

Collaborative Adventures



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Wrapping Around the Evidence Base

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In Indiana, and throughout the nation, social service funding is expected to stretch farther and "do more for less." As communities and funders tighten their belts, increasingly more funders are requiring that only evidence-based practices be used to provide treatment to youth and families. So a common question forming in communities across Indiana and the country is "Should wraparound seek to become an evidence-based practice?"

I believe the answer is no - a system of care approach using wraparound and evidence-based practice are not competing efforts but complementary. Evidence-based practices can be an important *component* of a systemic response to serving youth with serious mental health challenges and their families. As noted by Friedman and Drews (2005), it is possible to develop an approach that integrates system of care values and principles, individualized care such as wraparound and evidence-based programs. System of care proponents need to be aware of how wraparound and EBPs can *work together* in systems of care to produce positive outcomes for children and families.

In order to do this, we must have clarity on both wraparound and EBPs. EBPs are *treatment interventions*. Most treatment interventions, including all EBPs, were designed to address a specific concern, such as adolescent depression, acting out by young children, or adult panic disorder. EBPs are proven effective for a specific target population and only provide "evidence" that the intervention works for that specific population and under specific conditions. For example Multisystemic Therapy has been proven through numerous randomized clinical trials as an effective treatment modality for violent and chronic juvenile offenders who are in families that are intact and fully engageable in the intervention (Bruns, 2008). Like other EBPs, it provides a brief intervention (average is 4 months), directed by a professional with certification in that EBP, focuses on treating a specific need (antisocial behavior), and serves a relatively small population. Serving an estimated 16,000 annually, MST is one of the most used EBPs (Bruns, 2008).

Wraparound, on the other hand, is a *service delivery process* for coordinating care across multiple systems. It has been used successfully in juvenile justice to divert youth from secure detention and to transition youth successfully to the community from secure placements; in child welfare to achieve permanency, stability and safety outcomes for children, youth and families; in mental health helping youth with serious emotional disturbances transition to or remain in the community; in corrections to help adult prisoners re-enter society; in public health systems to improve outcomes for high risk pregnant women; and for a multitude of other populations. Wraparound was created by - and is delivered by - family members and providers. Although the "formal" intervention through a system of care is time limited, the philosophies of using natural supports and "wrapping" the family - however they define themselves as family - in support as they determine what would be helpful is ongoing. More than 100,000 youth nationally are estimated to be engaged in a well-defined wraparound process (Bruns, 2008).

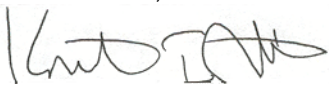
Eric Bruns, co-director of the National Wraparound Initiative, authored "The Evidence Base and Wraparound." In addressing the question "Does wraparound work?" and describing why communities often struggle to answer this question succinctly, Bruns also plants the seed that "researchers, advocates and practitioners must realize that families participating in a wraparound process should also have available specific treatments (including evidence-based treatments) that might be part of their individualized plan of care." To truly individualize a plan of care, communities should build and fund systems of care that include the wraparound process and evidence-based practice.

In "The Evidence Base and Wraparound", Bruns outlines five points to address the question of whether wraparound works and frames the issue as the evidence base *and* wraparound, as opposed to the evidence base *of* wraparound.

1. Current thinking in children's mental health emphasizes the importance of joining evidence-based practices to family-driven and individualized service processes like wraparound.
2. The principles of wraparound are supported by evidence from the research base as well as common sense and social justice.
3. Despite support for the wraparound philosophy, research also has demonstrated a "fidelity problem" in wraparound that is important to overcome.
4. When high-fidelity wraparound is delivered, there is a greater potential for positive impact for families.
5. Achieving high-fidelity wraparound is a big challenge, requiring significant effort and resources.

I believe the crux of this issue is the challenge that many organizations have developed "promising approaches" that lack a systemically developed evidence base but are still quite effective and are achieving positive results for families. When Indiana implemented the Child and Adolescent Needs and Strengths (CANS) assessment more than a year ago, it was chosen to help show concrete results of how youth and families are getting better. In addition to the CANS, participation in the Wraparound Fidelity Index interviews and Consumer Service Reviews provides communities with data needed to make mid-course corrections. To see an example of how Choices has used these measures to share results with stakeholders, visit our Web site at www.ChoicesTeam.org/choicesreports. With the increasing momentum of EBPs, it is important to remember we all share a common desire for high-quality, effective services for children and families. Please visit the online version of Collaborative Adventures at www.ChoicesTeam.org to read more about this topic.

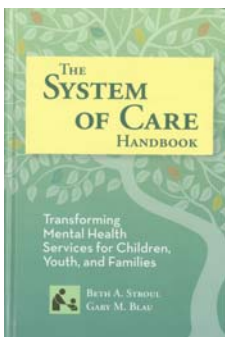
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