From a commonsense perspective, it is not surprising that Wraparound has become one of the most popular strategies for implementing the system of care philosophy for children with serious emotional or behavioral disorders. Wraparound, also known as Individualized Service/Support Planning or ISP, is built around a vision that has straightforward appeal. A team is formed around a child and family who are struggling to stay safe, stay together, and maintain everyday life and functioning. Included on the team are people who have a stake in seeing the family succeed: family members, service providers, and members of the family's natural and community support networks. These people come together to create, implement, and monitor a plan that will help the family realize its vision for a better life. The plan that is produced, as well as the planning process itself, is culturally competent and community and strengths based.

This vision of Wraparound/ISP is compelling. In fact, the recently released final report from the President’s New Freedom Commission on Mental Health includes as one of its major recommendations that every child with a serious emotional disturbance should have a family-driven, individualized plan of care. It turns out, however, that the “simple” vision of Wraparound is very difficult to achieve. High quality Wraparound requires team members to work together in ways that are often radically different from what they are accustomed to. And it is not just team members who must learn new ways of working. The agencies and larger systems within which the teams operate must also increase their collaboration and flexibility. What makes this particularly challenging is that there is little formal agreement about exactly what these new ways of working together look like, either at the team level or at the higher levels of implementation. There is no single set of guidelines or standards that can be used to definitively distinguish high quality Wraparound implementation from “wannabe” Wraparound. Without such standards or guidelines, Wraparound team members and programs have difficulty knowing what they are doing well, and what they need to improve in order to achieve the ideal as presented in the Wraparound vision. Without the ability to distinguish between high quality implementation and not-so-good implementation, it also becomes very difficult to conduct research that provides evidence for the effectiveness of the Wraparound approach.

At the same time, it is clear that there are Wraparound teams and programs that are effective, and that have had a significant positive impact on the lives of many young people and their families. Families disillusioned and disappointed with other service delivery approaches have said that Wraparound helped turn their lives around, giving them new hope, new strategies, and new solutions. If this kind of successful experience is to be repeated on a larger scale, we need to be able to describe exactly “what it takes” to do Wraparound right.

The authors of the articles in this issue of Focal Point represent a spectrum of Wraparound’s stakeholder groups—family members, service providers, trainers, and researchers. From their different perspectives, they discuss the issues of quality and fidelity. What is striking is the extent to which these perspectives converge in their descriptions of successful practice and implementation. This Focal Point issue is evidence that substantial progress is being made in bringing a clearer focus to the Wraparound vision.

Janet S. Walker is Associate Director for the Research and Training Center and Editor of Focal Point.

Eric Bruns is a clinical psychologist and an assistant professor at the University of Maryland School of Medicine in Baltimore. His research focuses on community-based interventions for children and families.