



Defining the Wraparound Process

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Wraparound services for providing care for children with severe disorders use a team-based approach that integrates the family into a collaborative process. It is based on individualized, needs-driven planning and services. Although wraparound has been widely implemented, until recently there had been no generally accepted description of exactly what activities make up the wraparound process. Without such a description, it is difficult to know whether or not “real” wraparound is being implemented, and it is hard to monitor fidelity for quality assurance and research purposes. This article describes a consensus-building process that was used to develop a description of the activities that constitute the wraparound process for children and adolescents. Soon after the appearance of the document that described this practice model, states, counties, and agencies around the country began to revise policies and standards to conform to the new practice expectations.

Method

In early 2004 a core group of eight researchers, program administrators, and family advocates reviewed available wraparound manuals and training materials to create a first draft of a practice model. The materials reviewed were obtained through professional referral and by acquiring manuals and other practice-support materials from communities that had been recognized by the Center for Mental Health Services for implementing promising practices related to wraparound. This first draft organized wraparound activities into four phases: engagement, initial plan development, plan implementation, and transition. The draft was sent out to ten additional advisors, primarily administrators of widely recognized wraparound programs, for review. Feedback was synthesized by the coordinators, who took the revised draft to the core group who approved it via consensus. This resulting model of wraparound services was very detailed, featuring descriptions of key activities, and the sequencing and timelines for these activities.

By mid 2004, the advisory group had grown to 50 members and became known as the National Wraparound Initiative. This larger set of advisors, which included representatives from the programs reviewed, researchers, and national-level trainers, were asked to rate the new model in two ways: first, each member was to indicate whether an activity was essential, optional, or inadvisable for wraparound; second, members were asked to rate wording of the description of each activity as either acceptable, acceptable with minor revisions, or unacceptable. Overall feedback and commentary on the model were also encouraged.

Results

Thirty-one of the 50 advisors responded to the task, although two provided only overall commentary and did not rate each activity. Respondents came from 18 states and the District of Columbia and were primarily Caucasian (77 percent). Many of the responders (42 percent) had experience on their own child’s team, had conducted research on wraparound (42 percent), or

had experience in wraparound program administration (58 percent) and/or experience with wraparound training (81 percent).

Of the 29 respondents who provided feedback on each individual wraparound activity, many rated the model with high acceptance. For 23 of the 31 activities, there was unanimous or near-unanimous (i.e., only one dissenter) agreement that the activity was essential to the wraparound process. Respondents also found the descriptions of the activities generally acceptable. All respondents rated the description as “acceptable” for 20 of the 31 activities. Seven activities had one “unacceptable” rating, three had two “unacceptable” ratings, and one had three “unacceptable” ratings. Some of the less acceptable descriptions were rated as such because of their ambiguity and/or complexity. Based on this feedback, the core group subdivided some of these activities in the final version of the model.

The reviewer comments and ratings were aggregated and a final document that described the phases and activities of the wraparound process was created. The document was reviewed by the core group and accepted by consensus. This document, *Phases and Activities of the Wraparound Process*, is available online at www.rtc.pdx.edu/nwi/PhaseActiv/WAProcess.pdf. Aggregated reviewer comments are also available at this URL.

Discussion & Implications

The results of this project indicate that, despite a lack of formal documentation and definition of wraparound services, there was considerable pre-existing consensus among experts as to which activities are essential to the wraparound process. The authors caution, however, that consensus on their final wraparound model was not absolute. Ratings of each activity were provided by only 29 of the 50 advisors, and the advisory group itself did not include every wraparound expert or representation from every promising program.

Despite this limitation, the resulting model from this consensus procedure adds to the understanding and standardization of wraparound services by documenting and describing core phases and specific activities essential to the process. Soon after *Phases and Activities of the Wraparound Process* was made available online, states, counties, and agencies around the country applied the document’s findings by revising policies and standards to conform to the new practice expectations.



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