



*What Is Wraparound?*

## Purpose and Philosophy of Wraparound Services

The purpose of Wraparound services is to provide short-term, intensive mental health services to a child and his/her family in their home, school, and community. One of the goals of Wraparound is to prevent out-of-home placement in an acute care or long-term residential care setting. Additionally, Wraparound services are provided in order to facilitate the transition of a child from acute psychiatric hospitalization or long-term residential care to his/her home environment. A comprehensive treatment plan that identifies the child's needs is developed and implemented within the Wraparound Model. Services are provided in the child's natural environments to assure the child's successful maintenance in the community and home.

All services are provided based on the principles and guidelines outlined by the Pennsylvania Children and Adolescent Service System Program (CASSP).

- Children should be treated in the least restrictive environment as possible, preferably, in their own homes, schools and communities.
- Services are child-centered and family focused, where the parent is considered to be a vital member of the treatment team.
- There is a strong emphasis on building partnerships with extended family members, neighbors, and other community services and resources. These partnerships include collaboration between all public sector agencies and other community-based organizations (schools, church, etc.) serving the child and family's needs.
- Services are culturally competent and staff is trained to be sensitive to cultural, ethnic and gender influences in each family.
- Services are highly individualized and designed to meet the specific needs of each child and family.

**NOTE:** Wraparound Services should not be the first level of care provided. Parents and Families are encouraged to attempt a less intrusive level of care prior to implementing wraparound.

## WHAT IS WRAPAROUND?

The Wraparound Model is based on individualized, needs driven planning and services. It is not a program or type of service. It is value based and an unconditional

commitment to create services on a “one kid at a time” basis to support normalized and inclusive options for youth with complex needs and their families.

An *individualized plan* is developed by a *Child and Family Team*, the people who know the child best.

This plan is *needs driven* rather than services driven. Services are not based on a categorical model.

The plan is *family centered*.

The *parent* is an integral part of the team and has ownership of the plan.

The plan is *strengths based*. Human services have traditionally relied on the deficit model, focusing on pathology. Positive reframing to assets and skills are elements in all wraparound planning.

The plan is focused on *normalization*. Normalized needs are those basic human needs that all individuals require.

The team makes a commitment to *unconditional care*. Services are changed to meet the needs of the *family*.

Services are created to meet the unique needs of the child and family. Though many wraparound plans rely on blending and reshaping categorical services, teams have the capacity to *create individualized services*.

Services are *community-based*. Restrictive care is accessed only for brief periods of stabilization.

Services are *culturally competent*. The composition of the team assures a fit to the family’s culture and community.

Planning and services are *comprehensive*, addressing needs in three or more life domain areas. These life domains are: family, living situation, educational/vocational, social/recreational, psychological/emotional, medical, legal, and safety/crisis. The plan is financially supported by *flexible* use of existing categorical dollars or through a flexible funding mechanism.

*Outcome measures* are identified and measured often.

Wraparound services include the following:

- ***Behavior Specialist Consultation Services*** are provided in the home, school, or community and are designed to:
  1. Provide ongoing assessment of a child's behavior/emotional needs across various settings;
  2. Develop an appropriate behavior management plan;
  3. Develop materials for the team members to use;
  4. Complete inventories/assessments to target behaviors in need of change through observation of the client or through questionnaires.
  5. Developing the interventions on an ongoing basis for the team, parents, school, camp counselors, etc. to use with the child.
  6. Consult with family and other service providers regarding implementation of the behavior plan;
  7. Provide supervision of the Therapeutic Staff Support personnel when appropriate;
  8. Establish appropriate documentation procedures for the behavior management plan;
  9. Follow established documentation and reporting procedures;
  10. Provide consultation to the interagency service planning team;
  11. Participate in treatment team meetings.
  
- ***Mobile Therapy Services*** are provided in the home, school, and community are designed to:
  1. Stabilize the child's behavior in that setting by implementing the approved treatment plan and/or behavior management plan;
  2. Provide individual and/or family therapy to ameliorate presenting psychiatric symptomology;
  3. Provide emotional support to the child and family;
  4. Provide crisis intervention services when appropriate;
  5. Continually assess the child and family's response to treatment interventions;
  6. Follow established documentation and reporting procedures;
  7. Assess levels of impairment or mood through psychological inventories;
  8. Participate in interagency service planning and treatment team meetings.
  
- ***Therapeutic Staff Support Services*** are provided in the home, school, and community and are designed to:
  1. Maintain a child's safety and promote well-being in the home, school, and community;
  2. Stabilize a child's behavior across all settings by implementing the approved behavior management plan;

3. Model, teach and then coach the parent in implementing the approved behavior management plan;
  4. Provide emotional support to the child;
  5. Model and teach appropriate problem-solving and social skills to the child and family;
  6. Continually assess the child and family's response to treatment interventions;
  7. Follow established documentation and reporting procedures to participate in the interagency service planning and treatment team meetings.
- The TSS is not permitted to transport the child or the parents due to liability reasons. The TSS is also not permitted to engage in toileting routines (changing diapers, toilet training, etc.) with the client for liability reasons as well as professional boundaries.

#### Expectations of Parents:

Services within the home require the presence and participation of the parents. Specific expectations for the parent and child will be part of each treatment plan. Treatment will always be focused on helping the child's natural supports such as parents, grandparents, and teachers, be more effective in dealing with problem behaviors rather than taking over the management of the child. Changes in the child's behavior cannot happen without this involvement. Services are provided to improve family functioning through skills training and development.

Participation in community activities also requires parent involvement. Again, because these are time-limited services, parents must continue to assume the responsibility for getting children to activities, supervising activities etc. that would normally be true without TSS involvement. On occasion, a treatment plan may specifically designate a TSS to get a child to community recreational sites etc. but this must be clearly spelled out in the treatment plan with a clear rationale for the plan. Excursions into the community for other than special reward activities set up with the parent and child will also require the accompaniment of a family member as the goal is to assist the parent in finding ways to manage a child in public settings not to assume that management.

Full participation in team meetings, quarterly psychological evaluation, medication monitoring appointments, and interagency meetings is essential. Your feedback is critical for successful intervention. In fact, intervention is not successful unless the parent and child say it is!

Full cooperation in implementing the behavioral plan is essential. The BSC will spend whatever time is necessary to help create a behavioral plan according to the needs of the child and family but without consistent parental involvement, treatment will not progress.

## Professional Boundaries:

It is important to remember that professional health care workers are providing the services. Treat the team members as you would treat an outpatient therapist. The team members will be spending a great deal of time in your home, and it is not uncommon to feel a bond with the team members, however, appropriate boundaries are essential in order to prevent attachment and dependency on team members. Keep in mind that the services are only temporary and the team will be discharging the client in time. Things that are considered to be unethical, unprofessional, against policy, etc. are as follows: (remember that these rules are instituted to protect you in the future as well as to abide by ethical standards issued by the American Psychological Association. Violation of these rules could lead to the loss of a career for your team)

- ✓ Do not engage in personal conversations that do not have anything to do with the client. Do not ask the team for marital advice, about their families, etc.
- ✓ Do not ever leave the client in the team member's care (for example if you need to run to the grocery store for a minute and ask the TSS to watch the client while you are gone). Babysitters can be present in your stead, or team members can accompany you in the community.
- ✓ Do not ask team members to attend personal functions, or meet you on a personal level (going out for a drink, coming to a family reunion, etc.)
- ✓ After you have been discharged or staff members have changed, do not call the previous staff member for advice.

What happens when the staff member is not a good fit or is not abiding by policies and procedures?

Sometimes staff members do not work out with families because it just isn't a good fit. The staff member may not have been able to establish a good rapport with the client, or personalities may conflict. This happens often and can easily be rectified by replacing the staff member. You should not feel guilty for requesting this. We want to provide you with the best team that fits your child's needs.

Please notify us if staff members are going against our policy. This protects both you as the consumer and us as the provider. Things including inappropriate dress, asking you to sign blank encounter forms, using inappropriate language, taking the child on outings that are not therapeutic, transporting a child, not using the time in their shift effectively, etc.

## **Who do you contact?**

1. You can contact any of the offices local and convenient to you and speak with the Clinical Supervisor and/or Coordinators who are responsible for scheduling all of your Interagency Meetings, attending initial meetings, coordinating staff members on cases, and making sure the client files have all of the necessary elements (signatures, etc.) Feel free to call **toll free at 1-877-899-6500** for assistance.
2. You can also contact Dr. Carosso who is the prescribing psychologist and co-owner of Community Psychiatric Centers with Dr. Lowenstein, M.D. They can be reached at the same phone numbers as indicated above.