The Wraparound Process
A Tier 3 Component of School-wide PBIS

Eric Bruns, PhD
University of Washington School of Medicine
ebruns@uw.edu
http://education.washington.edu/smart

Annual Northwest PBIS Conference
Portland, OR

February 28, 2019
Acknowledgments

• Lori Lynass, Washington PBIS Network
• Lucille Eber, Illinois PBIS Network
• Mark Weist, University of South Carolina and Susan Barrett, PBIS Maryland
• Jesse Suter, University of Vermont
• Sheri Luecking, ISTAC
Agenda for today

• Session 1 (11:15-12:30)
  – What is “Tier 3” Wraparound?
  – How does it fit into the PBIS framework?
  – What are the Principles and Practice Elements?

• Session 2 (1:45 – 3pm)
  – What structures are needed in schools and communities to implement T3W?
  – Teams
  – Roles
  – Collaboration
http://education.washington.edu/smart
SMART Center Mission

• To promote quality improvement of school-based mental/behavioral health services by facilitating the transfer of evidence-based practices to educational settings.

• Overarching SMART Center Goals:
  1. Prevent and address mental health problems that interfere with academic success.
  2. Promote the well-being of youth across school, home, and community contexts.
  3. Make effective use of evidence-based intervention programs across all three tiers of support.

http://education.washington.edu/smart
the national wraparound initiative

In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary functions:

- Supporting community-level planning and implementation
- Promoting professional development of wraparound staff
- Ensuring accountability
- Sustaining a vibrant and interactive national community of practice

The NWI is membership supported. You can join the NWI to help continue this important work!!

wraparound resources
The always-useful Resource Guide to Wraparound
NEW! NWI webinar slides and recordings
NEW! Summary of evidence for wraparound

upcoming trainings & events
NWI presents at California Wraparound Institute – June 7, 2010
Webinar: Accountability and Quality Assurance in Wraparound - June 15, 2010

top news & new research
KBCS radio featured a story on Washington State and the National Wraparound Initiative as the second feature of a two part series "Cruel Choices."

Wraparound Milwaukee in 2009 Visionaries video

members & affiliates section
NWI members and affiliates can log in here to access job postings, bulletin boards, the NWI blog, members and providers directories, “beta” versions of new resources, archived materials, and more...
Wraparound Service and Positive Behavior Support

What is Wraparound?

Wraparound is a philosophy of care with defined planning process used to build constructive relationships and support networks among students and youth with emotional or behavioral disabilities (EBD) and their families. It is community based, culturally relevant, individualized, strength based, and family centered. Wraparound plans are comprehensive and address multiple life domains across home, school, and community, including living environment; basic needs; safety; and social, emotional, educational, spiritual, and cultural needs. Another defining feature of wraparound is that it is unconditional; if interventions are not achieving the outcomes desired by the team, the team regroups to rethink the configuration of supports, services, and interventions to ensure success in natural home, school, and community settings. In other words, students do not fail, but plans can fail. Rather than forcing a student to fit into existing program structures, wraparound is based on the belief
The Traditional “Refer” – “Test” – “Place” model is not effective
Bridging the Gap

General Resources

Intensity of Problem

Amount of Resources Needed to Solve Problem

General + Intensive Resources

General + Supplemental Resources
Multi-Tier System of Supports (MTSS)
A continuum of evidence-based supports for social-emotional needs

Targeted/Intensive
(FEW High-risk students)
Individual Interventions
(3-5%)

Selected
(SOME At-risk Students)
Small Group & Individual Strategies
(10-25% of students)

Universal
(All Students)
School/classwide, Culturally Relevant Systems of Support
(75-90% of students)

---

Tier 3 Menu of Individual Supports for a FEW:
• FBA-based Behavior Intervention Plan & Replacement Behavior Training
• Cognitive Behavior Therapy
• “Tier 3 Wraparound” teaming

Tier 2 Menu of Default Supports for SOME:
• Behavioral contracting
• Self monitoring
• School-home note / “Class pass”
• Mentor-based programs
• Targeted individual MH treatment
• Group social-emotional skills training

Tier 1 Menu of Supports for ALL:
• Schoolwide PBIS
• Positive relations with all students
• Social-emotional learning (SEL)
• Evidence based prevention E.g., Good behavior Game
• Proactive classroom management
Interconnected Systems Framework:

Integrating PBIS and School MH

https://www.pbis.org/school/school-mental-health/interconnected-systems
Interconnected Systems Framework

Tier I: Universal/Prevention for All

Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students

- **School Improvement team** gives priority to social and emotional health
- **Mental Health skill development** for students, staff, families and communities
- **Social Emotional Learning** curricula for all
- **Safe & caring** learning environments
- **Partnerships:** school, home & community
- **Decision making framework** guides use of and best practices that consider unique strengths and challenges of each school community
Interconnected Systems Framework

Tier 2: Early Intervention for Some

*Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns*

- **Systems Planning Team** coordinates referral process, decision rules and progress monitors
  - **Array of services** available
  - **Communication system**: staff, families and community
  - **Early identification** of students at risk for mental health concerns due to specific risk factors
  - **Skill-building** at the individual and groups level as well as support groups
- **Staff and Family training** to support skill development across settings
Interconnected Systems Framework

Tier 3: Intensive Interventions for Few Individual Student and Family Supports

- **Systems Planning team** coordinates decision rules/referrals and progress monitors
- **Individual team** developed to support each student
- **Individual plans** have array of interventions/services
  - Plans can range from one to multiple life domains
- System in place for each team to **monitor student progress**
An Expanded Tier Three

- Mental health professional(s) part of tertiary systems team
- FBA/BIP and/or person-Centered Wraparound plans completed together with school staff and mental health provider for one concise plan, rather than each completing paperwork to be filed
- Access to community-based supports for students and families
Getting to “Tier 3”

“Here comes the really hard part!”
What is Tier 3 intensive?

• For students with serious and challenging behaviors that require individualized interventions

• Collection of data to determine function of behavior (FBA) and positive behavior plan to address function (BSP)

• For youth who require it – Coordination of home, school, community interventions
  – Potentially using the wraparound process
Tier 2/3 Process Builds Across Tiers

**Tier 2**
- Teams
- Goals
- Assessment
- Intervention
- Evaluation

**Tier 3**
- Teams
- Goals
- Assessment
- Intervention
- Evaluation

**Tier 3 Wraparound**
- Teams
- Goals
- Assessment
- Intervention
- Evaluation
Very few PBIS schools meet “Tier 3” fidelity criteria

Schools Implementing SWPBIS by State in 2015-16 (Tier 3)

- 6827 Measured
- 1436 Met Tier I Criterion
How would you describe the strategies you use at “Tier 3” in your school?
The rationale for Wraparounds

- From a family perspective
- From a systems perspective
The Evans Family

Major Challenges:

• Crystal, 34
• Tyler, 36
• David, 14
• Kyle, 12
• Kaia, 12

• Crystal has depression and suicide ideation
• Tyler is in recovery from alcoholism and can not keep a job
• David has been arrested multiple times for theft, vandalism, drug and alcohol use and assault
• David is in juvenile detention
• David is two years behind in school
• Tyler was seen using inappropriate discipline and the twins are now in foster case
• The twins are often very aggressive and have been diagnosed with bipolar disorders
• The twins are very disruptive at school and are 2-3 years below grade level

With thanks to Jim Rast and John VanDenBerg
The Evans Family

Major Strengths:
- Tyler and Crystal are determined to reunite their family
- The family has been connected to the same church for over 30 years
- Tyler is committed to his recovery from alcoholism
- Tyler has been attending AA meetings regularly
- Crystal has been employed at the same restaurant for 8 years
- Crystal’s boss is a support for the family and allows her a flexible schedule to meet needs of her family
- David is a charming and funny youth who connects easily to adults
- David can recite all the ways he could get his GED instead of attend school
- Kyle is athletic and can focus well and make friends when doing sports
- Kaia uses art and music to soothe herself when upset

With thanks to Jim Rast and John VanDenBerg
26 Helpers and 13 Plans

Helpers:
- School (5)
- Technical School (2)
- Bailey Center (2)
- Child Welfare (1)
- Specialized Foster Care (2)
- Juvenile Justice (1)
- Children’s Mental Health (6)
- Adult Mental Health (3)
- Employment Services (2)
- Alcoholics Anonymous (1)
- Housing Department (1)

Plans:
- 2 IEPs (Kyle and Kaia)
- Tech Center Plan
- Bailey Center Plan
- Permanency Plan
- Specialized Foster Care Plan
- Probation Plan
- 3 Children’s MH Tx Plans
- 2 Adult MH Tx Plans
- Employment Services
- 35 Treatment Goals or Objectives
### Monthly Appointments for the Evans Family

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Worker</td>
<td>1</td>
</tr>
<tr>
<td>Probation Officer</td>
<td>2</td>
</tr>
<tr>
<td>Crystal’s Psychologist</td>
<td>2</td>
</tr>
<tr>
<td>Crystal’s Psychiatrist</td>
<td>1</td>
</tr>
<tr>
<td>Dave’s therapist</td>
<td>4</td>
</tr>
<tr>
<td>Dave’s restitution services</td>
<td>4</td>
</tr>
<tr>
<td>Appointments with Probation and School</td>
<td>2</td>
</tr>
<tr>
<td>Family Based</td>
<td>4</td>
</tr>
<tr>
<td>Twins’ Therapists</td>
<td>4</td>
</tr>
<tr>
<td>Group Rehabilitation</td>
<td>8</td>
</tr>
<tr>
<td>Tyler’s anger management</td>
<td>4</td>
</tr>
<tr>
<td>Children’s Psychiatrist</td>
<td>1</td>
</tr>
<tr>
<td>Other misc. meetings: Housing, Medical</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

*Also: 16 AA meetings each month, + 20 or more calls from the schools and other providers each month.*
Comments from the Files

- Parents don’t respond to school’s calls
- Family is dysfunctional
- Parents are resistant to treatment
- Home is chaotic
- David does not respect authority
- Twins are at risk due to parental attitude
- Mother is non-compliant with her psychiatrist
- She does not take her meds
- Father is unemployable due to attitude
- Numerous missed therapy sessions
- Attendance at family therapy not consistent
- Recommend court ordered group therapy for parents
Brief interactive exercise

IF YOU COULD DO EVERYTHING YOU COULD TO SABOTAGE EFFECTIVE PRACTICE WITH A HIGH-NEEDS STUDENT AND FAMILY, WHAT WOULD YOU DO?
The silo issue: Traditional services rely on professionals and result in multiple plans.

- Behavioral Health
- Juvenile Justice
- Education
- Child welfare
- Medicaid

YOUTH

FAMILY

Plan 1
Plan 2
Plan 3
Plan 4
Plan 5

Laura Burger Lucas, ohana coaching, 2009
In wraparound, a facilitator coordinates the work of system partners and other natural helpers so there is one coordinated plan.
Wraparound at the top of the population served in a systems of care

- Universal Health Promotion Level: 80%
- Targeted Intervention Level: 15%
- Intense Intervention Level: 2% (3% More complex needs)
- Full Wrap Process: 80% (2% More complex needs)
- Individualized Services: 15% (3% More complex needs)
- General Services: 80% (Less complex needs)
For which children and youth is wraparound intended?

• Youth with multiple needs across home, school, community
• Youth at-risk for change of placement (youth not responding to current systems/practices)
• Youth who have adults not engaged or getting along
• Many adults are involved and they need to work together well for the youth to succeed
• *Wraparound facilitation + flexible funds may cost $1000 - $3000/mo., so typical use is to divert from high cost alternatives*
  – Psychiatric hospitalization ($5000-6000/day)
  – RTC ($700-$1500/day)
  – Detention ($3000-8000/mo.)
Wraparound Practice
The Principles
Key Elements
The Phases and Activities
Principles of Wraparound

Individualized
Strengths-Based
Unconditional Care
Family Voice & Choice
Culturally Competent
Collaboration
Outcome-Based
Natural Supports
Team-Based
Community-Based
The Phases of Wraparoun

Phase 1A: Engagement and Support
Phase 1B: Team Preparation
Phase 2: Initial Plan Development
Phase 3: Implementation
Phase 4: Transition
An Overview of the Wraparound Process

Child and caregivers referred

Eligibility determined & Facilitator assigned

Engagement and safety/stabilization plan (provisional POC)

Family Story, strengths, vision, needs and initial team members

Engagement and Preparation Phase: Up to 30 days

Convene team and begin planning process

Team agrees on mission and prioritizes needs

Brainstorm options, chose strength-based strategies

Initial plan of care with tasks, timelines and outcomes

Planning Phase: 1 meeting also within first 30 days

Implement plan

Team tracks options, outcomes, & resolves conflicts

Adjust plan and team membership as needed

Begin seeing consistent and sustained progress

Implementation Phase: 9-18 months

Develop a vision of how things will work post-wrap

Establish any needed post-wrap connections

Prepare transition and aftercare plan

Family team closure celebration

Check-in and Post-Service Evaluation

Transition Phase: 4-6 weeks
Phase 1: Engagement & Team Preparation

2-3 face to face meetings with the family
Possible Child & Family Team Members

- Pastor
- Teacher
- Aunt
- Care Coordinator
- Youth
- Coach
- Family
- Psychiatrist
- Therapist
- Peer Support
- Neighbor
Engagement starts with a conversation, not forms!

• Try open ended questions like
  – Please tell me about your child.
  – What will it look like when life is better?
  – What is your hope / dream / vision of success with your child?
  – What is it like when things are going well? What is different then?
Engagement starts with a conversation, not forms!

• **Active listening** because...
  – it builds rapport, understanding and trust

• **Validation** because...
  – it communicates that you accept the person
  – feeling accepted is calming
  – lets them know that what they’re thinking/feeling is understanding
  – that builds trust
  – knowing they are heard and understood can be powerful
  – that can relieve urgency / soothe emotional upset / regulate
  – helps them persevere / replenish willpower
Assume a new stance: From expert to ally

<table>
<thead>
<tr>
<th>Believe that all parents want to:</th>
<th>Believe that all children want to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be proud of their children</td>
<td>• Have their parents be proud of them</td>
</tr>
<tr>
<td>• Have good relationships with their children</td>
<td>• Be accepted as a part of a social group</td>
</tr>
<tr>
<td>• Have a positive influence on their children</td>
<td>• Be active and involved in activities with others</td>
</tr>
<tr>
<td>• Hear good news about their children and about what they do well</td>
<td>• Learn new things</td>
</tr>
<tr>
<td>• Believe they are good parents</td>
<td>• Voice their opinions and choices</td>
</tr>
</tbody>
</table>
First Phase of Wraparound: Engagement & Team Development

- A full understanding of the family story and the family’s culture
- An inventory of family strengths
- List of potential team members
- Initial needs list based on the family’s story
**Introduce wraparound as a new or different way of working**

<table>
<thead>
<tr>
<th>Voice &amp; Choice</th>
<th>Strengths-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What they want to happen</td>
<td>• Look for &amp; acknowledge strengths, then build upon them</td>
</tr>
<tr>
<td>&amp; who they want to be</td>
<td>• Ease into conversation by asking them to identify child’s strengths</td>
</tr>
<tr>
<td>involved will be honored</td>
<td></td>
</tr>
</tbody>
</table>
An Overview of the Wraparound Process

1. Child and caregivers referred
2. Eligibility determined & Facilitator assigned
3. Engagement and safety/stabilization plan (provisional POC)
4. Family Story, strengths, vision, needs and initial team members

**Engagement and Preparation Phase: Up to 30 days**

- Convene team and begin planning process
- Team agrees on mission and prioritizes needs
- Brainstorm options, chose strength-based strategies
- Initial plan of care with tasks, timelines and outcomes

**Planning Phase: 1-2 meetings also within first 30 days**
Phase 2: Initial Plan Development

1-2 team meetings no more than a week apart
Second Phase of Wraparound:
Initial Plan Development

• Completed Products
  – A written plan of care:
    • Family Vision of the future
    • Team Mission Statement
    • The strengths of all team members
    • Priority needs selected for action
    • Strategies and services: Who will do what
    • A written crisis response plan detailing anticipated events & responses
Strengths

The things that keep us going
Three kind of strengths

- **Descriptive**
  - Engages people and starts a story
  - ‘Good sense of humor’

- **Contextual**
  - Story telling as a learning form
  - ‘she made her dad crack up after surgery’

- **Functional**
  - Skills which can be applied in a more organized way which are targeted to needs and make sense in the context in which the family is operating
  - ‘she can use jokes to keep friends around’

Phase 2: From listing strengths to identifying and leveraging functional strengths

• “David likes football”
• “David likes to watch the Seahawks with his uncle”
• “David enjoys being with his uncle; David does well in social situations in which he feels like he can contribute to the conversations; Watching the Seahawks is one activity in which David doesn’t feel anxious or worry.”
Needs in Wraparound

The set of conditions that cause a behavior or situation to occur or not occur and explain the underlying reasons why behaviors or situations happen.

Examples:
- The student needs to feel adults and peers respect him.
- The student needs to feel happy about being at school.
- The parent needs to know her son is getting a fair shake at school.
- The student needs to be reassured that he can complete the work.
Needs in Wraparound

• Focus on the “why” of a need not the “how”
  – “Needs to feel competent with academic tasks” rather than “Needs to complete his assignments”

• Use descriptive terms
  – To learn, To know, To experience, To feel, To see, To have, To be

• Deal with the “big” stuff
  – *Families/youth need to know* their teams are dealing with their larger challenges

• More than one way to meet it
  – Unlike a goal (John will come to school every day)

• Improves quality of life (as defined by family, youth)
  – Will student/family want to be on the team if the team is going to focus on __________(stated need).
Digging deeper: from listing service needs to identifying underlying needs

• “Miguel needs anger management classes.”
• “Miguel needs to learn how to control his anger.”
• “Miguel needs to know that to become the man he wants to be he can be strong and peaceful at the same time.”
  – Gets at the root of the “problem”
  – Opens up many more creative action steps
  – Is in the family’s words
    • Ideally uses the words “know”, “feel” or “understand”
Phase 3: Plan Implementation

Child & Family Team meetings occurring at minimum every 30 days
An Overview of the Wraparound Process

Child and caregivers referred

Eligibility determined & Facilitator assigned

Engagement and safety/stabilization plan (provisional POC)

Family Story, strengths, vision, needs and initial team members

Engagement and Preparation Phase: Up to 30 days

Convene team and begin planning process

Team agrees on mission and prioritizes needs

Brainstorm options, chose strength-based strategies

Initial plan of care with tasks, timelines and outcomes

Planning Phase: 1 meeting also within first 30 days

Implement plan

Team tracks options, outcomes, & resolves conflicts

Adjust plan and team membership as needed

Begin seeing consistent and sustained progress

Implementation Phase: 9-18 months
A structured agenda to stay on track

1. Family’s rating of progress toward achieving their vision
2. Celebrate new accomplishments and successes
3. Monitor progress toward meeting needs and achieving goals
4. Adjust care plan, as needed
5. Review game plan for between now and the next meeting
6. If a crisis has occurred since last team meeting, review and modify the crisis/safety plan
7. Note any important upcoming dates or events
8. Schedule next meeting
Underlying Need
Matthew needs to know people can be permanent parts of his life

Global Rating of Progress toward Meeting need 0-4

Outcome
Increase in positive days at home

Outcome
Decrease in office referrals at school

Strengths
Matthew is a leader on the football field, is able to build relationships with adults he trusts, etc. Mona asks for help when needed, etc., John believes doing things as a family keeps the family strong...

Questions for monitoring:
Is meeting the need getting us closer to the family’s vision for the future?
Is implementing the action steps getting us closer to meeting the underlying need?
Were the tasks completed fully and in a timely manner (i.e., are the action steps being implemented as planned)?

Strategy
John will take Matthew back to his old neighborhood and share stories of how he grew up

Strategy
Matthew will be Coach Smith’s assistant and help out with other sports between football activities

Strategy
The family will create an “I liked it when…” box that all family members will put notes in daily about something they liked that another family member did

Strategy
Adam (therapist) will work with family to explain depression and trauma and how these are related to the aggressive behaviors

Strategy
Coach Smith will provide the team with a schedule of coaching events including games, practices, etc.

Strategy
Mona and John will work out a transportation schedule

Strategy
Michelle (Mona’s friend) will give a raffle box to Mona to use

Strategy
Matthew will find a place for the box and will cut paper strips for family members to write on

Task
John will check his work schedule and find a Saturday within the next 3 weeks for the trip

Task
Mona will check in when they get back to see how it went

Task
Adam to provide psychoeducation around depression, trauma, and disruptive behaviors and how these could be related to the behaviors the family is experiencing

Task
Coach Smith will provide the team with a schedule of coaching events including games, practices, etc.

Task
Mona and John will work out a transportation schedule

Task
Michelle (Mona’s friend) will give a raffle box to Mona to use

Task
Matthew will find a place for the box and will cut paper strips for family members to write on

Outcome
Decrease in office referrals at school

Outcome
Increase in positive days at home
Family vision: To love unconditionally and work hard on the important things.

Need 1: Matthew needs to know that people can be permanent parts of his life.
An Overview of the Wraparound Process

**Engagement and Preparation Phase: Up to 30 days**

- Child and caregivers referred
- Eligibility determined & Facilitator assigned
- Family Story, strengths, vision, needs and initial team members

**Planning Phase: 1 meeting also within first 30 days**

- Convene team and begin planning process
- Team agrees on mission and prioritizes needs
- Brainstorm options, chose strength-based strategies
- Initial plan of care with tasks, timelines and outcomes

**Implementation Phase: 9-18 months**

- Implement plan
- Team tracks options, outcomes, & resolves conflicts
- Adjust plan and team membership as needed
- Begin seeing consistent and sustained progress

**Transition Phase: 4-6 weeks**

- Develop a vision of how things will work post-wrap
- Establish any needed post-wrap connections
- Prepare transition and aftercare plan
- Family team closure celebration
- Check-in and Post-Service Evaluation
Research-based components of the wraparound process

- **Integration of care**
  - Multiple systems working together -> one coordinated plan
- **High-quality teamwork**
  - Clear goals, shared mission, blended perspectives, creative brainstorming
- **Family / youth engagement**
  - Engagement phase with active listening, family story telling
  - Youth/family set priorities
  - Examining and addressing potential barriers
  - Appointment and task reminders/check-ins
- **Broad service array to meet needs, including EBP**
- **Attention to social support (via peers or natural supports)**
- **Measurement and feedback of progress**
A theory of change for T3 Wraparound

**System/School Supports**
- Effective school teams
- Effective Tier 1-3 strategies
- Links to community providers
- Relevant data systems
- Workforce support

**T3W Facilitators Provide:**
- Student/family-driven needs identification
- Student/family engagement
- Individualized team development
- Coordinated Teamwork
- Evidence-based strategies linked to needs
- Plan implementation oversight/follow-through
- Progress monitoring/feedback
- Community connections

**Coaches Provide:**
- Modeling and feedback, skills development
- Information on school & community resources

**Shorter-Term Outcomes**

**Student/Parent Capacities**
- Self-Efficacy
- Optimism
- Social Support
- Skills to manage behavior/emotions

**More Effective Services/Strategies**
- Student/parents engaged
- Priority parent/student needs addressed
- Strategies implemented
- Plan revised based on progress monitoring

**Longer-Term Outcomes**
- Greater school engagement
- Improved emotional & behavioral functioning
- Fewer behavior & discipline problems at school
- Improved attendance/academic performance
- Parents/caregivers less stressed
- Maintenance in least restrictive education settings

**Moderators**
- Types and intensity of emotional, behavior, other challenges
- Demographics (e.g., gender, race/ethnicity, SES)
- Identification for Special Education; presence of IEP/504 plan
THE WRAPAROUND PRACTICE MODEL

...HOW CAN WE APPLY IT TO SCHOOLS?

Coming up in Part 2...
Part 2 of: The Wraparound Process
A Tier 3 Component of School-wide PBIS

Eric Bruns, PhD
University of Washington School of Medicine
ebruns@uw.edu
http://education.washington.edu/smart

Annual Northwest PBIS Conference
Portland, OR

February 28, 2019
Agenda for today

• Session 1 (11:15-12:30)
  – What is “Tier 3” Wraparound?
  – How does it fit into the PBIS framework?
  – What are the Principles and Practice Elements?

• Session 2 (1:45 – 3pm)
  – What structures are needed in schools and communities to implement T3W?
  – Teams
  – Roles
  – Collaboration
Wraparound and Schools

• Wraparound can be integrated into school-based planning for students with special needs, regardless of special education label or agency involvement.

• The wraparound approach is a critical part of the SW-PBS system as it offers a means for schools to succeed with the 1–2% of students whose needs have become so complex that starting with an FBA/BIP process for one selected problem behavior is not enough.
Wraparound and Schools

• Wraparound can be seen as similar to special education or mental health treatment planning
• However, it dedicates more effort to building constructive relationships and support networks among the youth and his or her family
• This is accomplished by establishing a unique team with each student and the student’s family that
  – Is invested in achieving agreed-on quality-of-life indicators.
  – Follows a response to intervention (RTI) model
  – Uses more intensive techniques for engagement and team development
  – Ensures that a cohesive wraparound team and plan are formed.
Wraparound was designed for

• Youth with multiple needs across home, school, community
• Youth at-risk for change of placement (youth not responding to current systems/practices)
• Youth who have adults and not engaged or getting along
Principles of Wraparound

- Individualized
- Strengths-Based
- Natural Supports
- Collaboration
- Unconditional Care
- Community-Based
- Culturally Competent
- Team-Based
- Outcome-Based

Family Voice & Choice
The Phases of Wraparound

Phase 1A: Engagement and Support
Phase 1B: Team Preparation
Phase 2: Initial Plan Development
Phase 3: Implementation
Phase 4: Transition
An Overview of the Wraparound Process

**Engagement and Preparation Phase: Up to 30 days**
- Child and caregivers referred
- Eligibility determined & Facilitator assigned
- Engagement and safety/stabilization plan (provisional POC)
- Family Story, strengths, vision, needs and initial team members

**Planning Phase: 1 meeting also within first 30 days**
- Convene team and begin planning process
- Team agrees on mission and prioritizes needs
- Brainstorm options, chose strength-based strategies
- Initial plan of care with tasks, timelines and outcomes

**Implementation Phase: 9-18 months**
- Implement plan
- Team tracks options, outcomes, & resolves conflicts
- Adjust plan and team membership as needed
- Begin seeing consistent and sustained progress

**Transition Phase: 4-6 weeks**
- Develop a vision of how things will work post-wrap
- Establish any needed post-wrap connections
- Prepare transition and aftercare plan
- Family team closure celebration
- Check-in and Post-Service Evaluation
Rationale for a unique “T3W” practice model

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Rationale for a unique “T3W” practice model

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to problem behavior is crisis driven and punitive</td>
<td>Proactive ID of students</td>
<td>Tier 3 Team uses data to ID students</td>
</tr>
<tr>
<td></td>
<td>Positive, pro-active response</td>
<td>Response is success- and future-oriented</td>
</tr>
<tr>
<td></td>
<td>Strengths-based planning process</td>
<td>Students and caregiver drive the process</td>
</tr>
</tbody>
</table>
Rationale for a unique “T3W” practice model

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to problem behavior is crisis driven and punitive</td>
<td>Proactive ID of students Positive, pro-active response Strengths-based planning process</td>
<td>Tier 3 Team uses data to ID students Response is success- and future-oriented Students and caregiver drive the process</td>
</tr>
<tr>
<td>Student has repeated failures</td>
<td>Problems re-framed Focus on experiencing success</td>
<td>Needs-based planning Progress monitoring by youth and team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to problem behavior is crisis driven and punitive</td>
<td>Proactive ID of students Positive, pro-active response</td>
<td>Tier 3 Team uses data to ID students</td>
</tr>
<tr>
<td></td>
<td>Strengths-based planning process</td>
<td>Response is success- and future-oriented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Students and caregiver drive the process</td>
</tr>
<tr>
<td>Student has repeated failures</td>
<td>Problems re-framed</td>
<td>Needs-based planning</td>
</tr>
<tr>
<td></td>
<td>Focus on experiencing success</td>
<td>Progress monitoring by youth and team</td>
</tr>
<tr>
<td>Parent and/or student are demoralized and disengaged</td>
<td>Planning designed to engage parent and student</td>
<td>Explicit engagement strategies</td>
</tr>
<tr>
<td></td>
<td>Building of social support</td>
<td>Individualized/holistic team, plan, and strategies, including natural supports</td>
</tr>
</tbody>
</table>
Rationale for a unique “T3W” practice model

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to problem behavior is crisis driven and punitive</td>
<td>Proactive ID of students Positive, pro-active response Strengths-based planning process</td>
<td>Tier 3 Team uses data to ID students Response is success- and future-oriented Students and caregiver drive the process</td>
</tr>
<tr>
<td>Student has repeated failures</td>
<td>Problems re-framed Focus on experiencing success</td>
<td>Needs-based planning Progress monitoring by youth and team</td>
</tr>
<tr>
<td>Parent and/or student are demoralized and disengaged</td>
<td>Planning designed to engage parent and student Building of social support</td>
<td>Explicit engagement strategies Individualized/holistic team, plan, and strategies, including natural supports</td>
</tr>
<tr>
<td>Complex issues that span home, school community</td>
<td>Strategies to address needs across settings Focus on priority needs</td>
<td>Single plan of care across domains Team-based, coordinated response Follow-through on action steps by T3W</td>
</tr>
</tbody>
</table>
## Rationale for a unique “T3W” practice model

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to problem behavior is crisis driven</td>
<td>Proactive ID of students&lt;br&gt;Positive, pro-active response&lt;br&gt;Strengths-based planning process</td>
<td>Tier 3 Team uses data to ID students&lt;br&gt;Response is success- and future-oriented&lt;br&gt;Students and caregiver drive the process</td>
</tr>
<tr>
<td>and punitive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student has repeated failures</td>
<td>Problems re-framed&lt;br&gt;Focus on experiencing success</td>
<td>Needs-based planning&lt;br&gt;Progress monitoring by youth and team</td>
</tr>
<tr>
<td>Parent and/or student are demoralized and</td>
<td>Planning designed to engage parent and student&lt;br&gt;Building of social support</td>
<td>Explicit engagement strategies&lt;br&gt;Individualized/holistic team, plan, and strategies, including natural supports</td>
</tr>
<tr>
<td>disengaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex issues that span home, school</td>
<td>Strategies to address needs across settings&lt;br&gt;Focus on priority needs</td>
<td>Single plan of care across domains&lt;br&gt;Team-based, coordinated response&lt;br&gt;Follow-through on action steps by T3W</td>
</tr>
<tr>
<td>community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of connection to effective strategies</td>
<td>Plan that includes effective strategies linked to needs</td>
<td>Connection to Tier 1, 2, 3 supports&lt;br&gt;Connection to community based EBPs</td>
</tr>
</tbody>
</table>
## Rationale for a unique “T3W” practice model

<table>
<thead>
<tr>
<th>Educational Challenge</th>
<th>Strategic Response Needed</th>
<th>T3W Model Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to problem behavior is crisis driven and punitive</td>
<td>Proactive ID of students Positive, pro-active response Strengths-based planning process</td>
<td>Tier 3 Team uses data to ID students Response is success- and future-oriented Students and caregiver drive the process</td>
</tr>
<tr>
<td>Student has repeated failures</td>
<td>Problems re-framed as needs Focus on experiencing success</td>
<td>Needs-based planning Progress monitoring by youth and team</td>
</tr>
<tr>
<td>Parent and/or student are demoralized and disengaged</td>
<td>Planning designed to engage parent and student Building of social support</td>
<td>Explicit engagement strategies Individualized/holistic team, plan, and strategies, including natural supports</td>
</tr>
<tr>
<td>Complex issues that span home, school community</td>
<td>Strategies to address needs across settings Focus on priority needs</td>
<td>Single plan of care across domains Team-based, coordinated response Follow-through on action steps by T3W</td>
</tr>
<tr>
<td>Lack of connection to effective strategies</td>
<td>Plan that includes effective strategies linked to needs</td>
<td>Connection to Tier 1, 2, 3 supports Connection to community based EBPs</td>
</tr>
<tr>
<td>School and teams work in isolation</td>
<td>T3W team brings resources to the table, coordinates effort</td>
<td>Schools are locus of care coordination Schools connect to community resources T3W Facilitator links resources to needs</td>
</tr>
</tbody>
</table>
Tier 3 Wraparound

HOW IT FITS WITHIN THE BROADER PBIS/MTSS FRAMEWORK
A Planning Process for Students at Tiers 2-3

1 Teaming

2 Goals

3 Assessment (FBA)

4 Intervention (BIP)

5 Evaluation (BIP)

Adapted from: Dunlap et al. (2010). Prevent, Teach, Reinforce.
## Comparison

### Tiers 2, 3, & Wrap

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 3 Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small emotional/behavioral planning team reviewing students who need more than Tier 1 interventions</td>
<td>Student-specific team members (student, parent, peer, administrator, teacher, behavioral staff member, etc.)</td>
<td>Student and family identify team members which may include peers and professionals outside of school</td>
</tr>
</tbody>
</table>
## Comparison Tiers 2, 3, & Wraparound

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 3 Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar goals for all students: in class, on task, responding successfully to Tier 1 supports</td>
<td>Individualized school-based goals to address 1-2 specific problem behaviors</td>
<td>Student and family choose goals focused on addressing BIG NEEDS that occur in the home, school, community</td>
</tr>
</tbody>
</table>

**Diagram:**
- Tier 2
- Tier 3
- Tier 3 Wraparound
- Goals
- Evaluation (BIP)
- Intervention (BIP)
- Assessment (FBA)
- Teaming
- Goals
## Comparison Tiers 2, 3, & Wrap

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 3 Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Functional Behavior Assessment (FBA) of problem behavior</td>
<td>FBA including observations and interviews</td>
<td>More comprehensive measures assessing strengths &amp; needs in home, school and community</td>
</tr>
</tbody>
</table>
### Comparison

**Tiers 2, 3, & Wraparound**

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 3 Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiers 1 and 2 interventions with individualized components to Tier 2 interventions if needed</td>
<td>Tiers 1 and 2 interventions and Behavior Support Plan (BSP) including Safety Plan</td>
<td>Same as Tiers 1, 2 and 3; Crisis/safety plan; Community services, as needed</td>
</tr>
</tbody>
</table>
## Comparison
### Tiers 2, 3, & Wraparound

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 3 Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office discipline referrals, Check-in/Check out data attendance, nurse visits, other</td>
<td>Same as Tier 2, and information systems (e.g., SWIS Student Support Information System (ISIS))</td>
<td>Same as Tier 3, and other data tools</td>
</tr>
</tbody>
</table>
Tier 2/3 Process Builds Across Tiers

 Tier 2
 Teams
 Goals
 Assessment
 Intervention
 Evaluation

 Tier 3
 Teams
 Goals
 Assessment
 Intervention
 Evaluation

 Tier 3 Wraparound
 Teams
 Goals
 Assessment
 Intervention
 Evaluation
FBA and Tier 3 Wraparound

- The purpose of wraparound plans and FBA is to inform intervention and support plan for the child and family.
  - Collectively they provide a comprehensive basis for designing effective supports.

- **Key Points About FBA**
  - It is the foundation of all intensive level interventions
  - Behavior support is the *redesign of environments*, not the redesign of individuals.
  - Positive behavior support plans define changes in the behavior of those who will implement the plan. A behavior support plan describes what *we will do differently*.
  - FBA identifies the events that *reliably predict and maintain* problem behavior.
When to use FBA vs Wraparound

**FBA/BIP**
- No wraparound criteria present
- Focus on 1-2 behaviors
- Brief FBA/BIP not successful

**Wraparound**
- Adults are not engaged
- Risk of placement change
- Multiple needs across home, school, community
FBA Team Process Steps

• Collect information
  – What does the problem look like?
  – What series of events predicts behavior?
  – What is the maintaining consequence of the observable behavior?
  – Hypothesis statement?

• Develop “competing pathways” and replacement behaviors

• Develop BIP.

• Develop strategies for monitoring & evaluating implementation of BIP.
# Systematic FBA and BIP

<table>
<thead>
<tr>
<th>Setting Events</th>
<th>Antecedent Events</th>
<th>Challenging Behavior</th>
<th>Maintaining Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Systematic FBA and BIP

<table>
<thead>
<tr>
<th>Setting Events</th>
<th>Antecedent Events</th>
<th>Challenging Behavior</th>
<th>Maintaining Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Systematic FBA and BIP

<table>
<thead>
<tr>
<th>Setting Events</th>
<th>Antecedent Events</th>
<th>Desired Behavior</th>
<th>Maintaining Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Setting Events**
- **Antecedent Events**
- **Desired Behavior**
- **Maintaining Consequences**
- **Replacement Behavior**
Tier 3 Wraparound

NECESSARY SCHOOL-COMMUNITY SYSTEM STRUCTURES
Collaboration is needed to meet the mental health needs of all students.
Building T3W Readiness

• Tier III Building-level Readiness
• Tier III PBIS District Readiness Checklist
• Tier III Facilitators’ Recommended Qualities, Attributes, & Role
Tier III Facilitators

Position in school/district allows:

– Time to facilitate individualized meetings and do all preparation

– Flexibility to meet at unusual times (when needed) and to meet outside of school (when needed)

– Collaboration and meetings with community agencies/resources
Tier III Facilitators

Professional beliefs:

– Families and youth need to be supported
– Family and youth outcomes can improve with the right support
– Families and youth need voice, choice and access to make improvements in quality of life
– When families’ lives improve, their children do better in school
Tier III Facilitators

Professional is skilled at:

– Interacting positively with school staff, community service providers, students and families
– Effective team facilitation
– Time management
– Staying solution-focused
– Supporting all members to give input
– Maintaining a “safe” environment (no blaming, no shaming)
– Self-initiating activities (and is highly motivated)
– Knowing community agencies/resources
Anatomy of a Tier 3 Wrap Facilitator
Tier III Facilitators

Role description:
• Assist Systems Planning Team in identifying youth in need of support
• Begin conversations with families and youth
• Assist in building individualized teams
• Begin gathering baseline data
• Schedule first team meetings
• Keep all team meetings focused on strengths, needs and action planning
• Input and track data regularly (before/after each individualized meeting)
• Assure that team meetings continue to happen at least every 2 weeks in the beginning, phasing to monthly as improvements are noted
• Use data to progress-monitor students weekly to assess response to intervention/support
Allocating staff to T3W

<table>
<thead>
<tr>
<th>District-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitators with allocated time identified to implement continuum of interventions. Time allocated must match the district/building needs:</td>
</tr>
<tr>
<td>a) For every 500 students = 12.5 individuals will require T3 individualized supports</td>
</tr>
<tr>
<td>a. 2-3% of total school population</td>
</tr>
<tr>
<td>b) For every 500 students = about 4 facilitators (with 3 students each)</td>
</tr>
<tr>
<td>a. 3 students per T3 facilitator</td>
</tr>
<tr>
<td>c) Each facilitator (special educator, school psych, social worker, etc.) can be anticipated to need the equivalent of 1 day per week</td>
</tr>
<tr>
<td>a. Dedicated to T3 Intervention planning, monitoring, and problem solving.</td>
</tr>
<tr>
<td>Arrangements made for “whole student” support; including before/after school, summer, vacation/breaks, transitions between grades/schools.</td>
</tr>
</tbody>
</table>

The alternative - more out of district special education placements - $25,000 - $40,000 per year

Example from Illinois PBIS
Support for student during non-school days / hours *

- Staff receive compensation for certain functions that take place outside of the school day positions. Per collective bargaining agreement:
  - Tier 1 team members - $390 (15 hours)
  - Tier 2 team members - $260 (10 hours)
  - Wrap Around Facilitation - $260 per case (10 hours) +
    time cards for summer contact with wrap around families.

**The alternative - more out of district special education placements** - $25,000 - $40,000 per year

Example from Illinois PBIS
## T3W Issues to be addressed

<table>
<thead>
<tr>
<th>Level</th>
<th>Issues to be attended to</th>
</tr>
</thead>
</table>
| **Provider** | **Roles:** Which types of staff would ideally serve as a T3W facilitator in schools?  
Is there a minimum amount of time individuals can serve as facilitators and succeed? Can community-based providers be co-located in schools and serve adequately?  
**Needed competencies and skills:** Are the competencies and skills for community based wraparound the same that are needed for school-based T3W staff?  
**Workforce development:** How might staff with specific T3W roles as well as other school staff who may play a role be trained and coached?  
What should expectations for skill attainment be for T3W How best to assess such competencies? |
## T3W Issues to be addressed

<table>
<thead>
<tr>
<th>Level</th>
<th>Issues to be attended to</th>
</tr>
</thead>
</table>
| School    | **Service array:** Are there targeted Tier 2 and Tier 3 services that should be consistently available in the school? How might FBA-BIP and other common strategies best be coordinated with T3W facilitators and in T3W teamwork?  
**Leadership and school support:** Principal and other forms of school leadership are particularly relevant to school-based interventions. What role will principals and other types of leadership play prior to and during implementation play for T3W? |
## T3W Issues to be addressed

<table>
<thead>
<tr>
<th>Level</th>
<th>Issues to be attended to</th>
</tr>
</thead>
<tbody>
<tr>
<td>District and System</td>
<td><strong>Other school- and district-level support:</strong> What must district and school teams do to support implementation of T3W for students with SEBC?</td>
</tr>
<tr>
<td></td>
<td><strong>Connection to resources in the community:</strong> What are ideal mechanisms for encouraging connection to and/or alignment with community-based service arrays?</td>
</tr>
<tr>
<td></td>
<td><strong>Data supports:</strong> For youth with complex needs, simple IT systems can streamline data collection and provide meaningful, real-time feedback.</td>
</tr>
<tr>
<td></td>
<td>Functions of such systems may include tracking academic outcomes, other (idiographic) outcomes, implementation fidelity and quality, follow-through on tasks and strategies included in plan, application and success of FBA-BIP and other interventions, and other functions.</td>
</tr>
</tbody>
</table>
For more information

• ebruns@uw.edu
• http://www.pbis.org
• www.nwi.pdx.edu
• http://www.pbisillinois.org
• trlawsuit@dr-wa.org