The National Wraparound Initiative:
Exploring and building consensus for wraparound's principles and practice

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Keep updated... and help us do our work better

Having your email lets us...

• Keep you updated on the progress of the work we’re presenting today (and related news). We do this through monthly *rtcUpdates* and the *NWI News*.

• Evaluate our work and show our funders that what we do has an impact. We do this using *very brief* internet surveys.

We do not share your information with anyone!
A need for evidence

Within children’s mental health, increased focus on promoting use of evidence-based practices

In turn, drawn attention to need to increase number of EBPs, particularly those that are effective with diverse populations in usual-care community settings

For children with severe emotional/behavioral disorders, focus on community-based interventions as alternative to institutional care
Developing evidence of effectiveness

Criticism of “traditional” models for developing interventions and evidence

Emphasis on internal validity may result in interventions that are not “transportable” to usual-care settings with diverse populations and heterogeneous problems
With the result that interventions...

May not fit usual-care settings due to difficulties related to
- resources
- flexibility
- attractiveness/acceptability to providers/clinicians
- acceptability (engagement, adherence) to children and families
Suggested remedies

New models for building evidence: effort to bridge the science-to-service gap with practices that are developed/refined/tested in community settings.

Models focus on enhancing external validity, yet still moving in an orderly fashion from intervention design and manualization to studies of efficacy and then effectiveness.
Disorderly development

Challenge to this orderly process presented by interventions—like wraparound—already widely practiced in community settings.

Practice has evolved to fit within community settings:
- unstandardized, challenge to build evidence
+ survived/adapted to diverse contexts, delivered with existing resources, acceptable to clinicians and families

Wraparound—studies and program evaluation
Practice-based evidence?

Rigor (of EBP) + Relevance (of PBE):

How to capitalize on/build evidence base for an apparently successful model without sacrificing what has led to apparent success and adaptability?

- Is there agreement/consistency beneath diversity (Is there a model that’s testable)?

- What can be developed out of this information that can be of use to stakeholders?

- How to increase likelihood that products/information will be perceived as legitimate/authoritative?
How to do this?

Engage stakeholders—particularly those who have worked with/developed well-operationalized practice models and/or programs with evaluation showing positive outcomes

- Initial National Wraparound Initiative meeting
- Broader stakeholder group with open membership

Transparent process—web-based

- Delphi-inspired
- Rating, comments
- Possible iterations to build consensus
First steps...

Revise the principles so that each expresses a single aspect of the philosophy at the practice level.

Develop a description of practice in terms of constituent activities and outputs:

- Specific enough to permit fidelity measurement
- Flexible enough to accommodate diverse techniques, tools, methods
Characteristics of advisors*

~1/3 family members

Race/ethnicity (self-described):
  • 84% White or mixed race/ethnicity white
  • 8% African American
  • 4% Hispanic
  • 2% mixed race/ethnicity nonwhite
  • 2% Asian

* Currently 53 “active” members who have participated in at least one activity
Characteristics, continued...

Among those with professional experience (facilitation, supervision, and/or administration),
- Mean years experience 8.2

Among those with family/advocacy experience (own team, child’s team, advocate on teams)
- Mean years experience 9.4
Principles... round 1

Rating: Principle as phrased is fine, acceptable (needs minor modification in wording), or unacceptable.

Comments

21 (of 33 then-active) advisors provided feedback:
- 0-1 “unacceptable” ratings for 6 principles
- 2 (9.5%) “unacceptable” family voice, collaboration, persistence
- 3 (14.3%) “unacceptable” for cultural competence
Principles... round 2

Round 2: 32 of 43 then-active advisors participated (but only 16 provided feedback in both rounds)

- 3 (9.7%) ratings of unacceptable for team based, culturally competent, and persistence
- 4 (12.9%) ratings of unacceptable for family voice
Ratings of Principles: Round 2

- Voice and choice
- Team based
- Natural support
- Collaboration
- Culturally based
- Community based
- Individualized
- Strengths based
- Persistence based
- Outcome based
- OVERALL

- Unacceptable
- Minor changes
- Fine
Real areas of tension...

Difficult to do justice to complex concepts in 1-2 sentences; point to areas of disagreement that had been to some extent glossed over

Implications for SoC and models that rely on collaboration/consumer empowerment
- Balance of power: family/provider; family/family; adult/youth; family/custodial agency
- Cultural competence
Phases and activities

Core group (6 researchers, trainers, family) reviewed existing manuals and trainings (>12)

First version of activities grouped into four phases
- Engagement
- Initial plan development
- Plan implementation
- Transition

Review and endorsement by additional 10 advisory group members with highest levels of experience (especially including those involved with well-regarded/researched programs)
Phases and activities: task

Revised model distinct from any in existing manual; however no completely novel activities

Via email, whole advisory group invited to rate
1. Activity is essential, optional, inadvisable
2. Description is fine, acceptable, unacceptable

Also open-ended feedback on each activity and on each phase
Ratings of phases/activities

30 of 50 then-active advisors participated

High level of agreement:

- For 23 of the 31 activities, there was unanimous or near-unanimous (i.e., one dissenter) agreement that the activity was essential
- All respondents rated the description acceptable for 20 of the 31 activities
Impact

Personal communications indicate that several national trainers and several states are realigning their training to reflect phases/activities.

Large amount of traffic to website

www.rtc.pdx.edu/nwi
Next steps

One more round on the principles with explication- Can there be a greater level of consensus?

Development of tools
- Family guide
- Aids for accomplishing the activities: techniques, structures, procedures
- Description of expected products for certain steps
- Revised fidelity measures

Testing/Replication
Funds to support this activity come from The Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services; The National Institute on Disability and Rehabilitation Research, U.S. Department of Education; ORC Macro, Inc.; The Center for Medical and Medicaid Services; The Maryland Department of Juvenile Services and Governor’s Office of Crime Control and Prevention; and The National Technical Assistance Partnership for Child and Family Mental Health.