

WRAPAROUND FOR OLDER YOUTH AND YOUNG ADULTS:



PROVIDERS' VIEWS ON WHETHER AND HOW TO ADAPT WRAPAROUND

By Janet S. Walker
& Caitlin Baird

Prepared by staff from the National Wraparound Initiative, the National Wraparound Implementation Center and the Pathways Research and Training Center—Portland State University

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Purpose

Systems of care are increasingly extending eligibility to young adults up to age 24, often using Wraparound as the model for serving young people with the highest levels of need. Over the last few years, as we interacted with providers through our Wraparound-focused training, coaching and technical assistance, we participated in numerous conversations in which providers talked about how they were adapting their Wraparound practice in order to respond to the unique developmental needs of this population. Throughout these conversations, providers consistently affirmed that Wraparound was a valuable approach for working with older youth and young adults. However, many providers also felt that making changes to their practice was essential for engaging and retaining older youth and young adults in Wraparound, and to having success in meeting their needs. What was less clear was exactly:

- » what sort of adaptations providers were making,
- » whether the adaptations that different providers were making resembled one another;
- » how systematic the process of adaptation was, and
- » how profoundly practice might be altered as a result.

Knowing more about the extent to which Wraparound is being adapted allows investigation into a further set of questions, particularly questions related to quality assurance, such as: If individual providers are innovating on their own, how is the quality of their adapted practice being assessed?

I would definitely say that we've had to be flexible with the model itself.

So while we are Wraparound, we are not using the traditional model of Wraparound with our young adults.

And, if programs are systematically building new practice models to reflect the adaptations, what can we do to ensure that this adapted model is well described, and that it maintains its fidelity to the overall Wraparound model?

This report seeks to explore these questions, and to offer suggestions for training and technical assistance for Wraparound programs working with older youth and young adults.

Process

We set out to learn more about this topic through a qualitative exploration of Wraparound providers' views on why and how they might change their practice when working with older youth and young adults. To do this, we sought out Wraparound programs and initiatives from across the nation that serve substantial numbers of young people over the age of 18. From these programs, we interviewed Wraparound facilitators and

peer support providers involved in direct service to young adults. Many of these staff members also worked with older youth up to age 18. We also interviewed managers in some of the programs. In all, we spoke with 26 people in programs in eight states. The interviews were recorded and transcribed, and then uploaded into a web-based qualitative data analysis platform. Shared themes and ideas were extracted from the interviews.

In the next section of this report, we summarize providers' thoughts on the most important ways that older youth and young adults are different, and have different needs, from younger youth and children in Wraparound. Following that, we use material from the interviews to illustrate what providers identified as key ways that the practice and process of Wraparound might need to be altered in order to work successfully with the older population. We conclude with a discussion and suggestions for next steps.

According to Wraparound staff, what differentiates older youth and young adults from younger children in Wraparound?

Self-reliance and responsibility increase. Just like other young people in their late teens and early twenties, older youth and young adults involved in Wraparound expect themselves—and are expected by others—to take more responsibility for running their own lives. As they do this, they move toward greater self-reliance and independence from the protection and authority of parents and other caregivers. Young people over the age of 18 are considered the drivers of their Wraparound process, and they are expected to make decisions about who will be on the team and what goals to pursue.

After 18 of course it's up to them who they want on the team, not the family, if family is even involved.

We do go by what the client wants to accomplish... and what they want to set out to do because they have the voice.

Providers recognize that growing self-reliance and independence from adult authority are natural parts of the transition to adulthood, and that young people need support that is “right sized” so as to encourage self-reliance. However, providers also recognize that young people—including those in Wraparound—are at times intimidated or frightened by this transition.

We want them to build their natural supports but then we also want to teach them independence and how to handle these things.

They feel the need... to separate from their parents and show that “I am capable of achieving my goals and creating goals, and being responsible,” as a way of saying, “I’m going to be okay. I know you’ve carried me this far and I’m going to be okay and I just need to do this for myself.”

Sometimes they would be super happy to know that they can do it on their own or sometimes they kind of shut down knowing that now this is real life and now they are on their own, and they will start to not engage as much because they’re scared of the real world.

[It can be] hard to talk to them about real life and how they can do this. It’s a lot of motivation, it’s a lot of meeting with them and giving them a lot of pep talks, letting them know that they’re not alone.

What is more, young people who have been in services may not have had opportunities to practice guiding their own lives, and are not suddenly able to become self-reliant at 18.

We act like they’re all grown up at 18 but they’re not... We can be working with a kid who has been in the system for 10 years and has had most things done for them and as soon as they turn 18, the expectation shifts to they need to be doing most things because they’re an adult now. ...Realistically, what were we all doing at 18? We were relying a lot on our parents and the people around us, and we didn’t just do it all on our own when we turned 18 for most of us. [Providers] end up setting the high expectation and when [young people] don’t follow through on the expectation, they are being set up to fail.

Networks of natural support change. At the same time that young people are seeking independence, they are also creating their own networks of natural support. In these social networks, friends and significant others typically play key roles.

Once they get to be older and after 18 especially, it's not the family's natural supports but the youth's, which is not the same thing at all: their friends, their girlfriend, their boyfriend, their family of choice...

Parents and other caregivers often continue to be key natural supports—as well as providers of significant financial and other resources—as their young people move into adulthood and grow more independent. The providers we spoke with clearly believe that it is optimal for older youth and young adults to have their families or other caregivers participating on Wraparound

teams. However, every provider we spoke with also noted that this was sometimes extremely challenging. In some cases, they saw young people as adamantly not wanting their families involved, while in other cases, providers contended that it was the families who did not want to participate.

The biggest challenge and change has been the lack of parental involvement.

We have a young man who's 19 I think, maybe he's almost 20, and he didn't want to really have anything to do with his family as far as the team is concerned.

It's just he... has burned so many bridges with his family that they don't want anything to do with him.

Youth that are involved in the criminal justice system... are the ones that, like I said, it's very difficult to get parent involvement.

Supportive adults outside of the family also often play key roles in supporting young people as they move into adulthood. However, providers reported that older youth and young adults in Wraparound often lacked these connections to adult allies or did not see the adults in their lives as supportive.

They do not see that they have any adults in their lives as natural supports.

There may be adults, but [young people] see that those people are—sometimes those are the people they need to get away from.

Their parents moved away and they had a hard time getting natural supports in there.

According to providers, how do these differences impact the Wraparound process for youth and young adults?

Youth and young adult-driven process. Providers stressed the importance of making sure that the young person's goals drive the Wraparound process. Providers noted that this was developmentally optimal for young people moving into adulthood. For both

youth and young adults, there was also a pragmatic reason for this, namely, that young people would disengage from Wraparound if they did not feel that they were driving the process. For young adults, there was the additional rationale that they were legally entitled to be the key decision makers for their own treatment.

Comparing to working with younger kids, if you can engage well with a young adult and they feel like their goals are, they identify they're being worked on, they're more likely to come to the table.

We work with everybody's goals and we come to an agreement where the client feels that their goal is the priority but they also have to consider the goals of their parents or friends and what they want for the client.

...an experience that I've had with a young adult who, his goal was that he really wanted a car... but... he really lost his voice in the team because people were like, well, you want a car but you have to figure out how to get a job and hold a job first, you have to prove that you're responsible. You have to do all these other things before we can even talk about you getting a car so kind of like basically stop talking about it before we give you the other thing. And he ended up disengaging from Wraparound, they didn't follow up. [I heard about him] a few months later. He bought a car and he was homeless living in his car, but his vision was that he really wanted a car. And I look back on that and think what if we had made a whole plan around "How can we get you a car?" That's everyone's goal, that's everyone's focus and then along the way, we probably would've accomplished those other things.

Team composition. All of the providers we spoke with mentioned that teams were likely to be smaller for older youth and, particularly, for young adults. In fact, some young people were reluctant to involve others at all, particularly at the outset.

Well I know the young adults we have been working with, I know they're not always comfortable with people sitting around a table and talking about them so to speak. So they might prefer [to keep people informed by] a phone call, they might prefer an email, as opposed to a formal meeting with everyone under one roof.

The young people are really are sick of having people intimately in their business and really, when given the choice, don't want teams.

We encourage them to involve their family or whoever they identified as their family, so at that age, it could be even other people outside of their biological family or their guardian—and what's really struck me is there's a lot of hesitancy in involving even significant others in their life. And that's been something that unfortunately, I haven't seen us be able to come up with a good answer for. It's something that we've continued to try to work towards but we've kind of continued to run up against a lot of reluctance on the part of the transition-aged youth to do so.

Providers noted that teams for this population tend to be smaller, given that young people sometimes do not want to involve their parents or other adults. Further, professionals may drop away after young people turn 18.

When they're over the age of 18, it becomes optional for the young person as to whether they see their parents or their adult allies in their plans.

One other thing is once youth get over 18, then a lot of times the people who would be the team of professionals evaporates as well because they're not charged with working with young adults anymore.

The combination of these factors may mean that, at least for the initial stages of Wraparound, the work is more one-on-one (or two-on-one, with peer support) than is typical with younger children and their families.

So I've worked just worked with him really one-on-one instead, what steps do you want to take next... so he can make decisions. But then I always update his family. We do team emails so his family is kept in the loop.

One of the things that I think has been one of our biggest challenges is incorporating that family team or the team aspect of Wraparound in combination with these young adults. So that is where I think probably in terms of the Wraparound model it might look the most different, in comparison with working with families with small children.... So if the young person is open and willing and interested in creating that team, then that's something that the Wraparound staff definitely is assisting the young person in creating. If that's something that they are not at the time open to doing, then it's done much more individually.

Another option that providers described was, rather than having a single, consistent team, different subsets of team members might be active at one time or another, depending on what goal or need the young person was working on. Other team members could be kept apprised of what was going on via email or phone calls.

Some of the participants that go in and out of the teams also have to do with what the goal is. There may be a person that attends a few meetings but once they're not needed anymore as far as whatever the goal was, they may pull out.

Sometimes the client wants their mother, their father, their brother or sister and then in other meetings, they don't want any of them.

I think the week before last, I did a crisis plan and he wanted to pull in a really close friend to help develop that crisis plan. So that's what we did and to him, he doesn't have family to support him but his friend supports him so his friend was pulled in for the crisis plan.

Collaboration. It also appeared that, with youth and young adults, providers did not always see the same kind of collaborative process going on as is typical with child-and-family teams in Wraparound. Of course, on teams with few or no authority figures—parents, guardians, or professionals with mandates to enforce—there is less need to reach agreement across diverging points of view. Similarly, when a team has

only a very few members, there is also less need to integrate viewpoints. In some cases, providers seemed to be describing a Wraparound process that revolved exclusively around the young person’s decisions about goals and strategies (in other words, without collaborative decision making per se), with other allies or team members being engaged outside of the team context.

I guess it's not a team in the conventional Wraparound sense but having people outside of their household that they can turn to and who will help them in that sense.... It does look more like working with them to engage those supports. Sometimes it's just the action of slapping a label on them: "Hey this person has been your support this whole time. This is the person you go to for advice."

And also it's not always a set team like I think the more traditional Wraparound... So it's about what is [the young person] working on and who do they want to have involved for that specific thing.

Phasing. According to the practice model from the National Wraparound Initiative,¹ the Wraparound process generally flows through four phases: engagement, initial plan development, implementation and transition. The description of the practice model emphasizes that these phases are not always distinct and may overlap one another in time. However, providers working with older youth and young adults described an overall process in which the phases might at times

unfold somewhat differently. For example, the formation of a team, which normally happens by the early part of the initial plan development phase, may be delayed until after significant parts of the plan have been implemented. In the meantime, the Wraparound facilitator and/or peer support provider would work intensively with the young person to gain trust, to identify natural supports, and/or to help the young person see the benefits of engaging family members and other allies on the team.

1. Walker, J. S., Bruns, E. J., VanDenBerg, J. D., Rast, J., Osher, T. W., Miles, P., Adams, J., & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children’s Mental Health, Portland State University.

We definitely encourage family involvement and if somebody is not ready for the family involvement piece—under 18 versus over 18 are two different approaches but we are also patient with that process as well, and we find that more times than not, the young adult is eventually ready to sort of have the family member come in and also be a supportive member of the team in what they're trying to accomplish. So again, it's just a matter of being patient.

As time goes on and we're engaging more, they start opening up to me more about people in their life who they said they didn't have. So for example, there is a youth who currently doesn't want anybody on their team but just meeting with them last time, they let me know this online friend community that they really talk to every single day and that they find them to be the closest people in their life. And we kind of talked about possibly having one of them call into a team meeting and they thought about this, that actually wouldn't be a bad idea. They just have to eventually recognize that there is always someone there for them, they just haven't been able to pinpoint who.

Similarly, providers described how the young person's vision or goals—typically set quite early in the child-and-family Wraparound process—might change radically after the young person had worked for some time on an early “draft” of their plan. This evolution of vision,

needs or goals can happen quite naturally, as the young person learned to trust the process and/or as they learned more about themselves, their needs and their aspirations as a result of participating in Wraparound.

They decide what they want to work on, a lot of times, it could just be like, “Well I'm having trouble finding a job or I don't know how to get my driver's license.” A lot of times they'll present with something like that and then as trusting relationships build, they're open to exploring different needs. So I think the fact that we just allow the young adults to be in the driver's seat and let them gently explore what their needs are as time passes and they accomplish their initial goals.

Skill building. Our interviewees gave numerous examples of how they worked to help young people gain skills for adulthood, particularly skills for enlisting natural support, but also for setting goals and carrying out actions toward achieving those goals.

A lot of times they actually have a support, they just don't realize the role that that person plays in their life. So you go with them or call with them, doing it with them, engaging with them, then they can see how it's done, get comfortable with the process or get comfortable with, "Okay, so this is how I talk to someone about this important thing in my life without opening myself up for more harm or opening myself up for rejection," things like that, because a lot of times it's just fear of rejection that they're facing.

Sometimes it takes teaching them how to make those goals or how to set goals. Sometimes it's not what the goal is, it's the process of setting the goal and making the step by steps.

[When working on activities connected to goals] I usually say, "Now, I want you to be able to do this yourself, but if you want me to do it this time, I'll show you and next time, you have to do it." But really just picking up from the ground level and walking through it with them. And really that's gone a long ways with me from my experience, just doing that with them.

Peer support. The inclusion of young adult peer support providers is a key feature of Wraparound programs working with older populations. The contributions of peer support providers were seen by interviewees as valuable and important.

As we started moving with the elder young people... We knew that having a peer that they could relate to that was similar in age and experience would be something that would be more helpful and probably some of the best stories that we could give include [a peer] that was assigned to the case.

The peer has been really the shining star of the grant so to speak, in that it being a newer way of really engaging young adults into better care.

In many instances, peer support providers were seen as doing many of the same things that a Wraparound facilitator might do, including initial engagement, identifying team members, helping to build natural supports and supporting the young person's work on the plan. However, providers described peers as bringing unique assets to the work.

Having it be a young person go out and begin those initial conversations and make that initial engagement has been really helpful. Having it be that young person with lived experience...

Part of the engagement strategy is certainly leading with our peer specialist who is closer to the age of the young adults that we're serving.

So, say the youth was struggling with meds, which a lot of them struggle with meds. They say it makes them lethargic, tired, sleepy in school, cranky—that's when the youth support partner shares their experience about how either the meds helped them or they were able to advocate for lower dosage or had a med switch.

If I [a peer support provider] suspect [a young person is] not really into [the goal on the Wraparound plan], I might visit and ask them... is there something else you prefer to work on, you just haven't really shared with the team? ... You can definitely share it with me. We let them know that they can definitely be open and honest with me, that they don't have to tell the entire team.

So the youth might feel one way where a parent might feel the other way. What works well in that case is the youth peer support being able to effectively talk about some of those struggles that they had with their own parents or guardians and being able to really hone in on that. That's one of the best strategies that we tend to utilize.

Conclusion

All of the providers we interviewed described ways in which they adapted their practice of Wraparound so that it would be responsive to the life circumstances, needs and preferences of older youth and young adults. Some of these adaptations seemed, in providers'

minds, to align easily with "traditional" child-and-family Wraparound principles and process. For example, the integration of peer support for older youth and young adults was seen unequivocally as a positive development, and one that was entirely consistent with Wraparound principles. Similarly, the emphasis on supporting young people's skill building in key areas did not seem

to present any potential conflict with Wraparound as “traditionally” understood. Providers also seemed to find it completely natural that Wraparound with older youth and, particularly, with young adults, would be a process driven by the young people’s perspectives, and that other team members’ views and family members’ views would have lesser influence. Finally, providers did not express concerns that young people’s goals and plans might change quite radically during the course of the Wraparound process. In fact, this is quite consistent with descriptions of the developmental process of early or “emerging” adulthood, which sees the exploration—and sometimes the complete transformation—of identity and aspiration as the norm for this period of life.

Other adaptations were described more as a compromise between what is prescribed by the principles, and what is feasible when using Wraparound with older youth and young adults. Central to these adaptations

was the issue of forming a collaborative team. Providers described frequent struggles to interest young people in the idea of working with a team at all. And, even where young people might be open to the idea, providers described difficulties recruiting both providers and natural supports as consistent team members.

These compromises left at least some providers unsure about how to evaluate the quality of their work with older youth and young adults. Was Wraparound without “traditional” teams a necessary adaptation, or was the adaptation more a reflection of providers’ lack of knowledge about successful strategies for recruiting supports and creating teams for young people? And how is Wraparound without teams different from case management? One provider thoughtfully summed up her thoughts on why it is problematic if practice expectations are not “codified or clear”:

[Most providers] think there should be real differences [for Wraparound with older youth and young adults], but this is not exactly codified or clear. And where it’s really more the care coordinator working with the young person on their goals and communicating with their people as needed to support that... Their claim when they do that is just the young people really don’t want teams. But I think that maybe we haven’t quite figured out how we work through that. We have some facilitators who have figured out how to do a really good job with that but I think for the most part, it ends up feeling, at least within our system, like pressure back on the facilitator to not be doing case management and to be doing Wraparound with them. So figuring out how it can still be Wraparound—currently the vision is for that but at least from my knowledge from my view, that’s not somewhere where we’re at right now.

Codifying and clarifying expectations, and ensuring that providers have the skills they need to meet those expectations, is clearly important if programs intend to continue using Wraparound with older youth and young adults. Not only will it help providers evaluate their own efforts, but it will also make it possible to refine fidelity and practice quality assessments so that Wraparound programs can be confident that they are providing young people with high quality service.

Resources and Next Steps

In recent years, researchers from Pathways Research and Training Center and the [National Wraparound Initiative](#) have conducted a series of studies focused on providers’ skills for carrying out Wraparound and other team-based planning approaches with older youth and young adults. Findings from these studies reinforce what is reported in this publication, and offer

some guidance about how providers can work more successfully with young people.

For example, a key finding from these existing studies is that providers consistently endorse the need to work with young people in ways that support their connections to positive people and contexts in their lives. However, in general providers also express great uncertainty about exactly how to do this.² Findings from direct observational studies of providers working with young people also show that they are often not highly skilled in working in a manner that is strengths based, and that is genuinely driven by the perspectives and priorities of youth and young adults.³

In light of these findings, researchers developed and tested the Achieve My Plan (AMP) and AMP+ enhancements for Wraparound. The first study of AMP showed that, in contrast to young people receiving Wraparound as usual, those who received Wraparound with the AMP enhancement participated more actively and meaningfully in Wraparound, had better alliance with the team, and were more comfortable and satisfied with the team experience.⁴ What is more, family members, care coordinators and other team members were also more satisfied. Evidence from more recent studies on AMP³ and AMP+⁵ shows that providers who are trained in the enhancements increase their skills in ensuring a young-adult driven Wraparound process, teaching

self-determination skills, and helping young people to build connections to supportive people, groups and organizations. AMP and AMP+ also offer specific skills and techniques to ensure that team meetings feel more comfortable and productive for young people. The AMP skills enhancement training is intended for care coordinators, while the AMP+ skills enhancement training is for peer support providers.

The National Wraparound Initiative (NWI) and the National Wraparound Implementation Center (NWIC) are developing a guidance document to clarify practice and fidelity expectations for Wraparound with older youth and young adults. This document will include a focus on issues related to teaming and phasing as outlined above. The document will be available mid-2019 from the National Wraparound Initiative at <https://nwi.pdx.edu>.

NWI and NWIC host the National Wraparound Implementation Academy, with a specific focus on working with older youth and young adults. See the NWIC website for details <https://www.nwic.org>.

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2. Walker, J. S., & Flower, K. M. (2016). [Provider perspectives on principle-adherent practice in empirically-supported interventions for emerging adults with serious mental health conditions](#). *The Journal of Behavioral Health Services & Research*, 43(4), 525-541.

3. Walker, J. S., Baird, C., & Welch, M. B. (2018). [Using a "remote," web-based training and coaching approach to increase providers' skills for working with youth and young adults: Findings from the Achieve My Plan training study](#). Portland, OR: Research and Training Center for Pathways to Positive Futures.

4. Walker, J. S., Siebel, C. L., & Jackson, S. (2017). [Increasing youths' participation in team-based treatment planning: The Achieve My Plan enhancement for Wraparound](#). *Journal of Child and Family Studies*, 26(8), 2090-2100.

5. Walker, J. S., Baird, C., & Welch, M. B. (2018). [The AMP+ skills enhancement training for peer support providers](#). Portland, OR: Research and Training Center for Pathways to Positive Futures.

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