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Defining practice: Flexibility, legitimacy, and the nature of systems of care and wraparound

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ABSTRACT

In human services, clear definition of key concepts and strategies is critical to facilitating training, implementation, and research. This article reflects on methods undertaken to specify the wraparound process for children and families, and considers lessons that may be relevant to defining the system of care concept.

Defining a highly complex concept in a sentence certainly requires some fortitude, as Hodges, Ferreira, Israel, and Mazza (this issue) no doubt learned in their effort to update the definition of "systems of care." But such endeavors are also critically important. In human services, the threats posed by poor definition and understanding of service delivery are several: Practitioners and administrators will not know what to do, accountability and quality assurance are difficult, positive results found in one setting become hard to replicate elsewhere, and variation across sites will make research problematic if not impossible. Most importantly, consumers and family members can become frustrated, and may not experience expected outcomes. In this paper, we will draw on our experiences defining the wraparound process and reflect on this initiative's implications for defining systems of care. Specifically, what are the benefits and potential pitfalls of overcoming the "underspecification" of a complex health services construct such as wraparound or systems of care? And, how do we do this in a way that is viewed as legitimate and an improvement over other, possibly competing, definitions?

1. Defining wraparound

For the past few years, we have been attempting to respond to longstanding concerns (Clark & Clarke, 1996; Rosenblatt, 1996) about the adequacy of definition and specification of the wraparound process for children with serious and complex needs and their families. When implemented in a model-adherent manner, wraparound employs a specified planning process to ensure that families, providers, and key members of the family's social support network work as a team to build a creative plan – based on the individual strengths and culture of the family – that responds to that child and family's particular needs, monitors outcomes, and adapts over time (Walker, Bruns, & Penn, 2008).

As demonstrated even in this brief description, the wraparound process reflects several core components common to system of care, including the definition and accompanying logic presented by Hodges et al. (this issue) in the article featured in this special issue. Indeed, the wraparound process has been described as perhaps the most direct practice-level representation of the system of care philosophy (Walker et al., 2008).

However, for some years there was no generally shared definition of the wraparound practice model. Like systems of care, wraparound emerged as a helping response that was more of a "paradigm shift" than a discrete model. In 1998, this changed somewhat when a group of experts convened to better define wraparound. This task was accomplished through the creation of a definition and an associated list of values which were strikingly parallel to the values of systems of care (Burns & Goldman, 1999). The 1999 monograph also specified a list of ten essential implementation elements, some of which described system structures (e.g., the need for a community team) while others described service-level requirements (e.g., use of a resource coordinator; the need to conduct a strengths and needs assessment).

Until recently, this was the primary guidance to the field on wraparound. Though many trainers and model programs had developed materials to support implementation, these were not widely disseminated and there was little consistency in

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understanding or on-the-ground practice, rendering wraparound open to potentially lethal threats borne of underspecification (Walker & Bruns, 2006). Such threats were demonstrated starkly by some early wraparound implementation research that showed many programs failed to incorporate basic practice elements, such as involvement of natural supports, individualized strategies, or even child and family teams (Bruns, Suter, Burchard, Leverentz-Brady, & Force, 2004; Walker, Koroloff, & Schutte, 2003). Thus, our challenge as a research team has been similar to that posed by Hodges and other system-of-care researchers—how do we define this concept with adequate specificity to promote more consistent implementation and allow fidelity measurement (Hodges et al., this issue), while still retaining enough flexibility for continued innovation and local individualization? And a second challenge: When an innovation has no "owners" (such as systems of care and wraparound), how does one create a definition that has legitimacy over other definitions?

To respond to the concerns of children's service stakeholders interested in wraparound, we facilitated a collaborative process to define wraparound more clearly. We did this in two ways: First, by revisiting the principles of wraparound (to state them more clearly at the practice level), and second, to more explicitly describe the steps and activities that constitute implementation. Though the effort to clarify the foundational principles of wraparound represents a major difference between the two definition projects (more on that later), in many ways, our process paralleled the steps undertaken by Hodges et al. (this issue). We started with the existing literature, which included monographs, peer reviewed journal articles, and over 20 manuals provided by trainers and wraparound initiatives nationally. Following a strategy somewhat similar to the second step described by Hodges et al., we then attempted to identify unique and independent strategies and activities described in these materials, and constructed matrices that allowed examination of the commonalities and differences across manuals and programs. A core group of wraparound experts, trainers, and family advocates then created a first draft of a practice model, which organized 31 consistently expressed wraparound activities into four phases: Engagement, initial plan development, implementation, and transition.

In subsequent steps, this model was then subjected to several rounds of on-line review, voting, and feedback from an advisory group of over 50 wraparound experts nationally using a modified *Delphi* process (Woudenberg, 1991). Results indicated a high level of endorsement of most of the initially proposed activities and their presentation. At the same time, we relied on these ratings and open-ended feedback to help craft the first description of the "Phases and Activities of Wraparound." (For a full description of the process, see Walker & Bruns, 2006.)

2. Implications for wraparound

2.1. Benefits of the definition process

Members of our research team and advisory group have reflected at length on the many benefits and several potential pitfalls of these efforts to better define wraparound. A mostly unanticipated and rather extraordinary benefit of the endeavor has been the creation of a national community of practice, now numbering nearly 300 advisors and called the National Wraparound Initiative (NWI; see http://www.wrapinfo.org). The participation of this large community of stakeholders in defining wraparound has built legitimacy and contributed to the feeling that the definitions are not "owned" either practically or intellectually by any one person or subgroup. More than five years later, members of this group are extremely active, and continue to meet, learn from one another, produce documents, and make themselves available to review and shape additional products that might facilitate research, practice, or new methods of service delivery. In essence, the NWI has become a vehicle for producing and disseminating "practice based evidence" (Walker & Bruns, 2006), even as the more formal research base on wraparound continues to expand (Bruns, 2008; Suter & Bruns, 2008). Practically speaking, specifying the wraparound practice model – both the principles as well as the phases and activities – has been the most influential (and controversial) aspect of the NWI's shared work. The most obvious benefit from defining the practice model has been the ability to more consistently communicate about wraparound from a position that truly represents the accumulated expertise of many model programs and experienced trainers, as well as the perspectives of youth and family members. In the absence of research that could direct the field toward a single model program with evidence for effectiveness, this was an initial step in providing clarity for providers, administrators, and families, in a way that communicated a high level of credibility. In contrast, the previous coexistence of a variety of definitions of "wraparound" (e.g., generic in-home services, mere availability of flexible funds) often created confusion about whether wraparound truly demanded, for example, a full team process or active involvement of youth and parents. The consensus definition helped clarify such debates and facilitate publication of guides for administrators and providers (Bruns & Walker, 2008), as well as parents and family members (Miles, Bruns, Osher, Walker, & the National Wraparound Initiative Advisory Group, 2006).

The process has also facilitated development of the research base. Indeed, since these initial definitional steps were undertaken, fidelity measures have been created and/or revised to align with the newly defined model, and two federally funded research projects have been launched. Moreover, greater consistency of implementation across projects calling themselves wraparound has already begun to make it easier to interpret research findings. Evaluation results can, for example, now be better understood in terms of the presence or absence of components of the model or scores from fidelity measures (Bruns, Leverentz-Brady, & Suter, 2008).

Defining the wraparound process at the ground level for children and families has also allowed for other parts of the model to be defined, in order to promote consistency of understanding as well as better practice. One example is definition of the role of the family partner in implementing wraparound (see Penn & Osher, 2008), which would have been highly difficult without the initial consensus description of the basic activities of wraparound. A second example is the clarification of the system factors that need to be in place to support wraparound implementation. It is clear from both experience and research (Walker et al., 2003) that deviation from the wraparound model is likely to result from system deficiencies (such as a lack of collaboration among system partners, under-resourcing of the program, or misaligned fiscal or regulatory policies). To address this problem, we have conducted additional *Delphi* processes among our advisory group to define these necessary system supports, develop methods to measure them, and provide descriptions of how to create them. Again, such activities to build understanding would have been impossible without the initial definitions of wraparound.

2.2. Potential pitfalls

At the same time, we have also observed some problems inherent in our definitional exercise. While it is exciting to see many states and counties using the NWI practice model to define practice expectations, develop regulations, and implement accountability procedures, it sometimes comes at the expense of the flexibility we strove to build into the basic model. We have

heard that in some places administrators and providers who have adopted "NWI wraparound" as an anointed framework may discourage more unique and individualized practices. In other places, a focus on fidelity measurement has come at the expense of outcomes tracking, even though being outcomes based is an explicit part of the wraparound model.

Finally, with regard to the question of ownership and legitimacy, there are ongoing questions of how best to use the community of practice to continue to innovate wraparound and develop products that will be useful for the field. Needless to say, we have embraced the idea of transparency and use of a "democratic process" in definition and communication, as endorsed by Hodges et al. (this issue). But shared ownership of the definitional process can present serious problems. As one advisor put it, "Does everything we do have to be subjected to a vote?"

3. Implications for defining systems of care

Despite the potential pitfalls of these definitional exercises, the rationale for the NWI's efforts to better specify the wraparound process is clear: Without an understanding of what we do on the ground level with youth and families – and an empirically based theory for why we do these things – it is less likely that we will achieve our desired outcomes. Similar efforts are apparently needed to promote clarity around the system of care concept, given that the stated goal of the current definition exercise is to "increase fidelity of system of care implementation across diverse and evolving community contexts" (Hodges et al., this issue). As we have learned, those working on defining the system of care concept will need to pay attention to the tension between flexibility versus rigidity. There is a need for balance between the two so that neither of two problems prevails: overly rigid rules that constrain individualization or a lack of specification that reduces our ability to train, implement, and measure fidelity. This is an interesting issue that is being dealt with in other corners of the children's mental health field, such as in modularizing evidence based treatments to make them more flexible (Chorpita, Daleiden, & Weisz, 2005).

How well does the system of care definition achieve this balance? Ultimately, this has to be evaluated against its likelihood of achieving positive outcomes for individual youth and families. Looking at the components of the definition that are closest to child and family level services delivery – those related to the *system response* element of the definition – the authors state that a system of care ensures that a child and family will be able to "enter, navigate, and exit appropriate services and supports as needed" (this issue), and that the system response is flexible enough to provide the services that are "necessary" for that child and family. This is an appropriate emphasis. Research by Foster, Stephens, Krivelyova, and Gamfi (2007) is persuasive that systems of care are more likely to facilitate improved outcomes for youth and families when they facilitate greater use of services as well as use of services that are tailored to meet the needs of the population of focus. However, neither the definition nor its accompanying statements of logic present methods for achieving these aims. Additional information about the *mode of system response* asserts that the system of care will include "structures, processes and relationships grounded in system-of-care values." In our parallel efforts with wraparound, it proved very hard to measure adherence to values without a sense of their concrete manifestations. Thus, while definition is certainly an important step forward, at this point in the process, the authors are clearly erring on the side of flexibility, and additional specification will be needed if fidelity is truly a goal.

Of course, this is likely an intentional decision by the authors, not just because of the limits presented by a one-sentence definition, but also because of the proposed role of systems of care in helping children and families lead better lives. As stated by one of the original developers of the system of care concept,

> System of care was never intended to be a discrete "model" to be "replicated;" rather, it was intended as an organizing framework and value base. Flexibility to implement the system of care concept and philosophy in a way that fits the particular state and community is inherent in the approach. (Stroul, 2002, p. 4)

According to this statement, there should be a good deal of flexibility in the methods used by communities to ensure appropriate and effective services are available to children and families. Perhaps the systems of care definition (and principles) are intended to provide a foundation for other collaborators to develop the on-the-ground methods for practice-level implementation. This may be an effective strategy; as we have seen, the wraparound process represents one such approach that has evolved to support the system of care philosophy. Ultimately, however, there appears to be tension between presenting the system of care concept as an organizing framework versus a concrete set of system-level activities against which fidelity can be measured.

4. Summary and next steps

Our experience with wraparound leads us to several suggestions for the system of care definition project. First, there needs to be greater clarity about the goals of the effort. Is the system of care framework intended to provide a set of principles against which others can develop models that are expressions of this value base? Or is there a real desire to be able to get to "fidelity" at a system level? At the outset of the NWI, we held a meeting at which advisors set goals such as, "Provide the field with a better understanding about what high quality wraparound is and what is required to do it," and "Determine indicators of high-quality wraparound implementation." Making such goals clear for the system of care exercise can contribute to the legitimacy of the effort while also providing greater clarity about the necessary degree of flexibility versus specificity in the resulting definitions.

If greater specificity is called for, our experience suggests that it may be useful for the system of care project to revisit its original principles. As they stand now, the system of care principles (Stroul & Friedman, 1994) combine system and service level elements. Many of the most specifically stated principles focus on aspects of service delivery, such as the need for individualized plans and a process for ensuring smooth transitions. This may be confusing for those looking for a clear definition of system of care. In the NWI process, we defined the wraparound principles and practice model from the perspective of the child and family, and then asked, "what system level processes are needed to support this practice model?" Similarly, the system of care team may consider defining service and system level elements separately, so it can be very specific about how system factors support practice, and the concrete processes, structures, tools, and fidelity criteria that are needed at each level.

Fortunately, there are significant amounts of raw materials with which such a process could be undertaken. These include a system of care assessment measure (Hernandez, Worthington, & Davis, 2005) and detailed sources of guidance about implementing services in keeping with system of care principles (e.g., Pires, 2002). If the goal is achieving clarity of the system of care concept in a way that can promote implementation and fidelity measurement, Hodges' definition is a good beginning. From here we need to be explicit about how this definition – and the system of care principles – can be achieved in practice. Decisions about just how prescriptive to be, and how to ensure widespread acceptance, will

have major implications for future implementation and research efforts.

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