Section Five: The VVDB Theory of Change

A theory of change describes why something is expected to work. It begins by clearly stating what is being done and then why this impacts results. The VVDB theory of change for wraparound tells us why wraparound works and why it is different from other services and processes. It also sets expectations for what we want to accomplish with families.

The formal theoretical foundation of the wraparound process builds from Maslow’s hierarchy of needs (1970); Bandura’s theory of self-efficacy (1977); Bronfenbrenner’s theory of human ecology (1979); and integration of plans, services and supports across the family. Simply put, the theory of change for wraparound is:

Meeting the basic needs and strengthening the social networks of children with severe mental health challenges and their families while enhancing their belief that they can create a successful future, will result in good or at least improved lives. This will be further enhanced by integrating their services and supports into a single plan of action.

The first component of this theory of change is that wraparound helps the youth and family identify the needs that are most important to them (voice) and then focuses efforts in helping them to meet these needs (choice). The second component is helping the youth and family to develop the skills and confidence to believe they can do this successfully and continue to do it after the wraparound ends. The third component is helping them to develop and strengthen the natural support networks that can help them meet these needs and sustain the youth and family in the future. Families with complex needs often have multiple and competing plans and service providers and supports. Bringing these together into a single and simplified plan will greatly improve their prognosis of success.
Youth and Family Prioritized Needs. The first component of the theory of change reframes Maslow’s hierarchy of needs by saying —addressing the needs which are most important to the youth and family will improve their engagement and lead to good outcomes. There are many things the Care Coordinator and Family Partner may do to ensure that wraparound focuses on the needs that the youth and family prioritize. They may help the family to articulate a long range vision and from this identify the needs that are most important to achieve their vision. They may help them frame concerns as needs instead of solutions or services. The Care Coordinator and Family Partner can ensure the team listens to the family and supports their choices as to priorities for the needs. They can have ongoing conversations with the youth and family to ensure the priority needs are being met and to help them identify emerging needs as the process unfolds.

Self-efficacy is the belief in one’s ability to plan and carry out the courses of action that will work. It is the belief you can make a difference and can be successful in what you try to do. Self-efficacy plays the central role in cognitive regulation of motivation, because people regulate the level and the distribution of effort they will expend in accordance with the effects they are expecting from their actions. People will be more inclined to take on a task if they believe they can succeed. People with high self-efficacy are more likely to expend more effort, and persist longer, than those with low self-efficacy. Low self-efficacy can lead people to believe tasks are harder than they actually are. This often results in poor task planning, as well as increased stress. Observational evidence shows that people become erratic and unpredictable when engaging in a task in which they have low self-efficacy. On the other hand, people with high self-efficacy can conceptualize and try more options in order to take the best route of action.

Natural Support Systems. The theory of Human Ecology (Bronfenbrenner, 1979) emphasizes the importance of social influences on human development and functioning. Many research studies (see references in resource manual) demonstrate that people with reliable natural support systems are healthier, happier, and have more positive outcomes than people with fewer natural supports. Children are influenced by their parents and the people who play important roles in their lives. In turn, these people are influenced by the interrelations of their families, social networks, neighborhoods, communities and cultures. When parents have networks of family members and friends who share a commitment to the child, for example, parents’ efforts to care for the child are enhanced. One of the central aspects of the theory is that the impact of the child-parent relationship on outcomes for the child is directly related to the relationships the parent has had with others. Other relationships for the parent that are supportive and are supportive for the child-parent relationship strengthen the impact on the child.

Integration of Efforts. Many families often have complex and multiple needs that require support from numerous different agencies. Wraparound is a process of bringing all of those providers together with the purpose of developing an integrated and simplified plan for the whole family, with the family driving the process.

The theory of change is not just an academic exercise but should guide decision making by the Care Coordinator and Family Partner as they implement the wraparound process. These questions may be the most important guide for Care Coordinators and Family Partners as they implement wraparound. They should continually ask:

Have we identified and are we working on the needs that are most important to the family?
How does what I am doing now impact the confidence and ability of the youth and family to get their own needs met?
How does what I am doing support building and strengthening the natural support system for the youth and family?

Are the plans for the family integrated and reasonable for them to implement?

By continually asking these questions and individualizing the process to get good answers, we will achieve the most success in wraparound.

**How the Theory of Change is achieved in the Phases of Wraparound**

Let’s look at how the *Theory of Change* is addressed in each phase.

In the **engagement phase**, we begin by helping the family to identify their own needs in each activity. We begin by asking them to tell us the concerns that have brought them to wraparound and describe how wraparound can address their unique concerns and needs. We also help them identify any immediate physiological or safety needs and support when in immediate crisis stabilization. During the strengths, needs and culture discovery (SNCD), we help the family articulate their long-range vision and prioritize their needs for help to achieve it. We focus on self-efficacy from the beginning. As the Care Coordinator explains the wraparound process, he or she will describe his or her experience and the successes other families with similar concerns have had with wraparound. This has been shown to improve confidence in the family that wraparound will work for them too. The focus on strengths in the SNCD improves confidence by showing that they are already doing many things well. As we do crisis stabilization and the SNCD, we begin to identify natural supports and then engage some of these natural supports in the process as team members. As we do the SNCD we also identify all of the other current and future service providers and engage these people in the process of developing an integrated plan.

During the **planning phase**, we help the team identify and plan for the needs that are most important to the youth and family. We set short, achievable objectives so the youth and family achieve success, which increases their confidence that they can be successful, and prepares them to successfully manage some parts of the process. We engage the natural supports in the planning process and include action steps for how they are helping achieve the goals for the plan. We integrate all of the plans into a single plan and work with all providers to ensure the plan is manageable and that natural supports do follow through on services.

In the **implementation phase**, we focus on ensuring the plan continues to address the most important needs and that it is successfully doing so. We add emerging needs to the plan over time. Success by the youth and family builds self-efficacy and staying on top of things better ensures success. Supporting the natural supports and providers in the efforts to implement the integrated plan strengthens the natural support system and integration.

**Transition** recognizes that families will have ongoing needs and addresses those through the ongoing transition and crisis plan. Recognizing successes and lessons learned and transferring the process to the family further builds self-efficacy. We transfer control of the wraparound process to the family and their natural supports and they continue the process of integrated planning.