Measuring Adherence to Wraparound Principles: The Wraparound Observation Form – Second Version


With the widespread implementation of wraparound services in communities throughout the United States, researchers, working with families, care coordinators, and administrators, have begun to operationalize characteristics of wraparound implementation that indicate adherence to the wraparound philosophy. This philosophy indicates that care for children with emotional and behavioral disorders should begin from a collaborative planning process involving the child and the family that results in individualized, community-based services and natural supports. Given the importance of demonstrating treatment efficacy, it is necessary for wraparound as a service philosophy to be clearly operationalized so that the success and consistency of its implementation can be accurately linked to outcomes. Measuring the fidelity of wraparound implementation is the topic of this article, in which the authors describe the degree to which the Wraparound Observation Form – Second Version (WOF-2) reliably assessed adherence to wraparound ideals during family planning meetings.

The WOF-2 was developed to measure the fidelity of implementation of wraparound principles during family planning meetings. Its items were developed through committee meetings that included families, care coordinators, and administrators and resulted in a 48-item measure with items in 8 categories (see text box). Observers make forced-choice responses indicating yes, no, or nonapplicable to each question. In a study, observers were given instruction on the philosophy of the wraparound process and use of the WOF-2 and training with experienced observers in wraparound meetings. Data were collected at 30 planning meetings with 26 different families over a 2-year period. All observations forms were completed by two raters at each meeting. Reliability was assessed by rating the degree to which ratings from the two observers were in agreement.

Across the 48-items, results revealed a high mean percentage agreement between the raters at 96.7%, with a range from 83.3% to 100%. Kappa, a measure of expected agreement between raters based on chance alone, was similarly high, with a mean of .866 (where scores range from 0 to 1 with 0 indicating results on the basis of chance) and a range of .318 to 1.0. Two of the items dropped below the 0.61 benchmark score cited by the authors as demarcating the point above which scores indicate “substantial strength of agreement” (p. 94) between raters. These items were ‘The team plans to keep the family intact or to reunite the family’ (κ = .318) and ‘Barriers to service or resource/intervention are identified and solutions discussed’ (κ = .600).

Based on both rates of agreement and generally high kappa levels, results indicate robust reliability between raters using the WOF-2 to assess wraparound adherence in family planning meetings. This suggests that the WOF-2 could be implemented as part of research measuring wraparound efficacy. The authors credit the structured training process, preparation and implementation of the WOF-2 as a contributing factor to the reliability observed.

The 48 items of the WOF-2 appear in these categories:

Community-based services: e.g., resource information is offered to the team
Individualized services: e.g., strengths of family members are identified and discussed at meeting
Family driven: e.g., family members are involved in designing care plan
Interagency collaboration: e.g., staff from other agencies attend meeting
Unconditional care: e.g., focus on safety instead of termination for severe behavior
Outcomes that are measurable: e.g., plans discussed in measurable terms
Management of team meeting: e.g., plan of care is agreed to by all
Care coordinator: e.g., care coordinator makes agenda clear.
use of an instruction manual, and bimonthly meetings as important elements to the high rates of agreement between observers. Despite the overall high levels of agreement, there was less consistency between two items, demonstrating the complexity of defining subjective items such as what constitutes a barrier to service or what constitutes a family. Although further research using additional methods needs to be conducted, results support the idea that the WOF-2 can reliably assess fidelity of wraparound service implementation in family planning meetings.