

Implementation and outcomes of wraparound in a “real world” system: Results of a randomized study

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What is Wraparound?

- Wraparound is a family-driven, team-based process for planning and implementing services and supports.
- Through the wraparound process, teams create plans that are geared toward meeting the unique and holistic needs of children and youth with complex needs and their families.
- The wraparound team members (e.g., the identified youth, his or her parents/caregivers, other family members and community members, mental health professionals, educators, and others) meet regularly to implement and monitor the plan to ensure its success.

Research to Date on Wraparound

- There have been 9 controlled studies of wraparound published in peer review journals
- Results consistently indicate superior outcomes for wraparound compared to “services as usual”*
 - Moderate (ES = .50) effects for living situation outcomes
 - Small – medium (ES = .25 - .40) effects for behavioral, functional, and community outcomes
 - These ESs are similar to studies of evidence based therapies and interventions (e.g., MST) as implemented in real world conditions against alternative treatment conditions

*Suter, J.C. & Bruns, E.J. (2009). Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 12, 336-351

What does this study contribute?

- Assesses effects of wraparound compared to an intensive, alternative treatment
 - Intensive case management provided by Mojave Mental Health
- Assesses effects of wraparound that has “gone to scale”
 - Most existing wraparound research examines outcomes of small pilot projects
- More extensive array of fidelity, service and outcomes data
 - Assessing differences in fidelity, service processes, and services received for both groups
 - Help the field to understand what types of factors may be associated with implementation and outcomes of this intervention

Major Research Questions

- What are differences in treatment processes for youth randomly assigned to wraparound (WA) vs. ICM?
 - Services (type and how delivered) received
 - Participants in the treatment process (e.g., team members)
 - Wraparound fidelity (Can the WFI-4 distinguish WA from ICM?)
- What is the overall implementation context for service delivery?
 - System supports for wraparound
 - Organizational and social context for both WA and ICM service delivery
- What are the differences in outcomes for youth assigned to the two models?
 - Process outcomes (working alliance, satisfaction)
 - Ultimate outcomes (residential placements, behavior, functioning)

Participants

- N=126 referred to study
 - Randomized at referral (WA = 65; ICM = 61)
- N=94 consented and enrolled
- Final group sample sizes
 - WA = 51; ICM = 43

Measures

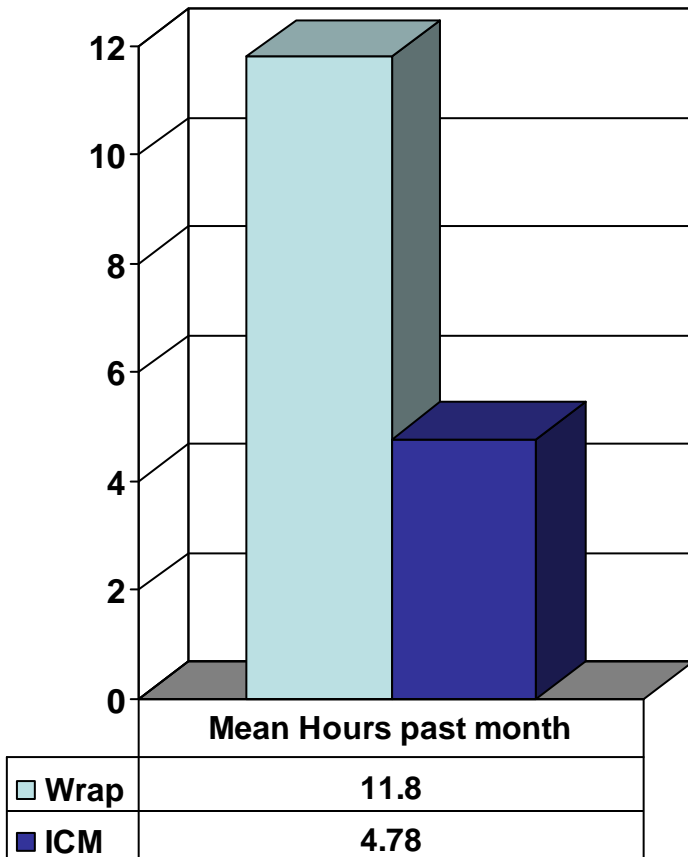
- Strengths and Difficulties Questionnaire (SDQ)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Residential placement, quantified on a 4-point scale
- Wraparound Fidelity Index, v.4 (WFI; interviews with staff, caregivers and youth)
- Team Observation Measure (TOM)
- Community Supports for Wraparound Inventory (CSWI)
- Services Assessment for Children and Adolescents (SACA)
- Working Alliance Inventory
- Family Empowerment Scale (FES)
- Satisfaction of youth and caregivers
- Glisson scales of Organizational and Social Context (OSC).

Summary of Findings

For more complete information,
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Wrap facilitators provided many more hours of service than ICM case managers

Total hours in past month*

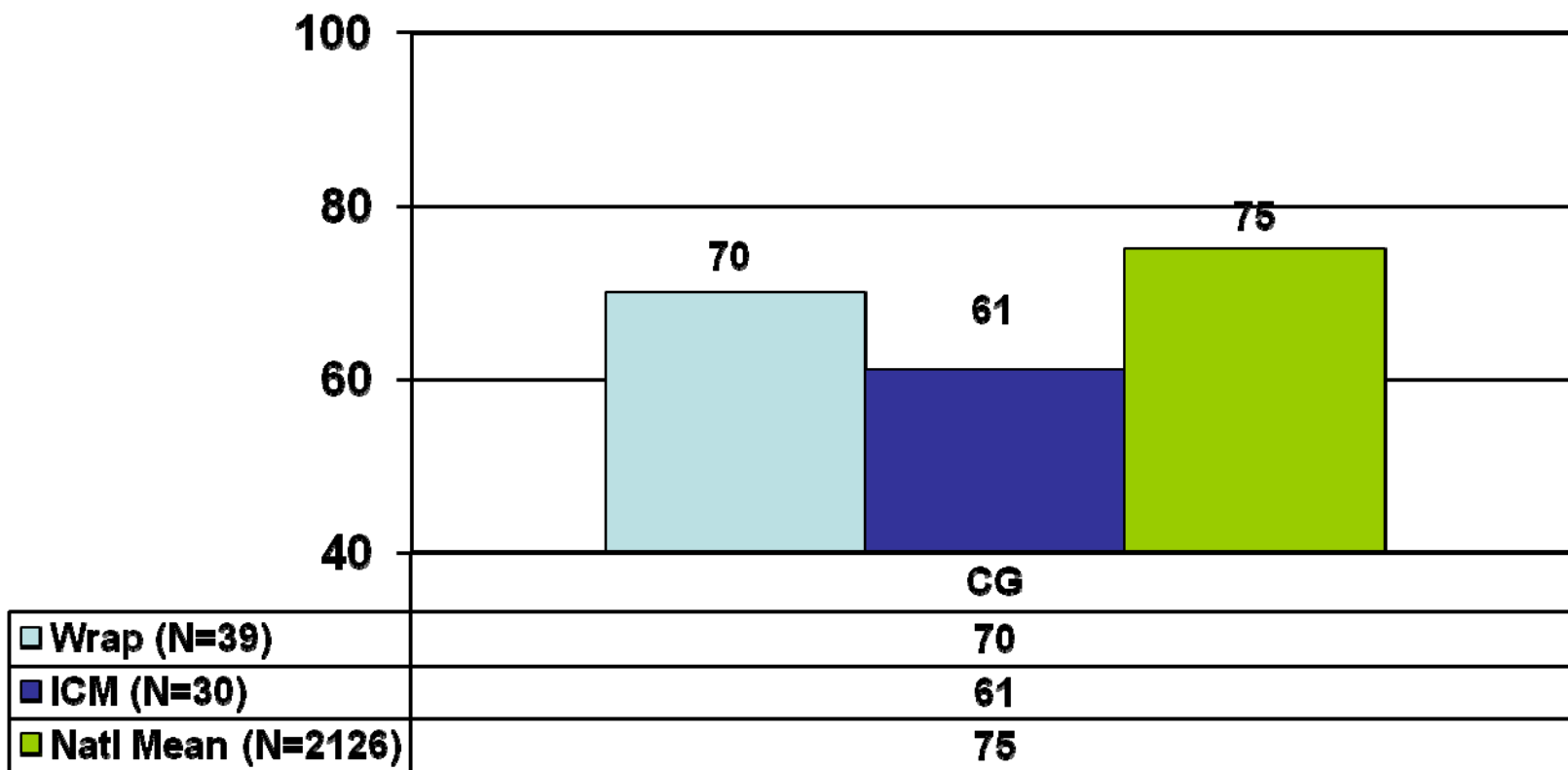


Percent of time on different activities

Activity	Wrap	ICM
Following up on appointments, arranging transportation	14.9%	12.2%
Coordinating assessment and evaluation activities	13.1%	13.8%
Developing, implementing, monitoring an individualized plan*	21.1%	11.1%
Accessing and mobilizing resources to meet client needs	18.3%	14.5%
Providing crisis response and coordinating crisis services	6.2%	3.8%
Individual, group, family counseling*	11.7%	40.1%
Record keeping, report writing*	17.1%	8.2%

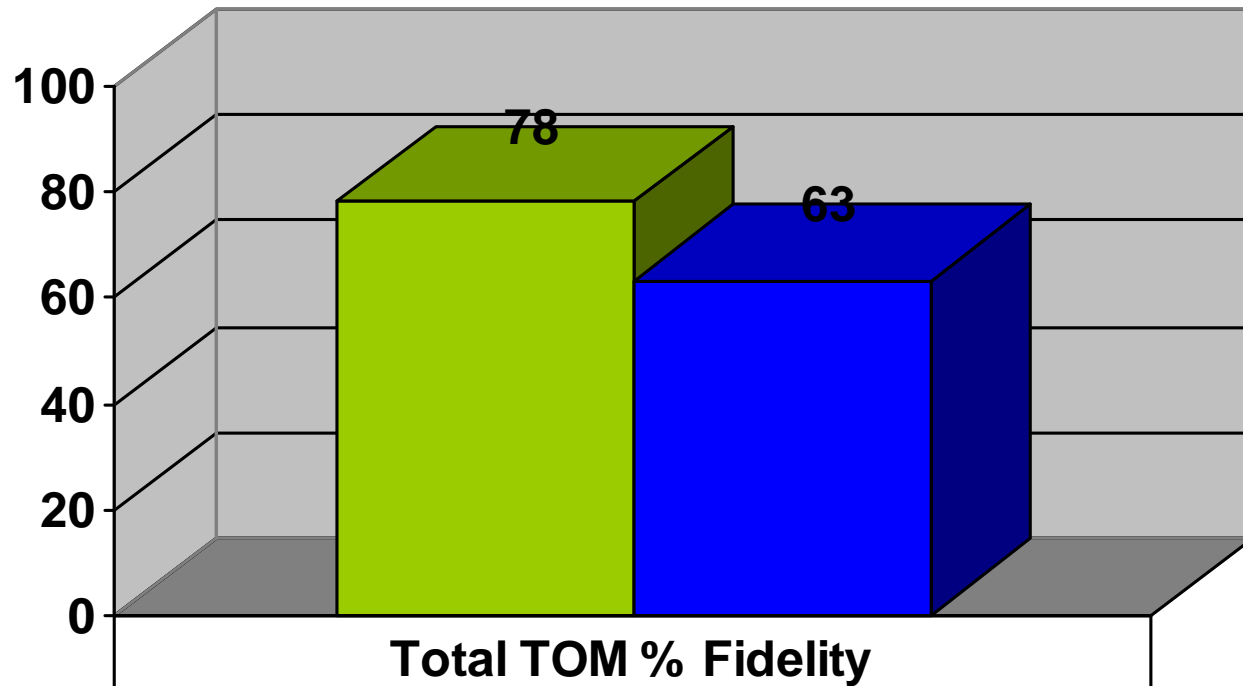
*p<.001



Wraparound Fidelity Index Scores higher for wraparound group but lower than national mean



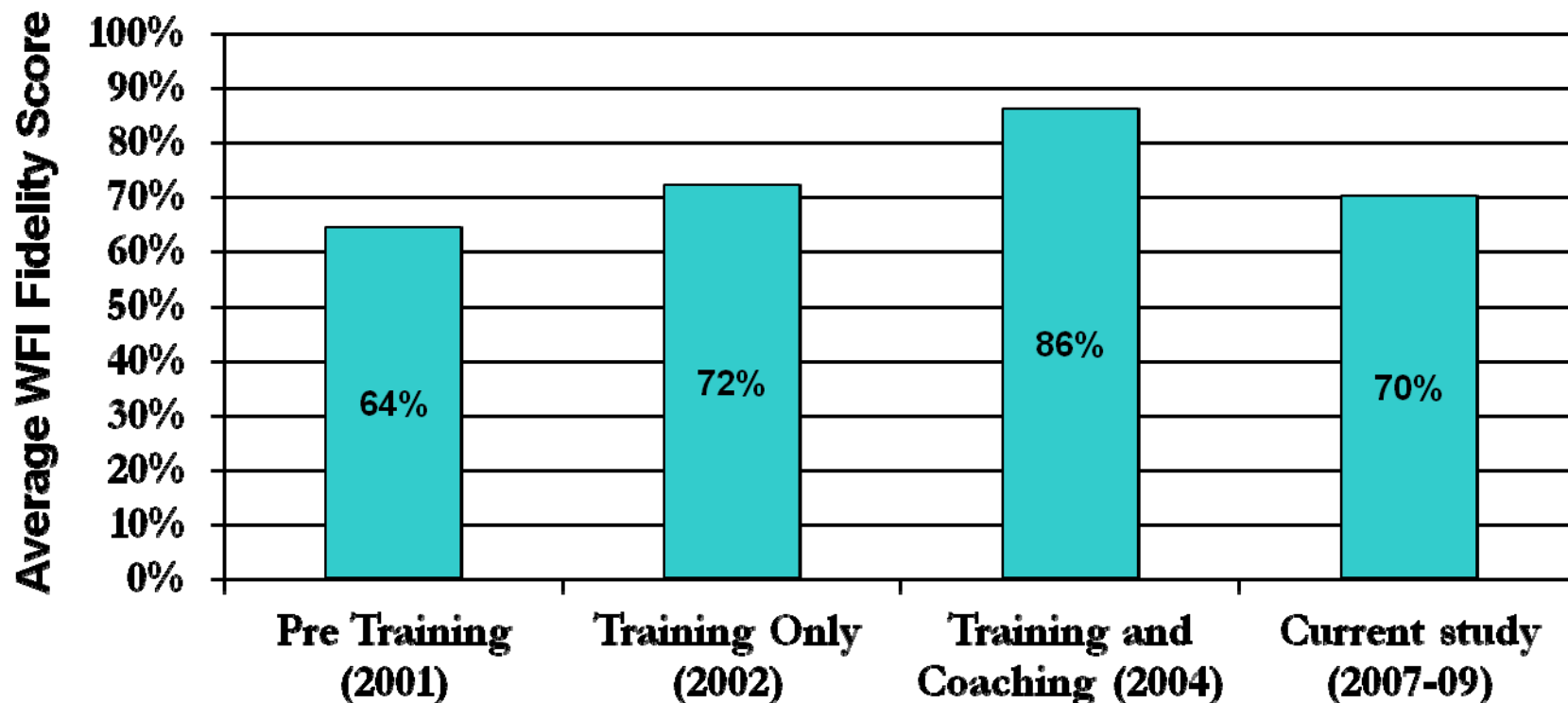
*p<.05

Fidelity as assessed by an observation measure was also found to be far below the national mean



 Nat'l mean	78	
 Wrap in NV	63	Mean over 3 waves of data collection

WFI Fidelity had been increasing in NV as implementation support improved, but fell when taken to scale statewide



Bruns, Rast, Walker, Peterson, & Bosworth (2006).
American Journal of Community Psychology.

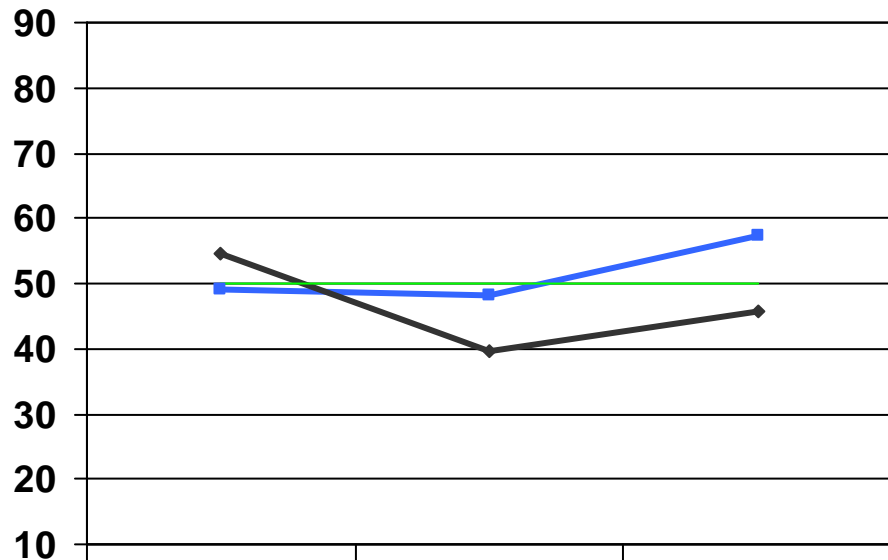
OSC Culture Profile

Proficiency, Rigidity, and Resistance Scales found to be more advantageous for the workers in the ICM condition

Percentile ranks

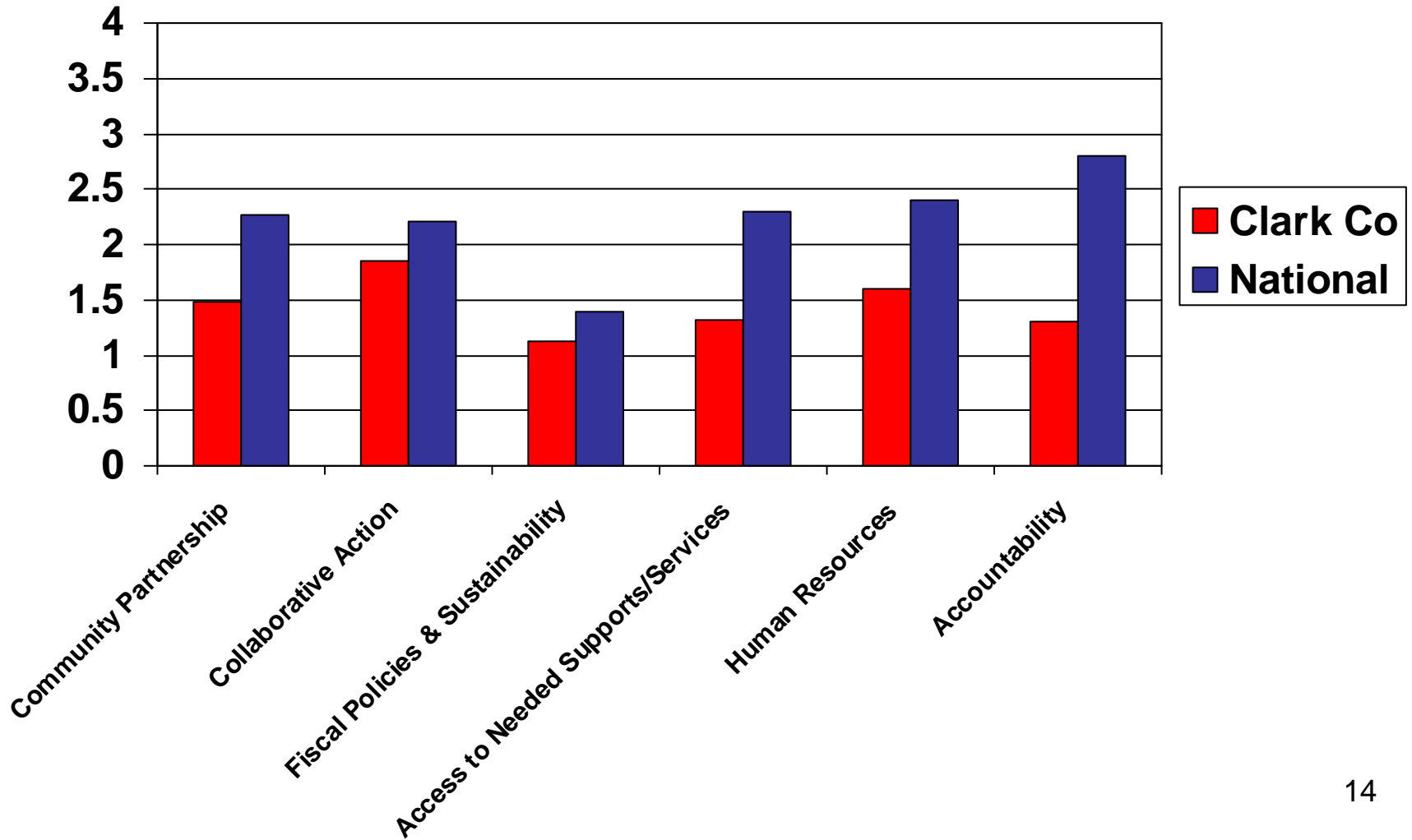
	Prof.	Rigid.	Resis.
Wrap	45%	42%	77%
ICM	66%	14%	32%

T-scores

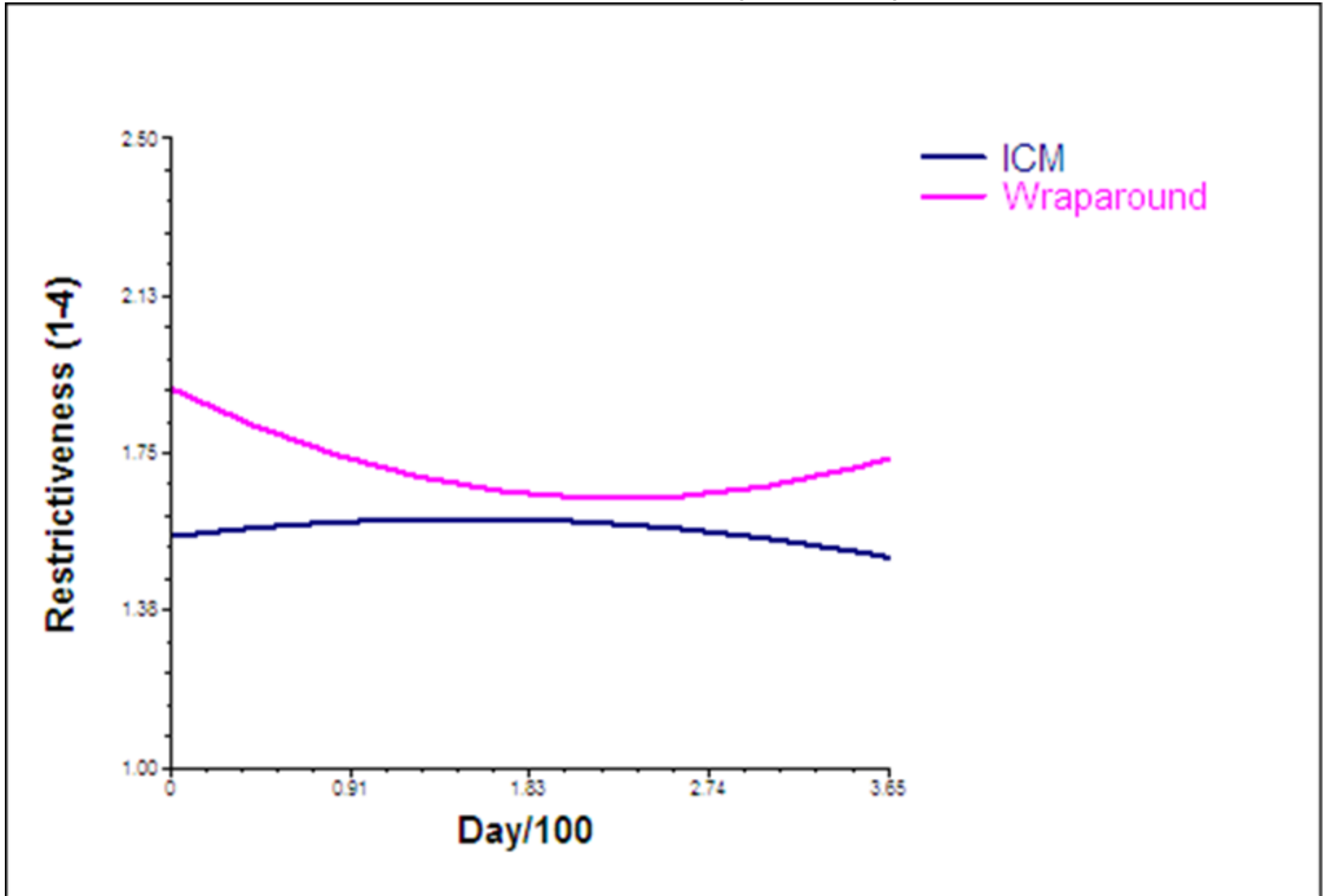


	Proficiency	Rigidity	Resistance
— DCFS-WA (n=18)	49.1	48.2	57.4
— Mojave- ICM (n=14)	54.57	39.76	45.75
— National Sample (n=1112)	50	50	50

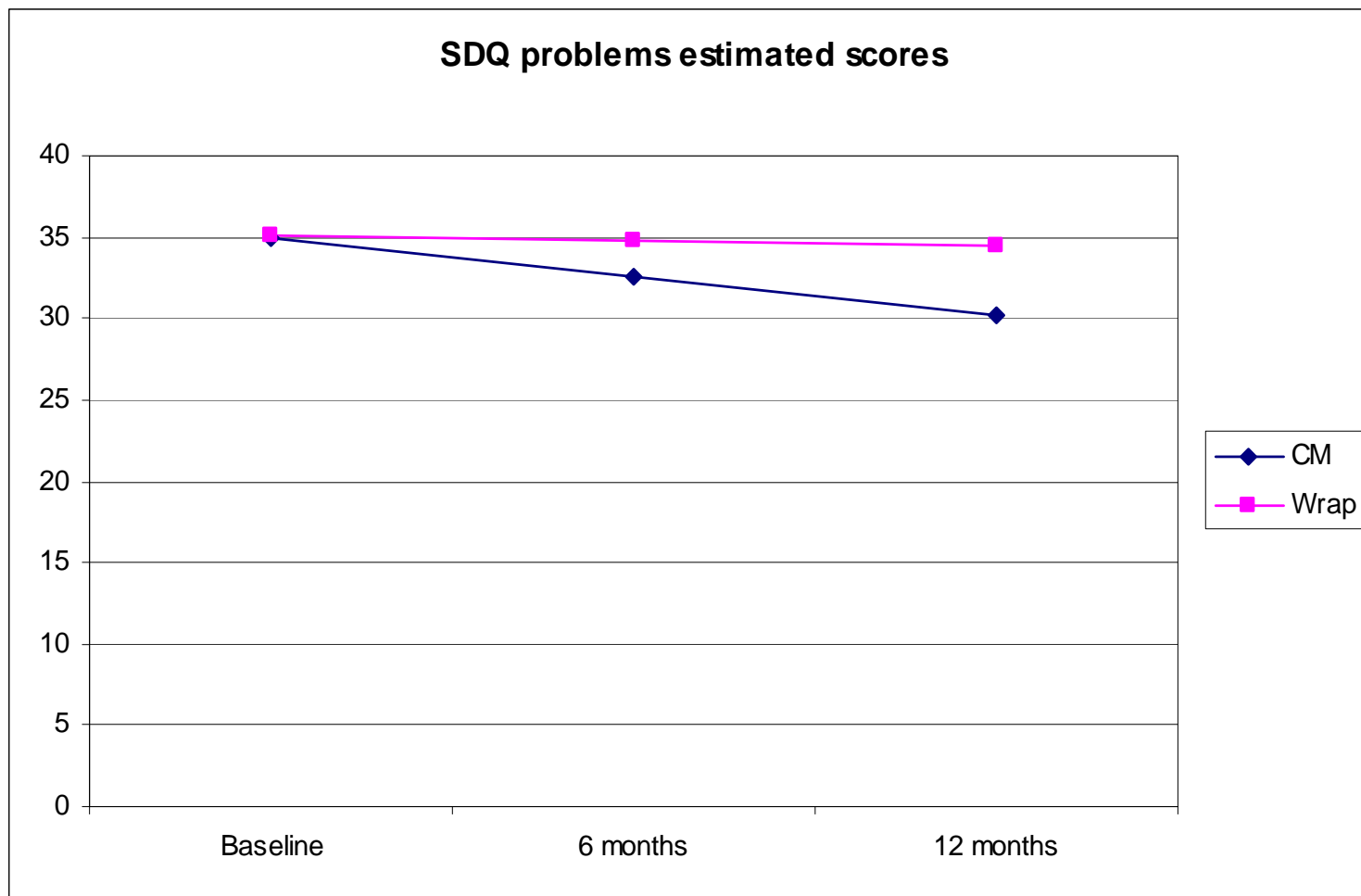
Clark Co, NV found to have poorer system-level supports for wraparound than national sites, as assessed by the CSWI



Residential Restrictiveness found to initially improve for wraparound group, but trend 12 months (n=58)



Total scores on the SDQ actually improved more for the ICM group



What does it all mean?

- Positive outcomes for Wrap not found. Possibly due to the specific study context:
 - Relatively low fidelity
 - Poor system supports
 - Lack of collaboration among systems
 - Little training, coaching, or support to data-driven supervision
 - Less favorable organizational climate and culture
- Findings could also be due to shortcomings in the Wraparound model as implemented in the “real world”
 - Perhaps intensive case management provided by an individual who can also provide clinical service is more effective

Big Picture Implications

- As is so often the case with EBPs, going to scale is difficult
 - Must pay attention to implementation at service, organizational, and system levels
- More service is not necessarily better
- More controlled studies of wraparound in “real world” systems, and *under conditions of greater fidelity controls* are needed
 - Or, controlled research that compares implementation conditions – how much does fidelity matter