What Families Should Know About High Fidelity Wraparound

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Questions on wraparound

- What is wraparound and why do we think it is important?
- Is it important to do wraparound “right”?
- How do we know if we’re doing wraparound “right”?
- If high-quality (or “high-fidelity”) wraparound is important, how do we achieve it?
Continuum of behavioral health service levels

- Most Intensive Intervention Level: 2% Full Wraparound Process
- Targeted Intervention Level: 3%
- Prevention and Universal Health Promotion Level: 80%
- More complex needs
- Less complex needs

Targeted and Individualized Services
Wraparound Process

*System of Care values applied to families who need individualized, intensive care management*

- Engaging the family in treatment
- Learning about the family’s strengths, needs, and culture
- Engaging and leveraging community-based and natural supports
- Convening/running an interdisciplinary team
- Planning and implementing a set of services specific to the strengths needs of the family
Wraparound Process

System of Care values applied to families who need individualized, intensive care management

- Setting goals and brainstorming strategies to meet them
- Determining indicators and measuring outcomes
- Continually revising care plans based on evidence for their effectiveness
- Celebrating successful transitions
Origins of Wraparound

- Kaleidoscope, Chicago – Karl Dennis
- Alaska Youth Initiative – John VanDenBerg
- Project Wraparound, Vermont – John Burchard/Richard Clarke

- Wraparound Milwaukee
  - Most widely cited example currently, serving over 700 kids referred and supported by all major child serving agencies
Wraparound Value Base

- Build on strengths to meet needs
- One family-One plan
- Increased parent choice
- Increased family independence
- Care for Children in context of families
- Care for families in context of community
- Never give up
Wraparound

**Definition**

- Through the wraparound process, a family and their team develop, implement, and fine-tune an plan of care that is individualized to achieve positive outcomes for the family.

- A set of 10 statements known as the *wraparound principles* defines the philosophical base for wraparound and guides the activities of the wraparound process.
Wraparound Process

*Principles*

1. Family-driven
2. Team-based
3. Collaborative
4. Community-Based
5. Culturally Competent
6. Individualized
7. Strengths based
8. Natural Supports
9. Unconditional
10. Outcome based
Common misapplications of “wraparound”

- Wraparound is not a “service”
- Wraparound is not case management
- Wraparound is not simply what occurs with a new funding source or the availability of flexible dollars
- Wraparound is not merely any service or support that is not typically reimbursable
  - E.g., respite care, karate lessons, or transportation
Wraparound is an alternative to the typical “three-step” process…

1. Assess problems, assign a diagnosis
2. Look around for the services that are available…
3. Plug services into the family
   – Services reflect what’s available and reimbursable rather than what’s really needed
Prevalence of “Wraparound”

- Estimated 200,000 youth engaged in services delivered via Wraparound approach (Faw, 1999)
- Recent survey found 42 of 46 State Mental Health liaisons report Wraparound approach being used in their state (Burchard, 2002)
- Majority of CMHS-funded Systems of Care sites report utilizing Wraparound approach
Why we need clear guidelines for Wraparound

- Currently, “values speak” substitutes for concrete practice steps
- Many things are referred to as Wraparound
- Wrap lacks consistent standards, description of provider practices, and accompanying measures
- Results in
  - Confusion for families, staff, communities
  - Many programs achieving poor outcomes
  - More frustration and fragmentation
  - A poorly developed research base overall
One National Review of Wraparound Teams Showed

- Less than 1/3 of teams maintained a plan with team goals
- Less than 20% of teams considered >1 way to meet a need
- Only 12% of interventions were individualized or created just for that family
- All plans (out of more than 100) had psychotherapy
- Natural supports were represented minimally
  - 0 natural supports 60%
  - 1 natural support 32%
  - 2 or more natural support 8%
- No meetings included a supervisor observing to assure high-quality practice

(Walker, Koroloff & Schutte, 2003)
A Lack of Outcome Studies

In peer reviewed publications

- Nine pre-post studies
- Three quasi-experimental studies
  - Two longitudinal studies comparing comparable groups
  - One within-subjects multiple baseline study
- Two randomized clinical trials
- No implementation or fidelity measures employed in any of the studies
  - High levels of uncertainty about the model used
  - Not able to conclude what the results mean
Why we (still) think wraparound is important

- Wraparound was a response to overly professionalized and restrictive services
- Systems of care values demand that care management be provided to families with children who need intensive service and supports
- President’s New Freedom Initiative demand care that is individualized to meet the family’s needs
- FAMILIES LIKE IT!!!
Why we (still) think wraparound is important

Research has found poor outcomes for treatments (including “evidence-based practices”) delivered in “real world” settings

- Families don’t think treatments they get are relevant
- Lack of “fit” between family needs and actual services/supports received
- Lack of full engagement of families

Families with children with SED have particularly complex needs and need individualized care to meet these needs and achieve children’s goals
OK, so HOW DO WE KNOW if we are doing high-quality wraparound?
“Treatment fidelity”

“The extent to which a treatment or intervention is delivered as intended”
– In other words, “doing it right”

For the Wraparound Fidelity Index, this means following the 10 principles of wraparound
– In other words, “playing by the rules”
Measuring the quality of wraparound

- Look at plans of care
- Have wraparound facilitators and team members fill out activity checklists
- Sit in on and observe team meetings
  - Wraparound Observation Form (WOF; Epstein et al., 1998)
- Ask the people who know best – parents, youth, facilitators, program heads
  - Wraparound Fidelity Index (WFI; Suter et al., 2002; Bruns, et al., 2004)
National practice in Wraparound

WFI Scores across Elements and Respondents (N=404 families)

[Bar chart showing scores across various elements and respondents, with categories including TOTAL WFI, Voice/Choice, Family Team, Comm-Based, Cultural Comp, Individualized, Strength-Based, Natural Suppts, Continuation, Collaboration, Flex/Resources, Outcome-Based, with data points for Resource Facilitator, Caregiver, and Youth.]
Observations from national application of the WFI

- Responses differ by perspective
- Parents are better evaluators of fidelity
  - Their scores vary more across sites
  - Their scores are better associated with what we know about the quality of wraparound in their site
  - Their scores relate more closely to outcomes
- Youth are the toughest raters of all!
Lessons learned from fidelity studies

- Teams need to incorporate full complement of important individuals on the wraparound team.
- Teams need to engage the youth in community activities, activities the youth does well, or activities that will allow him or her to develop appropriate friendships.
- Teams need to better use family/community strengths to plan and implement services.
- Teams need to engage and rely more on natural supports, such as extended family members and community members.
- Teams need flexible funds to help implement innovative ideas that emerge from the ongoing team planning process.
- More consistent outcome & satisfaction assessment needed.
Initial Pilot Test of the *WFI*

Feedback to sites: Example

The Picture of Wraparound: Resource Facilitators’ Mean scores for the four items on the *Youth and Family Team Element*

<table>
<thead>
<tr>
<th>Item</th>
<th>True</th>
<th>Partly True</th>
<th>Not True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. There is a representative from a professional agency on the team</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>B. The child/youth is a member of the team</td>
<td>14</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C. There is a friend or advocate of the child/youth or family who is a member of the team</td>
<td>7</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>D. All major decisions are made by the parent with input from relevant team members</td>
<td>12</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>
Is fidelity to wraparound important to achieving outcomes?
Wraparound Fidelity and Outcomes Study

Did Better Wraparound Fidelity Predict Better Outcomes?

Behavior (CBCL)  yes**
Functioning (CAFAS)  no
Restrictiveness  yes**
Overall satisfaction  yes*
Satisfaction with child’s progress  yes**

**p<.05; *p<.1

Bruns, Burchard, Suter, Leverentz-Brady, & Force, in press
(Journal of Child and Family Studies)
Vroon VanDenBerg Fidelity Study

Did High Fidelity Staff Achieve Better Family Outcomes?

Increased family resources  yes
Child behavior (CBCL)  yes
Child functioning (CAFAS)  yes
Residential Restrictiveness  yes
Educational outcomes  yes

**p<.05; *p<.1

Rast & Peterson, 2004 (Proceedings of the 2004 System of Care Research Conference, Tampa, FL)
Low- vs. high-fidelity wraparound in AZ: Family resources

FRS measures a caregiver’s report on the adequacy of a variety of resources (time, money, energy, etc.) needed to meet the needs of the family as a whole, as well as the needs of individual family members. Group average on the scale of 1 – 5 1 = Not at all adequate 5 = Almost always adequate
Low- vs. high-fidelity wraparound in AZ: Child Behavior

- Low Fidelity Staff
- High Fidelity Staff

Time Frame:
- Intake
- 6 Months
- 12 Months

Graph showing the comparison of child behavior over time for low and high fidelity staff.
How do you get to “high fidelity”?
Things you need, part 1: A well-understood wraparound model

...So we can be sure to support it, train to it, supervise to it, and measure it...
Phases of wraparound

*From the National Wraparound Initiative*

- Engagement and team preparation
- Initial plan development
- Implementation
- Transition
Things you need, part 2: Supports from the system and the host organization

…*Because without adequate supports, teams will not be able to achieve the promise of wraparound*
Three levels of support for wraparound

- **Effective Team**
- **Supportive Organization** (lead and partner agencies)
- **Hospitable System** (Policy and Funding Context)
Five categories of necessary conditions for wraparound

1. **Wraparound practice**— *Do we understand wraparound and do it in keeping with the wraparound principles?*

2. **Collaboration/Partnerships**— *Do we work together flexibly and cooperatively?*

3. **Capacity building/Staffing**— *Do we have the right jobs and working conditions?*

4. **Acquiring services and supports**— *Do we provide the services and supports teams need?*

5. **Accountability**— *Can we be sure we’re doing a good job?*

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SOURCE: Portland State Research and Training Center on Family Support and Children’s Mental Health www.rtc.pdx.edu
National study of wraparound supports

Greater level of system and program supports leads to better wrap fidelity

Bruns et al., 2004 (Proceedings of the 2003 System of Care Research Conference, Tampa, FL)
Things you need, part 3: Staff development and ongoing support

…Perhaps the most important support that can be provided by the system and host organization
Staff development towards WA fidelity (Vroon VanDenBerg)

1. Baseline

2. Training
   - Policy and Procedures
   - 4 Day Basic Training

3. Wrap Fidelity Implementation
   - 4 Day Supervisory Training
   - Coaching
   - Certification
   - Quality Mgt

4. Follow-up as needed
Evidence for the importance of ongoing staff development

Phase in Wraparound Fidelity Process

Source: Rast & Peterson, 2004
Summary: What leads to outcomes?

1. Program and System Supports, *including training/QA*
2. Adherence to WA Principles in service delivery
3. Improved Child and Family Outcomes
Overall:
Getting to high fidelity wraparound

- Work with the stakeholders to problem solve around the system issues
- Work with your providers and team members to support them to do high-fidelity wraparound
- Keep collecting the data that tells the story of success for your program and your families
Discussion:
The role of family members in getting to high-fidelity wraparound

- For your family
- In your community
- At the national (and international) level
Resources and websites

- National Wraparound Initiative: www.trc.pdx.edu/nwi
- Wraparound Fidelity Index: www.uvm.edu/~wrapvt
- Walker, Koroloff, Schutte monograph on Necessary supports for ISP/wraparound: www rtc.pdx.edu
- Vroon VanDenBerg, LLC: www.vroonvdb.com
- John VanDenBerg’s web-trainings: http://www.air.org/cecp/wraparound/default.htm
- Focal Point issue on Quality and Fidelity in Wraparound: http://www.rtc.pdx.edu/pgFocalPoint.shtml