

Does Team-Based Planning “Work” for Adolescents? Findings from Studies of Wraparound

Presented at the

24th Annual Children’s Mental Health Research and Policy Conference

Tampa, Florida

March 21, 2011

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Overview

- Teams of many sorts are organized to create treatment/care/education plans for young people
 - The intention is that the young person will be meaningfully involved in creating the plan and making decisions
 - Typically, family or caregivers are also to be involved
- Research suggests it may be difficult to involve young people successfully in this kind of team situation
- We used data from three studies of wraparound to reflect on whether—and under what conditions—team planning is likely to “work” for adolescents with serious mental health conditions



Wraparound

- A frequently-implemented approach for providing comprehensive, community-based care for children with highest levels of need
 - Close to 100,000 families being served in more than 800 wraparound programs/initiatives nationally (Bruns, Sather, & Stambaugh, 2008)
- Practice model stresses
 - Planning is collaborative, but fundamentally driven by perspectives of youth and caregiver/parent
 - Planning is based on identifying and addressing “underlying needs”
 - Strategies are connected to strengths of the youth and family



Why might difficulties arise?

- Wraparound assumes that young people will disclose information that may be of a very personal nature
 - practice model includes extensive engagement and candid exploration of strengths, needs, service history, success of service/support strategies
 - Information is shared with the team and forms the basis of planning
 - Accurate ongoing feedback needed to judge how the plan is working
- Wraparound “works” by uniting team around a common vision of what’s needed, what’s working, how things are going
- But what if young people don’t want to share this information, or if sharing creates conflict or other repercussions?

Disclosure

- Throughout adolescence, young people expand the boundaries around what they are willing to disclose
 - This reluctance to disclose particularly pronounced for young people with MHCs
 - Also where there is distrust of adults
 - Pressure to disclose is a primary source of conflict, cycle can escalate

Daddis & Randolph, 2010; Kerr & Stattin, 2000; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006; Stattin & Kerr, 2000; Hawk et al., 2009; Tilton-Weaver et al., 2010; Masche, 2010; Smetana, et al., 2009



Managing Perspectives

- Young people start making more self-directed decisions, this can cause conflict with parents/caregivers
 - Conflicts typically not resolved— end in disengagement or adolescent capitulation
 - Tendency pronounced when young people with SMHCS
 - Youth receiving MH treatment typically not in agreement with either clinicians or parents about need, goals, problems, etc.; often feel coerced

Garland, Lewczyk-Boxmeyer, Gabayan, & Hawley, 2004; Hawley & Weisz, 2003; Yeh & Weisz, 2000; Phares & Compas, 1990; Phares & Danforth, 1994; Marmorstein & Iacono, 2004; Metana et al., 2006



On the other hand

- Adolescents fare best when they are able to develop self-direction while also maintaining connectedness with parents/caregivers
- Thus wraparound may be a crucible in which developmental challenges are exacerbated
- Or, a unique opportunity to support young people and families to manage conflicts and promote connectedness.

What can we learn from existing data about...

- Are youth satisfied with wraparound, do they feel they participate meaningfully?
- Does satisfaction/participation decrease as youth get older?
- Do caregivers and youth both feel included, or is there “conflict”? Does this change with age?
- Can youth participation be increased without creating conflict or crowding out caregivers?

Study 1: Wraparound service planning in Nevada

- Data collected from 23 matched pairs of caregivers and youth, 6 months after wraparound began
- Youth were 10-17 years old (mean=14)
- Caregivers and youth independently responded to four Likert-style satisfaction questions
 - Overall satisfaction with services
 - Level of involvement in planning services
 - Level of progress in last 6 months
 - Whether the services were helpful
- Used t-tests to compare caregiver and youth response scores
- Pearson correlation coefficients were calculated to examine relationships between youth age and response scores

Paired T-Tests Comparing Youth and Caregiver Satisfaction, Nevada data

	Youth M (SD)	Caregiver M (SD)	t	p
Overall satisfaction with services	4.04 (.825)	4.13 (1.06)	-0.35	.732
Level of involvement in planning	3.43 (.945)	3.91 (.996)	-2.30	.031
Progress in last 6 months	3.83 (.984)	4.00 (1.00)	-0.64	.528
Helpfulness of services	3.57 (1.08)	3.78 (.795)	-1.15	.260
Mean satisfaction	3.71 (.762)	3.96 (.827)	-1.30	.206

Correlations between youth age and satisfaction, Nevada data

	Youth	
	<i>r</i>	<i>p</i>
Overall satisfaction with services	-.442	.035
Level of involvement in planning	-.208	.341
Progress in last 6 months	-.498	.015
Helpfulness of services	-.318	.140
Mean satisfaction	-.457	.028

Study 1: Wraparound service planning in Nevada

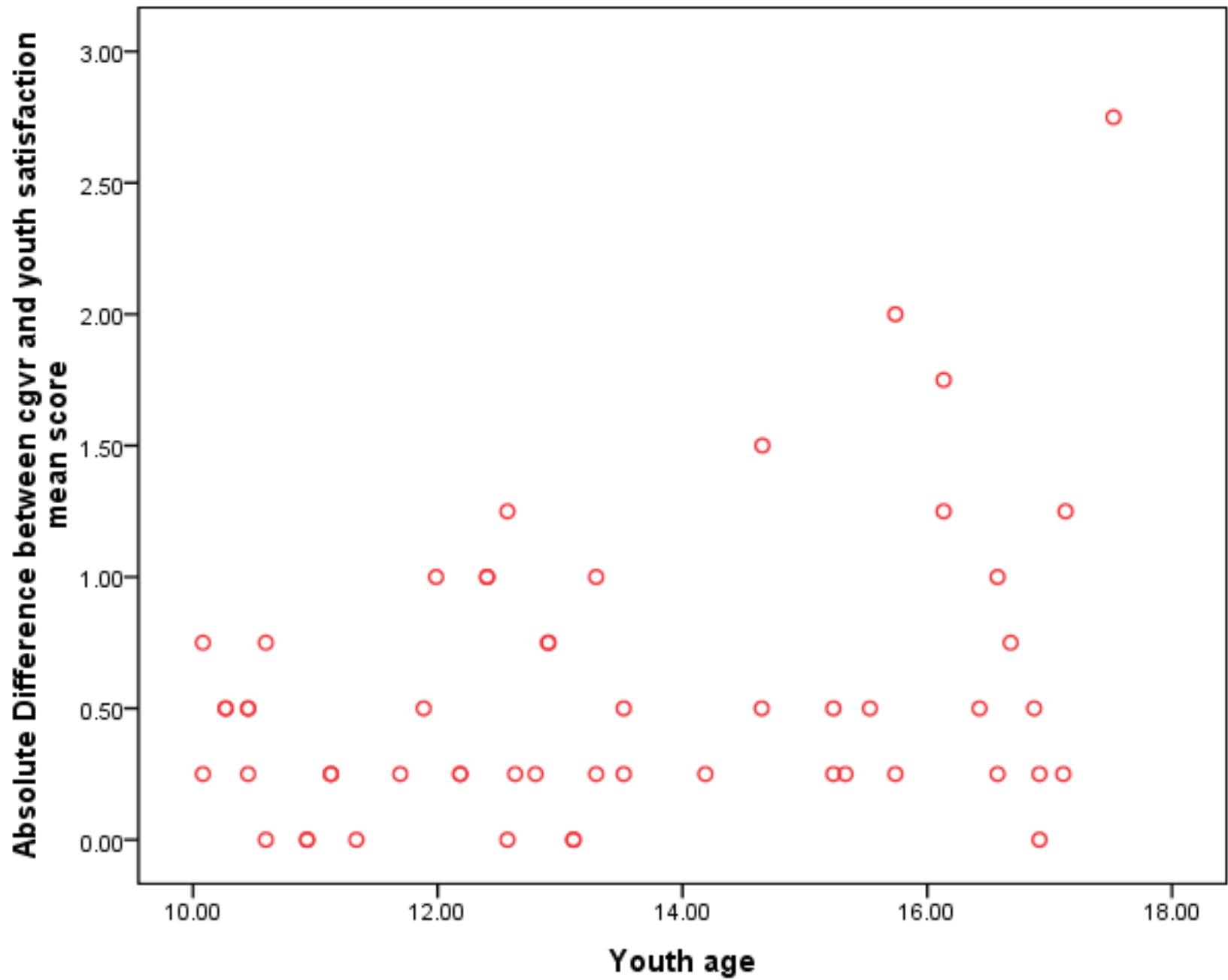
- Can youth and caregivers be simultaneously satisfied with wraparound? Does this change as youth age?
- We examined whether there were relationships between youth-caregiver score conflicts and youth age
- “Score conflict” was operationalized as the absolute difference between youth and caregiver scores
- Positive correlations would indicate that increasing age is related to greater differences in scores

Pearson Correlations between Youth Age and
Caregiver-Youth Conflict on Satisfaction, Nevada data

	Conflict ¹ correlated with youth age	
	r	p
Overall satisfaction with services	.383	.072
Level of involvement in planning	.651	.001
Progress in last 6 months	.091	.681
Helpfulness of services	.251	.247
Mean satisfaction	.477	.022

¹ Conflict operationalized as the absolute difference between caregiver and youth ratings





Study 1: Summary

- Youth may be slightly less satisfied than caregivers in level of involvement
- Older youth less satisfied with overall services and progress
 - No relationship between satisfaction with involvement and age
- As youth aged, their scores on involvement and their average overall scores diverged from their caregivers
- However: the sample size was small, and the overall fidelity scores were very low (26th percentile of national norms)

Study 2: National data on Wraparound Fidelity

- Data collected from 366 matched pairs of caregivers and youth at 41 local wraparound programs throughout the United States
- Youth aged 11 to 20 (mean=15)
- Used the Wraparound Fidelity Index Version 4 (WFI-4)
 - 40 item version for caregivers, 32 item version for youth, with 28 parallel items and 8 items related to participation/involvement
- T-tests compared differences in item scores
- Pearson correlation coefficients were calculated to examine relationships between youth age and response scores
- Correlations were used to explore relationships between age and conflict between youth and caregiver scores

Study 2: National data on Wraparound Fidelity

- Caregivers' overall fidelity rating was significantly, though only slightly, higher than youths' ($M_y=1.46$, $M_c=1.5$, $p=.031$)
- Of 28 t-tests, 13 were significant.
 - 8 had higher caregiver scores, 5 had higher youth scores
 - Of the 8 participation questions, caregivers were significantly higher on 4.

Comparisons of Caregiver and Youth Ratings on Participation and Involvement Questions from the Wraparound Fidelity Index-4, National Data

	Youth corr with age	Cgvr corr with age	Conflict ¹ corr with age
Total mean score	.004	-.139**	.116*
Given time to talk about strengths	-.101	-.06	.066
Given time to talk about what works	.092	.001	-.112
Helped pick members of wraparound team	.106*	-.074	-.111*
Friend/advocate on team	-.050	-.077	-.069
Help create written plan	.083	-.092	-.091
Able to talk about what family values and believes in	.001	-.120*	.118*
Important decisions made when not there	.046	-.092	.014
Have chance to give ideas during meetings	.013	.087	-.020



¹ Conflict operationalized as absolute differences between caregiver and youth ratings

* $p < .05$

** $p < .01$

Study 2: Summary

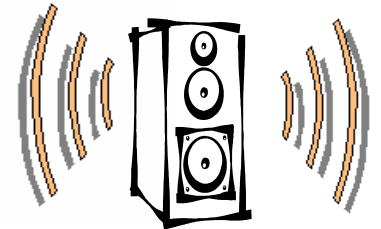
- Some indication that caregivers rated participation as higher (consistent with Study 1), though this relationship is weak
- Older youth reported more involvement in choosing the members of their team than younger youth, though this relationship is weak
- Caregivers of older youth were no more likely to report lower levels of participation in planning (consistent with Study 1), though this relationship is weak.
- Correlations between youth age and conflicts between caregiver and youth scores were weak and inconsistent (some divergence, some convergence, mostly no relationships).

Pilot Test of *Achieve My Plan*

- NV study showed conflict did increase with age; possibly because quality of team process overall was low
- Is it possible to strengthen team process without causing conflict or crowding out caregiver perspectives?
- Achieve My Plan (AMP) is an enhancement to team planning, specifically focused on increasing youth participation

AMP elements

- Developed in collaboration with youth, providers and caregivers
- Coach works with youth on preparation, communication with team members, effective participation during meetings
- Facilitators receive training in how to manage the meeting so it supports meaningful youth participation.








Pilot data...

- Pre- post- on eight teams
- Meetings videorecorded and coded in 20 s. segments
 - Significant or *trend level increases in median occurrences

	M_{Pre}	M_{Post}	p
Youth speaks entire, uninterrupted	2%	10%	.010
Youth speaks significant	40%	53%	.025
Youth contribute to plan	0%	4%	.013
Youth positive comments	1%	5%	.028
Team positive comments *	10%	16%	.065
On task*	93%	97%	.067
Process advocacy	2%	9%	.009

Discussion

- Caregivers generally rated their satisfaction and participation as higher than youth
- Youth age not a useful predictor of perceptions of planning for either youth or caregiver
- Increasing conflict with age in NV possibly because of weak team process
- Study 1&2 data limited to younger than 17
- Increasing attention to team process can



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ACHIEVE MY PLAN

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Description:

Achieve My Plan (AMP): A Randomized Field-Test of Youth Engagement in Mental Health Treatment Planning

For young people aged 14-18 with serious mental health conditions, a comprehensive, team-based approach is increasingly seen as the preferred mechanism for creating and monitoring treatment plans. Unfortunately, the young people themselves rarely participate meaningfully in these kinds of interdisciplinary planning teams. As a result, they can become disengaged from the planning process and unmotivated to participate in the planned treatment. The Achieve My Plan! (AMP) study is testing a promising intervention that was developed by researchers at Portland State University, in collaboration with young people who have mental health conditions, service providers and caregivers. The study is systematically evaluating the impact of the AMP

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Acknowledgments/Funders



The development of the contents of this presentation were supported by funding from the National Institute of Disability and Rehabilitation Research, United States Department of Education, and the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (NIDRR grant H133B090019). The content does not represent the views or policies of the funding agencies. In addition, you should not assume endorsement by the Federal Government.

