



### RESOURCES:

Illinois has employed wraparound through its special education system for many years. Many resources related to wraparound can be found on these sites:

<http://www.systemofcareillinois.com>  
and <http://www.webdnetwork-il.org>

**The Center for Effective Collaboration and Practice of the American Institutes for Research** has developed a "Wraparound Planning" mini-website with many resource on wraparound:  
<http://www.air.org/cecp/wraparound/default.htm>

Burchard, J.D. (2000). **How wraparound can help overcome three common barriers to successful transition services.** *Reaching Today's Youth*, 2(4), 49-51.

VanDenBerg, J.E., & Grealish, E.M. (1997). **Individualized services and supports through the wraparound process: Philosophy and procedures.** *Journal of Child and Family Studies*, 5(1), 7-21.

A wide variety of other resources are available on the internet.

Recent decades have shown a dramatic increase in both the number of children with emotional or behavioral problems being referred for residential treatment and the increasing cost of such programs. Concerns have been raised over whether emotional and behavioral functioning gains will continue after the child is returned to his or her community from these programs. In response to these concerns, the National Institutes of Mental Health launched the Children and Adolescent Service System Program (CASSP) in 1984, with the goal of integrating social services into a "system of care" (Stroul, 1993). This approach focuses on coordinating mental health, education, welfare, and other social services into a network to meet the individual needs of children with emotional and behavioral disorders in their home communities, and supporting family members as allies in the treatment process. Wraparound is an outgrowth of these efforts.

#### **Overview: What is Wraparound?**

The wraparound process is a tool for building constructive relationships and support networks among youth with emotional/behavioral challenges, their families, teachers, and other caregivers. This process, which is based on a family-centered, strength-based philosophy of care, is used to guide service planning for children with or at-risk of Emotional and Behavioral Disabilities (EBD) and their families. In wraparound, a team works to identify the underlying needs, interests, and limitations of families and service providers, and to develop a plan that addresses these interests using natural, community supports wherever possible (Eber, Nelson and Miles, 1997; Burchard, 2000).

Wraparound teams include families, natural support providers (such as friends and relatives), and professionals from schools and other agencies such as mental health, child welfare, and juvenile justice. These teams develop comprehensive plans that blend perspectives and address needs of families, school personnel, and other service providers. They also inventory, coordinate, and, if necessary, create supports, services, and interventions to address agreed upon needs of the youth and primary caregivers (i.e. families, teachers) across home, school, and community. Combining natural supports (e.g. childcare, transportation, mentors, parent-to-parent support) with traditional interventions (e.g. positive behavior interventions, teaching social skills, reading instruction, therapy) can lead to more effective outcomes. Wraparound is not a service but is a defined process for developing teams who create comprehensive plans with these children and their families.

The team-based, family-centered wraparound process is recommended for all students with chronic and intensive emotional/behavior problems that warrant a comprehensive plan that crosses home, school, and community. A wraparound approach can ensure that the efforts of families, teachers, other caregivers, and service providers are linked through one consistently implemented, carefully monitored service plan, and that the family has a strong voice in creating and implementing the plan. Consensus among team members about roles/goals and needs creates a context for the implementation of effective interventions. Family/student voice and interagency collaboration ensures that supports for families, teachers, and other caregivers are an essential part of these plans. Careful analysis of unique needs in life domains such as safety, medical, social, psychological, basic needs, and living environment drive the planning process. Effective behavioral and academic interventions are an important part of comprehensive wraparound plans for these students.

#### **What We Know About Wraparound**

There is not a broad base of outcome studies on wraparound, perhaps due to the relative recency of the concept. However, several significant findings are discussed in a special issue on wraparound services in the *Journal of Child and Family Studies*

(Malysiak, 1997; VanDenBerg & Grealish, 1997):

- Children and youth served by wraparound options are more likely to transition to living arrangements that are less restrictive, and more stable and permanent.
- Children and youth receiving wraparound services often show improvements in behavioral adaptation and emotional functioning.

Some (Eber, Rolf & Schrieber, 1996; Eber & Nelson, 1997, Malloy, et al, 1998) have reported decreasing out-of-home placements and decreased use of restrictive school settings along with improved behavioral, academic, social, and post-school adjustment indicators for children involved with wraparound.

One of the central arguments used to promote wraparound is that service in the community is inherently less costly than service in a residential treatment center. Preliminary evidence suggests that community-based alternatives to residential treatment do result in less costly programs.

### **Making it Work**

The wraparound philosophy and process is being integrated into existing program structures in school, mental health, child welfare, juvenile justice, and other human service agencies (Burns & Goldman, 1999) but requires that these agencies along with community leaders understand and agree to implement wraparound. A variety of steps may be required to effectively implement wraparound (Adapted from VanDenBerg, & Grealish, 1997):

1. Develop an overall community committee composed of the key stakeholders in services and supports for children and families.
2. Develop subcommittees to define identification, referral, and confidentiality issues and processes for wraparound, and to deal with local service delivery issues.
3. Identify an agency and a coordinator who takes responsibility for managing funds and for overseeing the “doing” of the wraparound program.
4. Once a child/family is identified and information releases signed, the coordinator performs an informal strengths assessment, and identifies potential individualized services and supports based on strengths of that child and family.
5. An individualized team of from four to ten members is created which includes the child, and those close to the family.
6. An individualized service plan (wraparound plan) is then developed at meeting of the team.
7. The plan is then implemented, with the team continuing to meet frequently and discuss the success of the plan, revising and updating as needed.

Wraparound typically entails someone taking on the role of wraparound facilitator and employing the principals of wraparound with a particular family, making sure that the family “voice” is strong in developing the plans, and that the needs of

family and agencies are addressed. This person might be employed by any agency, or might be a community member.

Variations on the delivery of wraparound are being tried including “school-based wraparound” where schools are more prominently involved in wraparound, and “community wraparound” where community volunteers provide wraparound for children and families with less complex needs. Other variations target specific age groups (e.g., preschoolers) or diagnoses (e.g. autism), or service delivery issues (e.g. transition) (Duckworth, et al., 2001; Bruchard, 2000).

### **Summary**

Wraparound appears to be a promising process for coordinating and organizing the delivery of services to children and youth with serious emotional and behavioral disorders. Preliminary findings suggest that wraparound approaches appear to enable students with severe disorders to maintain behavioral gains in less structured settings. Some improvements have been documented, and the existing data shows that wraparound is a cost-effective alternative to residential treatment.

- Reece L. Peterson

### **References**

- Burchard, J. D. (2000). How wraparound can help overcome three common barriers to successful transition services. *Reaching Today's Youth*, 2(4), 49-51.
- Burns, B. J., and Goldman, S. K. (Eds.) (1999). *Promising practices in wraparound for children with serious emotional disturbances and their families: Systems of care*. Promising Practices in Children's Mental Health, 1998 Series. Vol. IV. Washington DC: Center for Effective Collaboration and Practice, American Institute for Research.
- Duckworth, S., Smith-Rex, S., Okey, S., Brookshire, M., Rawlinson, D., Rawlinson, R., Castillo, S., & Little, J. (2001). Wraparound services for young schoolchildren with emotional and behavioral disorders. *Teaching Exceptional Children*, Mar/April, 54-60.
- Eber, L., Nelson, C. M., & Miles, P. (1997). School-based wraparound for students with emotional and behavioral challenges. *Exceptional Children*, 63(4), 539-555.
- Eber, L. (1996). Restructuring schools through wraparound approach: The LADSE Experience. In R. J. Illback & C. M. Nelson (Eds.), *School-based services for students with emotional and behavioral disorders* (pp. 139-154). Binghamton, NY: Haworth.
- Eber, L., & Nelson, C. M. (1997). Integrating services for students with emotional and behavioral needs through school-based wraparound planning. *American Journal of Orthopsychiatry*, 67(3), pp.385-395.
- Malysiak, R. (1997). Exploring theory and paradigm base for wraparound. *Journal of Child and Family Studies*, 6(4), 399-408.
- Malloy, J., Cheney, D., & Cormier, G. (1998). Interagency collaboration and the transition to adulthood for students with emotional or behavioral disabilities. *Education and Treatment of Children*. Vol. 1, No. 3, pp. 303-320.
- Stroul, B. A. (1993, September). *Systems of care for children and adolescents with severe emotional disturbances: What are the results?* Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, and Georgetown University Child Development Center.
- VanDenBerg, J. E., & Grealish, E. M. (1997). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child and Family Studies*, 5(1), 7-21.

## **About the Safe & Responsive Schools Project**

The Safe and Responsive Schools Project, funded by a three-year grant from the U.S. Department of Education Office of Special Education Programs, is dedicated to developing and studying prevention-based approaches to school safety. The Project is currently working with schools in districts in Indiana and Nebraska to integrate best-practice strategies in school violence prevention into comprehensive school-based plans for deterring school disruption and violence. **Visit our web site: [www.indiana.edu/~safeschl](http://www.indiana.edu/~safeschl).**

**Indiana:** Indiana University/Richland-Bean Blossom Community Schools/  
Spencer-Owen Community Schools

**Contact:** Dr. Russell Skiba, Indiana Education Policy Center  
174 Smith Research Center  
2805 E. 10th Street  
Bloomington, IN 47408  
812-855-1240

**Nebraska:** University of Nebraska/Beatrice Public Schools

**Contact:** Dr. Reece Peterson  
202A Barkley Center  
University of Nebraska-Lincoln Center  
Lincoln, Nebraska 68583-0732  
402-472-5480

© Russell Skiba & Reece Peterson (1/02)