature (or even the wraparound literature more generally) have examined possible benefits of specific *combinations* of supportive adults on teams, above and beyond benefits of involving individual team members (e.g., parents *and* formal supports or teachers). This study seeks to address these gaps in the literature on wraparound and transition services and, in so doing, provide an empirical basis for efforts to further refine implementation of wraparound with youth transitioning to adulthood.

### **Advantages of wraparound for transition services**

There are many reasons to believe that wraparound might be an effective approach for transition services. Many wraparound best practices closely mirror recommendations for supporting transitioning youth, such as using flexible, individualized strategies,<sup>10</sup> involving diverse supports and identifying strengths,<sup>7</sup> encouraging the involvement of family,<sup>11</sup> and helping to coordinate across systems (e.g., between child and adult providers).<sup>12</sup> Indeed, there are many reasons to suspect that these principles might be even *more* important for this age group than younger youth in some ways.<sup>13</sup> Studies examining resources for positive development in late adolescence and young adulthood clearly demonstrate the importance of continued involvement of adults in providing well-calibrated, scaffolded support, meeting the needs of youth while still allowing them to negotiate challenges themselves to the best of their abilities.<sup>14,15</sup> Studies of support provision show that many youth continue to benefit from substantial levels of tangible support (money, shelter, food, financial assistance) well into their 30s.<sup>16</sup> Further, the literature on self-determination suggests that, somewhat paradoxically, young adults who feel more supported and identify most strongly with caregivers’ preferences and values tend to feel *more* rather than less independent.<sup>17</sup>

As with support, the processes of identity and autonomy development tend to be incremental and most successful in the context of close, supportive relationships with family rather than the disengaged, strained relationships characteristic of many caregiver-youth relationships among youth transitioning to adulthood with SMHC or at risk for SMHC.<sup>18</sup> This development of autonomy within a supportive context is currently captured in the often cited concept of *interdependence* in the service literature—a recognition that throughout emerging adulthood (indeed, to some extent, throughout the lifespan) youth continue to need support from others and that autonomy may be less about eliminating support than helping youth choose who and which

support they want according to their current needs.<sup>19</sup> Thus, helping youth to become independent may be much more about helping them identify their needs and appropriately asking for help than being self-sufficient.

Literatures on services for at-risk youth and youth with SMHC also suggest that contributions of wraparound to service coordination may be as, or more, critical for youth transitioning to adulthood than younger youth. Bureaucratic challenges associated with distinct child and adult service systems pose structural (e.g., policy, financial, etc.) barriers to professional adult team participation, for example, vocational rehabilitation counselors who serve adults may not “reach down” to serve on teams for youth under the age of 18.<sup>20</sup> Benefits of continued participation in service systems or systems of care among older adolescents may be driven in part by improved access to such specialized services as vocational rehabilitation, independent living training, or financial literacy training.<sup>21,22</sup> Wraparound coordination also may be useful in addressing other disruptions in care such as age-based limits in eligibility for certain services, changes in eligibility requirements, or abrupt changing of formal supports such as arbitrarily or abruptly transferring a youth from a child to an adult system psychotherapist.<sup>11</sup> However, these possible unique benefits of wraparound in the context of transition services may be drawbacks if the broader service context is not facilitative of them, as discussed below.

### **Challenges of wraparound with youth transitioning to adulthood**

Based on the variety of considerations raised above, wraparound teams would seem to have great potential for transition services; however, teams may be difficult to successfully implement in the absence of an appropriate service model and context. Poor implementation of wraparound has been credited for some of the inconsistencies in findings on youth satisfaction with wraparound obtained to the present.<sup>5,6,23</sup> Although evidence bearing directly on challenges to wraparound implementation with transition-age youth is limited to date, two types of concerns can be raised. First, it may be more difficult to involve family and other supports when working with youth transitioning to adulthood than with younger youth, as these relationships among older youth are frequently strained and disengaged.<sup>6,24</sup> Involving necessary formal supports may not be feasible in systems that do not respond appropriately to the needs of the population.<sup>25</sup> For example, systems may fail to provide developmentally appropriate services, as has been previously observed in many localities (e.g., staff trained in the specific developmental challenges of the population<sup>8</sup>), or may resist efforts to modify program or funding requirements that obstruct access to appropriate services (e.g., the age-related eligibility limits discussed previously). Involving family may be challenging, precisely because of the higher levels of strain and disengagement in families of older youth that the wraparound process is designed to address.<sup>6</sup> Other types of supports (i.e., informal) may also be difficult to involve, given the fluid networks of older adolescent youth as they transition from relying on family-based networks of childhood to networks including peers, romantic partners, coworkers, or other adult relationships characteristic of adults.<sup>26</sup>

Youth may also have legitimate anxieties regarding possible compromises to their autonomy that participating in a team could entail, or worse, experiences with poorly implemented teams, either in wraparound or other types of contexts such as Individualized Education Plan meetings (IEPs).<sup>27</sup> During adolescence, youth often become increasingly reluctant to disclose information on a range of issues, including their whereabouts, associations, and activities,<sup>28,29</sup> and available evidence indicates that this tendency is more pronounced among youth with SMHC.<sup>30</sup> Studies have suggested that youth with SMHC often disagree with parents and service providers about their service needs but are reluctant to discuss these conflicts.<sup>31</sup> Many youth served in public systems have also had a variety of alienating experiences where they have felt coerced or even abused by adults in their family or those in helping roles.<sup>27</sup> A variety of sources of evidence suggest that these factors lead to strong aversion among adolescents with SMHC to participating in formal service systems, including high rates of dropout from services for youth over the age of 18.<sup>32</sup> Fidelity

evaluations suggest that wraparound may be particularly vulnerable to these challenges to serving older youth. Implementation criteria related to the wraparound principle of “family and youth voice” (i.e., ensuring that youth and families’ perspectives are “intentionally elicited and prioritized during all phases of the wraparound process”<sup>33</sup>) routinely receive among the lowest ratings in fidelity assessments.<sup>34</sup> Meetings in other service contexts such as IEP meetings may perform even more poorly in this regard.<sup>35</sup>

### **Benefits of teams for youth transitioning to adulthood**

The wraparound principle of being “team-based” holds that programs should include family, formal support (i.e., service providers), and informal supports.<sup>38</sup> Similarly, involvement of caregivers and other family is emphasized in RENEW and similar services.<sup>39</sup> Further, especially in school-based services, teachers play important roles, as they are often in the best position to facilitate individualized school-to-career services and address the school-related difficulties characteristically encountered by youth transitioning to adulthood with SMHC.<sup>40</sup> A variety of human service professionals may make further contributions, including mental health, workforce development, and vocational rehabilitation personnel. The unique forms of support these adult team members provide may enhance satisfaction in particular areas. Teachers, for example, may help youth make progress toward educational goals, enhancing youth’s satisfaction with service progress; mental health or other human service professionals may help youth feel that their views are being acknowledged and may help youth advocate for themselves during team meetings, enhancing youth’s sense of self-determination as well as their overall service satisfaction.

In addition to contributions of specific types of team members, many benefits of the wraparound model are said to be driven by the combination of perspectives and complementary strengths of a variety of formal and informal participants.<sup>41</sup> For example, professionals may be helpful in enhancing supportiveness of family by addressing issues underlying strained or otherwise dysfunctional family relationships between youth and caregivers or other family members, as shown by studies of various evidence-based practices for youth with SMHC focusing on family systems (e.g., multisystemic therapy<sup>42</sup>). Similarly, in school-based programs, mental health professionals can be useful in addressing dysfunctional interactions between youth with SMHC and teachers that help shape problematic youth behavior in school.<sup>40</sup> Finally, many studies have indicated benefits of strong connections between teachers and caregivers in promoting better positive developmental outcomes among youth.<sup>43</sup>

### **Addressing challenges and enhancing benefits of teams in transition services**

As summarized above, by supporting youth in making their own decisions while still benefiting from adult guidance and resources, well-implemented wraparound can potentially increase self-determination and satisfaction with services among youth transitioning to adulthood. Conversely, in the absence of specific strategies to address implementation challenges, the strategy could have the opposite effect. Although the literature on the use of wraparound in transition services is in its infancy, wraparound guidelines for promoting youth self-determination and satisfaction with services have been suggested, including beginning the planning process with youth prior to team meetings, focusing on positive youth development outcomes (e.g., school completion, employment), developing ties with services addressing these areas (e.g., individualized school-to-career planning).<sup>9</sup>

At least one widely used transition model, RENEW, has developed a specialized approach for using wraparound with a transition-age population in accordance with emerging best practice guidelines. Prior to convening teams, the RENEW process requires youth and specialists to complete a structured method of person-centered planning referred to as *Futures Planning*.<sup>36</sup>

During Futures Planning, youth meet with a transition specialist to develop an individualized plan for accomplishing transition goals (e.g., finishing school, attaining employment) and to identify team members who the youth want to participate in their team to implement these goals. Subsequently, the plan is shared with the team, and the youth, specialist, and team members work together to implement, monitor, and adjust the plan as needed in weekly (typically weekly) one-on-one meetings with specialists and periodic (initially weekly and then monthly or bimonthly) team meetings, typically over the course of 1 to 2 years. Collectively, these strategies allow the youth to drive services by developing their goals prior to involving team members and deciding on the composition of their teams. In turn, this control given to youth is expected to reduce the extent to which they might otherwise perceive the service process as threatening their autonomy, and enhance their perceptions of self-determination.<sup>37</sup>

Data to date on youth satisfaction with RENEW services are limited, though one unpublished study showed that youth in RENEW teams were more satisfied with their levels of self-determination in service planning than a demographically matched sample of youth receiving wraparound in the same service system.<sup>38</sup> Questions remain regarding whether, in addition to helping to promote self-determination, team participation in the context of a developmentally appropriate service model would also yield higher youth satisfaction with their teams and service experiences. Understanding these possible relationships between indices of satisfaction and team composition is especially important to the research base on transition services, given the lower levels of service satisfaction and high service dropout rates evident among youth in transition.<sup>21</sup>

## **Present study**

This study examines relationships between participation of adult supports, including caregivers, teachers, and other human service professionals in wraparound teams, and youth perceptions of services in programs designed to meet their developmental needs (i.e., school-based RENEW programs for youth with SMHC transitioning to adulthood). Specifically, the study examines associations between levels of youth satisfaction with their levels of self-determination in services, their wraparound teams, and their service experiences overall, with the presence or absence of regular participation by several types of adult supports (i.e., by caregivers, teachers, and other human services professionals) and particular combinations of adult supports (i.e., caregiver-teacher, caregiver-human service professional, teacher-human service professional). Given the facilitative context provided by RENEW for wraparound implementation with transition-age youth, it is expected that (1) each type of team member will make a unique contribution to youth satisfaction (i.e., across all three measures—self-determination, team processes, and general—of satisfaction), consistent with documented benefits of involving such individuals in existing wraparound and transition services literatures (i.e., teachers, caregivers, professionals); (2) due to the potential role of formal supports in shaping more positive youth-caregiver and youth-teacher interactions in a well-implemented wraparound team processes, that attendance of human service professionals in combination with remaining roles (i.e., the presence of professionals *and* caregivers or professionals *and* teachers) will further contribute to service satisfaction of youth; and (3) based on the literature demonstrating benefits of teacher-parent collaboration for student outcomes, it is anticipated that the presence of both teachers and parents will also relate to increased satisfaction.

## **Method**

### **Participants**

Participants were 36 high-school students in seven schools in a small northeastern city who had been enrolled in school-based RENEW services for at least 6 months. Youth ranged in age between

15 and 21 years old ( $M=17.39$ ,  $SD=1.29$ ). The majority were male (65.8%) and Caucasian (63.2%), with smaller numbers of Hispanic (15.8%) and African American (7.9%) youth. In all schools in which study participants were enrolled, RENEW was part of a Positive Behavioral Interventions and Supports (PBIS) approach to school-wide efforts at improving academic achievement, safety, general positive school culture, and reducing behavioral problems. As the tertiary level of intervention used in the PBIS approach, youth enrolled in RENEW were identified as in need of the highest level of intervention, after nonresponse to more limited, secondary level intervention efforts. All of the youth in the sample presented with problems that interfered with school performance, as indicated by a number of academic indicators (e.g., class failure, excessive absences). At the time of the survey, all participants had been enrolled in RENEW services for at least 12 months ( $M=20.44$ ,  $SD=6.71$ , range=12–30).

### **Measure: Youth and Family Involvement in Teams (YFIT) survey**

The YFIT survey is a structured interview with parallel forms available for youth participating in RENEW programs and their parents. The survey assesses satisfaction with a variety of specific features of RENEW services as well as objective characteristics of service delivery, including the frequency of team meetings and team composition.

#### ***Youth self-determination and satisfaction***

The YFIT measures satisfaction using Likert scale items that ask youth to rate their level of agreement with statements related to *general satisfaction*, *team processes*, and *self-determination* (0 = “strongly disagree”; 4 = “strongly agree”). These three subscales show adequate levels of internal consistency ( $\alpha s=0.78$ , 0.74, and 0.80 for general satisfaction, team processes, and self-determination, respectively). The *general satisfaction* scale consists of four items assessing overall satisfaction with services, including teams as well as other aspects of services (e.g., one-on-one meetings with the specialist) and progress toward goals (e.g., “Overall, how satisfied were you with the services that you have received?”). The *team processes* scale consists of three items assessing youth’s perceptions of positive qualities of team meetings (e.g., supportiveness, productivity), and whether they were prepared by their transition specialists to participate in meetings (e.g., “Someone helped me plan what I wanted to say at meetings.”). The *self-determination* scale consists of four items focusing on the degree to which youth believe they were adequately autonomous in developing and implementing plans with their teams (e.g., “I had the final say in all decisions.”). In addition, youth were asked to rate their level of agreement with the statement that they selected participants for meetings.

#### ***Team meeting frequency***

Team meeting frequency was assessed by an item concerning the number of meetings held over the past 6 months (“weekly”=4; “twice a month”=3; “monthly”=2; “every 2 months”=1; “less than every 2 months”=0).

#### ***Team composition***

Youth were asked to report the roles of individuals participating regularly in team meetings (i.e., at least half of meetings in the previous 6 months). Several response options were provided representing categories of supportive individuals. Specifically, youth were asked to indicate whether the following types of individuals attended, including (a) the youth; (b) the youth’s primary *caregiver(s)* (biological parent or other); (c) a *teacher* or other school staff member; (d) a *human service professional* from outside of the school, described as “a person from outside the school



who is paid to help (e.g., mental health provider, vocational rehabilitation counselor)”; and (e) an *informal support*, described as “a person from outside the school who is unpaid (e.g., friend of youth, family, neighbor, employer).” Where a teacher, human service professional, or informal support were identified, youth were also asked to provide additional information on these individuals, specifically, “the roles of the people, what they do for you, and why they were at your meeting” in order to help confirm that youth were placing individuals in correct response categories and help elucidate details regarding more specific functions and support provided by these individuals.

## **Procedure**

Following collection of informed consent, data were collected in one-on-one interviews conducted by the third author and the director of a local peer-operated organization for families of youth with SMHCs who was trained by the third author in the interview protocol. Interviews were conducted during regularly scheduled meetings with youth in the Fall of 2011 and Spring of 2012. After interviews were conducted, data were de-identified and then shared with the first and second authors for analyses.

## **Plan of analysis**

### ***Approach: profile analysis***

Descriptive analyses included calculation of means, standard deviations, and correlations for all study variables. Frequencies of various types of participants and combinations of regular team participants were also identified. Multivariate analyses of covariance (MANCOVAs) for repeated measures were used to examine relationships between participation of each type of team member (teachers, parents, and human service professionals) and youth perceptions of satisfaction and self-determination. While MANCOVAs are often used to examine differences in change over time, they can also be used for *profile analysis*,<sup>44</sup> a procedure comparing groups on patterns involving multiple contemporaneous measures (i.e., “profiles”). MANCOVA methods are preferred to univariate analyses of covariance (ANCOVAs) in cases in which analyses involve more than two measures, to prevent violations of the sphericity assumption (i.e., of equivalence of covariances among pairs of measures).<sup>43</sup> In the present analyses, each participant type served as a grouping variable (i.e., teams with teachers versus not, parents versus not, and human service professionals versus not). Resultant groups were compared on their YFIT subscale profiles through profile analysis tests, including tests of *flatness* (i.e., differences among measures, with groups pooled), *levels* (i.e., differences among groups, with measures pooled), and *parallelism* (differences among groups in patterns of measures, or profiles). These tests are analogous to ANCOVA tests of within-groups factors, between-groups factors, and within by between interactions, respectively.

### ***Profile analysis tests***

In the current study, five types of profile analysis tests were conducted, including a (1) flatness test; (2) levels test of grouping variables; (3) levels test of two-way interactions of grouping variables; (4) parallelism test involving single grouping variables (grouping variable by measure interactions); and (5) parallelism test involving two grouping variables (i.e., grouping variable by grouping variable by measure interactions). The first type of profile analysis test, the flatness test, examined differences among satisfaction, team processes, and self-determination ratings overall (i.e., the pooled YFIT subscales). The second type of test, a levels test, compared groups formed by the three grouping variables on their YFIT scores, testing differences between groups with regularly participating teachers versus not, parents versus not, or human service professionals

versus not. The third type of test, a levels test of two-way interactions of grouping variables, compared groups formed by possible combinations grouping variable values (i.e., the four possible combinations of participation versus not by one participant type and participation versus not by a second participant type, for teacher and human service professional, teacher and caregiver, and caregiver and human service professional participation). The fourth type of test, a test of parallelism, compared profiles by single grouping variables (i.e., teams with regularly participating teachers versus not, parents versus not, or human service professionals versus not). The fifth type of test compared profiles for groups formed by combinations of two grouping variables (i.e., teacher and human service professional, teacher and caregiver, and caregiver and human service professional variables).

### ***Covariates***

Covariates and covariate by measure interactions were also included, including those for (a) youth age, (b) frequency of team meetings (4 = weekly; 3 = twice a month; 2 = monthly; 1 = every 2 months; 0 = less than every 2 months), and (c) youth agreement with a statement that, consistent with RENEW model guidelines, they had selected their own teams. It was decided to include this covariate in the event that some youth may have felt coerced to include certain team members, which could affect relationships between members' inclusion and self-determination perceptions (e.g., youth might be more likely to feel coerced to include one type of role versus others, which would attenuate any positive relationship between inclusion of the role and self-determination ratings).

## **Results**

### **Descriptives**

Table 1 provides means, standard deviations, and zero-order correlations for all study variables. General satisfaction was the highest rated YFIT subscale, followed by self-determination and team processes. The average frequency of team meetings was just over two meetings per month ( $M=3.25$ , with 3 corresponding to two meetings per month and 4 corresponding to weekly). All scales were significantly associated with one another. Among the covariates in analyses, only the variable assessing the selection of team participants was significantly related to other indicators (specifically, team processes and self-determination but not general satisfaction).

### **Types of participants and support**

Table 2 shows frequencies of various combinations of parent, teacher, and human service professional participants on teams. All team meetings were led by youth and all included a transition specialist who co-led the meeting with the youth. At least one of the three types of participants (i.e., parents, teachers, human service professionals) regularly participated in most (84%) of the meetings. Roughly half (47%) of teams included caregivers. Nearly three-quarters (74%) of meetings including at least one formal support (i.e., teachers or outside professionals), 66% of meetings included teachers, and 52% included human service professionals. Just under one-quarter (21%) of teams included an informal support. Nearly half (47%) of teams involved two of the adult participants included in the analyses, including teams with caregivers and human service professionals, caregivers and teacher, and human services professionals and teachers (25, 42, and 31%, of teams with combinations of participants, respectively). Overall, then, a diverse range of participant types regularly attended meetings, including in school and external formal supports and caregivers, and almost half of the teams included regular



**Table 1**  
Descriptive statistics

Variable	M (SD)	1	2	3	4	5	6	7	8	9	10
Scales											
1. General satisfaction	3.27 (0.63)	–									
2. Team processes	2.74 (0.84)	0.662**	–								
3. Self-determination	3.01 (0.74)	0.351*	0.564**	–							
4. All scales	3.02 (0.61)	0.782**	0.875**	0.835*	–						
Covariates											
5. Team meet	3.25 (1.25)	0.137	0.073	0.261	0.231	–					
6. Team roles	3.08 (1.00)	0.212	0.335*	0.546**	0.471**	0.418*	–				
7. Age	17.42 (1.32)	–0.088	–0.063	–0.143	–0.162	0.039	–0.136	–			
Adults											
8. Caregivers	–	0.458**	0.522**	0.175	0.447**	–0.056	0.090	–0.046	–		
9. Teachers	–	0.288	0.230	0.038	0.225	0.086	0.240	0.073	0.386*	–	
10. HSP	–	0.355*	0.402*	0.500**	0.527**	0.194	0.100	0.033	0.216	0.071	–

Means, standard deviations, and correlations are for the entire sample ( $N=36$ ); pairwise deletion was used for missing data; sample sizes for descriptive statistics across the measures ranged from 35 to 36; correlations with dichotomous adult variables are point-biserial correlations  
*HSP* human service professional, *Team meet* frequency of team meetings, *Team roles* level of agreement with a statement that they had selected their own teams  
\*\* $p<0.01$ ; \* $p<0.05$

**Table 2**  
Team composition frequencies

	With caregivers	Without caregivers	With teachers	Without teachers
	18 (47%)	20 (53%)	–	–
With HSP, 15 (42%)	9 (25%)	6 (17%)	11 (31%)	4 (11%)
Without HSP, 21 (58%)	8 (22%)	13 (36%)	14 (39%)	7 (19%)
With teacher, 25 (69%)	15 (42%)	10 (28%)	–	–
Without teacher, 11 (31%)	2 (6%)	9 (25%)	–	–

All youth indicated that their specialists were part of their team; percentages reflect percent of youth out of the entire sample

HSP human service professional

participation from at least two of these adult participants, with less frequent participation by informal supports alone or in combination with other participant types.

Responses characterizing specific identity and functions of team participants showed that all caregivers participating in teams were biological parents, save one ( $N=1$ ; an adoptive parent). Among youth whose caregivers did not regularly attend (53%), most (85%) identified caregivers as biological parents; the remaining youth identified caregivers as foster parents ( $N=2$ ) or grandparents ( $N=1$ ). Youth provided more specific descriptions of the majority (80%) of school personnel regularly participating in meetings. School personnel were described as teachers in all but two cases (a case manager and a guidance counselor); thus, the remainder of the manuscript refers to teachers rather than school staff for convenience. Most (85%) were described as providing support to youth in achieving goals, including helping youth “stay out of trouble,” helping youth with class schedules to ensure they earned course credit, etc. Fewer (20%) youth with human service professionals provided a description of these participants’ roles or support they provided; however, where available, these descriptions were generally consistent with the definition provided for human service professional response option (i.e., a person from outside the school who is paid to help). Four youths described human service professionals as a service provider from service programs who assisted with goals, such as employment seeking, development of “independent living skills,” and acquisition of course credit. One youth identified a human service professional as an employee of a local organization (but did not describe the role).

Almost no details were provided on informal supports, the least frequently identified of the categories, and in the few cases where this information was provided, responses raised questions regarding whether youth had accurately interpreted the study definition of informal support (e.g., “UNH staff member”). Because of the relatively low frequency of informal support responses, and questions regarding accurate identification of these individuals, the informal support category was excluded from subsequent analyses.

## Relationships between team composition and satisfaction

### *Profile analysis tests*

Results of the MANCOVA are presented in the five panels of Table 3. As shown by panel 1 in the table (tests of flatness), ratings of self-determination, team processes satisfaction, and general

**Table 3**  
Team composition and satisfaction

	Wilk's lambda	Mean square	F	p	Eta-squared
1. Measures (flatness)	0.82	—	1.67	0.222	0.18
2. Individual adults (levels)					
Caregiver	—	0.20	1.41	0.253	0.08
Teacher	—	0.15	1.05	0.321	0.06
HSP	—	0.56	3.98	0.064	0.20
3. Combinations of adults (levels)					
Caregiver × HSP	—	1.48	10.45	<0.01	0.40
Caregiver × teacher	—	0.68	4.79	<0.05	0.23
Teacher × HSP	—	0.68	4.79	<0.05	0.23
4. Adults by scales (parallelism)					
Caregiver × scale	0.90	—	0.85	0.447	0.10
Teacher × scale	0.86	—	1.20	0.328	0.14
HSP × scale	0.82	—	1.63	0.229	0.18
5. Combinations of adults by scales (parallelism)					
Caregiver × HSP × scale	0.84	—	1.40	0.278	0.16
Caregiver × teacher × scale	0.99	—	0.09	0.917	0.01
Teacher × HSP × scale	0.90	—	0.81	0.465	0.10

HSP human service professionals, × “by”

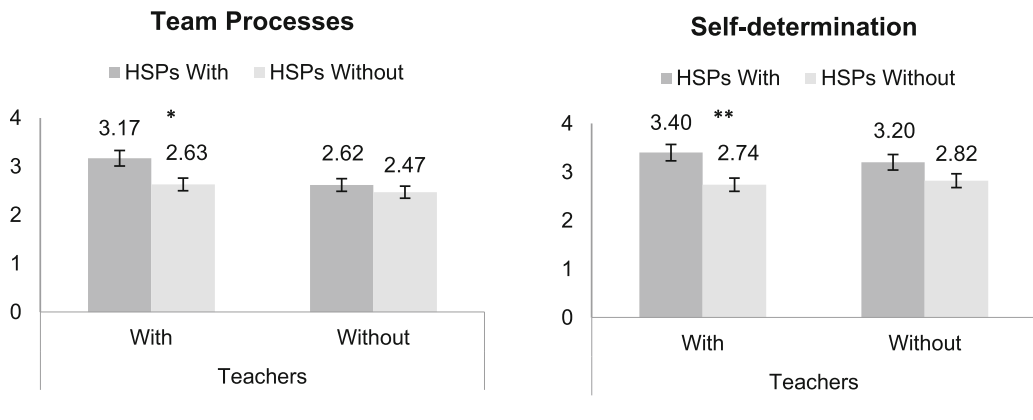
satisfaction did not significantly differ. Further, no main effects of participant type were shown (panel 2, Individual Adults Levels Test), save a trend-level effect ( $p=0.06$ ) for human service professionals. Tests of participant type interactions (panel 3, Adult Combinations Levels Test) were significant for all three possible pairs of participant types (i.e., caregivers and teachers, caregivers and human service professionals, and human service professionals and teachers). Thus, YFIT scales varied based on the presence of combinations of participants rather than individual participant types. Panels 4 (Individual Adult Parallelism Test) and 5 (Adult Combinations Parallelism Test) show that caregiver, teacher, and human service professional by measure effects were nonsignificant, as were all three-way interactions (i.e., caregiver by teacher by measure, caregiver by human service professional by measure, and teacher by human service professional by measure).

### Tests of simple effects

Figures 1 and 2 depict estimated means associated with the significant levels test of two-way interaction effects for teachers and human service professionals and caregiver by human service professionals, respectively. Simple effects were analyzed to assist in interpreting these patterns. In testing simple effects, two MANCOVAs were run for each of the two grouping variables associated with a given interaction, testing the effect of the grouping level at each level of the second grouping variable. For example, for the caregiver-human service professional interaction, the first pair of MANCOVAs tested the effect of caregiver participation in the presence and absence of human service professionals, and the second pair of MANCOVAs tested the human service professional effect in the presence and absence of caregiver participation. These tests were performed both multivariately (i.e., across YFIT scales) and for each YFIT scale individually.

**Figure 1**

Levels of the effects for human service professionals and teachers. Mean satisfaction values were estimated at the mean values of the covariates; means reported in the “Results” section are raw means. \* $p<0.05$ , \*\* $p<0.01$ ; error bars represent 95% confidence intervals. HSPs human service professionals



Tests of simple effects contributing to the teacher and human service professional interaction (Fig. 1) revealed significant relationships involving human service professionals where teachers were present, but not where teachers were absent. Specifically, where teachers were present, significant relationships were found between human service professional participation and team processes ( $F(1, 25)=5.04$ ,  $p<0.05$ ,  $\eta^2=0.20$ ), as well as self-determination ( $F(1, 25)=13.01$ ,  $p<0.01$ ,  $\eta^2=0.40$ ), with neither relationship present when teachers were absent. Given regular teacher participation, youth on teams with regular human service professional participation were significantly more satisfied than youth whose teams lacked human service professional participation on team processes ( $M=3.30$ ,  $SD=0.62$  versus  $M=2.52$ ,  $SD=0.73$ ) and self-determination ( $M=3.58$ ,  $SD=0.43$  versus  $M=2.60$ ,  $SD=0.77$ ).

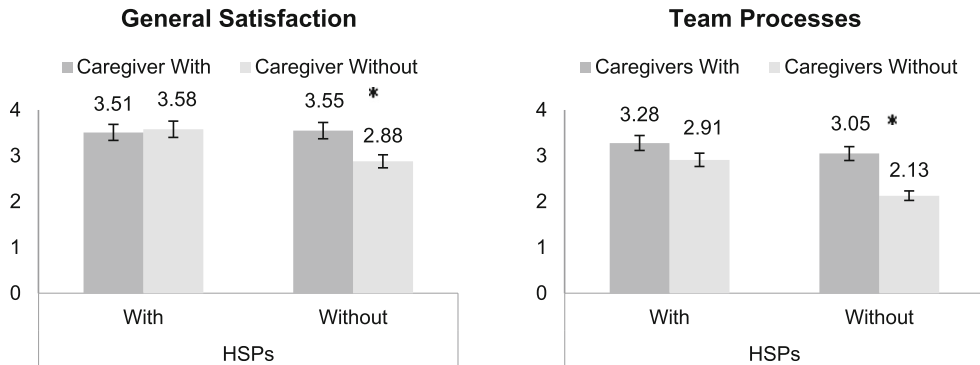
Tests of simple effects contributing to the caregiver and teacher interaction revealed significant effects involving caregivers where teachers were present, but not where teachers were absent. On teams with regular participation by teachers, caregivers' participation was related to team processes ( $F(1, 25)=22.36$ ,  $p<0.001$ ,  $\eta^2=0.53$ ), with this difference becoming nonsignificant where teachers were absent from teams. Given regular teacher participation, youth with caregivers on teams were significantly more satisfied with team processes ( $M=3.27$ ,  $SD=0.66$  versus  $M=2.27$ ,  $SD=0.54$ ).

Tests of simple effects contributing to the caregiver and human service professional interaction (Fig. 2) showed significant relationships involving caregiver participation where human service professionals were *absent*, including relationships with general satisfaction ( $F(1, 20)=6.31$ ,  $p<0.05$ ,  $\eta^2=0.30$ ) and team processes ( $F(1, 20)=6.36$ ,  $p<0.05$ ,  $\eta^2=0.30$ ). In the absence of regular human service professional participation, youth with caregivers on teams rated general satisfaction and team processes higher than those whose teams did not (for general satisfaction:  $M=3.53$ ,  $SD=0.45$  versus  $M=2.90$ ,  $SD=0.55$ ; and for team processes:  $M=2.96$ ,  $SD=0.68$  versus  $M=2.19$ ,  $SD=0.77$ ).

It is important to highlight the fact that some of the group comparison analyses in the present study involved very small sample sizes, and therefore, considerable caution in interpreting these results is warranted. In particular, six or fewer youths had regular team member participation from the following combinations of adult team member participation (or lack thereof):

**Figure 2**

Levels of the effects for human service professionals and caregivers. Mean values were estimated at the mean values of the covariates; means reported in the “Results” section are raw means. \* $p<0.05$ ; error bars represent 95% confidence intervals. HSPs human service professionals



presence of human service professionals and absence of caregivers ( $n=6$ ); presence of human service professionals and absence of teachers ( $n=4$ ); and presence of caregivers and absence of teachers ( $n=4$ ).

## Discussion

The present study is the first to examine differences in both youth self-determination and satisfaction with transition services as a function of team composition (i.e., presence or lack of regular participation by specific types of team members, including teachers, caregivers, and human service professionals). There appears to be agreement in previous research that wraparound principles apply to transition programs,<sup>7,25</sup> including the general principle of being “team-based”,<sup>38</sup> and some transition services approaches such as those following the RENEW model use wraparound team meetings as a component of services. To date, however, no study has examined the appropriateness of involving supports through team meetings in RENEW or other transition programs adopting this wraparound practice. The findings of the present study supported both the feasibility and benefits to self-determination and satisfaction of involving supports through teams in transition services. Feasibility was indicated by the regular participation in meetings by a diverse range of adult supports, including caregivers and formal supports, and individuals from both inside and outside of the school settings in which services were implemented. In turn, regular attendance by these types of participants was related to higher youth ratings of self-determination and satisfaction with services, though these benefits depended on the particular combinations of attendees involved.

### Implications of team composition findings

Descriptive analyses showed regular participation in meetings by both caregivers and formal (i.e., professional) supports, including school-based professionals (i.e., teachers) and those based outside of the school (i.e., human service professionals, such as mental health, vocational

rehabilitation personnel). Regular participation by two or more types of these individuals also occurred in nearly half of the cases. Given that data were collected in “real world” school-based settings (i.e., mainstream public secondary schools), these findings suggest that school-based transition programs can successfully facilitate regular participation by caregivers and by professionals from inside and outside of school settings. Participation of informal supports, by contrast, was relatively infrequent. Lack of informal support participation is common in wraparound programs.<sup>45</sup> Nonetheless, as with wraparound programs for younger youth, this would seem to be an area for improvement for wraparound implementation in transition services, especially given the critical role that nonrelated, unpaid “very important people”<sup>46</sup> can play among youth at risk for poor transition outcomes.

### **Implications of relationships between team composition and satisfaction**

The study hypothesized that youth self-determination and service satisfaction would relate to attendance by specific participant types (i.e., caregivers, teachers, and outside human service professionals) and combinations of types (human service professionals and caregivers, human service professionals and teachers, and caregivers and teachers). These hypotheses were only partly supported. Contrary to expectations, regular participation by specific types of supports was *not* related to satisfaction overall. Only combinatory effects were found, and these conformed to hypotheses only in some cases. Three *potentiating relationships* were hypothesized, where participant type combinations would relate to self-determination and satisfaction beyond the relationships with the participant types, including relationships involving (1) human service professionals and teachers; (2) caregivers and teachers; and (3) caregivers and human service professionals. Broadly, such relationships were thought to support the premise that teams are essential to wraparound implementation, as they required regular participation of multiple individuals with differing roles relative to the youth. Findings provided some support for the first two hypothesized potentiating relationships (i.e., human service professionals and teachers, and caregivers and teachers) but not the third (i.e., caregivers and human service professionals).

In the first relationship, teachers potentiated a positive association between human service professional attendance and two of the three youth variables examined, self-determination and overall satisfaction. This potentiating pattern is consistent with the anticipated benefits of human service professional team involvement, namely, that human service professionals (especially mental health professionals) can support youth in achieving more positive interactions with teachers where they directly interact with school personnel through regularly meeting teams. This pattern is also consistent with the aims of the wraparound process to coordinate activities across different settings or systems. The second pattern of potentiation, which involved only one scale (i.e., team processes), related to the combination of teachers and parents. In this relationship, regular attendance of teachers potentiated the effect of regular caregiver participation. This pattern is consistent with the literature on the effects of parent-teacher collaboration on youth educational functioning<sup>46</sup>; however, the finding is extremely tenuous given the fact that the effect extended only to youth satisfaction with team meetings, not perceived self-determination or overall service satisfaction, and was based on differences in ratings from groups with very small sample sizes (i.e., youth with caregivers but not teachers on teams).

The third interaction found, involving caregivers and human service professionals, failed to suggest potentiation (i.e., of caregivers’ regular presence by human service professionals or vice versa). Instead, a *mutually compensatory* pattern was observed, in which professionals’ regular attendance appeared to compensate for caregivers’ absence and vice versa. Specifically, the absence of caregivers was related to poorer satisfaction, but only where human service professionals were also lacking; conversely, where professionals participated, youth showed similar levels of service satisfaction regardless of caregivers’ participation. Similarly, professionals’ absence from meetings was related to poorer satisfaction, but



only where caregivers also failed to participate; when caregivers participated, youth showed similar levels of service satisfaction regardless of human service professionals' participation. Although this compensatory pattern was unanticipated, it is consistent with research showing improved long-term outcomes among at-risk youth given the consistent presence of a single long-term relationship with a supportive adult, regardless of kinship (e.g., a nonrelative, long-term mentor).<sup>47</sup> Regular meeting attendance by a nonschool professional (such as a mental health provider) may increase the likelihood that youth will have a stable, ongoing support for the duration of their program involvement (or beyond) in cases where caregivers are disengaged. Similarly, although human service professionals' participation was advantageous in many cases (e.g., as shown by potentiating relationships discussed earlier), caregivers' meeting involvement appeared to compensate for any lost benefits of where human service professionals did not attend meetings.

Of the three interactions found, the potentiating pattern involving teachers and human service professionals was the most consistent with the study hypotheses and, thus, the most clearly interpretable. This pattern provides support for use of wraparound to involve outside professionals in helping teachers or administrators address issues of youth in school (e.g., mental health or behavioral specialists providing assistance with school behavioral problems). Later in transition, during the early years of emerging adulthood, a similar rationale could be applied to fostering collaboration between outside professionals and postsecondary educational teachers and staff (e.g., in conjunction with institutional resources such as disabilities service offices or evidence-based interventions such as supported education programs), or supervisors and coworkers in employment settings.

Of the remaining two interactions, the unanticipated compensatory effect of professional participation would seem to have the more significant possible practice implications. Given that relationships between caregivers and youth tend to become more strained or disengaged as youth with SMHC enter late adolescence<sup>6</sup> (and the fact that in some cases, caregivers may be absent or abusive), it may sometimes be necessary to conduct teams without caregivers involved. Further, service models such as the model used for the present study, RENEW, stipulate that youth should choose participants for their teams, and in many cases, youth may opt to not include caregivers, especially at the outset of services. Conducting wraparound in the absence of caregivers would obviously be a major adaptation of the conventional "family-driven" wraparound approach.<sup>38</sup> The possibility of successfully using wraparound where caregivers or family are disengaged through participation by supportive professionals (i.e., outside of the facilitator, such as a mental health or vocational rehabilitation professional) would enhance the flexibility of the wraparound model in transition service settings and should be examined in future studies. The interaction of caregiver and teacher participation, which was related to only one of three YFIT scales (team processes), should also be investigated further to better determine the nature of this pattern and how it might impact wraparound implementation.

## **Limitations and future research**

The current study makes a unique contribution to the literature on transition services, providing early evidence on how team composition relates to youth self-determination and satisfaction in transition programs that use wraparound teams. Given that the study is a cross-sectional analysis of youth-reported data, caution should be exercised in making inferences regarding the mechanisms underlying its findings. This is especially the case given the fact that in the RENEW programs examined, youth select participants for their wraparound teams. Thus, rather than being due to team composition, differences in self-determination and satisfaction might result from factors driving youth's team composition choices (e.g., better relationships with caregivers, teachers, or outside professionals that predate their enrollment in the transition programs).

The study's sample size is also problematic, limiting power to detect small effects that otherwise would aid in interpreting findings. For example, the profile analysis approach used permits testing

of differences in effects among specific outcomes (i.e., in the present study, two- and three-way interactions involving YFIT scales and grouping variables). However, such interactions (particularly the three-way interactions) would be expected to be extremely difficult to detect given the small sample size, especially in light of the moderate to large relationships between YFIT scales (as high as  $r=0.66$  for the relationship between general and team processes satisfaction). Because of the importance of self-determination in the literature on transition services for youth with disabilities,<sup>48</sup> as well as the RENEW theory of change,<sup>37</sup> testing with larger samples of how relationships of team composition with self-determination differ from composition and service satisfaction relationships could improve understanding of older youth's experiences on wraparound teams.

In addition to limitations in examining team composition effects at the level of the specific youth and team, the current study also could not examine how contextual factors contribute to or moderate the effects of team composition. Possible contextual variables worthy of consideration include particular features of the RENEW model (and fidelity to these features), unique characteristics of specific programs and their settings (e.g., schools' climate, size, culture, resources), and demographic, geographic, and cultural features of the communities served.<sup>49</sup> Samples at the participant and school levels of analysis (school  $N=7$ ) were too small to specifically examine the extent to which they functioned as moderators. A related methodological problem was nonindependence of sample participants due to nesting of participants within schools (i.e., greater similarity of students within than across school settings). Although a common (and often unacknowledged) feature of school-based research, nonindependence of effects due to organizational nesting can bias significance tests.<sup>50</sup> Future research with larger overall and setting specific samples could more adequately address such issues through appropriate techniques for handling nested data (e.g., multilevel modeling).<sup>51</sup>

It should also be noted that the findings of the present study directly pertain to school-based programs, and thus, implications are less certain for transition services in other types of settings such as mental health centers or juvenile or criminal justice facilities, where transition programs using wraparound approaches have also been implemented.<sup>52,53</sup> In addition to the unique and potentially formidable barriers found in these other settings (e.g., difficulties of juvenile and criminal justice settings in facilitating collaboration with outside professionals), populations served by these settings would be expected to differ from those of school-based programs in critical ways. For example, mental health centers may serve older youth than secondary school settings in some cases (e.g., those in the adult system). Youth later in the transition period or "emerging adults"<sup>54</sup> would be expected to have differing needs and challenges than younger, school-based youth. Future research should examine such variations by setting a service population in relationships between team composition, levels of youth self-determination, and satisfaction. The study findings also underscore the potential contribution of adapting wraparound teams to the developmental needs of youth transitioning to adulthood, but to confidently demonstrate the impact of such an approach, a definitive efficacy trial involving randomization at individual and/or school levels or similarly rigorous methods is needed.

Finally, the findings in this study were based on measurement of satisfaction using an instrument that had not been previously validated. Cross-validation of the psychometric properties of the YFIT in future research will enhance confidence in its use to assess youth self-determination and satisfaction in future research on transition services.

## **Implications for Behavioral Health**

The present study provided a first demonstration of the feasibility and benefits of involving supports through wraparound teams in school-based transition services. Findings showed that school-based transition services can facilitate regular participation by caregivers as well as by school and outside service professionals, even where such participation is not mandated (i.e., as in

RENEW programs). Results also indicated that generally, broader involvement in teams (i.e., participation of combinations of role types rather than individual types) is associated with better youth self-determination and satisfaction with services, at least in school-based settings. The study design did not include widely used measures of youth improvement in school-based transition services including enrollment (or delayed dropout), decreases in disciplinary events, grades, and behavioral functioning (e.g., the Child Assessment of Needs and Strengths).<sup>55</sup> Youth self-determination and service satisfaction have been previously linked to such outcomes, however.<sup>37</sup> Furthermore, youth self-determination and service satisfaction has been identified as problematic for programs serving transition-age youth, including wraparound programs.<sup>5,7</sup> Current findings show how these areas might benefit from developmentally appropriate use of wraparound, where diverse supports are involved in meetings, in the context of specific strategies such as Futures Planning to protect youth's sense of autonomy on teams. With higher levels of autonomy and related satisfaction with team and broader service processes, outcomes such as youth employment, education, and behavioral functioning would also be expected to improve.

Though a definitive test of the wraparound approach for youth transitioning to adulthood is still lacking, rigorous evidence of intervention efficacy remains unusual in the transition services literature,<sup>56</sup> and no tested interventions for transition services exist encompassing the broad range of populations, settings, and specific problems addressed by wraparound. Given this state of the evidence, it is recommended that transition service providers build on the encouraging findings of the present research by pairing considerations of *if* wraparound is appropriate with *how*. In this regard, study findings suggest that in the context of a model such as RENEW tailored to developmental needs of older youth (e.g., through developing Futures Plans before meetings, having youth select meeting participants), the conventional wraparound practice of involving a broad variety of supports through formal team meetings can lead to increased satisfaction, greater self-determination, and better outcomes among youth in transition services.

**Conflict of Interest** The authors have no financial interest related to the outcome of this research and have no potential conflicts of interest.

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