

## Application for an Evidence-Based Practice Review

<b>Practice Title</b>	Wraparound (a treatment planning process model, not a treatment model)
<b>Author</b>	Multiple contributors. Originated in Canada – developed in this country by the Kaleidoscope program in Chicago in 1975. Implemented in 1985 through the Alaska Youth Initiative managed by John VanDenBerg. Other contributors include: Naomi Tannen, Mary Grealish, John Franz, and Patricia Miles in Oregon.
<b>Author's Contact Information</b>	See Training/TA
<b>Population by sub-categories:</b> Age, ethnicity, gender	Children and adolescents at risk of out-of-home placement and their families. Usually involved with multiple systems, e.g., education, juvenile justice, child welfare.

<b>Practice Type</b> (behavioral/prevention)	Behavioral		
<b>Training/TA</b> (Experts in and out of state and contact information)	John VanDenBerg VanDenBerg Consulting 9715 Bellcrest Road Pittsburgh, PA 15237 VDB@nauticom.net	John Franz Madison, WI 608-238-8448	Patricia Miles Gresham, OR 503-618-1088
<b>Brief Description</b> (Include essential components)	<p>A wraparound approach allows for the provision of any service (traditional or nontraditional) that is specifically designed for individual youngsters (or their families) that enables them to achieve treatment goals and fulfill unmet needs. The concept of wraparound services is applied broadly to indicate the creative combination of all types of services, resources, and supports that are needed by a child and family. The actual plan that emerges out of the wraparound process is developed by a child and family team of four to ten people who know the child very well. As a rule, the child and family are always included on the team. Professionals are included as team members as well; however, they should ideally make up no more than 50% of the team.</p> <p>VanDenBerg and Grealish (1996) described eight basic elements of the wraparound process. First, wraparound services are community-based. They occur where the participating families live. Second, the services and supports agreed on through the planning process must be individualized according to the specific strengths and needs of each family. The services and supports are needs-driven as opposed to service-driven (i.e., they should not merely reflect the priorities of the existing service systems). In many instances, existing categorical services are used within wraparound plans but only when they are appropriate to the needs of the child and family. Many plans are combinations of existing services, modifications of existing services, newly created services, informal supports, and community resources. Third, the wraparound plans must be culturally competent. The unique values, strengths, preferences, and social or racial makeup of children and families must be included in the plans. Fourth, the family must be included in the development of the plan at every juncture. The child and family are critical parts of the team and must have ownership of the plan. Fifth, access to flexible, non-categorical funding is needed to support the plan. Sixth, interagency collaboration and coordination is needed to implement the plans, and the process must be accepted by the community at large. Seventh, services must be unconditional. If the needs of the child and family change or if some aspect of behavior becomes too difficult, the child and family are not abandoned by the team or community. Rather than rejecting the child and family, services are changed. Finally, outcomes must be measured.</p>		
<b>Limitations of Practice</b> (Related to particular populations or diagnoses)	None.		

The practice will be reviewed based on operational criteria from the OMHAS Operational Definition for Evidence-based Practices. Please describe the practice in terms of each of the following attributes. See the following page for definitions.

<b>Transparency:</b>	Yes.
<p><b>Research:</b> (Attach relevant information to the application or list literature references)</p>	<p>Numerous published studies, mainly descriptive, with study designs distributed as follows:</p> <p><u>Two randomized clinical trials:</u>            Evans, M., Armstrong, M., Kuppinger, A., Huz, S., &amp; S. Johnson. (1998). A randomized trial of family-centered intensive case management and family-based treatment: Outcomes of two community-based programs for children with serious emotional disturbance. Tampa, FL: College of Nursing.  <b>N = 42, Outcomes: better behavioral adjustment, better family adjustment</b></p> <p>Clark, H., Prange, M., Lee, B., Stewart, E., McDonald, B., &amp; Boyd, L. (1998). An individualized wraparound process for children in foster care with emotional/behavioral disturbances: Follow-up findings and implications from a controlled study. In: M.E. Epstein, K. Kutash, &amp; A. Duchnowski (Eds.), <i>Outcomes for children and youth with behavioral and Emotional disorders and their families: Programs and evaluation best practices</i> (pp. 513–542). Austin, TX: Pro-Ed Publishing.  <b>N = 131, Outcomes: increased permanency placements, decreased restrictiveness of living environment, improved behavioral adjustment, decreased delinquency and incarceration (males), improved school adjustment</b></p> <p><u>Quasi-experimental designs:</u>            Bickman, Leonard; Smith, Catherine M.; Lambert, E. Warren; Andrade, Ana Regina. (2003). Evaluation of a Congressionally Mandated Wraparound Demonstration. <i>Journal of Child &amp; Family Studies</i>, Jun2003, Vol. 12 Issue 2, p135, 22p  <b>N = 111, Outcomes: better continuity of care, fewer days residential tx, some improvement on some measures but no between-group differences in clinical outcomes, more expensive than TAU</b></p> <p>Hyde, K., Burchard, J., &amp; Woodworth, K. (1996). Wrapping services in an urban setting. <i>Journal of Child and Family Studies</i>, 5, 67–82.  <b>N = 106, Outcomes: greater school attendance or employment, less restrictive living situation</b></p> <p><u>Nine pre-post designs:</u></p>

Clarke, R., Schaefer, M., Burchard, J., & Welkowitz, J. (1992). Wrapping community-based mental health services around children with a severe behavioral disorder: An evaluation of Project Wraparound. *Journal of Child and Family Studies, 1*, 241–61.  
**N = 24, Outcomes: improved home adjustment**

Yoe, J., Santarcangelo, S., Atkins, M., & Burchard, J. (1996). Wraparound care in Vermont: Program development, implementation, and evaluation of a statewide system of individualized services. *Journal of Child and Family Studies, 5*, 23–39.  
**N = 40, Outcomes: decreased restrictiveness of living environment, decreased problem behaviors, decreased negative behaviors**

Bruns, E., Burchard, J., & Yoe, J.T. (1995). Evaluating the Vermont system of care: Outcomes associated with community-based wraparound services. *Journal of Child and Family Studies, 4*, 321–339.  
**N = 27, Outcomes: decreased negative behaviors**

Illback, R., Neill, T., Call, J., & Andis, P. (1993). Description and formative evaluation of the Kentucky IMPACT program for children with serious emotional disturbance. *Special Services in the Schools, 7*, 87–109.  
**N = 497, Outcomes: decreased behavioral problems, decreased restrictiveness of living environment**

Hyde, K., Woodworth, K., Jordan, K., & Burchard, J. (1995). Wrapping services in an urban setting: Outcomes of service reform in Baltimore. In: Liberton, C.J., Kutash, K., Friedman, R.M. (Eds.), *The 7th annual research conference proceedings, a system of care for children's mental health: Expanding the research base* (pp. 255–260). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.  
**N = 70, Outcomes: decreased problem behaviors, decreased restrictiveness of living environment**

Eber, L., Osuch, R., & Rolf, K. (1996b). School-based wraparound: How implementation and evaluation can lead to system change. In: C. Liberton, K. Kutash, & R. Friedman (Eds.) *The 8th annual research conference proceedings, a system of care for children's mental health: Expanding the*

*research base* (pp. 143–148). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children’s Mental Health. Epstein, M., Jayanthi, M., McKelvey, J., Frankenberry, E., Hary, R., Potter, K., & Dennis, K.

**N = 81, Outcomes: improved family functioning**

Eber, L. & Osuch, R. (1995). Bringing the wraparound approach to school: A model for inclusion. In: C. Liberton, K. Kutash, & R. Friedman (Eds.), *The 7 th annual research conference proceedings,*

*a system of care for children’s mental health: Expanding the research base* (pp. 143–152). Tampa,

FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children’s Mental Health.

Eber, L., Osuch, R., & Redditt, C. (1996a). School-based applications of the wraparound process: Early results on service provision and student outcomes. *Journal of Child and Family Studies* 5, 83–99.

**N = 44, Outcomes: reduced hospital days and placements for community group**

Kamradt, B. (1996). The 25 Kid Project: How Milwaukee utilized a pilot project to achieve buyin among stakeholders in changing the system of care for children with severe emotional problems.

Paper presented to the Washington Business Group on Health.

**N = 25, Outcomes: 19 successfully returned to community living environments, 24 regularly attending school**

Russell, L., Rotto, K., & Matthews, B. (1999). Preliminary evaluation findings from Indiana’s DAWN

Project. In: *The 11th annual research conference proceedings, a system of care for children’s*

*mental health: Expanding the research base* (pp. 55–58). Tampa, FL:

University of South Florida,

Florida Mental Health Institute, Research and Training Center for Children’s Mental Health.

**N = 34, Outcomes: improved community adjustment, improved school/career adjustment**

Case studies:

Burchard, J., Burchard, S., Sewell, R., & VanDenBerg, J. (1993). *One kid at a time: Evaluative case*

*studies and description of the Alaska Youth Initiative Demonstration Project.* Washington D.C.:

Georgetown University Child Development Center.

**N = 10, Outcomes: improved community adjustment, improved**

	<p><b>school/career adjustment</b></p> <p>Cumblad, C. (1996). The pathways children and families follow prior to, during, and after contact with an intensive, family-based, social service intervention in urban settings. Ph.D. dissertation, Department of Educational Psychology, Counseling, and Special Education, Northern Illinois University.</p> <p><b>N = 8, Outcomes: decreased negative behaviors, improved stability of living environment</b></p>
<b>Standardization</b>	Standard guidelines, but not manualized.
<b>Replication:</b>	Yes.
<b>Fidelity Tool</b>	Yes.
<b>Meaningful Outcomes:</b>	<p>See above and:</p> <ul style="list-style-type: none"> <li>Improves access to services.</li> <li>Improves continuity of care.</li> <li>Reduces out-of-home placements.</li> </ul>