

Quality and Individualization in Wraparound Team Planning

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ABSTRACT:

In children's mental health, collaborative, team-based individualized service planning is most commonly known as wraparound, and has become one of the primary strategies for improving services and outcomes for children with the highest levels of need. We report on analyses of data gathered at 72 wraparound team meetings from communities around the United States. We describe the composition of the teams and the quality of the planning process they engaged in, and explore the extent to which these factors were associated with team member satisfaction and the individualization of plans. Teams in our study were numerically dominated by professionals. Parents attended a large majority of meetings, participation by

youth and family advocates was frequent, participation by other family members infrequent, and participation by other members of the family's informal or natural support networks rare. Observed teams varied considerably in the quality of their planning process and the degree of individualization of plans. Higher-quality planning was significantly associated with increased individualization of plans and with team member satisfaction with meeting productivity.

In recent years, collaborative family-provider teams have become increasingly popular as a mechanism for creating and implementing individualized plans of care for children and families with complex needs. This sort of team-based planning is currently in use in a variety of human service contexts, including special education, developmental disabilities, child welfare, and juvenile justice (Clark & Clarke, 1996; Faw, 1999). In the area of children's mental health, team-based individualized service planning is most commonly known as *wraparound*, and has become one of the primary strategies for improving services and outcomes for children with the highest levels of need (Faw, 1999). In 1998, it was estimated that as many as 200,000 youth with serious emotional or behavioral disorders, together with their families, were engaged in wraparound (Faw, 1999), and that number appears to be growing (Burchard, Bruns, & Burchard, 2002). The wraparound approach is also consistent with the recommendations of the President's New Freedom Commission on Mental Health (2003), which called for a reformed system of mental health care in which every consumer (or child and family) would have an individualized plan of care created through a process of partnership with the consumer and/or his or her family.

In 1998, a consensus was reached regarding the principles that guide wraparound implementation (Goldman, 1999). According to this consensus, the creation of an individualized plan of care should be undertaken through a team process that involves the family, child, informal support networks, agencies, and community services working together in partnership. Through the participation of these various stakeholders on the team, a culturally competent plan should be created. The plan should build on strengths, include a balance of formal services and informal community and family resources, and promote child and family success and safety in home, school, and community. In practice, however, the quality of wraparound implementation appears to be highly variable (Bruns, Suter, Burchard, & Leverentz-Brady, 2004; Burchard et al., 2002; Walker, Koroloff, & Schutte, 2003). In particular, it is apparent that many wraparound teams and programs face ongoing challenges in their ability to devise plans that are truly individualized and strengths based, and that include a balance of formal, community, and natural supports and services (Bruns et al., 2004; McGinty, McCammon, & Koeppen, 2001).

These ongoing challenges within wraparound have been attributed, in part, to the lack of a well-

articulated theory for wraparound effectiveness that describes how team activities produce desired outcomes, including creative, individualized plans. Recently, however, we have proposed a model of effectiveness for wraparound teamwork that links team member *practices* (i.e., the use of specific types of techniques, structures, and procedures) to a series of wraparound outcomes (Walker & Schutte, in press). According to the model, a team is more likely to develop an individualized plan that effectively responds to a family's needs when the team adheres to a high quality, inclusive planning process, using practices that also promote team collaborativeness and the values of wraparound.

As described in our model of effectiveness for wraparound teamwork, a high quality planning process includes two interrelated sets of activities. The first set of activities focuses on *broadening perspectives* and *generating options*, with the goal of increasing the quality of the team decision making process, which in turn impacts (a) the appropriateness of goals that the team chooses to pursue and (b) the quality of the strategies selected to meet the goals. For example, the model proposes that, when teams are making decisions about what goals to pursue or which strategies to use to achieve a goal, they are more likely to be effective when they employ practices that encourage members to broaden perspectives and generate multiple options before making a decision. Research on teamwork in other contexts has shown that broadening perspectives and generating options increases team creativity and problem solving effectiveness for several reasons. (Hirokawa, 1990; O'Connor, 1998; West, Borrill, & Unsworth, 1998. See Walker & Schutte, in press, for a detailed review of the research findings that underpin the model.) First, broadening perspectives—i.e., sharing information from the diverse viewpoints of team members—promotes increased cognitive effort during problem solving and decision making. Second, when teams generate multiple ideas and solutions during problem solving or strategizing, those generated later on tend to be of higher quality than those suggested first. Finally, the process of generating several solutions or strategies stimulates further insight into the nature of the problem under consideration, and may lead to a better match between goals and strategies.

Our teamwork model proposes that, in the wraparound context, team practices for broadening perspectives and generating options can promote not only creativity in strategizing to meet family needs, but other values of wraparound as well. For example, when teams devote sufficient time and attention to sharing information and generating options, they provide opportunities to elicit and affirm the perspectives of the family and members of their informal support networks. Additionally, when the team has generated a variety of options, the family and team have the opportunity to select from among the options those they perceive are more likely to achieve team goals while also promoting family strengths, culture, and/or integration into valued home and community roles.

The model of effectiveness for wraparound teamwork also proposes a second set of activities necessary

for high quality planning. These activities help the team pursue *outcome-oriented collaboration*. These activities address the need for team members to develop a shared sense of the desired goals and outcomes of their work, to gather information that tells them whether or not they are moving toward this outcome, and to use this information to evaluate and revise the strategies included in the plan. Research on teamwork across a variety of contexts provides unequivocal support for the contention that teams that have a clear goal structure—including an overall mission as well as specific goals with associated performance or evaluation criteria—are far more likely to achieve their purpose than teams without such a goal structure (Latham & Seijts, 1999; West et al., 1998). Clarity of goals and mission appears to have a positive impact on decision quality and creativity, since ideas and options can be assessed more efficiently when team objectives are clear. Furthermore, the presence of performance or evaluation criteria associated with goals allows teams to acquire feedback on the effectiveness of the strategies they are pursuing. This enables teams to abandon strategies that are not furthering their goals, and encourages further strategizing and goal refinement. Within the wraparound context, our model suggests that practices related to defining goals, acquiring feedback on progress towards goals, and revising plans based on feedback provide additional benefits. For example, such practices can contribute to perceptions of team collaborativeness by enhancing perceptions of collective efficacy, increasing commitment to team decisions, maintaining the family's perspective as a shared reference point, and increasing the likelihood that disagreements will be managed in a constructive, non-conflictual manner.

According to the model, effective teamwork in wraparound is also importantly influenced by the *inputs* into teamwork. Among these inputs are team member skills, experience, and background. The model assumes that team members require a variety of skills in order to carry out the practices associated with high quality planning, and to do so in a manner that reflects the value base of wraparound. The model also highlights the potential for increased diversity among team members to positively impact the range of options and perspectives considered by the team, and hence the creativity and quality of ideas and strategies. As other discussions of wraparound have pointed out, it seems particularly likely that plans will contain an optimal balance of formal, community, and natural supports and services when members of the family's informal support networks are included on the team (Kendziora, Bruns, Osher, Pacchiano, & Mejia, 2001).

While it may seem obvious that high quality planning is necessary—though not sufficient—for successful wraparound, earlier phases of our research on wraparound found that teams often did not maintain team plans, specify team goals, or check up on whether team members had followed through on their tasks and commitments (Walker et al., 2003). What is more, in a study of highly experienced wraparound facilitators, we found several who spontaneously endorsed the view that structures associated

with high quality planning were antithetical to the development of interpersonal comfort and trust among team members (Walker et al., 2003).

We report on analyses of data gathered at 72 wraparound team meetings from communities around the United States. The purpose of our study was to describe the composition of the teams and the quality of the planning process they engaged in, and to explore the extent to which these factors were associated with team member satisfaction and plan individualization.

METHOD

Participants

Data for this study were collected during observations of team meetings and follow-up interviews with members of wraparound teams for children with severe emotional and behavioral disorders and their families. Seventy-two meetings of 26 different teams were observed. We recruited teams whose members had already been working together for some time and had well-established working relationships with each other and the family. However, due to the high level of turnover among members frequently experienced by wraparound teams, many of the meetings included members who were new to the team.

The participating teams cannot be said to be a representative sample of wraparound teams nationally; however efforts were made to include teams that represented diversity across several important dimensions. Geographic diversity was one of these dimensions, and participating teams represented 11 different communities in 7 different states. Three of these communities were located in the core areas of large cities, two in smaller cities, three in established suburban areas, and six in developing "edge" areas where farmland and newer suburbs flowed together. Teams also represented diversity in terms of the extent to which they were embedded in a larger policy and funding context that supported the value base of wraparound. Fifteen of the teams were drawn from communities that had received substantial federal grants from the Center for Mental Health Services' (CMHS) Comprehensive Community Mental Health Services for Children and Their Families Program. These grants are intended to foster systems of care for children with severe emotional or behavioral disorders and their families. The systems of care philosophy overlaps in many ways with the value base of wraparound in that both seek to promote service approaches that are family driven, strengths based, individualized, flexible and coordinated (Center for Mental Health Services, 1998). The sample included teams from eight programs which, by virtue of being cited as promising practices by CMHS (e.g., Kendziora et al., 2001), have been held up as models for wraparound and/or other system of care practices consistent with the wraparound philosophy.

Twenty-two of the 26 participating teams were recruited after research staff had made initial contact with the agency within the community that was responsible for hiring and training facilitators. Research staff provided administrators at the agency with written information and informed consent materials for distribution to team members. Facilitators were encouraged to distribute the materials and discuss participation with their teams. The remaining teams were recruited through initial direct contact with the parent, who then brought the idea to the team. Research staff attended meetings only after a team's members expressed a consensus regarding their willingness to participate in the study.

Measures

Observation Report Form

This form was created for use in the current study, and was designed to capture and summarize key information about the wraparound team, the plan, and the planning process. The first section of the form is used to record specific items of information about the meeting and the team members (the location, time, and length of the meeting; the sex, race, and role of each team member in attendance; the age of the identified child or youth and placement at the time of the meeting; and the portion of the meeting attended by each member).

The second section of the form includes a checklist of 16 indicators intended to index the quality of the planning process taking place during the observed meeting (Table 2 includes a brief description of each indicator). Indicators were developed to reflect the two sets of planning activities described earlier: (a) broadening perspectives and generating options; and (b) pursuing outcome-oriented collaboration.

The third section of the observation report form includes a further eight checklist items focusing on the types of services and supports that the team is accessing or providing, or planning to access or provide for the child and family, and the modifications to services and supports that team members discuss or describe. These items were designed to reflect the degree of individualization of the plan as reflected in the observed meeting. The types of services and supports reported on the form include formal human services, community services (i.e., already-existing services or supports that are available to the general community such as art lessons, youth ministry or church-based mentoring, or community youth clubs), community supports (i.e. an experience provided by a community member or organization that is like those provided to other community members but that has been created or significantly tailored by the team), and natural supports (volunteer activities provided uniquely to the family).

The post-meeting survey was designed to provide information about team members' global satisfaction with the meeting and the key aspects of the meeting that contributed to their satisfaction ratings. The final version of the survey includes only four items. The first two items ask team members to rate, on a scale of 1-10, how comfortable they felt with the interpersonal relationships during the meeting, and how productive they thought the meeting was. The survey then asks team members to list the best and worst things about the meeting. Early versions of the survey contained many more items; however team members provided negative feedback about the time required to complete it. From the earlier versions of the survey, only the four items retained on the final version were used in the analyses described here.

Procedure

One or two members of the research staff attended each meeting as observers/data collectors. The observer(s) collected any materials created by the team for use during the meeting (e.g., agendas, lists of goals, copies of the team plan) and took notes in anticipation of filling out the observation checklist once all meeting materials had been collected. Copies of minutes or other team records produced as a result of the meeting were provided to the observers. At the end of the meeting, observers asked team members to fill out the post-meeting survey. Team members were encouraged to complete the post-meeting survey before leaving the meeting location; however addressed, stamped envelopes were also provided for members who left during or immediately after the meeting. A convenience sample of caregivers, youth (if in attendance), facilitators, and some service providers were also asked if they were willing to participate in a telephone or in-person debrief about their experiences during the meeting. Team members who were willing to participate were contacted within one week of the meeting, and were asked to reflect in an open-ended way about the meeting, the plan, and the team.

Within two weeks of the meeting, after all materials had been gathered, each staff member that had observed a meeting separately reviewed notes and team materials and completed the observation report form. For each of the indicators included on the form, observers marked either Yes, No, or Not Applicable. Reliability of the observation form was assessed on ten of the meetings for which two observers independently completed the form. Percent agreement, both across all checklist items and for each item, was calculated to assess interrater reliability.

RESULTS

Team Member and Meeting Characteristics

The mean number of team members present for more than half the duration of the meeting was 6 members ($SD = 1.97$). Forty-six (64%) of the meetings were for children living with parents, 2 (3%) for children living with grandparents, 15 (21%) for children living in foster homes, and 4 (6%) for children living in hospitals or residential treatment centers. Twenty-one (29%) of the meetings were for children between 6 and 10 years of age, 21 (29%) for children 11 to 13, and 30 (42%) for youth 14 and older. Sixty-seven (97%) of the meetings were for White children, and two (3%) were for Black children.

Of the total of 513 team members attending the observed meetings, 463 were White (90%), 22 were Black (4%), 13 were Asian (3%), and 7 Hispanic (1%). Among these same 513 team members, 69 (13%) were parents of the identified child, 32 (6%) were the youth or child, 50 (10%) were family, friends, or community members, 43 (8%) were from family advocacy organizations, 226 (44%) were human service professionals, 11 (2%) were lawyers, and 14 (3%) were foster parents. Among human service professionals, the most frequent participants were care coordinators/case managers (14% of all team members) and child psychotherapists (8%). Table 1 provides information on the number and percentage of meetings attended by different types of participants. As can be seen from the table, at least one parent or family caregiver was present at 65 (90%) of the 72 meetings. The identified youth or child was present for more than half of the meeting time during 28 (39%) meetings and for shorter portions of an additional 2 (3%) meetings. The proportion of youth 14 and older that were present during their own teams' meetings was higher than the proportion for younger children, but this difference was not statistically significant (50% versus 36%; $X^2 = 1.47$, $df = 1$, $p > .22$). Regarding natural supports, one adult family member in addition to the caregiver(s), was present at 11 (15%) of the meetings, and two or more additional family members at a further 5 (7%) meetings. Friends of the parent(s) were present at 8 (11 %) meetings, friends of the child or youth at 2 meetings (3%), and advocates from family support organizations at 31 meetings (43%). Only one of the observed meetings included a representative from a community organization, such as a church or recreational or social club, group, or team. All meetings had at least one professional service provider present, and the mean number of professionals present was 4. Meetings were most likely to be held in the office of the professional serving as the facilitator (40%), followed by other professionals' offices (38%), schools (14%), and the family's home (7%). The large majority of meetings were held during regular office hours (79%).

Table 1. Number and Percent of Meetings Attended by Types of Participants (*N* = 72)

Meetings attended by . . .	<i>n</i>	%
Parent/Family caregiver	65	90
Two parents	6	8
One parent	57	79
Mother only	55	76
Father only	2	3
Non-parental family primary caregiver	2	3
Foster parent	14	19
Identified youth or child	32	44
Present more than half the meeting	28	39
Present less than half but participated actively	2	3
Present for social portions of meeting only	2	3
Natural support/Family advocate	38	53
One natural support/advocate	23	32
Two natural supports/advocates	11	15
Three or more natural supports/advocates	4	6
Adult family member(s) other than parents/caregiver	16	22
One additional adult family member	11	15
Two or more additional adult family members	5	7
Friend of parent	8	11
Friend of identified youth or child	2	3
Advocate from family support organization	31	43
Member of community organization	1	1
Human service professional	72	100
One human service professional	5	7
Two human service professionals	14	19
Three or four human service professionals	34	47
More than four human service professionals	19	26
Care coordinator/Mental health case manager	67	93
Child psychotherapist	39	54
Mental health supervisor or administrator	19	26
School counselor, administrator, or non-classroom staff	24	33
School teacher	6	8
Child welfare case worker	10	14
Lawyer	9	13

In sum, meetings tended to take place in human service offices during business hours, and the large majority of team members were White and professional. At least one parent—usually a mother—was

present at almost 90% of meetings, and the identified youth participated actively in about two-fifths of meetings. Just over half of meetings included a natural support, and this was most likely to be an advocate from a family support organization. Aside from advocates, attendance by members of the family's informal or natural support networks was infrequent, with about one fifth of meetings including an additional adult family member, one in ten meetings including a friend of the parent, and one meeting including a representative from a community organization.

Indicators of Planning and Individualization

Using the ratings of two observers over ten of the meetings that were attended by two staff members, a mean agreement of 87% was achieved over the 26 items on checklist portions of the observation report form. Disagreements between raters were discussed, and the definitions of three of the indicators (which fell below the 75% agreement level) were refined and clarified. These clarified definitions were applied to the coding for all of the meetings.

Table 2 presents a summary of the results from the checklist portions of the observation report form, as reported for all meetings. The percentages listed in the table reflect the percent of meetings during which that indicator was observed. Among the indicators of planning process quality, two (*mission or vision* and *mentions specific strengths*) were present at more than half of the meetings. Another three indicators were present at between one third and one half of the meetings: *written agenda*, *services linked to goals*, and *records of previous work*. Two further indicators were present at just over one quarter of the meetings, *clear structure* and *check-in*. Other indicators were present at fewer than a quarter of the meetings, with three indicators (*procedure to prioritize*, *go-around*, and *ground rules*) present at fewer than 10% of meetings.

Summing across all 16 planning indicators provided a total that varied between 0 and 13. The mean for total planning indicators was 5; however, the mode was 0, with 21 % of teams at that level. Team totals for planning indicators were distributed more or less in three clusters, with about one third of meetings (31 %) having seven or more indicators in total (these teams were designated as having high-quality planning), a further third (33%) having three to six indicators (moderate-quality planning), and the final third (36%) having two or fewer (low-quality planning).

Among the eight indicators of plan individualization, *makes changes to the mix or frequency of formal services* was observed most frequently, during 63 (89%) of the meetings, while more significant tailoring of formal services was planned or reviewed during about one third of meetings (34%). There was evidence, during the meeting, that teams were investigating the possibility of providing a community service during

just under half (47%) of meetings, but there was evidence during a much smaller proportion of the meetings (16%) that the team was actually facilitating access to such a service. Teams planned to investigate or reported on investigating providing natural support to families during about one quarter of the meetings (25%), and there was evidence that such support was indeed being provided by the team to the family during a similar proportion of meetings. Both investigation and provision of access to tailored community supports were relatively rare.

With only a couple of exceptions, chi-square analyses indicated no association between team makeup and the types of services and supports discussed or accessed by the team. There was no association between the presence of a paid advocate during the meeting and the presence of any of the indicators of individualization of planning. Similarly, chi-square analyses detected no association between the presence of the youth or the presence of natural supports and the first six indicators of plan individualization. There was a significant association between the presence of natural supports during the meeting and the team investigating having someone act in a natural support capacity ($X^2 = 5.89, df = 1, p < .03$) and the team facilitating or coordinating a natural support activity ($X^2 = 5.89, df = 1, p < .03$).

In contrast, there were a number of significant associations between the types of services and supports discussed or included in the plan and quality of planning (low, medium, or high, as derived from the total number of indicators observed). There was a significant association between the quality of planning and several of the indicators of individualization such that increasing quality of planning was associated with increased likelihood of the presence the following indicators: *makes changes to the mix or frequency of formal services* ($y = .891, p < .01$), *tailors formal services* ($y = .625, p < .01$), *facilitates a regular community service* ($y = .593, p < .01$), *investigates a natural support activity* ($y = .799, p < .01$), and *facilitates a natural support activity* ($y = .752, p < .01$). The statistic for *investigates a regular community service* approached significance ($y = .355, p \sim .05$). Summing across all eight indicators of plan individualization provided a global score representing extent to which there was evidence that the team was attempting to provide services and supports that were individualized and community based. This total varied between 0 and 6 with a mean of 2.45 and a mode of 1. The total number of indicators for plan individualization was significantly and moderately correlated with the total number of planning indicators ($rs = .55, p < .01$).

Table 2. Results from the Checklist Portions of the Observation Report Form

Indicators of planning process quality	Yes (%)
1. The team discusses or refers to its overall mission or vision , or this is included in the team's documentation.	36 (51)
2. A written agenda is provided or posted during the meeting.	30 (42)
3. The meeting proceeds according to a clear structure , such that it is usually possible to tell the purpose of the team's activity at a given time.	19 (25)
4. Team maintains and/or members refer to a record of previous work (updated plan, minutes, lists of tasks).	33 (46)
5. The team develops or refers to a single team plan that guides its work.	21 (31)
6. The team develops or refers to specific goals that guide its work over time.	21 (31)
7. At least one of the team's goals is associated with measures or other specific criteria for assessing progress toward the goal.	17 (24)
8. Tasks, supports, and services are linked to goals (i.e., team discuss the purpose of activities by referring to the larger goal or need that will be served).	27 (41)
9. The team uses a check-in or other procedure to systematic review to determine whether or not assigned team tasks have been accomplished.	20 (29)
10. The team engages in a procedure or activity to stimulate options or broaden perspectives (e.g., brainstorming, listing needs by domains, 24-hour clock).	9 (13)
11. At least once during the meeting, the team generates several distinct options before making a decision about how to meet a need or further a goal.	14 (20)
12. At least once during the meeting, the team uses a clearly defined structure or procedure to prioritize goals, needs, or strategies.	4 (6)
13. At least once during the meeting, the team uses a "go-around" or other procedure to elicit opinions or perspectives from each team member.	5 (7)
14. Team members develop or refer to ground rules that describe expected interpersonal conduct during team activities.	5 (7)
15. The team mentions specific strengths or assets of the child and/or family.	52 (72)
16. The team engages in an extended strengths-related activity (e.g. creating or adding to a strengths inventory).	16 (22)
Indicators of plan individualization	
17. The team adds, drops, or makes changes to the mix or frequency of formal services in response to a team decision.	63 (89)
18. The team tailors formal services significantly in response to a team decision.	24 (34)
19. The team investigates a regular community service .	33 (47)
20. The team coordinates or facilitates a regular community service .	11 (16)
21. The team investigates a tailored community support .	6 (9)
22. The team coordinates or facilitates a tailored community support .	4 (6)
23. The team investigates a natural support activity .	18 (25)
24. The team coordinates or facilitates a natural support activity .	18 (25)

Team Member Satisfaction

On the post-meeting survey, team members ($n = 242$) gave meetings mean ratings of 7.89 ($SD = 1.91$) for comfort and 8.07 ($SD = 1.71$) for productivity. There was significant positive skew for each of the ratings, with 20% of participants giving meetings a 10 for comfort and 21% a 10 for productivity. Loglinear analyses indicated that, among meeting participants grouped by role, only youth were significantly more likely to give ratings of comfort and satisfaction that were below the mean ratings for their teams (95% confidence interval for parameter estimate did not include 0). The mean comfort rating for youth was 5.50, and the mean rating for productivity was 5.60. The correlation between the total number of planning indicators and team mean productivity ratings was significant albeit modest ($r_s = .30, p < .05$), while the correlation between the total number of planning indicators and team mean comfort ratings was not significant but trended in a positive direction. Thus, team member comfort during meetings did not appear to be adversely impacted when meetings were businesslike and planning focused.

Responses to the open-ended questions about the best ($n = 199$) and worst ($n = 145$) aspects of the meetings were categorized using a coding system developed from the model of effectiveness for wraparound teams. In addition to the quality of the planning process, the full model also highlights the importance of team *cohesiveness* (i.e., shared team member perceptions of team cooperativeness and efficacy). Two coders worked independently to classify the responses. Disagreements were resolved through discussion. Regarding the best aspects of the meetings, the most common responses fell into the following categories: the interpersonal climate during the meeting allowed people to be share thoughts and opinions openly (32%); meeting provided a sense of hope or efficacy (14%); team members collaborated or worked together well (12%); team members shared important information (12%); team had good camaraderie (11 %); and team is family centered (9%). The most commonly cited worst aspects of meetings were coded as: important people absent (22%); meetings are unfocused or un-businesslike (17%); team atmosphere doesn't promote open or productive communication (17%); team members do not cooperate or collaborate (8%); team had difficulty including the youth (7%).

DISCUSSION

The results of this study support earlier findings that wraparound teams tend to be numerically dominated by professionals, and that teams are not particularly successful in including as members individuals drawn from families' natural and community support networks. Of particular note was the

virtual absence of team members representing community organizations such as churches or clubs. During the follow-up interviews, team members explained this in a variety of ways, often focusing on the logistical difficulties around meeting timing, transportation, and childcare. Several caregivers described their social networks as lacking in individuals who were able and/or willing to participate on the team in the desired manner. In some cases, caregivers described how, over the course of time, the ongoing nature of their needs had depleted the resources and support available to them from friends and family. Several other caregivers noted that support from friends and family was available, but was contingent on the caregiver's meeting certain expectations. Others said they had natural and community supports available, but that the time commitment required for wraparound discouraged their participation on the teams. Finally, several said they were not comfortable with friends or community members being privy to the sort of personal information about the child and family that was discussed during wraparound meetings.

If an increase in the participation of natural and community supports is to be realized, these barriers will need to be addressed. Beyond increasing outreach to potential team members and making it easier for them to attend meetings, wraparound programs will likely need to develop strategies for building teams' skill in integrating contrasting perspectives in ways that encourage both caregivers and their support people to be more flexible in their expectations of one another. Wraparound teams and programs may also benefit from exploring strategies for organizing some types of support *through* the team planning process while not requiring full team participation from all individuals providing support (i.e., support could be coordinated through an intermediary, or a person providing support could attend only certain meetings or portions of meetings).

Results from the current study documented a high degree of variability in the extent to which teamwork displayed indicators consistent with high-quality planning, with more than one third of meetings having two or fewer total indicators observed. The frequent absence of team goals or a team plan is particularly concerning, given the consistent link between these attributes and team effectiveness in other contexts. What is more, the indicators most consistently related to creativity in strategizing were present in 20% or fewer of the observed meetings. Our theoretical model suggests that increasing attention to these aspects of planning can have a significant positive impact on the creativity, responsiveness, and effectiveness of wraparound team plans.

Results also provided evidence of variability in the extent to which teams provided or coordinated services and supports that were individualized and community based. What is more, the bulk of individualization came about through making alterations to formal services. About one quarter of teams appeared to be investigating, coordinating, or facilitating a natural support activity. Not surprisingly, this was more likely to happen when meetings included individuals from the family's informal support network.

This supports the notion that, if wraparound teams are to be a vehicle for coordinating and blending formal and informal supports, then teams and agencies need to develop and pursue strategies to diversify team membership. In contrast, the presence of a paid advocate was not associated with increased plan individualization. Team members, including advocates themselves, suggested during debriefing interviews that this could result from a lack of clarity regarding the role of the advocate. Given that advocates were present at over 40% of meetings, they appear to represent an available but untapped resource for teams.

Consistent with our theoretical model of effectiveness for wraparound teams, higher quality planning was associated with increased individualization of plans. During debriefings, team members observed that where meetings were relatively unstructured, it was more likely that professionals would dominate discussion, while others would withdraw, uncertain about whether and how they were expected to participate. These findings support one of the central premises of the theoretical model: in order to increase the creativity of strategizing (including the extent to which plans are individualized and community based), it is important not only to increase the diversity of perspectives available on teams, but also to increase the opportunities for these perspectives to be expressed and integrated into discussions and decision making.

Findings from the post-meeting survey revealed that team member satisfaction was generally quite high, and that team members' global assessments of the productivity of meetings were only modestly correlated with the quality of planning as measured by the sum of the indicators. Together with the results of the open-ended questions, this suggests that factors besides the quality of planning also play a role in team members' assessments of productivity. For example, when key team members are missing, the team may be less than optimally productive, even where high-quality planning takes place. Team members may also be sensitive to facets of wraparound not fully captured by planning indicators, such as the extent to which planning is driven by the family's own sense of its needs and the strategies that are likely to be effective in meeting those needs.

The notable exception to the findings on team member satisfaction was for youth, who expressed unique dissatisfaction with both the interpersonal comfort level and productivity of meetings. Perhaps this is not a surprising result, given that wraparound meetings otherwise comprised adults and authority figures; however, it does suggest that effective collaboration with youth can be a challenge for teams. During several of the observed meetings, youth appeared completely disengaged, and at least three meetings had high levels of overt conflict between youth and adult team members. In the open-ended responses to questions about the worst parts of meetings, *difficulty including the youth* was the sixth most frequently cited theme, even though youth participated in less than half the observed meetings. Possible strategies for increasing youth engagement and satisfaction include increasing the number of youth-nominated members on teams, enhancing team members' skills in neutral facilitation and conflict resolution, increasing team

members' familiarity with techniques for eliciting and supporting youths' perspectives, and providing youths with coaching on how best to express their perspectives during meetings.

Several limitations should be kept in mind when interpreting the results of this study. Foremost is that the sample of teams observed for the study cannot be said to be representative of wraparound teams more generally. In particular, the observed teams included few minority members, despite the fact that several of the sites where teams were observed served populations that had significant non-White populations. It may be that White families were more comfortable with the idea of being observed, or it may be that team facilitators, who were mostly White, were more likely to raise the possibility of participation with White families. A related issue stems from the way that teams were recruited for the study. In most cases, teams were recruited through the agencies that provided wraparound. It seems quite possible that agencies would be most willing to encourage participation from teams that they believed were doing well. Similarly, teams may have been on their best behavior during observed meetings. While it is difficult to know how these factors might have influenced findings, it would seem that well-regarded teams and teams on their best behavior might well exhibit higher levels of planning indicators, greater participation by informal and natural supports, and greater efforts to individualize planning.

Finally, it should be remembered that successful wraparound, by definition, requires that team planning is not only individualized and community based, but also culturally competent, strengths based, and rooted in the perspectives of the family and child. The indicators used in this study focused the planning process and plan elements, and were not designed to assess the extent to which teams were implementing other facets of the wraparound process. Future research would be needed to develop and validate indicators that assessed the extent to which planning is consistent with the full set of wraparound principles.

The findings of our study underscore the challenges inherent in wraparound, particularly those challenges related to integrating formal and informal sources of support into a plan that is creative, individualized, and community based. The findings support the hypothesis that wraparound teams are more likely to be effective in meeting these challenges when they adhere to a high quality planning process; however, the study also found that a significant proportion of teams pursued planning in a haphazard manner that evidenced few indicators of quality. This implies a high level of need not only to increase team members' capacity to engage in a high-quality planning, but also to increase the capacity of the larger organizational and system contexts to support and/or require team activities that are likely to enhance planning quality and creativity. For example, increasing incentives and flexibility for professional team members to attend meetings outside of business hours may require changing work expectations and job descriptions both within an agency and in the larger system context within which that agency operates. Similarly, unless the larger organizational and systems contexts provide teams with timely access to funds

to meet costs associated with unusual, non-traditional, or non-categorical supports or services, teams' creative and highly individualized plans may consistently come unraveled. If wraparound teams are to succeed in creating plans that are truly individualized and community based, it is likely that the flexibility, creativity, and collaboration expected of teams will need to be mirrored in the surrounding organizational and systems contexts as well.

ACKNOWLEDGMENTS

This research was conducted with funding from 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 (NIDRR grant number H133B990025). The content does not necessarily represent the views or policies of the funding agencies. The authors wish to thank the reviewers who commented on earlier versions of this article. We are also grateful to the many members of wraparound teams across the country for the insights offered during their participation in our research on teamwork.

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