High-Fidelity Wraparound *in Tribal Communities*
Fact Sheet

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What is Wraparound?

With regards to systems of care and their work with youth with serious and complex emotional, behavioral, and mental health needs, wraparound as a concept has been steadily evolving since the term originated in the 1980s. Early in the development of the philosophical principles of wraparound, systems of care may have conceptualized wraparound as a treatment service or program. Today, wraparound is considered a process of intensive, individualized care planning and coordination of care.

Wraparound depends on the collaboration of a team of people brought together to support the child and family.

Together, the team uses their collective expertise, resources, and relationships to identify needs and build on family-specific strengths such as culture and history to forge solutions. Major goals of a wraparound approach are to help youth and families get their current needs met, learn new skills to better manage their behavior and life, and develop the skills and resources to manage crisis after wraparound. It is intended to ensure that caregivers and youth have access to the people and processes that may best serve them, that their voices are incorporated into decision making, and that they have ownership of the process.

What is Fidelity?

According to the Youth and Family Training Institute, fidelity simply means there is "exactness to the process, an adherence to details, and a strict observance to the rules of the process. There is consistency."[1] Something that has "high fidelity" to the wraparound model means practitioners have been trained to do the process, follow the protocols, and deliver care in the correct and consistent way as intended by program developers.

What is High-Fidelity Wraparound?

Wraparound as a general concept was widely embraced when it was first introduced in the 1980s. Recognizing the potential benefits of the philosophy behind wraparound, many communities launched into implementing their interpretations of "wraparound." However, in the absence of one definitive framework to guide the development of wraparound, some individual communities struggled with the concept and its implementation. As a result, sometimes what was inaccurately called "wraparound" more closely resembled children's case management with no real individualized care, limited family voice and choice, no integration of services across child-serving systems, and a focus on deficit-based services. In other words, the implementation of wraparound often failed to embody new approaches to care or deliver improved outcomes.

In response to the lack of consistency in practices being called "wraparound," there were demands for consensus of what truly embodied wraparound practice. Wraparound practice guidelines were developed and early authors included the consulting group of Vroon VanDenBerg and the National Wraparound Initiative's Research and Training Center for Family Support and Children's Mental Health. As a result, this consensus is reflected in the concept of high-fidelity wraparound.

High-fidelity wraparound is based on 10 core principles and four phases (engagement and team preparation, initial plan development, implementation, and transition), which include active partnership with youth and families and honoring their voices in decision-making for their life. High-fidelity wraparound is measured using tools like the Wraparound Fidelity Index.

Case Study: Equine Assisted Wraparound

Tiwahe Glu Kini Pi (TGKP) at Sinte Gleska University has tailored wraparound to its communities by integrating the process with equine assisted therapy. TGKP staff were trained in wraparound by the Sacred Child Program in North Dakota (see next page) and base their approach on similar principles. Families (called "Relatives" in their program) not only help choose their wraparound team, they also choose the site of meetings.

When Relatives choose the ranch for their meetings, they may also decide to have their therapy horses present during the meetings. The wraparound coordinator seats partners within the horse arena, and horses are brought in to simply be present. In making these decisions, Relatives are empowered to speak and to be truly part of the planning process. Having the horses present teaches the partners—whether from child welfare, probation, or other agencies—about the therapeutic process and demonstrates how the therapy horse is helping the child and family. Bridget Williams, TGKP clinical director, reports that partner stereotypes and preconceptions about the child seem to dissipate in the presence of the horses. This, in turn, facilitates genuine strengths-based, solution-oriented discussion.

Tools for Measuring Fidelity

As a uniform definition of wraparound has evolved, so have the tools by which wraparound is assessed. Some of these include:

- Wraparound Observation Form—measures adherence to wraparound principles observed during team meetings
- Wraparound Integrity Tool—assesses wraparound fidelity in school-based wraparound
- Wraparound Fidelity Assessment System—used to conduct an external assessment of fidelity to the principles, phases, and activities of wraparound; people who are not directly involved in services with the family administer the measurement tools

Case Study: Sacred Child Project

One of the best and most well-known examples of tribal wraparound is the Sacred Child Project (SCP) in North Dakota. The SCP was funded as a system of care grant community in the late 1990s and, within two years, developed their own culturally based version of wraparound. It was the subject of a chapter in the 2001 publication *Wraparound: Stories from the Field* published by Georgetown University as part of the Promising Practices series. That chapter includes a case study and interviews with a youth, family, and several team members. SCP found that they could both be true to their own culture and maintain fidelity to wraparound.

"The wraparound process strengthens what we already have because our culture is based on relationships," said Susan Paulson, SCP's original director. When Deb Painte—who was initially the SCP evaluator and later the SCP director—first heard about the concept at the first wraparound training she attended through the State of North Dakota, she realized, "This is how we bring those (cultural) interventions back." SCP went on to become a leader in tribal wraparound. The Native American Training Institute, a nonprofit organization located in Bismarck, North Dakota, continues to provide culturally based training and training materials today, including the popular publication *Wraparound in Indian Country: The Ways of the People are Who We Are*.

Paulson explained they developed their intervention, "by being true to our Indian ways, by asking the family what they want to do, and also being true to the fidelity of wraparound—which is also to ask the family what they do." According to Paulson, SCP "uses the family's beliefs, culture, preferences, and their natural support system to help them."

Wraparound: Stories from the Field includes a story about how one youth used cultural supports to overcome substance abuse, trauma, and violent behavior when his family became part of his team. Services and supports were community based, flexible, and adapted to changing needs and identified strengths. The youth chose his own goal, elders provided mentoring in the fashion of tribal traditions, and traditional ceremonial interventions were used along with more conventional treatment methods. The high-fidelity wraparound blended professional relationships with natural support relationships. They found it necessary to adapt and reframe the language of wraparound to fit their culture. For example, what mainstream wraparound calls "informal supports" were actually considered very "formal and natural."

SCP's approach to wraparound is a clear example of how to achieve an adaptation that satisfies fidelity to culture and to the practice. By bringing their culture into their concept of wraparound they brought integrity to their approach.

Ten Principles of High-Fidelity Wraparound

Eric Bruns and Janet Walker of the National Wraparound Initiative have published a detailed chapter explaining each of the ten principles within the *Resource Guide to Wraparound*, from which this is excerpted. It can be found at http://nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-(10-principles-of-wrap).pdf.

1. **Family voice and choice**. Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

2. **Team based**. The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.

3. **Natural supports**. The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

4. **Collaboration**. Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

5. **Community based**. The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

6. **Culturally competent**. The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/ youth and family, and their community.

7. **Individualized**. To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

8. **Strengths based**. The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. **Unconditional**. A wraparound team does not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary.

10. **Outcome based**. The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

- Wraparound Fidelity Index (WFI), version 4—an interview process with caregivers or parents, youth, wraparound facilitators, and team members
- Team Observation Measure—assesses adherence to standards of high-quality wraparound during team meetings
- Document Review Measure—assesses wraparound fidelity through review of the documentation typically used in wraparound implementation
- Community Supports for Wraparound Inventory—a research and quality improvement tool intended to measure how well a local system supports the implementation of the wraparound process

Tribal Communities and Wraparound

Not surprisingly, tribal communities that have traditionally shared responsibility for caring for children and families, have embraced wraparound. Many tribal communities also like the wraparound approach because it focuses on the strengths of the child, family, and community. The wraparound facilitators are trained to be non-judgmental and to take a non-expert attitude when working with families. The wraparound facilitator and team help the family identify their own solutions building on family strengths and the strengths of the community.

Still, given the troubled history of applying a one-size-fits-all approach to service design and delivery in Indian Country, it should not be surprising that Native care providers might be wary of buying in to the concept that there is one set of national standards and protocols when it comes to children's mental health care. However, as the case studies included in this fact sheet demonstrate, high-fidelity wraparound is indeed compatible with culturally competent care specific to the unique needs of each tribal community.

Why High-Fidelity Wraparound?

According to the Indianapolis-based organization Choices, high-fidelity wraparound "as measured by the WFI, is associated with better outcomes for youth and higher family satisfaction."[2] Furthermore, psychometrics (a branch of psychology that deals with the statistical design of psychological tests and fidelity measurement tools) has shown that data gathered from the WFI have been found to correlate with child and family outcomes.[3] In other words, higher fidelity to the wraparound process often meant a higher level of improved outcomes for the wraparound client. On the flipside, poorly executed "wraparound" practices will likely result in more effort and outcomes that will not be as positive as when wraparound is implemented in a high-fidelity manner.

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ENDNOTES

[1] *High fidelity wraparound*. (n.d.). Retrieved from Youth and Family Training Institute website. www.yftipa.org/high-fidelity-wraparound

[2] High fidelity wraparound. (n.d.). *Our model: Wraparound*. Retrieved from Choices website. www.choicesteam.org/choicesmodelhifiwrap.html

[3] Sather, A., Bruns, E.J., & Hensley, S. (2012). *Pilot test of the Wraparound Fidelity Index: Brief version (WFI-EZ)*. Portland, OR: National Wraparound Initiative. Retrieved at www.nwi.pdx.edu/pdf/WFI-EZ-summary-of-initial-results.pdf

Case Study: San Felipe Pueblo

San Felipe Pueblo is an excellent example of tribal wraparound based in culture. San Felipe has embedded one of its most central culture values into all of its system of care. "Everyone has a responsibility for nurturing" says Esther Tenorio, director of the project. This tribal value is in the logic model and woven into the strategic plan. "We are all partners across tribal services, bound together with 'Warrior Agreements.'" Wraparound depends on the needs of the family. If there is a service need that is outside existing agreements—for example with environmental health—the wraparound team engage the resource and bring it into the team approach. Clinicians are engaged with youth and youth help define the wraparound process. In turn, youth are encouraged to present their wraparound model at national conferences.

San Felipe started with their culture first. From there, they sought a path to achieve fidelity to culture and to wraparound. They are restoring the traditional cultural systems under a new infrastructure and finding families responding favorably. According to San Felipe:

- This model emphasizes culturally competent care as it provides both the Western clinical approach as well as traditional cultural methods of helping.
- This approach is called wraparound because it wraps a family's support (family members, friends, community program staff, and outside agency staff) around them to help them achieve their treatment goals.
- Each family is assigned a child and family team of professionals to work with them.
- This approach is youth guided and parent supported, as the family drives the process and decides what the goals are.
- The system of care cultural advisor works with the system of care program to ensure that services are provided according to Katishtya cultural practices and beliefs. Included in that work is participation in tribal court's out-of-home placements of San Felipe children.
- Confidentiality is viewed through a cultural perspective as information is shared with the family's team who they select to help them.
- The process is: screening to see which program can help the individual and family; assessment to determine the needs and strengths; and care planning which are the decisions about which services and supports are to be provided to individuals, children, and their families.
- Each family is given a care manager who helps them with their plan of care.
- When the client/family has achieved their goals, they are transitioned to a less formal plan of care and follow up will be done by the care manager at six months, one year, and two years.
- An emergency referral plan is required for all health and wellness programs so that community members can access services after hours and during holidays for crisis intervention.

This process is considered part of the San Felipe Warrior Partnership. It includes all programs working for families in the community such as health and wellness programs, family services, housing, public improvement authority, WIC, education, schools, tribal courts, law enforcement, and tribal administration.

Additional Resources

Guides and Manuals

The Resource Guide to Wraparound published by the National Wraparound Initiative
http://nwi.pdx.edu/NWI-book/

Wraparound in Indian Country, a CD-ROM available for purchase, produced by the Native American Training Institute
www.nativeinstitute.org

National Clearinghouse Websites

National Wraparound Institute at Portland State University
www.nwi.pdx.edu

Native American Training Institute
www.nativeinstitute.org

Wraparound Evaluation and Research Team at the University of Washington
http://depts.washington.edu/wrapeval/index.html

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