

Wraparound Process

Wraparound is a youth-guided, family-driven team planning process that provides coordinated and individualized community-based services for youths and their families to help them achieve positive outcomes. It is a multifaceted, system-level intervention designed to keep youths with serious emotional and behavior disorders (SEBDs) at home and out of institutions whenever possible (Suter and Bruns 2006; Bruns et al. 2010; Winters and Metz 2009). As the name suggests, this process involves “wrapping” a comprehensive array of individualized services and support networks “around” young people in the community, rather than forcing them to enroll in predetermined, inflexible treatment programs (National Wraparound Initiative Advisory Group 2003). The approach emerged during the 1980s as a community-based alternative to institutionalization for youth with complex behavioral problems. Wraparound was designed to address the gaps in the system that youths and their families often encountered when seeking help for SEBDs, such as uncoordinated and delayed service responses, and inadequate services that did not provide youth with required treatment (Wilson 2008). Annually, about 100,000 youths around the country engage in a well-defined wraparound process (Bruns 2008).

Wraparound was first developed and implemented in the mental health field for children and adolescents with SEBDs, but various other child-serving agencies (including juvenile justice, education, and child welfare) have begun to integrate the wraparound process into their systems as well. In the juvenile justice system, wraparound has generally been used as a way to divert youths from detention, but the process has also helped provide coordinated services to youths as they transition back into the community following placement in secure, residential facilities (Bruns 2008). Often youths with SEBDs are involved in more than one child-serving agency (for example, the juvenile justice and child welfare system). The wraparound process provides coordination across the various agencies, so that youths receive the services they need without complication. For example, Wraparound Milwaukee, a well-known wraparound program in Wisconsin, is part of the Milwaukee County Human Services Department and provides services to youths involved in the juvenile justice and child welfare systems. Services include in-home therapy, medication management, psychiatric assessment, outpatient individual family therapy, treatment foster care, and alcohol/substance abuse counseling, among many others (Kamradt 2000).

Although one of the central features of the wraparound approach is individual case management, wraparound interventions should not be confused with traditional case management programs. Conventional case management programs merely provide youths with individual case managers (or probation officer) who guides them through the existing social services or juvenile justice system (Burchard, Bruns, and Burchard 2002). These case management programs do not operate in the same highly structured, integrated services environment that characterizes true wraparound initiatives.

The wraparound process is closely tied with the system-of-care (SOC) framework. The SOC framework was developed by the Child and Adolescent Service System Program (CASSP) and is defined as a “comprehensive spectrum of mental health and other services and supports organized into a coordinated network to meet the diverse and changing needs of children and

adolescents with severe emotional disorders and their families” (Winters and Metz 2009, 136). Wraparound is viewed as an approach to provide youth with complicated and multidimensional behavioral problems with individualized, comprehensive services *within* a SOC (Burns and Goldman 1999, 11). Wraparound interventions are generally a part of SOC frameworks and align with the basic principles of SOC, thus the two initiatives are often thought of interchangeably. However, the evidence and research examining the effectiveness of SOC does not necessarily speak to the effectiveness of the wraparound process, and vice versa (Suter and Bruns 2009). Unfortunately, there is limited research looking at the impact of either approach on youth-related outcomes and therefore comparing the effectiveness of wraparound and SOC is difficult.

Lack of a Standard Definition

Numerous public agencies and research organizations—including the National Mental Health Association, the U.S. Surgeon General’s Office, the National Wraparound Initiative, and the Substance Abuse and Mental Health Services Administration—have offered their own definitions of what constitutes a fully realized wraparound program.

While definitions may vary, there is a general consensus that true wraparound programs feature several basic elements, including

- *A collaborative, community-based interagency team* that is responsible for designing, implementing, and overseeing the wraparound initiative in a given jurisdiction. This team usually consists of representatives from the juvenile justice system, the public education system, and local mental health and social service agencies. In most cases, one specific agency is designated the lead agency in coordinating the wraparound effort.
- *A formal interagency agreement* that records the proposed design of the wraparound initiative and spells out exactly how the wraparound effort will work. At a minimum, this agreement should specify the target population for the initiative; how they will be enrolled in the program; how services will be delivered and paid for; what roles different agencies and individuals will play; and what resources will be committed by various groups.
- *Care coordinators* who are responsible for helping participants create a customized treatment program, as well as for guiding youths and their families through the system of care. In most wraparound programs, these care coordinators are employees of the designated lead agency, which may be a public program or a private nonprofit agency.
- *Child and family teams* consisting of family members, paid service providers, and community members (such as teachers and mentors), who know the youth under treatment and are familiar with his or her changing needs. Assembled and led by the care coordinator, these teams work together to ensure that the child’s needs are being met across all domains—in the home, in the educational sphere, and in the broader community at large.
- *A unified plan of care* developed and updated collectively by all the members of the child and family team. This plan of care identifies the child’s specific strengths and

weaknesses in different areas, targets specific goals for them, and outlines the steps necessary to achieve those goals. It also specifies the role each team member (including the child and family) will have in carrying out the plan. Ideally, the plan is updated constantly to reflect the child's changing needs and progress.

- **Systematic, outcomes-based services.** Almost all wraparound programs require clearly defined performance measures, which are used to track the progress of the wraparound initiative and guide its evolution over time.

In an effort to better refine a definition, Walker and Bruns (2006) organized a multidisciplinary advisory group of 29 individuals (including researchers, family advocates, and program administrators) familiar with the wraparound process. The group was asked to respond to a proposed set of 31 activities that had been synthesized from various manuals and model descriptions of the wraparound process. The specific activities were divided into four phases of the wraparound process:

1. Engagement and team preparation
2. Initial plan development
3. Plan implementation
4. Transition

Overall, the advisory group was in unanimous or near-unanimous agreement that 23 of the activities were essential to implementing the wraparound process, including orienting the youth and family to wraparound, asking family and youth about immediate crisis concerns, determining the ground rules of an initial plan of care, tracking the progress on action steps from the individualized plan, and creating a transition plan (for a full list of the 23 activities, see Walker and Bruns 2006, 1583).

Theoretical Framework (10 Principles of the Wraparound Process)

In response to the need for a standard definition and guiding framework, the National Wraparound Initiative (NWI) has produced several resource guides to enhance understanding of wraparound and assist in high-quality implementation of the process. The NWI organized 10 principles of the wraparound process that can guide policymakers and practitioners interested in adopting the process. Those 10 principles are

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team based.** The wraparound team consists of individuals agreed on by the family, and committed to the family through informal, formal, and community support and service relationships.
3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community

relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work toward meeting the team's goals.
5. **Community based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible, and that safely promote child and family integration into home and community life.
6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and of their community.
7. **Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, and their community, and other team members.
9. **Unconditional.** A wraparound team does not give up on, blame, or reject children, youths, and their families. When faced with challenges or setbacks, the team continues working toward meeting the needs of the youth and family and toward achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary.
10. **Outcome based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. [Bruns, Walker, and National Wraparound Initiative Advisory Group 2008, 3–9]

Although the principles provide the value base of the wraparound process, some have argued that there is not enough specific description for practitioners or services providers to implement the model in a real-world setting (Walker and Bruns 2006). The NWI has updated the online "Resource Guide to Wraparound" to provide information about the implementation process (the guide is available at <http://www.nwi.pdx.edu/NWI-book/index.shtml>). For example, a few fidelity assessment tools have been developed for practitioners. A Wraparound Fidelity Index assesses adherence to the philosophical principles by interviewing team members while the Wraparound Observation Form was designed to determine whether essential elements are used during team meetings (Walker and Bruns 2006). However, the team meetings are only one part of the wraparound process, and specific, comprehensive guides are still needed.

Outcome Evidence

Suter and Bruns (2008) conducted a narrative review of outcome studies examining wraparound services provided to children and adolescents with SEBDs, including youths involved in the juvenile justice system. The search process for the narrative review yielded 36 unique studies, including single-case design studies, single-group pretest/posttest studies, quasi-experimental group comparison studies, and experimental randomized controlled trial studies. The authors found that the majority of studies had serious methodological limitations (including a lack of comparison groups in several instances). Overall, the results from the outcome studies were mixed, with some studies showing strong positive results, others showing no significant results, and some studies showing negative effects.

In 2009, Suter and Bruns conducted a meta-analysis of outcome studies examining the effectiveness of the wraparound process. Because they included only experimental and quasi-experimental design studies, the search process yielded only seven controlled outcome studies, of which two specifically targeted juvenile justice-involved youth (the authors noted that 80 percent of the outcome studies identified for the 2008 narrative review could not be included in the current meta-analysis because of the study designs). The overall mean effect size across all of the studies (0.33) was moderate and significant, suggesting that the average youth receiving wraparound services was better off than 63 percent of those receiving conventional services or treatment as usual. When examining specific outcomes (such as mental health and youth functioning), the effect sizes were positive (favoring the youths receiving wraparound services) and significant, but mostly small. The juvenile justice-related outcome (which was not defined in the review) also had a significant, but small, effect size. The findings suggest the wraparound process could make positive impacts on youth. However, the authors caution that a major limitation of the current review is the variability in the methodological quality of the included studies. They note concerns about the studies' designs, the comparability among groups, and unreported levels of attrition. Based on the limited research, the authors concluded that "the wraparound process shows modest evidence of both efficacy and effectiveness, but does not meet the strict criteria for EBTs [evidence-based treatments]" (Suter and Bruns 2009, 346).

Although there have been evaluation studies examining the effectiveness of the wraparound process on youth-related outcomes, there have only been a few that have specifically included youth involved in the juvenile justice system, and the results from those evaluations have shown inconsistent results. One example of a juvenile justice-focused evaluation is the study of the Connections program in Clark County, Wash. A part of Washington state's broader SOC initiative, Connections uses the wraparound model to engage youths with mental health needs who are involved in the juvenile justice system. Youth and family teams are convened to identify needs and coordinate services among multiple service providers. Services may include family therapy, clinical therapy, substance abuse treatment, special education, medication, caregiver support, public assistance, housing, and mental health care. An evaluation of the program found that youths in the Connections program were significantly less likely to commit any type of offense, were significantly less likely to commit a felony offense, and spent significantly fewer days in detention compared with youths in the comparison group who were not a part of the program (Pullman et al. 2006).

Conversely, evaluations of the Repeat Offender Prevention Program (ROPP) in California did not find significant positive effects on youth. From 1996 to 2002, California's multisite

demonstration program, ROPP, offered wraparound services to a wide variety of at-risk youths between the ages of 8 and 15, including first-time offenders, youth with chronic truancy problems, gang-involved youth, and substance-abusing youth. Participants in the program were constantly assessed and monitored by multidisciplinary teams (including family members), who created individualized intensive supervision programs for each child. However, a 2002 study conducted by Howard and colleagues in San Diego County, Calif., found there were no significant differences between the ROPP group and the control group on petitions for new offenses, measures of warrant status, days spent in custody, and education outcomes (including grade-point averages). The ROPP group did have significantly *more* petitions filed for probation violations compared with the control group. A 2005 study by Zhang and Zhang upstate in Los Angeles County found no significant differences between the ROPP group and the control group on petitions for new offenses, petitions for probation violations, and education outcomes. (Notably, the ROPP was implemented in conjunction with intensive supervision, and was not strictly a wraparound intervention. In addition, ROPP was implemented slightly differently at the various sites participating in the demonstration program).

For more information on the programs, please click on the links below.

[Connections](#)

[California's Repeat Offender Prevention Program \(ROPP\)](#)

Overall, the evidence suggests that implementing a wraparound process could have positive benefits for youth. However, there is a need for more rigorous evaluation research on the effectiveness of the wraparound process, and a specific need for research concentrating on youth involved in the juvenile justice system. For example, although Wraparound Milwaukee is well known for employing the wraparound approach with youth in the juvenile justice system, a rigorous experimental or quasi-experimental study has not yet been undertaken to examine the program's impact on youth (Kamradt 2000).

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Last Updated: April 2014.

Suggested reference: Development Services Group, Inc. 2014. "Wraparound Process." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. http://www.ojjdp.gov/mpg/litreviews/Wraparound_Process.pdf

Prepared by Development Services Group, Inc., under Contract #2013-JF-FX-K002.