

Collaborative Adventures

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Family Voice and Choice in the Wraparound Process: Successes and Challenges in Collecting Reliable Outcome Data

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The grass roots nature of wraparound is what drives many family members and organizations to support the process. People don't like to feel as though someone is going to step into their lives and implement a cookie cutter approach to their unique circumstances. The use of team members and a vast array of community resources to craft individualized wraparound plans, coupled with a strengths based approach can keep families coming back, and taking on an ever increasing role in plan development and execution. However, it's this "do what works for us" approach that drives some researchers nuts. Dr. Eric Bruns, Co Director of the National Wraparound Initiative states in the Resource Guide to Wraparound *"Since no one 'owns' wraparound, the model does not have the same systematic development and testing history as other evidence-based practices, which are often guided through developmental stages by researchers with a significant stake in finding the model to be effective. In contrast, wraparound has been created by family members and providers whose first priority is not to oversee rigorous research projects but to do whatever it takes to help families in their community."* (Bruns, 2008, p.2)

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Dr. Eric J. Bruns, Co Director, National Wraparound Initiative, Resource Guide to Wraparound.

Still, systems of care that use the wraparound process continue to develop around the world, with the enthusiastic support of families, service providers, and communities in general. Family testimonials have been crucial in spreading the word about the power of family voice and choice in achieving success within the wraparound process. Also, research has shown that outcomes for children's mental healthcare tend to be better when families are engaged and retained in services (Huey, Henggeler, Brondino, & Pickrel, 2000; Tolan, McKay, Hanish, & Dickey, 2002).

Engaging and retaining families in wraparound means the development of family voice and choice. Families absolutely must be the driving force behind their own treatment. Spoth & Redmond (2000) have found that family members' belief in the effectiveness of treatment influences engagement and outcomes. And as entities such as the National Wraparound Initiative continue in their struggle to measure the effectiveness of the wraparound process, so does the state of Indiana.

Indiana has required all funded system of care sites to identify outcomes, develop a process to collect data, and provide reports to their communities and to DMHA. In addition to individual sites measuring outcomes, there have been several statewide initiatives as well. Many sites have had some families who completed the Wraparound Fidelity Index (WFI) interviews. The Child and Adolescent Strengths and Needs Assessment (CANS) has been in use by mental health and other child-serving agencies in Indiana for over a year. The state is also taking part in Consumer Service Reviews (CSR's) to look at how services are being provided to youth and families. One of the lynchpins of all of these tools is trying to identify whether families have true voice and choice.

So, that's what's happening now. What can we expect in the future? Many areas are looking at combining Evidenced Based Practices (EBP's) with the wraparound process. Many EBP's meld nicely with the wraparound process, and are often added as an option for families within their system of care. For example Positive Behavioral Interventions and Supports in schools is a very popular EBP that fits nicely with the wraparound process. Many communities in Indiana are implementing this now. The bottom line is that more and more children's mental health researchers are recognizing the importance of joining evidence-based practices to engagement and service coordination strategies such as wraparound

(see, for example, Tolan & Dodge, 2005). The next wave of research on wraparound will likely feature studies of the impact of such innovations. (Eric Bruns, 2008).

References

Bruns, E.J. (2008). *The Evidence Base and Wraparound*. The Resource Guide to Wraparound . Portland, OR: National Wraparound Initiative, Portland State University. <http://www.rtc.pdx.edu/NWI-book/index.shtml>

Huey, S.J., Henggeler, S.J., Brondino, M.J. & Pickrel, S.C. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting & Clinical Psychology*, 68, 451-467.

Spoth, R., & Redmond, C. (2000). Research on family engagement in preventive interventions: Toward improved use of scientific findings in primary prevention practice. *Journal of Primary Prevention*, 21, 267-284.

Tolan, P. H. & Dodge, K. A. (2005). Children's mental health as a primary care concern: A system for comprehensive support and service. *American Psychologist* 60(6), 601-614.

Tolan, P.H., Hanish, L.D., McKay, M.M. & Dickey, M.H. (2002). Evaluating process in child and family interventions: Aggression prevention as an example. *Journal of Family Psychology*, 16 (2), 220-236.