The National Wraparound Initiative: A Community of Practice Approach to Building Knowledge in the Field of Children's Mental Health

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One of the most significant recent trends in the field of children's mental health has been the shift in the conceptualization of authority and expertise. Increasingly, there are demands to recognize—and to respond to—the perspectives of people who have traditionally been seen more as passive targets of interventions and other change efforts. This has led to a variety of efforts to blend perspectives and/or build partnerships between consumers and providers or between researchers and practitioners. This article explores how a commitment to blending perspectives as a way of providing children's mental health services was a central factor in the emergence of wraparound, a widely implemented care-planning approach for children with complex needs and their families. The commitment to blending perspectives is also a central organizing principle of the collaborative work of a community of practice called the National Wraparound Initiative (NWI), which has worked to support wraparound and to generate knowledge about wraparound practice and implementation. The article goes on to describe some of the benefits, challenges, and tensions that have emerged in the work of the community of practice and to consider what the experience of the NWI may have to offer to others engaged in similar efforts.

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One of the most significant trends in the field of children's mental health in the last quarter century has been the gradual but profound shift in the conceptualization of authority and expertise. This shift has been most obvious in the evolution of ideas about the relationship between service providers and the families or other caregivers of children experiencing mental health difficulties. Traditional service delivery was built around the view of the professional as expert, with children and their caregivers seen primarily as targets for provider intervention (Malysiak, 1998; Osher, Penn, & Spencer, 2008; Rosenblatt, 1996). This view has undergone a radical shift over the past twenty-five years, with an increasing recognition of caregivers as experts about their children's conditions and about the care, support, and treatment strategies that are likely to be successful. As a result, the conceptualization of caregivers' role in treatment-related planning and decision-making has gradually evolved from "ally" to "full partner" to "driver" (Osher, Penn, & Spencer, 2008).

More recently, a similar philosophical evolution has been underway regarding the participation of the young people themselves in treatment-related planning and decision-making (Gyamfi, Keens-Douglas, & Medin, 2007; Huang et al., 2005; Stroul, Blau, & Sondheimer, 2008). A parallel shift has also occurred regarding caregiver and youth participation in other arenas within the field of children's mental health. For example, guidelines, rules, and regulations at the organizational, local, state, and national levels all increasingly encourage—or even require—caregiver and youth participation in advisory groups, governing boards, and other policymaking entities (Huang et al., 2005; Matarese, Carpenter, Huffine, Lane, & Paulson, 2008; U.S. Department of Health and Human Services, 2007).

This overturning of traditional ideas about expertise and authority is of course not limited to children's mental health services. In the field of adult mental health care, a central feature of the consumer recovery movement has been the focus on self-determination and empowerment in mental health care decisions at both the service and systems levels (Anthony, 1993; Onken, Craig, Ridgway, Ralph, & Cook, 2007). More broadly, there has been a growing focus on the empowerment of consumer or client perspectives across the human services—including developmental disabilities, disability services, and child welfare.

This evolution of ideas about expertise and authority has been driven in part by philosophical arguments that highlight individuals' rights to autonomy and self-determination. But this evolution has also been driven in part by pragmatic arguments that draw on the accumulating evidence of the shortcomings of traditional approaches to care and service delivery in children's mental health. For example, large percentages of children and families who are eligible for services choose not to access them; among those who do access services, large percentages do not fully engage; and many others may engage but then leave treatment

without completing it (Kazdin, 1996; McKay & Bannon, 2004; Morrissey-Kane & Prinz, 1999). Perhaps this should not be surprising, since caregivers and youth report experiencing traditional services and service systems as stigmatizing, blaming, deficit-based, and lacking in respect for their real needs and for their economic, social, and cultural realities (Federation of Families for Children's Mental Health [FFCMH] & Keys for Networking Inc., 2001; Hinshaw, 2005; Johnson et al., 2003; Pescosolido, Perry, Martin, McLeod, & Jensen, 2007; Petr & Allen, 1997; Yeh, Hough, McCabe, Lau, & Garland, 2004). It thus seems reasonable to expect that services and systems that promote and respond to caregiver/consumer/youth perspectives will be more relevant and responsive and will have more beneficial effects as a result (Anthony, 1993; Kurtines et al., 2008; Larson, 2000; Taub, Tighe, & Burchard, 2001).

A parallel reexamination of expertise and authority has also been underway regarding the processes for producing knowledge—and particularly knowledge about practice and intervention effectiveness—within the human services. In the traditional model of intervention development, it is researchers who are expert and who create scientific, empirical knowledge about effective practices. This knowledge is then diffused or disseminated to community practitioners (Broner, Franczak, Dye, & McAllister, 2001; Hoagwood & Olin, 2002; Huberman, 1994), who are seen primarily as targets of practice change efforts. In this context, the rethinking of expertise and authority focuses on the lack of attention typically paid to the perspectives and expertise of the professionals and providers who are supposed to implement empirically supported interventions and practices. Similar to the shift in thinking about services and service systems, this rethinking of expertise and authority has been driven in part by a philosophical commitment to empowering those who have traditionally been treated as passive targets of intervention. But pragmatic considerations probably play a larger role in this shift, given the accumulating documentation of the low level of uptake of research findings in general and of empirically supported interventions and practices in particular. Again, traditional approaches to generating and disseminating knowledge have been criticized for not creating outputs that are relevant, useful, or feasible in real-world settings. This lack of uptake by the field has been referred to as a problem with "transportability," the "science-service gap," and the "research-to-practice problem" (Hoagwood, Burns, & Weisz, 2002; Hoagwood, Hibbs, Brent, & Jensen, 1995; Huberman, 1994; New Freedom Commission on Mental Health, 2003; Schoenwald & Hoagwood, 2001; U.S. Department of Health and Human Services, 1999; Weisz & Kazdin, 2003).

It is of course not a coincidence that these developments are occurring in parallel. Each reflects a far broader intellectual and social current that has been brewing in Western thought since the nineteenth century and that emerged into mainstream culture in the United States during the social unrest of the 1960s and '70s. This broad intellectual current is based in a critique of the modern worldview, particularly its confidence that there is a single, external, objective reality that can be discovered using empirical, scientific methods (Taylor & Winquist, 2001). In

contrast, postmodern worldviews are rooted in the recognition that multiple, equally valid perspectives are possible, and that what is believed to be right or true is shaped by the social and power contexts in which knowledge is produced and used. As a corollary, postmodern thinking is generally skeptical of the notion that scientific methods are the only or even the best means of creating knowledge (Smith & Wexler, 1995; Taylor & Winquist, 2001).

At a practical level, the permeation of culture by postmodern thinking has undermined confidence in—and the legitimacy of—traditional institutions and authority. Within children's mental health, this is reflected in the undermining of the authority of the service provider (vis-à-vis service users) and of the scientist/researcher (vis-à-vis community providers). This in turn has allowed space within the field for fresh, exciting ideas to emerge. However, the field has also been challenged by the flip side of postmodern thinking, namely, the question of how to manage competing perspectives. If multiple perspectives are potentially valid, and if the scientific method—or traditional authority—is not always a reliable way of selecting among available perspectives, on what basis should people make individual and collective decisions about how to act in the world?

Within postmodernist thinking, a proposed response to this central challenge is to create knowledge by integrating divergent perspectives through dialogue (Broner, Franczak, Dye, & McAllister, 2001; Habermas, 1984). In children's mental health, this same impulse has led to a variety of efforts to blend perspectives and build partnerships between consumers and providers or between researchers and practitioners. To date, however, the rhetoric of change far exceeds the reality. While the field has acknowledged the potential value in blending perspectives to make treatment-related decisions, create system policy, or develop new interventions, typical experience is that real change has yet to be realized to a meaningful extent (FFCMH & Keys for Networking Inc., 2001; Gyamfi, Keens-Douglas, & Medin, 2007; Johnson et al., 2003; New Freedom Commission on Mental Health, 2003). Part of what keeps the field stuck is a lack of knowledge about what kinds of processes are useful for blending perspectives and a lack of skills to carry out these processes (Walker & Shutte, 2004). Furthermore, participatory decision-making processes tend to be relatively time consuming and their outcomes unpredictable.

In the remainder of this article, we describe how a commitment to blending perspectives as a way of providing children's mental health services was a central factor in the emergence of wraparound, a widely implemented care-planning approach for children with complex needs and their families (Walker & Bruns, 2006a). Because the commitment to blending perspectives is so central to wraparound practice, it was thus quite natural that a perspective-blending approach would also be attempted when wraparound stakeholders came together in a series of collaborative efforts intended to generate and share knowledge about wraparound practice and implementation (Walker & Bruns, 2006b). The article describes how this collaboration, now known as the National Wraparound Initiative (NWI), came to be and how it functions in many ways as a community of practice. The article goes on to describe some of the benefits, challenges, and tensions

that have emerged in the work of this community of practice and to consider what the experience of the NWI may have to offer to others engaged in similar efforts within the human services and education.

Emergence of Wraparound

Wraparound emerged in the early 1980s as a collaborative, team-based planning approach to providing community-based care for children and youth with complex mental health and related challenges. A wraparound team brings together people who have a stake in seeing a struggling child and family succeed. Typically, the team includes the family members themselves, the providers of services and supports, and members of the family's social support network. Team members work together to create, implement, and monitor a plan to meet family needs.

Rather than being explicitly theory-based, wraparound is defined most fundamentally by its values (Walker & Bruns, 2006b), with its first commitment being to family voice and choice. This means that wraparound planning is to be focused on meeting the needs and reaching the goals that family members identify as most essential. It also means that the treatment and support strategies that are included in the wraparound plan must reflect family members' views of what is likely to be helpful in meeting needs and reaching goals (Burchard & Clarke, 1990; VanDenBerg, 1993). The values of wraparound further specify that the process must be individualized, culturally competent, strength-based, and outcome-oriented.

Throughout the 1980s and '90s, more and more programs adopted practices that they called "wraparound" and described as being rooted in the wraparound philosophy. Yet while many of these programs shared features with one another, there existed no consensus about how wraparound was defined or how it could be distinguished from other planning approaches. By the late 1990s, research began to appear documenting impressive outcomes from several wraparound programs and high levels of satisfaction with wraparound among youth and families from diverse populations (Anderson, Wright, Kooreman, Mohr, & Russell, 2003; Burchard, Bruns, & Burchard, 2002; Burns, Schoenwald, Burchard, Faw, & Santos, 2000; Kamradt, 2000). However, looking across the studies, it was unclear whether the wraparound being provided in different places was even the same intervention. The lack of specification for wraparound was thus proving to be a barrier to the accumulation of research required to build evidence for the effectiveness of the approach, a growing imperative in a field increasingly focused on evidence-based practice. More troubling, other studies documented wide variation in quality among wraparound programs, with many programs apparently failing to operate in a manner that reflected the wraparound values (Bruns, Burchard, Suter, Leverentz-Brady, & Force, 2004; Burchard, Bruns, & Burchard, 2002; Walker & Schutte, 2004). Yet without a clear definition of what wraparound was—or was not—it was difficult to develop fidelity measures or quality assurance tools. As a result, by early in the new

century, perhaps 200,000 children and families were receiving some form of wraparound, yet alongside the growing enthusiasm for wraparound were growing concerns about how to ensure its integrity.

The history of wraparound clearly reflects the broader social impulse to question the legitimacy of traditional forms of authority and expertise. Wraparound's philosophy questions traditional notions about the superiority of institution-based care over community-based care, of provider views and treatment strategies over family views, and of professionally provided services over support provided by friends, family, and community members. And rather than being under the control of a single researcher/developer overseeing consistency of implementation, wraparound was continually adapted at the local level to reflect community needs and realities.

While the overturning of traditional modes of authority stimulated a flood of creativity and energy within wraparound, it also gave rise to the postmodern conundrum of how to manage competing perspectives. At the practice level, putting the wraparound principles into practice in a high-quality planning process turned out to be quite difficult. In particular, effectively blending the perspectives of professionals and families/youth proved an ongoing challenge. Teams appeared to lack skills and understanding for how to prioritize family perspectives within a collaboration that included all team members. At the program level, many wraparound flowers bloomed, but this proliferation apparently included both prize specimens and weeds, with no clear method for distinguishing between them.

Moving Wraparound Forward

In light of these concerns, a group of stakeholders from across the country came together in 2003. They met at the Research and Training Center on Family Support and Children's Mental Health (RTC) in Portland, Oregon, where staff had been engaged for some time in research on wraparound. The goal of the meeting was to develop a strategy for defining wraparound and building evidence of its effectiveness. The group's members committed to working together in a manner that reflected the wraparound philosophy and that built on the collaborative ethos that had been a central feature of wraparound's development, with individuals and programs freely sharing ideas, tools, and techniques. This meant that the work would be undertaken collaboratively, and that decision-making processes would be both consensus-based and transparent. Furthermore, members representing all stakeholder groups—particularly youth and family members—would be welcomed into the collaboration, and the expertise of each stakeholder group would be valued equally.

By the end of 2004, the group of stakeholders became known as the National Wraparound Initiative (NWI) and had grown to more than eighty members, including family members and advocates, youth consumers, service providers, and administrators and policymakers from the agency level to the state and

national levels. During that period, the NWI made significant progress on two of its top priorities: clarifying the principles of wraparound and defining a practice model (i.e., specifying the essential constituent activities that make up the wraparound process). In undertaking these and subsequent projects, the NWI has used a range of collaborative and consensus-building strategies, virtually all of which are implemented electronically, via e-mail, Web-based surveys, and other Internet-mediated processes (Walker & Bruns, 2006a, 2006b). For some projects—those for producing general resources or tools—the processes used are relatively informal and unstructured. However, a more rigorous approach is taken to other projects, particularly if the product to be developed has direct practice-related implications, as was the case in the work on both the principles and the practice model.

Typically, the more formal approach begins with the formation of a work group to collect and review background materials. The workgroup then formulates an initial version of a product that is subsequently circulated one or more times to a larger subgroup within the NWI. Feedback from this larger group is then incorporated into the product, which is ultimately circulated one or more times to the entire membership for review. The early steps in this process usually involve soliciting feedback in a relatively unstructured, open-ended manner. As the product is honed, and as the group providing feedback becomes bigger, feedback is sought using a more structured communication and consensus-building process based on the Delphi technique (Woudenberg, 1991). In these later, more structured steps of the process, people providing feedback are asked to provide numerical ratings for various specific portions or aspects of the product and to provide brief written justifications for their ratings. Feedback is aggregated, and people providing feedback in the next round have access to this information as they make ratings and provide comments on subsequent versions of the product. Final versions of products usually have full approval by 95 percent or more of participating raters (Walker & Bruns, 2006a, 2006b).

In addition to refining the principles (Bruns et al., 2004) and defining the practice model (Walker et al., 2004), the more rigorous approach has been used to create an assessment of the extent to which a community provides system-level support to wraparound, a description of the peer "family partner" role and its relation to the principles of wraparound, and a description of the role that family partners play in carrying out the phases and activities of wraparound. The same approach is currently being used to develop a series of implementation guidelines and a community readiness measure.

Less formal collaborative approaches have been used within the NWI to create a large number of supplementary resources. These include a fifty-chapter *Resource Guide to Wraparound* (covering topics such as history, practice, principles, staffing/roles, finance, quality assurance, information systems, and others); the *Wraparound Process User's Guide: A Handbook for Families* (in English and Spanish); *How and Why Does Wraparound Work: A Theory of Change*; an online, searchable

Compendium of Tools to support wraparound practice; and various research summaries and reviews.

The NWI as a Community of Practice

Participants in the NWI did not set out self-consciously to build a community of practice; nevertheless, the NWI does indeed appear in several key ways to function as one. While there are many variations on the definition of "community of practice," virtually all of them trace their origins to work by Lave and Wenger (1991) and include similar elements. Communities of practice emerge when people come together out of a shared passion for a topic and a desire to achieve change, improve existing practices, and/or identify and solve problems in a specific domain of knowledge. The community of practice provides members with opportunities for collaborative reflection, dialogue, and inquiry, allowing them to share expertise and resources, learn from each other, and solve problems. The shared solutions and insights that emerge from community members' interactions form a common store of knowledge that accumulates over time. Community members make use of this accumulated and cocreated knowledge by applying it to their own practice which, in turn, deepens the expertise that they share with the community. Through the interactions that it promotes and sustains, a community of practice creates both tangible and intangible value by creating a shared language and worldview among members; creating knowledge, solving problems, and promoting practice improvement; making tacit knowledge explicit; and creating trust-based interpersonal relationships between members (Lesser & Storck, 2001; Preece, 2004; Wenger, 1998a; Wesley & Buysse, 2001).

Definitions of "community of practice" can paint a rather idyllic picture of people working harmoniously together; however, like members of communities more generally, members of communities of practice do not always get along or collaborate, do not always feel completely satisfied with how the community is evolving, that they are sufficiently respected, or that their perspective is adequately represented in community decisions. Members may become disillusioned with the community, withdrawing to the periphery or even leaving the community altogether. Other challenges, from lack of resources to questions about who really belongs to the community to the undercutting of community norms and values by outside forces, affect communities of practice no less than communities generally. These and other challenges are recognized in the literature on communities of practice, and many have been experienced by the NWI and its members.

The manner in which the NWI began is certainly consistent with the community of practice definition: a group of people came together out of a shared passion for a topic and a desire to achieve change, improve existing practices, and identify and solve problems in a specific domain of knowledge. In the remainder of this article, we present some evidence of ways in which the NWI has served as a community of practice for its members. We follow this with a discussion of some of the

key challenges that arise for communities of practice and describe how these challenges have been experienced by the NWI. We then present a description of recent steps taken by the NWI to address some of these challenges and conclude with a brief discussion.

NWI Impacts and Functioning

In late 2008 the coordinators of the NWI created a Web-based survey as a means of at least partially documenting the Initiative's impact and its functioning as a community of practice. Members of the NWI were asked about their familiarity with the NWI's key products, and they were asked to rate the NWI's success in achieving its four priority goals (identified at its first meeting in 2003). Finally, they were also asked to provide specific examples of ways in which the NWI had had an influence on knowledge, practice, policy, implementation, or some other aspect of wraparound (Bruns, Sather, Walker, Conlan, & LaForce, 2009). About one-third of the approximately two hundred then-active NWI members responded to the survey. Respondents represented the range of wraparound stakeholders, including supervisors and managers in provider organizations (28%), administrators and policymakers (26%), wraparound trainers and consultants (20%), wraparound provider staff (11%), and researchers (9%). Across respondents and roles, 35 percent of survey respondents said they had participated in the wraparound process for themselves, a child, or a family member at some point. Of course, with only one-third of members responding, the results of the survey cannot be said to represent the perspective of the NWI membership as a whole; however, communities of practice, like other communities, comprise not just fully active members, but also those whose participation is more peripheral (Lave & Wenger, 1991). Thus findings from a substantial subset of members do legitimately speak to the issue of whether or not there is a community of practice functioning at least at the core of the group.

Information gathered through the survey offers evidence that members do indeed feel that they are part of a collaborative group that is working toward solving problems, that the group is building a foundation of shared knowledge, and that collaboration within the NWI has had an impact on members' own conceptions and practice of wraparound. For example, 50 percent of all respondents rated the NWI as having a largely positive impact—and a further 46 percent rated it as having a moderately positive impact—on bringing family members, youth, providers, trainers, researchers, and advocates together to collaboratively address key challenges facing wraparound. No respondents rated the NWI as having a negative impact in this area. Similar near unanimity was found in members' rating of the extent to which the NWI was "providing the field with a better understanding" of wraparound practice and the extent to which the NWI was helping to create and share tools, resources, and information—other key functions of communities of practice.

Data also indicated that respondents are familiar with the key products and resources that were produced through the collaborative processes described above and that the use of NWI-created products has had substantial impact on respondents' own conceptualization and practice of wraparound. Data showed that respondents were very familiar with the nine key products and resources that the survey asked about. All of the respondents were familiar with the description of the wraparound principles, and 97 percent were aware of the document describing the phases and activities of the wraparound process. Familiarity was around 90 percent for four more products and close to 80 percent for the remainder. This indicates that, at least for an active core of the NWI, it is true that the shared solutions and insights that have emerged from members' interactions have formed a common store of accumulated knowledge. Furthermore, the impacts described by survey respondents show that community members do make use of this accumulated and cocreated knowledge by applying it to their own practice. This is most clearly shown in respondents' descriptions of the impacts in the area of coaching and training, the most common type of impact described (25% of all examples of impact). Many of the respondents specifically described how NWI materials changed their own practice and/or their approach to coaching and training. Respondents' descriptions of impacts in other areas, such as supervision and quality assurance, also provided examples of how they applied the cocreated knowledge in their own practice.

It is worth noting that NWI impacts were not limited to members alone. A total of more than two hundred non-duplicated impacts were submitted on the survey, and the typical impact was described as having an effect either statewide or regionally. Thus, in addition to having impacts within the community of practice, the NWI's work appears to be creating substantial impact and value outside of the community of practice as well.

Opportunities for Collaboration and Reflection

Members' individual narratives provide an even clearer sense of how the NWI has brought disparate stakeholders together to collaborate and reflect, deepening their own knowledge as a result. Some of the most compelling and impassioned stories of the NWI's impact on individual members of the community of practice come from family members who are NWI members and who have increasingly used the experience to develop expertise on implementation of the wraparound process:

> Through participation in the NWI, I have been able to participate in workgroups (such as the family partner and standards workgroups), where I have been able to provide input into documents, respond to surveys and questionnaires, and learn from others. At the same time, the opportunity to participate in the NWI has definitely influenced my thinking about the implementation of wraparound in my own state, and as I provide technical assistance to

> other states and communities. As a parent who directly received wraparound in the early '90s, I learned a great deal about the implementation of wraparound firsthand, while participating now in the NWI has both reinforced and influenced my thinking in what the process should look like.

Other family members have also described the dual benefits of gaining in-depth understanding of wraparound through contributing to the work of the NWI and being able to then bring these to bear locally.

In sum, though communities of practice can be unwieldy at times, the potential benefits of this kind of collective activity are apparent. Perhaps most important of all, members of the community of practice tend to not feel simply like passive targets of knowledge dissemination and utilization efforts but are instead highly motivated to use the knowledge the community creates (Huberman, 1994). This sort of practice-based-evidence approach thus represents a promising strategy for avoiding major research-to-practice/science-to-service pitfalls, such as a lack of buy-in and acceptance by those who implement and receive the intervention (Tanenbaum, 2005).

Challenges

In its efforts to formally define, support, and build evidence for a specific human service intervention, the NWI appears to be fairly unique as a community of practice. To our knowledge, few if any other human service interventions have been so directly informed by a democratic, consensus-building process with inclusion of a wide spectrum of stakeholders. McGrew and Bond (1995) surveyed experts to identify the critical ingredients of assertive community treatment, now recognized as an evidence-based practice. However, the experts surveyed were primarily researchers and did not include consumers at all. Moreover, the NWI's work to support wraparound more generally is of a qualitatively different nature, with the group making decisions about long-range priorities and working together over time.

Despite its apparent value to members, the NWI faces a number of challenges to both its legitimacy and its longer-term viability. In many ways, these are challenges that are similar to those faced by communities of practice more generally. For example, one of the most obvious challenges to the NWI relates to the funding that is needed to support the people who perform core functions. This includes salary for the people who facilitate, support, and document the NWI's knowledge-building and resource-creating activities. This work is quite effort-intensive and absolutely necessary for a community of practice to move its agenda forward. While the NWI can, and does, sell publications, the publications and other resources represent only a small part of the value that is created through the community of practice. As described in the responses from the survey quoted earlier, the NWI clearly creates intellectual and social capital among its members (Lesser & Storck, 2001; O'Donnell et al., 2003). Yet this type of value is difficult to calculate, and it is not something that can be easily sold (or withheld if someone does

not wish to buy it). What is more, because knowledge is created collaboratively, it is not clear that the intellectual capital—or even the intellectual products—are necessarily owned by the NWI, and it is therefore also not clear whether or to what extent the NWI has a right to try to profit from them, even if only to sustain its ongoing work.

In common with other communities of practice, the NWI thus faces the challenge of finding ways to leverage the intellectual and social capital into economic value that can support sustainability (O'Donnell et al., 2003; Preece, 2004). For communities of practice that exist *within* organizations—typically businesses—the recommended strategies for sustainability typically involve demonstrating value to management so that management will pick up the tab (O'Donnell et al., 2003; Wenger, McDermott, & Snyder, 2002). In the field of children's mental health, however, there is no "management," and the value produced by the NWI is not captured within any single or even any well-defined set of organizations. There may also be a tendency to underestimate the effort required to support the NWI's work, since communities of practice are seen as organic (Wenger, 1998a) and perhaps therefore self-sustaining. Typically, knowledge-creation activities in the field of children's mental health are funded by research grants; however, basic funder expectations about the process of knowledge production (i.e., that the optimal research process will be defined before the work begins and then rigidly adhered to) are not particularly compatible with a community of practice approach, which by its nature is unpredictable and uncontrollable.

Beyond the resource issues, several other challenges to sustainability arise from tensions that are inherent in a community of practice. Among these, the tension between reification and participation (Wenger, 1998b) has been most obvious in the NWI's work. In this context, *reification* is the process of turning abstract, fluid, implicit thinking into tangible form, typically as documents. *Participation* is the ongoing negotiation of meaning that drives an engaged learning process and that also drives the knowledge generation that goes on in a community of practice. The NWI's document defining the wraparound practice model offers an illustration of this tension. Creating the document was an intentional effort to make explicit members' implicit knowledge about effective wraparound practice; however, the existence of this description of practice has given rise to a very real danger—namely, that wraparound programs will use the information in the document to implement a rigid approach to practice that focuses far too much on moving through the defined process and far too little on achieving the deeper vision that is described by wraparound's principles and philosophy. This still-unresolved tension continues to be at the root of some significant discord within the NWI, though it has also created important opportunities for internal dialogue about the nature of learning and effective practice.

A related challenge has stymied attempts by some NWI members to create program standards. A substantial number of NWI members argue that the development of standards is a high-priority activity, and that standards are essential for ensuring wraparound program quality. While there is substantial agreement

about some general expectations for programs—for example, in areas such as caseloads, staffing patterns, expectations for coaching and supervision, training sequences, and so on—there is also awareness that there are legitimate reasons to make exceptions for almost any specific standard that could be created in these areas. In addition, a substantial number of NWI members believe that there is currently not enough knowledge about wraparound implementation to justify creating standards, and that doing so would stifle the kind of innovation and creativity that is necessary for producing new program models.

Another tension that has been described in the literature on communities of practice is that between designed and emergent activities (Wenger, 1998b). *Designed activities* are those that are planned out in advance, in order to achieve a particular goal or outcome. In contrast, *emergent activities* arise from interaction and participation in ways that are unplanned and unpredictable. In recent years, the NWI's work has included both designed and emergent activities, and managing both sorts of activities has at times led to challenges. Overall, designed activities have received relatively more attention and resources from the NWI, in part because funders of the NWI have required specific plans for work and products prior to funding. The designed activities tend to be planned primarily by the co-coordinators, though the activities focus on priority areas identified by the membership. In addition, the co-coordinators do seek members' input on plans for addressing these priorities through consultation with members and/or through periodic member surveys.

The process of gathering input into designing activities is fairly ad hoc, however, and the net result is that some members do not see the process of making decisions about priority work areas—or strategies for accomplishing goals in these priority areas—as reflecting the democratic, collaborative ethos of wraparound and the NWI. While it is difficult to know how many members are dissatisfied with the NWI on this point, it is clearly true that at least some members are dissatisfied with decisions about how the planned activities are carried out, feeling that certain other members and/or the co-coordinators have disproportionate power to steer the NWI in ways that may reflect the biases of their particular role types (i.e., academic researchers) or perspectives on mental health interventions (i.e., that the field will benefit from some type of centralized guidance to ensure quality of implementation). At least among some members, this dissatisfaction is intensified because they feel that, through the NWI's collaborative work, their own intellectual capital has been used to move the field to a point where wraparound is becoming over-standardized and/or excessively "manualized."

Emergent activities, on the other hand, appear most obviously at annual members meetings of the NWI. At one of the early meetings, rather than completing the meeting agenda planned by the co-coordinators, the group decided instead to define a series of priority areas and to use a substantial portion of the meeting time to generate specific goals and plans within these areas. The larger group then broke up into smaller workgroups, each of which created a plan for which

workgroup members would have primary responsibility for carrying out which plans. Since that time, the workgroups have endured from year to year; however, workgroup success in making progress on plans has been mixed. One workgroup, the family partner task force, has been particularly successful in setting goals and working steadily year over year to achieve them (though, of course, in doing so, the family partner group transformed the emergent activities into a series of planned activities).

Other groups have in general been less successful in achieving their goals. This is at least in part due to the fact that NWI members have little spare time to accomplish the ambitious plans they lay out in the workgroups, and the NWI has only limited ability to support members to do the work. A further difficulty arises because, when workgroups convene each year, new emergent activities are often prioritized over those on the existing plans, so a whole new set of goals is put in place. At one of the annual meetings, after a discussion that noted lack of progress on workgroup plans, a group of members argued that the co-coordinators should be more supportive of the workgroups' plans and should devote more of their energies and resources to workgroup-related tasks. However, this has only happened to a limited extent, in part because the sum total of work proposed by the workgroups is overwhelming. Furthermore, the co-coordinators' motivation to support workgroup plans is attenuated by the changing nature of the plans (as described above), as well as the fact that the co-coordinators and their staffs have contractual commitments to funders that require focusing on the planned activities.

The NWI's work is also heavily influenced by even larger tensions within the field of children's mental health. Alongside the trend to redefine authority and expertise, perhaps the other most influential trend in the field is the drive to create and implement evidence-based practices (EBPs). In some ways, this is an uncomfortable and curious state of affairs, since the EBP movement is most clearly tied to a modernist, empiricist agenda, while efforts to redefine authority and expertise are expressions of postmodern and post-postmodern impulses that severely critique the modernist worldview. Yet a closer inspection suggests that these two trends are also—at least in some corners of the field—engaged in a creative tension that drives productive innovations. On the one hand, we see some EBPs that are designed to be more flexible and responsive to client goals and perspectives and other EBPs that recognize client/consumer expertise by incorporating peer-delivered services and/or support. And on the other hand, we see a growing literature that seeks to create practice-based evidence and/or to establish empirically the effectiveness of perspective-blending approaches like wraparound. Members of the NWI are in general very supportive of efforts to build an evidence base demonstrating wraparound's effectiveness and of using empirical methods to study training effectiveness and other areas of implementation. Members of the NWI thus appear quite willing to tolerate the tension between modern and (post-)postmodern impulses as they participate in efforts to ensure the integrity, quality, and effectiveness of wraparound.

Continued Evolution

As Wenger (1998b) points out, the tensions outlined above can take the form of a dialectic that drives innovation, creativity, and the creation of intellectual and social capital within a vibrant community of practice. But the tensions and challenges that the NWI has encountered are also connected to real dangers and threats, both to the vision and goals of the NWI and to the community of practice itself, should significant numbers of members become deeply disaffected. It remains to be seen whether the NWI can somehow manage these kinds of tensions—and others—in a productive manner.

In response to some of these challenges—as well as to other factors—the NWI is in the process of reconstituting itself organizationally and, at least in part, financially. With the firm support of members, as expressed during the 2009 annual meeting, the NWI is transforming into an organization partially supported by member contributions. Members will pay a yearly subscription, with funds going to support the community of practice aspect of the organization. The NWI will continue making its collaboratively developed products available to the public, but members will have access to a restricted Web site that hosts forums, blogs, and directories that are intended to promote direct member-to-member communication (i.e., without facilitation by the co-coordinators or staff, though facilitated work will also continue). At the same time, the organization will be conducting a membership drive in an effort to expand membership beyond the initial highly experienced members. Finally, the NWI has formed a twelve-person advisory board to help guide planning for the near future.

It is hoped that these changes will help address the downside of some of the challenges and tensions that the NWI has encountered. For example, if enough people become members, their contributions should create a revenue stream that is independent from outside funders, giving the NWI more autonomy and enabling the organization to be more flexible in responding to emergent priorities. Furthermore, a more flexible revenue stream will make it easier for the NWI to provide modest stipends to support members' contributions to various activities and projects that the organization undertakes. This is particularly important at the early stages of developing products and tools. Providing input in these early stages generally requires a fair amount of effort from each person involved, in contrast to providing input or critique at later stages, when products have already been substantially developed. In the past, providing stipends appears to have been successful, with the availability of this small level of support promoting higher levels of member participation during the more effort-intensive early stages of collaborative work. A higher level of member participation may also help the organization accomplish more overall and achieve a larger number of the many goals that have been prioritized in the (mostly unrealized) workgroup plans. Finally, it is hoped that the creation of the executive board will lead to a more participatory process for organizational planning and direction-setting.

Of course, if these tensions are truly inherent in communities of practice, it is neither possible nor desirable to eliminate them entirely. Some degree of member dissatisfaction is inevitable, and the co-coordinators have adopted two main strategies for managing some of the core tensions. One is to avoid pushing too hard for reification in areas where there is controversy, despite possible pragmatic advantages to the field for doing so. In general, it appears that moving slowly can allow a limited consensus to form, which in turn may provide the foundation for the next small step (which may in fact be in a somewhat different direction than that which might have originally been imagined by people involved in the controversy). The other strategy is to try to hold open channels for hearing and considering disagreement and dissatisfaction as it arises. In one example relevant to the tension between reification and participation described above, a group of members wanted to reopen the discussion of the description of one of the wraparound principles, several years after work on the principles document had been completed. The discussion was indeed revived, and eventually a formal consensus-building process was pursued, with the entire membership invited to participate. Ultimately, changes were made to the *Ten Principles of the Wraparound Process*, the most fundamental document of the NWI's reified knowledge base, and a report was produced, describing why the changes were made and summarizing the process that led to the revised version of the principles document (Bruns, Walker, & the National Wraparound Advisory Group, 2008).

Conclusion

In the introduction to this article, we argued that the field needs new strategies to drive solutions to its most profound and enduring shortcomings: racial and ethnic disparities, lack of client engagement and retention, poor outcomes, and so on. However, as things stand, the resources for creating new knowledge (or for creating and sharing knowledge in new ways) flow in enormous disproportion to work undertaken in a more traditional, modernist mode, and the problems related to uptake, relevance, and feasibility in the real world persist. Despite the many challenges and tensions that complicate the work of communities of practice, our experience with the National Wraparound Initiative suggests that it is well worth exploring how this kind of collaborative approach can be used as a way of driving creative problem-solving and stakeholder investment in the service of improving outcomes for children and families.

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