Psychiatric Rehabilitation Journal
2012, Volume 35, No. 3, 189–198

DOI: http://dx.doi.org/10.2975/35.3.2012.189.198

ARTICLE

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

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Objective: This article focuses on wraparound as an example of a team planning process, and uses data from several sources to reflect on questions about whether—and under what conditions—collaborative teams are successful in engaging young people—and their caregivers—in planning. *Methods:* We used data collected in three studies to address our research questions. The first data set comes from a study on wraparound service planning in Nevada. We examined data collected from 23 matched pairs of caregivers and youth at 6 months after wraparound planning began. Our second data set came from a national study of 41 local wraparound programs throughout the United States. Our analyses use data from 366 matched pairs of caregivers/youth. The third dataset comes from the pilot test of the *Achieve My Plan!* intervention. Data was gathered from eight teams before and after the intervention was implemented. *Results:* Taken together, the findings suggest that teams' success in managing caregiver and adolescent perspectives simultaneously during care and treatment planning is more strongly related to the quality of the team process than to youth age. *Conclusions and Implications for Practice:* Through attention to youth engagement, preparation, and team process, it appears possible to increase meaningful youth participation in planning without sacrificing caregiver satisfaction with the team experience.

Keywords: wraparound, parent-adolescent conflict, adolescent mental health, youth empowerment

ACKNOWLEDGEMENTS

THE RESEARCH DESCRIBED IN THIS ARTICLE WAS SUPPORTED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH R34-MH72759); THE NATIONAL INSTITUTE OF DISABILITY AND REHABILITATION RESEARCH, UNITED STATES DEPARTMENT OF EDUCATION, AND THE CENTER FOR MENTAL HEALTH SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (NIDRR GRANT H133B990025); THE NEVADA DEPARTMENT OF CHILD AND FAMILY SERVICES; AND THE CHILD, ADOLESCENT AND FAMILY BRANCH OF THE SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION. THE CONTENT DOES NOT NECESSARILY REPRESENT THE VIEWS OR POLICIES OF THE FUNDING AGENCIES.

Introduction

Human service and educational agencies often convene interdisciplinary teams to work collaboratively with adolescents and their parents or caregivers. These teams create comprehensive education, transition, care or treatment plans for adolescents with mental health conditions and related needs. Typically, these teams are convened for adolescents who are involved with multiple child- and family-serving systems, and who are thought to be in need of intensive support. The teams go by many names, including IEP (Individualized Education Plan) teams, wraparound teams, foster care Independent Living Program teams, transition planning teams, and youth/family decision teams. These various team approaches have many features in common, including a requirement to fully include the young

person and parents in the planning process. However, research on adolescent development suggests that it may be difficult to successfully engage adolescents in this kind of team-based planning. This article focuses on wraparound as an example of a team planning process, and uses data from several sources to reflect on questions about whether—and under what conditions—collaborative team planning approaches are likely to be effective for adolescents, particularly those with serious mental health conditions.

The wraparound process is perhaps the most frequently implemented comprehensive approach for planning and providing individualized, community-based care for children and adolescents with serious mental health conditions and, typically, involvement in multiple child- and family-serving systems (Walker, Bruns, & Penn, 2008). It has been estimated that there are at least 98,000 youth enrolled in over 800 wraparound initiatives in the United States (Bruns, in press). Wraparound is intended to be a strengths-based approach in which both child/youth and family perspectives are to be prioritized in determining the primary needs to be addressed, as well as the service and support strategies to be included in the wraparound plan of care (Bruns et al., 2004; Walker et al., 2008). In order to ensure that these family perspectives are fully represented in the planning process, the wraparound practice model calls for an extensive engagement period with the child/youth and family, during which there is a thorough exploration of their strengths and needs, their past experiences with services and supports, and their vision for a better life. This information is then combined with information provided by other team members, and summarized into documents and statements that become the basis for the team's collaborative work. Thus, in order to be successful, wraparound requires that the family—including most importantly the primary caregiver(s) and the child or youth who has been identified as needing intensive support—disclose information that is often of a deeply personal nature. This information is subsequently discussed by the entire team, a group that typically includes five or more team members, most of whom are professional service providers from child- and family-serving systems such as mental health, child welfare, juvenile justice, schools, and so on. Furthermore, the adults who are present for these team discussions often have access to extensive agency records that may date back for many years. These records describe the young person's service history with the system, usually in ways that highlight pathology, problems, deficits and crises (e.g., Malysiak, 1997; Rosenblatt, 1996).

In theoretical models that describe how wraparound produces outcomes outcomes (Walker & Matarese, in press; Walker & Schutte, 2004), a thorough exploration of underlying needs is seen as crucial to success. Furthermore, as team members work together, they must continually evaluate the extent to which the service and support strategies included in the plan of care are being successful in meeting needs. In order to do so, the team needs ongoing input from the caregiver(s) and the young person. From a theoretical standpoint, a key strength of the wraparound process is that it unites the young person, the family, service providers and other team members around a shared vision of the most pressing underlying needs and the best strategies for meeting the needs. Wraparound's effectiveness is seen as stemming from the fact that the team is collectively oriented toward the most important needs, and because it is addressing needs at a more profound and holistic level than usual treatment planning.

Existing research on adolescent development and adolescent experiences in mental health therapy, however, suggests a series of challenges that may make it difficult for wraparound teams to engage youth—particularly older adolescents—in a way that promotes self-disclosure and unites the young person and the team in support of the plan. These challenges reflect tensions that naturally arise during the course of this adolescent development, as young people negotiate changing relationships and become more self-directed in making decisions about their lives (Peterson, Bush, & Supple, 1999; Smetana, Campione-Barr, & Metzger, 2006; Wray-Lake, Crouter, & McHale, 2010).

One set of potential challenges is related to the expectation that young people will be willing to disclose personal information to a group of adults that includes caregivers and other authority figures. Particularly for an older adolescent, such openness in a group situation may feel unreasonable and intrusive. Throughout the course of adolescence, young people gradually expand the boundaries of what they consider their private sphere, and become more reluctant to disclose to parents information about, for example, their whereabouts and activities, their friends, and their romantic relationships (Daddis & Randolph, 2010; Hawk, Keijsers, Hale, & Meeus, 2009; Masche, 2010; Smetana, Villalobos, Tasopoulos-Chan, Gettman, & Campione-Barr, 2009). Secrecy and reluctance to disclose are particularly pronounced among young people with externalizing behavior and general adjustment problems, as well as in situations in which the young person is unwilling to trust adults (Daddis & Randolph, 2010; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006; Stattin & Kerr, 2000). Negotiating these boundaries is a primary cause of conflict and turmoil in families with adolescent children, and

increased pressure on young people to disclose can trigger cycles of increased secrecy and further conflict (Hawk et al., 2009; Tilton-Weaver et al., 2010). As described previously, effective wraparound is predicated on adolescents disclosing information to caregivers and other adults on the team. If a young person does not trust the team or is reluctant to disclose information related to needs and service/support strategies, then the plan will not truly represent the youth's perspective, and the team's effectiveness will likely be limited as a result. Furthermore, if a reluctant adolescent is pressured to disclose, he or she may respond with increased secrecy and heightened distrust toward the team.

Another set of challenges stems from the potential difficulty in simultaneously managing parent and child viewpoints during the wraparound process. Wraparound stresses the importance of family *and* youth voice throughout the process, and its principles recognize that, as a young person matures and makes more self-guided decisions, it becomes necessary to balance team collaboration in ways that allow the youth to have growing influence within the wraparound process. It may be quite challenging in some families to achieve unity among caregiver, youth, and team, and to manage youth and caregiver voice in a way that builds cohesiveness. In general, young people's relationships with their parents are transformed during the period of adolescence, from more subordinate and dependent in early adolescence to more egalitarian and autonomous later on (Peterson et al., 1999; Wray-Lake et al., 2010). As youth age, rebalancing parent-adolescent power in decision making is often not a smooth process. Across families of varying cultural and ethnic backgrounds, this rebalancing typically engenders significant parent-adolescent conflict (Smetana et al., 2006). What is more, these conflicts most often end by youth either disengaging (e.g., walking away) or giving in to parents (Smetana et al., 2006). Thus parents and their adolescents do not typically resolve conflicts in ways that promote unity behind a negotiated decision. Finally, there is at least some evidence that parent-child conflict is higher within the population that is likely to receive wraparound: families with adolescents who have emotional or behavioral disorders (Marmorstein & Iacono, 2004).

Research on adolescent mental health treatment suggests a related, more specific set of challenges to achieving team unity and cohesion. These challenges stem from a potential lack of agreement between youth and their parents/caregivers, and between youth and clinicians, about the need for treatment, its purpose or goals, and its helpfulness. Available research shows that parents and children often disagree regarding whether treatment is needed (Phares & Compas, 1990; Phares & Danforth, 1994), and young people overwhelmingly feel that they are not part of the decision to seek treatment (Center for Mental Health Services, 2007). Overall, there is consistent documentation of a pronounced lack of agreement between parents and their children about the problems for which treatment is being sought and/or the goals of treatment (Garland, Lewczyk-Boxmeyer, Gabayan, & Hawley, 2004; Hawley & Weisz, 2003). Young people also disagree with clinicians about target problems, while clinicians agree with parents only somewhat more often than with young people. Parents and children also show little agreement in their satisfaction with treatment (e.g., Garland, Aarons, Hawley, & Hough, 2003). Taken together, these findings suggest that young people often feel coerced into treatment. Further, young people and their caregivers, as well as caregivers and clinicians, are likely not to be united behind treatment-related decisions. In the wraparound context this may lead young people to feel coerced or unengaged (since wraparound is a form of treatment) and may also make it difficult to unite the team behind clinical strategies.

These challenges suggest substantial difficulties that may well emerge during efforts to engage youth, particularly older adolescents, in wraparound or other comprehensive, team-based planning approaches. However, the research literature that describes these challenges also supports the idea that it is both possible and beneficial for young people and their parents/caregivers to work through their disagreements. Indeed, contemporary theory and interpretations of research on adolescence suggest that working through these challenges is a central task of adolescent development, and that adolescents fare best when they are able to develop increased self-direction while maintaining connectedness with parents (Hawk et al., 2009; Peterson et al., 1999; Smetana et al., 2006; Smetana, Daddis, & Chuang, 2003; Wray-Lake et al., 2010). In short, wraparound may be a crucible in which the developmental challenges of adolescence are exacerbated. On the other hand, wraparound may provide a unique opportunity to support adolescent development and manage family conflict in a way that promotes connectedness between adolescents and their adults.

Our goal in the remainder of this paper is to examine available data for evidence that speaks in a preliminary way to the question of whether or not wraparound seems to "work" for adolescents, particularly older adolescents. More specifically, we will address the following research questions: Are youth generally satisfied with wraparound, and do they feel that they participate meaningfully in the planning process?

timize their services and supports (M_{Pre} = 27.67, M_{Post} = 31.56, $t(8) = -2.70$, $p = .027$). Scores on the other two subscales were not significantly different from pre- to post-AMP.

Results

Results from the Nevada and national fidelity studies showed caregivers generally reporting higher levels of satisfaction with their participation in wraparound planning than youth. Unlike previous qualitative research with parents (Jivanjee, Kruzich, & Gordon, 2009), parents of older youth did not report less satisfaction with their own involvement in planning services in the Nevada study, and any negative linear or curvilinear relationships between youth age and caregiver participation from the national study were very weak or non-significant. Thus, youth age was not a useful predictor of perceptions of participation in wraparound for either caregivers or youth.

The Nevada study revealed a strong pattern of increasing discrepancies as youth got older, such that older youth were more likely to rate their level of participation in planning differently than caregivers rated their own levels. This pattern did not emerge in the data from the national study. This raised the possibility that discrepancies on teams with older youth were emerging in Nevada because fidelity to the wraparound process was low. The findings from the AMP pilot study could not test this hypothesis directly; however, the data did provide evidence that, through attention to youth engagement, preparation, and team process, it is possible to increase both objective (as assessed through coding of video data) and subjective (as assessed through surveys filled out by youth, caregivers, and other team members) indicators of meaningful participation among older youth. After participation in AMP, youth felt more empowered and had greater confidence in their ability to work with providers to optimize their services. What is more, the increase in youth participation and empowerment did not appear to come at the expense of caregivers' satisfaction with the team experience.

Discussion

Findings from these studies should be taken in light of a number of limitations. An overall caution is that data from the studies described here can only provide preliminary responses to the research questions. Only the AMP study was specifically designed to test propositions about youth participation in team planning, and the sample sizes in two of the studies (Nevada and AMP) were quite small. Furthermore, none of the analyses included youth characteristics—such as a history of trauma or living in substitute care—that may well impact adolescents' participation in wraparound. Additionally, the integration of findings across studies 1 and 2 is complicated by the fact that different measures were analyzed for each study. It is also important to note that the studies do not speak to what might happen on teams on which the young person has passed the age of 18. Two of the studies did not include youth over age 18, and in the third (the national study), only a few (6%) of the respondents were over 18. Additionally, it should be kept in mind that even in the absence of a negative relationship between youth age and participation, it is still possible that participation is more meaningful for older than for younger youth (e.g., the same level of participation has a greater impact on treatment outcomes for older than for younger youth), due to the increasing importance of achieving autonomy and individuation as youth approach adulthood.

As noted at the introduction, there are large numbers of youth who are served by programs employing team-based collaborative planning and espousing the importance of having youth participate meaningfully in the planning process. It thus seems quite uncontroversial to suggest that these programs have a responsibility to gather reliable information about youth perceptions of involvement, and to use this data as part of quality assurance and supervisory processes. At least in the case of wraparound, the findings presented here suggest that team members should be made aware that, if a young person is alienated from the team process, it may well be due to remediable problems related to engagement, preparation or overall team process, rather than factors outside of team control, particularly youth age. Team members should also be aware that there are specific strategies—such as those incorporated into the AMP intervention—that may be helpful for increasing youth participation and engagement in team planning. Finally, these findings challenge the notion that youth participation necessarily comes at the expense of caregiver participation; post-AMP, caregivers were significantly more satisfied with the meetings even as youth participation—as measured by objective indicators and as assessed from both youth and adult perspectives—increased.

While all of the data examined in this study came from teams that were striving to implement a wraparound-like approach, the findings may nonetheless be of interest to people involved in other sorts of team planning as well, including IEP, youth decision meetings, and other approaches. Other planning approaches that include youth do so for reasons similar to those laid out in wraparound's theory of change, and the practice elements that are part of high quality wraparound practice or