27

Completing the Continuum of Schoolwide Positive Behavior Support: Wraparound as a Tertiary-Level Intervention

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Positive behavior support (PBS) is based on the core belief that all children can learn and succeed, and that schools, in partnership with families and communities, are responsible to identify and arrange the physical, social, and educational conditions that ensure learning. However, many schools find this to be a daunting task (Brown & Michaels, 2006; Hawken & O'Neill, 2006), especially with regard to students who have complex emotional-behavioral needs. Special education, although intended to be a support system for these students, often functions as an

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exclusionary default, with limited social and academic success (National Center for Education Statistics, 2005; Wagner, Newman, Cameto, Levine, & Garza, 2006). Improving educational outcomes for all students requires significant changes in how schools respond to students with complex needs, including application of research-based behavioral practices, and integration of community/family supports with school-based services.

As described in previous chapters, application of PBS schoolwide is expected to improve schools' capacity to effectively educate the 1–15% of students with emotional-behavioral and related learning challenges. We propose that the family-centered wraparound process (Burns & Goldman, 1999) is an essential component of schoolwide positive behavior support (SW-PBS) if schools are to ensure success for students who require comprehensive mental health supports. The wraparound approach provides a structure for schools to establish proactive partnership with families and community supports, a necessary component for arranging successful environments around students with complex emotional-behavioral needs. Families (including the student) are positioned as key informants and decision makers in prioritizing desired outcomes and strength-based strategies. Embracing such person-/family-centered values and techniques, the wraparound process results in uniquely tailored interventions that are carefully implemented with families and teachers in lead roles, ensuring contextual fit (Albin, Lucyshyn, Horner, & Flannery, 1996; Crone & Horner, 2003) and therefore increasing likelihood of effectiveness across home, school, and community.

This chapter describes how the system and practice features of the wraparound process, traditionally used in mental health systems, have been integrated into the tertiary level of SW-PBS. This includes (a) definition and contextual foundation of wraparound; (b) links with SW-PBS; (c) integration of data-based decision making into the wraparound process; (d) system structures needed at the tertiary tier; and (e) implications for mental health collaborators. The ongoing development of process and outcome tools used by school-based practitioners applying the wraparound process with students with complex needs and their families within SW-PBS, including implementation results, is included. Interface with interagency system-of-care (SOC) approaches applied through mental health and the person-centered planning (PCP) process associated with PBS are also discussed.

SETTING THE CONTEXT

What Is Wraparound?

Wraparound is both a philosophy of care and a defined process for developing a plan of care for an individual youth and his or her family (Burns & Goldman, 1999). Wraparound supports students and their families by proactively organizing and blending natural supports, interagency services, PBS, and academic interventions as needed. Other life domain needs such as medical, safety, cultural, spiritual, social, and so on may be addressed by

wraparound teams as well. Wraparound distinguishes itself from traditional service delivery in special education and mental health with its focus on connecting families, schools, and community partners in effective problem-solving relationships. Unique implementation features include (a) family and youth voice guide the design and actions of the team; (b) team composition and strategies reflect unique youth and family strengths and needs; (c) the team establishes the commitment and capacity to design and implement a comprehensive plan over time; and (d) the plan addresses outcomes across home, school, and community through one synchronized plan.

The wraparound process includes specific steps to establish ownership, and therefore investment, of people who spend the most time with the student (i.e., family, teacher). This creates an environment in which a range of interventions, including behavioral supports, are more likely to be executed with integrity. As such, the wraparound process includes systematic assessment of the needs of the adults who support the youth and can arrange supports for these adults on behalf of the youth (Eber, 2003). For example, a wraparound team may solicit involvement from the community to assist a family with accessing stable housing and other basic living supports as parents may be better able to focus on a home-based behavior change plan for their child if stress about being evicted from an apartment is alleviated. Other examples include teams facilitating transportation, recreation opportunities, and social supports. Teams can also tailor supports for teachers who may be challenged with meeting the unique needs of a student. For example, a plan to change problem behavior at school may be more likely to succeed if the teacher has a trusted colleague of choice who models the instruction of the replacement behavior or how to naturally deliver the reinforcement in the context of the classroom.

Differing from individualized educational plans (IEPs) and other typical school-based team processes, the wraparound process delineates specific roles for team members, including natural support persons (Eber, 2003), and detailed conditions for interventions, including specifying roles each person will play in specific circumstances. The role of a designated team facilitator is critical to ensure the process is adhered to and that the principles of the strength-based person-/family-centered approach are held fast. The wraparound facilitator, often a school social worker, counselor, or school psychologist, guides the team through the phases of wraparound (discussed in this chapter), ensuring a commitment to "remain at the table," despite challenges and setbacks, until the needs of the youth and family are met and can be sustained without the wraparound team.

Although on the surface wraparound can be seen as similar to the typical special education or mental health treatment planning process, it actually goes much further as it dedicates considerable effort on building constructive relationships and support networks among the youth and his or her family (Burchard, Bruns, & Burchard, 2002; Eber, 2005). This is accomplished by establishing a unique team with each student and the student's family that is invested in achieving agreed-on quality-of-life indicators. Key questions asked of youth and their families and teachers during team development (Phase I) of wraparound often include the following: "What would a good school day for you (or for your child) look like to you?" "What would life at home look or feel

like if it was better?" "How would you define success for your child 5 years from now?" Following a response to intervention (RTI) model in which problem-solving methods become more refined for smaller numbers of students, these more intensive techniques for engagement and team development are needed to ensure that a cohesive wraparound team and plan are formed.

Wraparound is characterized by a deliberate and consistent focus on strengths and needs as defined by the youth and family (VanDenBerg, 1999). This requires significant effort and purposeful techniques by the team facilitator as team members may have defaulted into a problem-focused mode and predetermined ideas of "needs" that are often stated as services (i.e., "He needs an alternative placement," "She needs counseling," "She needs a one-on-one aide"). A key component in the wraparound process is the development of a rich and deep strength profile that identifies very explicit strengths across settings (e.g., home, school, community) and life domains (i.e., social, cultural, basic living skills, academics, etc.). Similar to quality-of-life indicators in the person-centered planning (PCP) process associated with PBS, we define *big needs* in wraparound as follows: (a) The needs are big enough that it will take a while to achieve, such as "James needs to feel respected at school." (b) There is more than one way to meet it; for example, "Hector needs to feel competent/able about learning" instead of "Hector will complete his assignments." (c) The need will motivate the family to want to participate on the team. For instance, Maria's mother needs to feel confident that Maria will get treated fairly at school. (d) If met, the need will improve quality of life for the youth or those engaged with the youth on a regular basis (e.g., the family, the teacher).

The wraparound process helps ensure the development of a cohesive team of family members, natural support providers, and professionals. Interventions designed and applied within the context of those closest to the student allow for ownership around success being enjoyed by students, families, teachers, and others involved in the day-to-day life of the youth. Therefore, the likelihood of interventions being applied effectively, monitored, and revised as needed to ensure sustainable outcomes across home, school, and community is greatly increased.

The Need for Comprehensive and Collaborative Approaches

The historically dismal outcomes for youth struggling with emotional-behavioral challenges clearly indicate that not only schools, but also mental health, child welfare, and juvenile justice struggle to effectively meet their responsibilities for supporting them (Cauffman, Scholle, Mulvey, & Kelleher, 2005). The documented poor prognosis for youth with identified emotional and behavioral disorders (EBDs) is only part of the reality as these youth are historically underidentified and underserved. The U.S. Department of Health and Human Services (1999) asserted that approximately one in every five children between the ages of 9 and 17 has a diagnosable mental health or addictive disorder. The mental health literature reports prevalence rates of youth with diagnosable mental health conditions ranging from 13% (Costello, Mastillo, Erkanli, Keeler, & Angold, 2003) to 20% (Friedman, Katz-Levy, & Manderschied, 1996; Shaffer et al.,

1996), with less than half of these youth reported as actually engaged in treatment with mental health providers (Burns et al., 1995; Strein, Hoagwood, & Cohn, 2003). Most youth who do connect with mental health providers (70–80%) do so through schools, including contacts with school psychologists, social workers, and counselors (Rones & Hoagwood, 2000). However, the numbers of students identified with an EBD who receive special education services under the Individuals With Disabilities Education Act (IDEA) 2004 usually represent only about 1% of total school enrollment (National Center for Education Statistics, 2005). The different systems designated to serve these youth report a range of prevalence rates and define service delivery options with different criteria. Nonetheless, it is fair to say that alarmingly low numbers of youth who need such supports receive them, and those that do, fair poorly. The need for more effective systems that systematically provide comprehensive and collaborative interventions is evident.

For over 20 years, service providers, researchers, and advocates have been focusing on how to improve the outcomes for youth with complex emotional-behavioral challenges by building collaborative networks that coordinate the full range of services and supports needed by these youth and their families. Led primarily by mental health, youth-serving agencies and communities have struggled to develop more comprehensive and effective options. First proposed by Jane Knitzer in her seminal document *Unclaimed Children* (Knitzer, 1982), national, state, and local mental health and other agencies have focused on development of SOC approaches during the past 20 plus years. The concept of SOC has come to be understood as approaches that are strength based, culturally relevant, include a range of choices along a continuum, draw on natural settings and caretakers, and design unique interventions responsive to the preferences of the youth and family (Eber & Keenan, 2004; Hernandez & Hodges, 2003; Stroul & Friedman, 1986). Coordination of a variety of services across settings and providers in the community is a critical feature. Advocacy is a key component of the SOC concept since tailoring services to meet needs as defined by the family is, unfortunately, often inconsistent with traditional service delivery models in mental health, child welfare, juvenile justice, and education (Burchard et al., 2002).

SW-PBS and Students With Complex Needs

Since approximately 1998, schoolwide applications of PBS have emerged with the intent to build capacity for schools to provide effective behavior supports to all students, including those with complex behavioral needs, through a comprehensive prevention-based approach. As described in this volume, SW-PBS applies the science of behavior schoolwide using systems change structures that include a representative leadership team, ongoing self-assessment of the fidelity of the process, and rigorous application of data-based decision making. Consistent with the public health model, SW-PBS is a systemic approach that focuses on large units of analysis (e.g., school buildings and classrooms) and incorporates a three-tier framework:

1. Universal prevention addresses the entire school population via evidence-based instructional practices, precorrection, and adjustment of the environment to foster prosocial behavior.
2. Secondary or selected prevention delivers higher-level, more specialized interventions to 10–15% of students whose lack of response to universal prevention places them at risk for problem behaviors.
3. Tertiary or indicated prevention delivers specific interventions to the 1–5% of students with the highest needs due to a highly disproportionate level of risk relative to protective factors.

Within such a comprehensive system of behavioral support in schools, students with complex social-emotional needs should fare well as they can access evidence-based behavioral practices across all settings in the schools. For example, it is logical to assume that a student with an attention deficit disorder who has trouble managing his or her behavior will benefit greatly from the ongoing instruction of prosocial behavior provided to all students in hallways, classrooms, and so on, including consistent prompts and recognition for adhering to the schoolwide expectations. This same student may also be part of a "check-in/check-out" system (secondary-level intervention) in which about 4–7% of students in the school systematically receive a higher rate of prompts and recognition for positive behavior as they check in with teachers and other designated staff systematically throughout the day. This same student may have a uniquely designed wraparound team that arranges and monitors other more individualized interventions, such as additional academic or behavioral supports, arrangement of socialization opportunities at school or in the community, and so on. Supports for the family may include linkages with community resources (i.e., mental health providers, family support groups) and may involve natural supports that may be suited to the cultural lifestyle preferences of the youth and family. For example, a mentor or "big brother" may be enlisted to support the youth's participation in a youth group at the family's church or on a Little League team.

As described in previous chapters, schoolwide application of research-based behavioral practices can and should result in earlier and more accurate identification of students who need higher levels of behavioral support. The logic is that effective individualized interventions would then be made available for the small number of students with this need for higher-level behavior support. However, there is limited research that verifies how students with emotional-behavioral and other severe disabilities actually benefit from SW-PBS (Safran & Oswald, 2003). But, there is emerging evidence that supports the logic that investment in SW-PBS increases the likelihood that effective, individualized interventions will be provided to these students. In fact, schools in Illinois that have reached full implementation of the universal level of SW-PBS as measured by the School-wide Evaluation Tool (SET; Sugai, Lewis-Palmer, Todd, & Horner, 2001) are twice as likely to implement individualized interventions (rated as effective) than schools that have not yet fully implemented SW-PBS structures (Illinois FY05 PBIS Annual Progress Report available at www.pbisillinois.org). This fiscal year (FY) 2005 finding is consistent with similar results in FY03 and FY04 (Illinois FY04 PBIS Annual Progress Report available at www.pbisillinois.org).

In spite of the logic and early indicators that suggest that implementation of SW-PBS will benefit students with the most complex emotional-behavioral needs, low-fidelity implementation of SW-PBS can set up risky conditions. For example, behavioral data collected in schools have been used as documentation to remove students to more restrictive settings rather than to guide proactive intervention. Poorly implemented or nonexistent behavior supports result in relatively high numbers of students with complex behavioral needs being educated in separate environments from their general education peers (Crimmins & Farrell, 2006; Freeman et al., 2006). Questions raised about the potential shortcomings of SW-PBS for students with significant emotional-behavioral challenges include: (a) Will school personnel focus on universal supports at the detriment of acquiring the complex skill sets needed to provide effective secondary- and tertiary-level support? (b) Will responses to problem behavior continue to overlook evidence-based practices in favor of traditional, punitive discipline strategies (Brown & Michaels, 2006; Crimmins & Farrell, 2006; Hawken & O'Neill, 2006)?

Recognizing and responding to these concerns, Carr (2006) offered several potential benefits of SW-PBS for students with the most complex needs:

1. The skills acquired by school personnel at the universal level can provide the context for learning the more complex skills needed to implement successively intensive levels of intervention.
2. Fewer office discipline referrals frees up staff time to concentrate on students with higher rates of behavior problems.
3. The expectations taught at the universal level may, in fact, reduce the number of triggers or setting events in the school environment for students with the most complex behavioral needs, leading to fewer discipline incidents for these students.
4. Implementing SW-PBS with integrity may generate multiple peer role models that may influence students to follow their lead (Carr, 2006).

These potential benefits of SW-PBS for students with EBD and other complex circumstances seem logical. However, the multifarious needs of some of these students call for an intervention process commensurate with their level of need, making the person-/family-centered wraparound process an essential element of SW-PBS.

Tracing the Roots of Wraparound

The SOC principles proposed by Knitzer (1982) were formulated into a blueprint for change in the landmark document *A System of Care for Children and Youth With Severe Emotional Disturbances* (Stroul & Friedman, 1986). Wraparound, a philosophy of care as well as a defined planning process, emerged from grassroots efforts as practitioners sought to implement the SOC principles called for by Knitzer (1982) and more distinctly defined by Stroul and Friedman (1986). Wraparound became embraced by state and local communities as federal funds encouraged them to implement comprehensive systems of care as a strategy for reducing overreliance on costly, yet ineffective, restrictive placements that removed youth from their families/communities and often lacked adequate treatment (Kendziora,

Bruns, Osher, Pacchiano, & Mejia, 2001.) The logic is that a wraparound team, which includes natural support providers (extended family, friends, mentors), is more likely to be effective in designing a plan that will be embraced by the family and youth with realistic and practical strategies that address what the family feels are desired goals within usual settings, (home, neighborhood school, local community). In a preliminary study of the effectiveness of wraparound, Burns, Goldman, Faw, and Burchard (1999) documented 16 studies that were conducted in nine states (Alaska, Illinois, Vermont, Kentucky, Maryland, Wisconsin, Indiana, New York, and Florida). The studies explicitly identified as school-based programs (Clarke, Schaefer, Burchard, & Welkowitz, 1992; Eber, 1994; Eber & Osuch, 1995; Eber, Osuch, & Rolf, 1996; Kamradt, 1996; Rotto, Sokol, Matthew, & Russell 1998) produced results indicating that school-based wraparound can effectively retain children in their communities and home schools

The concept of wraparound has been operationalized in numerous forms (Bruns, Suter, Force, & Burchard, 2005; Burchard et al., 2002; Burns & Goldman, 1999; Miles, Bruns, Osher, Walker, & National Wraparound Initiative Advisory Group, 2006). In fact, the absence of an established theoretical framework has contributed to the lack of consistency regarding procedural guidelines for wraparound (J. S. Walker & Schutte, 2004). Arguably, the two theories that are most compatible with wraparound are ecological systems theory (Bronfenbrenner, 1979) and environmental ecology theory (Munger, 1998). Both theories stress the influence of various systems (e.g., schools, health care, etc.) on the level of functioning for children and their families. Two related theories reflect the family-centered (Allen & Petr, 1998), strengths-based approach (Saleebey, 2001) of wraparound. The consistent underlying philosophy of wraparound is a change from "expert-driven" models as it places the family, not a mental health agency or the school, in the leadership role within the team process. Furthermore, the wraparound process emphasizes that services are identified and designed based on the needs of the families and youth rather than what the system has available and is experienced with providing. The ultimate goal is success for the youth within the context of their families and their home schools. These characteristics are what make wraparound a unique, family and community-based process that is often experienced as antithetical to traditional mental health treatment planning or IEP procedures (Burchard et al., 2002). The spirit of wraparound and its elements were summarized by Burns and Goldman (1999) with 10 guiding principles:

1. Strength-based family leadership.
2. Team based.
3. Flexible funding/services.
4. Individualized.
5. Perseverance.
6. Outcome focused.
7. Community based.
8. Culturally competent.
9. Natural supports.
10. Collaborative.

Concurrent with the development of SOC approaches, the science of behavior was being applied through a new lens as PBS emerged as a method for applying individualized behavior plans through a PCP process (Agosta et al., 1999; Cheney, Malloy, & Hagner, 1998; O'Brien & O'Brien, 2000; Wehmeyer, Baker, Blumberg, & Harrison, 2004). Used primarily with persons with developmental disabilities and their families, PCP focuses first on improving quality of life (Risley, 1996) as defined by the family and youth (e.g., having friends, feeling accepted by others in their community, etc). If the PCP team addresses these quality-of-life indicators first, a variety of problem behaviors may be eliminated or significantly reduced (O'Neill et al., 1997). This may also provide information needed to conduct functional behavioral assessment for behaviors that persist after a team has begun to address quality-of-life outcomes (Kincaid & Fox, 2002). Replacing problem behaviors with prosocial behaviors through application of function-based behavioral interventions is a key component of PCP as well as wraparound as applied in schools implementing SW-PBS. Each student's wraparound team begins with a focus on improved quality-of-life indicators as defined by the family and youth and concurred with by school and other partners participating on the wraparound team.

One of the essential features of PCP, also key to wraparound, is the concept of self-determination. *Self-determination* has been defined as a right (Wehmeyer, 1999), a skill set (e.g., self-regulation, problem-solving ability), and a disposition (Palmer & Wehmeyer, 1998). The defining characteristic of self-determination is the ability of and opportunity for the individual to exercise his or her own choice, echoing the predominant wraparound theme of "family voice and choice." Self-determination has been successfully applied with secondary students with EBDs (Malloy, Cheney, & Comier, 1998) through personal futures planning, a theoretical framework that has roots in the field of developmental disabilities (Vandercook, York, & Forest, 1989).

WRAPAROUND AS A TERTIARY PROCESS: SYSTEMS DATA AND PRACTICES DEFINED

Wraparound Further Defined

Consistent with SOC principals, wraparound has evolved into a planning process that includes careful attention to developing a team that, by its membership, reflects the strengths, values, and spoken needs of the family. A uniquely constructed team, including natural support persons selected by the family and youth, develops, monitors, and continuously revises a plan focused on ensuring success, as defined by the family and youth, in their home, neighborhood school, and community settings. As with PCP, family and youth voice and ownership of the plan are emphasized to ensure interventions produce effective and timely outcomes for students, their families, and teachers. With an eye toward independence, natural support persons such as extended family, friends, a coach, a youth minister, or others with positive connections are sought for the teams. As

teams problem solve how to effectively meet students' needs, they combine supports for natural activities (e.g., child care, mentoring, making friends) with more traditional interventions (e.g., function-based behavioral interventions, specialized reading instruction, medication, etc.).

Individuals who perform the function of team facilitation should ideally possess certain skill sets and dispositions, including the ability to translate the family's, youth's, and teachers' "stories" and experiences into strengths and needs data that can be used to guide the team. Other crucial facilitator skills include the ability to respectfully articulate the family's vision without judgment. This includes helping teams clarify the big needs that, if met, will improve the quality of life for the youth and family. Examples of big need statements to guide wraparound teams include the following: "Jose needs to feel respected by teachers"; "Tracy needs to feel accepted by other students and teachers." The identified facilitator also must have the ability to facilitate problem solving and decision making in a consensual manner. Potential wraparound facilitators, readily available in school systems, include personnel who already lead intervention planning and meetings for students with or at-risk of EBDs. Typical persons who are trained and coached to facilitate strength and needs-based wraparound meetings include school social workers, school psychologists, counselors, special education specialists, administrators, and the like (Eber, 2003).

Implementing Wraparound

As the wraparound philosophy of care has evolved into a more in-depth planning process, defined steps and phases of wraparound implementation have emerged (Miles et al., 2006; J. S. Walker et al., 2004). The identified team facilitator initiates wraparound using individualized engagement strategies with the family and youth, teacher, and other potential team members. Assuming lower-level interventions (i.e., universal and secondary PBS, parent conferences, function-based behavioral intervention plans, etc.) have not resulted in enough positive change, families may be understandably cautious about engaging in yet another meeting about their child. Therefore, a wraparound team facilitator may need to approach a family carefully to ensure that the family does not feel judged or blamed. Families who have had a lot of contact with school but little success may need to be assured that they are not expected to change the problem behavior of their child at school. For example, facilitators may use a statement such as, "At school, we feel we are not being successful enough or positive enough with your child, so we are going to change our approach to make sure he is going to have success." This may be a different message than what the parent is used to hearing from school and can set the stage for a different type of process that is scaled up yet positive

Family trust, buy-in, and voice, requisite benchmarks of wraparound, must be established before the team can proceed to designing interventions or supports. During the initial conversations used to engage and develop the team, the family helps select team members, meeting location, and other team logistics (Eber, 2003). Then, initial meetings are held at which the team comes to consensus about the strengths of the youth and

family and the big needs on which they will focus; only then does the team begin to develop strategies to ensure improved quality of life. Progress toward achieving the quality-of-life indicators are assessed continuously in subsequent meetings as strengths- and needs-based interventions are continuously implemented, monitored, and revised to ensure success across home, school, and community. The focus on natural supports (e.g., people, settings, and resources) ensures cultural and contextual fit (Albin et al., 1996) so that the capacity for the youth and family and teacher to function independently with less intense supports and services over time is possible. Next is a brief description of the phases of wraparound implementation with emphasis on how the team facilitator guides participants through the process:

Phase I: Engagement and Team Preparation

During Phase I, the facilitator works closely with the family, student, and teacher to build trust and ownership of the process. The first step is for the facilitator to reach out to the family and arrange a time and place to have an "initial conversation" with them to hear their story and begin the process of building a relationship and a team. The family is encouraged to tell "their story" by articulating their perception of the strengths, needs, and experiences of their child and family. This initial contact should be a low-key conversational discourse with the goals of (a) developing a trusting relationship, (b) establishing an understanding of the process and what they can expect, and (c) seeking information about potential team members, strengths, and big needs. Facilitators should use open-ended questions (e.g., "Tell me about some of your concerns about Denise's progress") and active listening skills to track key information that will help determine priorities areas for support or intervention. It is helpful for the family to select the meeting location (e.g., local restaurant, a community building such as a church, etc.) as this can contribute to a sense of neutrality, allowing the family to relax and begin to trust the process. At first, this Phase I approach may seem awkward since traditionally most parent meetings take place on school grounds and are led by educators in an "expert" model. However, it is empowering for the family to be able to share their perspective freely in a meeting place of their own choice. Furthermore, careful listening to the family's story may be more effective in identifying the family and youth's big needs or elements at the root of the problem behaviors than using standard school-based approaches. For example, during a facilitator's initial meeting with Jacob's family, his older (fifth-grade) brother shared his knowledge of how Jacob's retention in second grade and subsequent separation from his friends made him feel lonely and contributed to his refusal to participate in classroom activities.

During the initial conversations with the family, the facilitator should assist the family to identify the natural supports or persons who are connected to the family by relationship (e.g., relatives, friends, a pastor) who may be able to participate in the wraparound process. The focus is on roles, not job titles. For example, Jacob's big brother, who was a fifth grader at the time of the initial conversation, was a support person for Jacob who helped

make sure Jacob's "voice" was heard by the team. His brother, by being included in Phase I conversations, was able to provide data about Jacob's real big need (to feel accepted at school).

The facilitator, after securing permission from the family, should also have individual conversations with other potential team members (e.g., a teacher, a coach, a probation officer) to listen with an impartial ear to their perspective. When the facilitator has a dialogue with the family and other potential team members before the initial wrap meeting, the participants have an opportunity to provide their perceptions, including frustrations, which are validated by the facilitators' approach/techniques (i.e., nonjudgmental, reflective listening, etc.). When team members have a sense of confirmation regarding their experiences and emotions, they are more likely to make positive contributions once the wrap process begins. The facilitator's role is to translate the family's (and other team members') story, including what has or has not worked in the past, into data that can be used to ensure efficient and effective team meetings. Necessary information organized during Phase I includes potential team members, a comprehensive strength profile, a list of two to four big needs, and baseline data culled from the Wraparound Date Tools (discussed in another section of this chapter), which will serve as benchmarks for ongoing progress monitoring overtime.

Phase II: Initial Plan Development

During Phase II, the facilitator moves from engagement and assessing strengths and needs with the family and other potential team members to guiding the team through the initial wraparound meetings. This shift into team meetings needs to occur as quickly as possible, typically within 2 weeks from the initial Phase I conversations. Baseline data reflecting youth, family, and teacher perception of strengths and needs are shared and used to guide team consensus on and commitment to quality-of-life indicators (the big needs). During Phase II, facilitators share the strengths and needs data with the team. Needs are prioritized, and action planning begins as the facilitator guides team members to brainstorm strategies to increase strengths and meet needs. As strategies are developed, tasks and roles for all team members are clarified. A safety plan for school or home is developed if team members feel this to be an imminent need. Facilitators should continue to gather and review the data across settings and from multiple perspectives (examples of wraparound data tools are discussed separately in this chapter) to assist the team in monitoring progress continuously. When the team is able to focus on meaningful data (e.g., data representing their perception of strengths and needs that they feel would improve quality of life), the tendency for team members to judge and blame one another or to resort to reactive, punitive strategies is significantly reduced.

Wraparound team facilitators must be adept advocates who can address team functioning or individual team member behavior that may circumvent the wrap process. For example, facilitators must be aware that some team members, used to the "expert approach" prevalent in special

education, may attempt to influence the family to agree to an intervention the family is not invested in, typically referring to the recommended service as a need (e.g., "The family needs counseling"). For instance, if a team member is adamant about a student "needing a placement," the facilitator may ask the team member, "What outcome do you hope to achieve through this?" or "How is this suggestion relevant to the family's stated big needs we have agreed on to guide us?"

From the Field: Mary Ellen's Story

"Mary Ellen," a student who was described as "highly anxious" was of concern to the school due to inappropriate behaviors during passing periods in the hallways. The school provided Mary Ellen with an escort in the hallway as an intervention. However, the intervention was not successful as Mary Ellen's problem behavior in the hallway escalated, and she tried to run away from the escort. The school suspected that there might be a mental health issue driving Mary Ellen's behavior, so they recommended that the parents seek a psychiatric evaluation; they also indicated they wanted to begin testing for special education eligibility. The family, who had never been comfortable with the escort intervention, balked at the insinuation that Mary Ellen was possibly "emotionally disturbed," and a rift began to form between the school and her family. The SW-PBS coach suggested they switch to the wraparound approach, so a school psychologist trained in wraparound facilitation approached the family from a strengths-and-needs perspective. The strengths and needs data gathered during Phase I and shared with the team during Phase II helped the team determine that the escort intervention was unsuccessful because it was counterindicated to her real big need, which was to feel accepted and liked by peers and teachers. Although the family and the school were previously not aligned, the data indicated that both family and school had concerns about Mary Ellen not feeling accepted by her peers. The data were augmented by Mary Ellen's father, who expressed deep concern regarding his daughter's lack of friends and limited social contact with her peers outside school. Family data also indicated she did not have enough to do outside school, and although she actively sought adult recognition, they felt she did not have adequate decision-making abilities or judgment when approaching adults in the community. The family and the school both recognized that Mary Ellen needed to learn how to interact with peers and adults differently so she could feel accepted. Once the team reached consensus about big needs, an atmosphere of mutual trust began to develop. As the school switched from an expert model to seeking the family's perspective about strengths and needs, the family became more comfortable and shared that they had sought a medical evaluation from their family doctor. Mary Ellen was eventually diagnosed as a child with Asperger's, an autism spectrum disorder. By the time she was officially diagnosed, the wrap team had already developed strategies to increase contact with peers over the summer and teach her how to interact in the community safely.

Mary Ellen's story illustrates how using data during Phase I helps to build consensus about needs. This field example also speaks to the power of investing in family engagement and data-based decision (during Phase I) so wraparound facilitators can effectively guide teams to proactive

strategies. During Phase II, the wraparound plan should be taking shape, and the team may expand to include representatives from the community, including resource agencies, if needed. The written plan of care, initiated during Phase II, should include (a) the agreed-on primary big need (often referred to as the mission statement for the team); (b) detailed strengths for enhancement; (c) specific initial strategies agreed on by the team; (d) persons involved and the timeline for interventions; and if needed, (5) a safety plan that clearly delineates responses for any anticipated challenging behaviors/situations.

Phase III: Ongoing Plan Implementation and Refinement

During Phase III, data-based progress monitoring is used to review initial plans and revise interventions in response to ongoing efforts. The facilitator ensures a regular meeting schedule for the team and continuous data collection and review of results so that data informs the team when things are/not working, thus sustaining objectivity among team members.

From the Field: Roman's Story

> "Roman," a sixth grader, had problems with anger control at school and home. The priority big need his mother identified for the team was "have good days at school." An individualized behavior support plan was designed for Roman that included a mentor who played basketball in the mornings before school, a time when anger outbursts were likely to occur. The school also helped Roman to improve his organization skills to help address his academic struggles, another source of frustration that also led to anger outbursts. Roman's ability to manage his anger eventually became a strength at school; however, his mother indicated (using the wraparound data tools) that anger outbursts continued at home. The initial wraparound plan included family counseling. However, Roman and his mother experienced ongoing transportation and related attendance issues. The school interpreted their behavior as a lack of commitment to the counseling process. However, during a wrap meeting, the mother stated that she did not feel that counseling was going to address the real source of Roman's problem: their disruptive, unsafe home environment. Roman lived with his mother, who was a single parent. Due to their limited financial means, they lived in an apartment with other people who were abusing drugs. Hence, their living environment was highly chaotic. Roman's mother believed that the anger that Roman demonstrated at home was a natural response to his frustration with his turbulent home environment. Furthermore, the mother believed that the most important need was for her to get a better job so that they could move. After hearing the mother's story, a local interagency area network was able to provide assistance for the family, including a mattress, money for a Little League uniform, and assistance in obtaining a job and locating a new apartment.

Roman's story highlights important Phase III activities, including (a) regular use of data as an assessment tool, (b) checking with the family to ensure that the plan is working, and (c) making adjustments to the wrap plan as indicated by feedback from team members. Roman's story

also illustrates how investing in building a trusting relationship with the family over time increases the likelihood that the interventions can address environmental setting events that are often beyond the reach of school teams not using the family-centered wraparound approach. The significance of incorporating interventions across home, school, and community is also highlighted.

Phase IV: Transition From Wraparound

The final phase of the wraparound process marks the formal point of transition when frequent/regular meetings are not needed. During this phase, accomplishments are reviewed and celebrated, and a transition plan is developed. The family may elect at this stage to share their experience with other families who are currently participating in the wraparound process.

How Does Wraparound "Fit" Within a System of SW-PBS?

To date, the three-tier SW-PBS approach most commonly described in the literature defines the secondary tier as small-group interventions and tertiary tier as interventions tailored for individual students, typically through a person-centered functional behavioral assessment/behavior intervention plan (FBA/BIP) process (H. M. Walker et al., 1996). Consistent with the RTI model described in chapter 29, we propose that it is useful to broaden this framework and view the secondary and tertiary tiers of SW-PBS as a continuum of interventions that progress through a "scaling up" of supports with a broader range of delineated steps or stages. Fig. 27.1 depicts this secondary-to-tertiary continuum, moving from (a) small-group interventions, to (b) a small-group intervention with a unique feature for an individual student (i.e., a unique reinforcement schedule), to (c) an individualized function-based behavior support plan for a student (typically focused

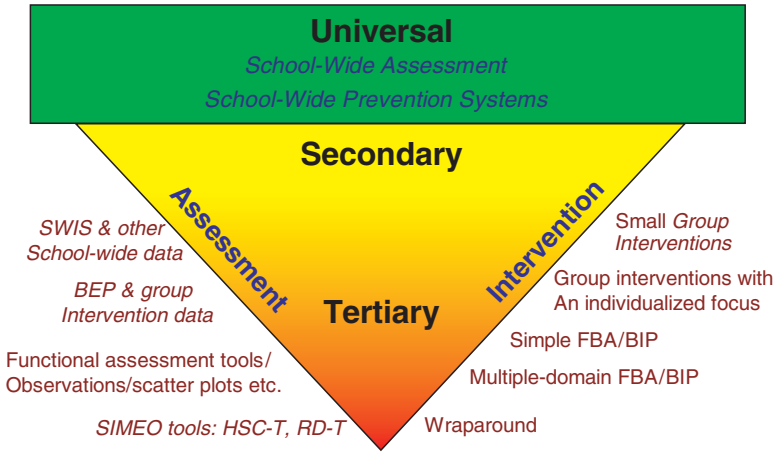

Fig. 27.1. Positive Behavior Interventions & Supports: A Response to Intervention (RtI) Model.

on one specific problem behavior), to (d) behavior support plans that cross settings (i.e., home and school), to (e) more complex and comprehensive (wraparound) plans that address multiple life domains (i.e., safety, basic needs, behavioral, emotional, medical cultural, etc) across home, school, and community.

Following the logic of the three-tier SW-PBS approach, the wraparound process is more complex than the lower-level school-based interventions that are effective with most students (e.g., schoolwide teaching of behavior, small-group instruction, simple behavioral intervention plan, etc.). Similar to the universal level of SW-PBS, establishing trust and buy-in are requisite benchmarks of wraparound. However, at this level, highly specialized techniques are needed to engage the youth and families for whom typical school-based interventions, including special education, have not been effective. The use of more detailed data gathered from conversations and tools involving key people (i.e., youth, family, teacher) represents another difference in the intervention approach needed at the very top of the SW-PBS continuum. Additional features needed in this scaled-up intervention process include the tailoring of team membership to incorporate family strengths. This is notably different from the universal and tertiary-level teams that generally consist of a fixed membership of school personnel.

The continuum of interventions along the secondary and tertiary tiers of SW-PBS are interdependent and reflect common elements. For example, a group check-in check-out system (secondary) is built directly from the schoolwide expectation taught to all students through universal strategies (primary), and both use data continuously to increase effects (Fairbanks, Sugai, Guardino, & Lathrop, 2007). However, the intensity of instruction and complexity of data increases as you scale up from schoolwide to smaller groups of students. Likewise, the wraparound process at the top of the tertiary tier possesses characteristics that are unique to this highest level of intervention. For example, the children and families involved at this level of intervention have typically experienced repeated negative interactions with school, necessitating the more precise engagement techniques previously described. At this level of intervention, it is vital (and sometimes difficult) to invest the time needed to generate trust between the family and the school. Some potential team members may need to be shifted from viewing the youth and family as dysfunctional or as primarily a youth and family with an accumulation of deficits and problems to a youth and family that possesses innate strengths and the ability, albeit with some supports, to chart their own life course (Scott & Eber, 2003). As the wraparound team is established, lower-level interventions (schoolwide instruction, small-group instruction, etc.) often begin to have an effect, thus effectively including the student with complex needs in the daily routines and instruction provided to all students.

Wraparound can be integrated into school-based planning for students with special needs, regardless of special education label or agency involvement. Bringing families, friends, and other natural support persons together with teachers, behavior specialists, and other professionals involved with the student and family can be done for students at the first indication of

need (Scott & Eber, 2003). Per the SW-PBS model, these would include students whose needs are not met through universal and secondary interventions and are at risk of developing emotional-behavioral problems. As family or teacher needs and areas of concern are strategically linked to strengths in the student, themselves, and others around them, effective behavior, social, and instructional interventions are more likely to be implemented. Informal supports or access to community-based services may be part of early intervention plans as well.

Schools should generally follow the continuum of secondary/tertiary interventions depicted in Fig. 27.1 as this will allow for more efficient decision making, effective planning, and quicker access to interventions. However, helping a student address important big needs and improving quality of life may efficiently reduce or eliminate a range of problem behaviors (Freeman et al., 2006; O'Neill et al., 1997). Therefore, teams need to remain open minded about sometimes starting the process of wraparound before lower levels of support have been exhausted. Also, school teams may want to initiate wraparound before specific function-based behavioral interventions are designed if they recognize the adults involved are not well positioned to invest in behavioral supports due to quality-of-life issues, including high stress, frustration, anger, defensiveness, etc. The engagement and team development components of wraparound may be need to establish conditions conducive to an effective FBA/BIP. It should also be noted that a school may need to move to a higher level of support for a student if safety or an imminent restrictive placement becomes a concern. In other situations, the school may need to continue on to the wraparound level of intervention, even if lower-level interventions achieve some success. For example, a student's detentions may have been reduced, but other factors at home and in the community suggest the student is still at high risk for school failure.

How Does Wraparound Support SW-PBS?

As suggested by Carr (2006), schools that establish effective universal systems for the 80–90% of students in their buildings seem to be better positioned to design and implement effective plans for students who require more comprehensive supports (Illinois FY05 PBIS Annual Progress Report available at www.pbisillinois.org). The wraparound approach is a critical part of the SW-PBS system as it offers a means for schools to succeed with the 1–2% of students whose needs have become so complex that starting with an FBA/BIP process for one selected problem behavior is not efficient, effective, or enough to improve quality-of-life issues for all those affected. These students may have a range of problem behaviors with different or multiple functions across different settings. Typically, the adults in the youth's life are not getting along very well as failed interventions, which may have been too weak in dosage or intensity, can foster frustration, anxiety, and possibly fear. Blame is not uncommon; the schools may be blaming the family, the family may be blaming the school, and both school and family may be blaming mental health or some other agency for not "fixing" the problems sufficiently. Schools need to be able to shift into a more complex process that matches the intensity of problems described.

This includes the capability to partner effectively with families and community partners in a systematic process that blends home, school, and community interventions through a comprehensive yet practical plan.

Competency with the family-centered wraparound approach can enhance function-based behavioral intervention plans, a critical component of the SW-PBS system. When school teams begin an FBA/BIP but do not experience success, they may become frustrated, often reverting to punitive approaches or highly restrictive placements that are often ineffective. A common example is when a school, in the course of a function-based behavioral intervention, identifies a setting event for the problem (i.e., environmental factors, biological/medical conditions) that they deem to be of primary concern and beyond their control. As illustrated by Sam's story, when schools are unable to effect setting events, they may feel powerless, and then it is easy for the school to become immobilized and reactive:

> From the Field: Sam's Story
>
> Working through the FBA process around disruptive classroom behavior, "Sam's" teacher and the school psychologist were resolute in their feeling that Sam has attention deficit-hyperactivity disorder (ADHD; possible setting event) and could benefit from medication. The family did not believe medication should be used. Rather than moving on to other steps on the behavioral pathway where they could intervene (i.e., the trigger or maintaining consequence), the team focused their energy trying to convince the parents to pursue medication. Sam's behavior escalated, and the school moved to punitive, restrictive responses and "blamed" the family for not medicating him. Switching to the wraparound approach, the family and teacher were guided through identification of strengths and needs. The family was able to identify the big need from their perspective as, "Sam needs to feel/experience success and be happy about being in school." This changed the course of the meetings from a power struggle about medication to brainstorming strategies (e.g., interventions) to ensure Sam had opportunities to experience success and be happy at school. Strategies to ensure his success were actually connected to a particular antecedent event linked to his problem behavior (seat work he did not feel competent doing) and the maintaining consequence (avoiding the work). Pairing him with students he felt liked and felt accepted by or wanted to be recognized by illustrates how strengths were used in the process.

As illustrated by Sam's story, the wraparound process can establish a milieu in which the development of proactive behavior supports can proceed with success. Behavioral interventions developed in the context of a strengths- and needs-based wraparound process have a higher likelihood of producing desired effects, often in part by addressing challenges related to setting events. In this manner, wraparound goes beyond FBA/BIP in that an effective wraparound plan actually increases the utility of an FBA process.

How Does SW-PBS Support Wraparound?

Wraparound has been implemented successfully in school communities in which SW-PBS is not present (Clarke et al., 1992; Eber, 1994; Eber & Osuch, 1995; Eber et al., 1996; Kamradt, 1996; Rotto et al., 1998).

However, sustaining these practices over time in schools for the small percentage of students with this level of need is challenging. As stated, program evaluation data in Illinois suggest that schools that implement SW-PBS with measured fidelity at the universal level are more likely (than schools not yet reaching fidelity at the universal level of SW-PBS) to implement individualized interventions, including wraparound. This suggests that SW-PBS practices create environments in schools in which successful wraparound plans are more easily developed and implemented.

The benefits that SW-PBS offer to the highest level of support on the continuum (wraparound) include experience with a problem-solving approach and using data to guide decisions. Also, full implementation of SW-PBS at the universal level provides a solid base of lower-level interventions (e.g., primary and secondary) to build on and more effective and supportive environments in which to implement wraparound plans. Within a three-tier system of behavioral support, students who need tertiary-level supports also have access to and can benefit from universal and secondary supports. Each level of support in SW-PBS is "in addition to" the previous level. In other words, no student only needs wraparound as the wraparound plan, with its multiple life-domain and multiple-perspective focus, often makes the universal and secondary supports available in the school effective for the student.

In schools not using SW-PBS, there is often a huge gap between what they do for all students and what they do for these students with more intensive needs. Without intermediary levels of support provided by universal/secondary SW-PBS, these youth often go long periods of time without experiencing success and could appear to be in much greater need, or crisis, than they really are by the time the wraparound process is initiated. However, in schools implementing SW-PBS, teams can embed elements of wraparound (e.g., voice/choice, strength focus) within the context of ongoing secondary group interventions (Freeman et al., 2006) or tie individualized wraparound plans to the schoolwide system for acknowledgment or teaching of behavioral expectations. In this way, tertiary-level wraparound is truly a scaling up of existing PBS to a more comprehensive and individualized level of support.

Participating in the design of successful interventions for the most challenging youth can provide a sense of competency as well as relief for teachers as the wraparound team frequently acts as a support to the teacher. The emphasis on the cooperative planning and data-based decision making consistent with wraparound reduces the feelings of isolation and sense of failure that teachers may experience in the traditional child study model typically used in special education, which tends to focus more on eligibility and placement than ongoing monitoring and refinement of specific interventions.

Last, youth who need wraparound usually respond best in environments that are predictable (setting behavioral expectations), clear (direct teaching of behavioral expectations), with high levels of prompts (reteaching), strength based (acknowledgment systems), and safe (schoolwide discipline policies and practices). SW-PBS supports these youth by providing these components across all school settings and creates climates in which all youth in the building are supported and are therefore calmer and better behaved. Peers can help support or prompt one another because the expectations are positively stated and well understood.

Teacher and administrative time is not taken up by responding to multiple low-level problems throughout the building, giving the time necessary to provide the extra support to those students who need more comprehensive planning time.

A critical element of SW-PBS is ongoing use of data to make decisions (progress monitoring) within a problem-solving model. Prior to merging wraparound into SW-PBS, there has been limited, if any, structured progress monitoring with wraparound teams. Although problem-solving processes are often used by wraparound teams, tools for organizing strength-needs data across settings and for effectively monitoring progress have not been evident. Assessment, when used, has typically been after the fact or has relied on external evaluations using tools that have not been part of the decision-making process of the wraparound team. To integrate wraparound into the SW-PBS model, efficient tools are needed that benchmark strengths and needs across multiple life domains (social-emotional, academic, basic living/safety, medical, etc.), and from multiple perspectives (i.e., family/student, teacher, community representatives). Tools for use by wraparound teams within SW-PBS and an online system to allow tertiary-level implementers ready access to data in formats easy to use at team meetings with families and teachers are described in the following section.

Integrating Data-Based Decision Making Into Wraparound

As described in previous chapters, proactive use of data to drive instructional decision making is a hallmark principle and practice of SW-PBS (Lewis-Palmer, Sugai, & Larson, 1999; Nakasato, 2000; Sugai & Horner, 1999). Participating schools not only gather, report, and use data related to student's social and academic behavior but are also encouraged to self-assess SW-PBS implementation fidelity (e.g., SET) and effectiveness of schoolwide practices (Horner et al., 2004). Tertiary-level SW-PBS practices, including wraparound, also require the use of data to facilitate positive change for students. Most critical for this purpose is the use of data by individual family and youth teams for purposes of making decisions about effective interventions. In turn, the systems surrounding the child and family teams can make changes that support and sustain effective practices as evidenced by positive student outcomes.

Traditionally, use of data by schools for the purpose of driving proactive change at the individual student level has been limited. Teachers, school social workers, and other school personnel are often not trained in the use of data for purposes of facilitating positive change. As stated, behavioral data have been typically used to label students and justify removing the student to more restrictive settings rather than to design proactive interventions.

With numerous responsibilities taking precedence, proactive student data collection, analysis, and use have not necessarily been high on the list of priorities for service providers working with students with complex challenges. Many individuals in direct service positions view data as useless, or "something someone else does" (Usher, 1995), and not necessarily a means to a justifiable end when the target is a high-risk

student with complex needs. More important, school personnel have come to believe that even when student data could be of use, they are often stored in formats that are difficult to access, manipulate, and interpret (Wayman, 2005). Technology or computerized data storage systems often further impede the use of data by being too complicated and disengaged from the day-to-day, internal social structures of the school (Zhao & Frank, 2003). Lachat and Smith (2005) contended that successful data use by schools and school staff are related to several key factors, which include quality and accuracy of available data, staff access to data, the capacity for data disaggregation, the organization of data around a clear set of questions, and leadership structures that support schoolwide use of data.

Recognizing that effectiveness is predicated on the availability and use of data for decision making and change at all levels of wraparound implementation, it is essential for schools to have access to tools and technology that are efficient, simple, accessible, and user friendly (Wayman, 2005). Similar to data systems for universal SW-PBS, tools that can guide individualized teams through the four phases of the wraparound process are needed. The Illinois PBIS Network, with a history of SOC and wraparound implementation (Eber & Hyde, 2006; Eber & Nelson 1997; Eber, Palmer, & Pacchiano, 2003), has been developing tools and computerized technology that support and encourage the use of data with individual wraparound teams. Although these tools are in development and testing, we offer the following information as an example of how the need for data-based decision-making processes with wraparound within a system of SW-PBS can be addressed.

Data-Based Decision-Making Tools for Wraparound

The Illinois wraparound data tools were originally designed via focus groups of wraparound implementers for the purpose of statewide evaluation of wraparound through interagency community-based local-area networks (LANs) from 2000 to 2002. The tools have been revised and used in schools implementing tertiary-level SW-PBS in Illinois on a pilot basis for 3 years (2004–2007). The tools were developed with the intent of providing youth and family teams with the data necessary for decision making and change on behalf of the youth with complex needs, while also serving as a mechanism for the collection of a data repository on students and families with tertiary-level needs. Under the guidance of the wraparound team facilitator, these data are collected and used by the team at 30- to 90-day intervals throughout the wraparound teaming process.

The wraparound tools were designed to generate multiple-perspective information relative to the students, including information regarding strengths, need, educational outcomes, placement risk, use of data at team meetings, and family satisfaction. The Home School Community Tool (HSC-T) is the primary tool used at all phases of the wraparound process. This tool is designed to assess strengths and needs of the student relative to functioning across five domains: health/safety, social, emotional, behavioral, and cultural. In addition to probing for data across multiple

life domains, this tool includes ratings in three different settings (home, school, and community) and therefore facilitates information sharing from multiple perspectives as different members of the team (teacher, family, and student) are involved in data gathering. See Fig. 27.2 for sample items from the HSC-T. An additional tool used at all phases is the Educational Information Tool (EI-T), which provides teacher rating of classroom functioning in academic and social/emotional domains. Sample items rated by the teacher on a Likert scale (1 = Never, 4 = Always) include "passes quizzes and tests," "participates in classroom discussions/activities," "has friends," and "engages in appropriate classroom behavior with adults." Generating information from different informants provides an opportunity to present "situation- or setting-specific" data from team members and to present information on different areas of functioning (i.e., behavior, academics) observed by different team members (Richardson & Day, 2000). While there is much debate surrounding the validity of differing perspective data from multiple sources (De Los Reyes & Kazdin, 2005; Offord et al., 1996; Renck, 2005), it has been suggested (Achenbach, McConaughy, & Howell, 1987) that it is essential to preserve the contributions of different informants, even if their reports are not correlated. The wraparound process supports this theory, with the belief that the richness and uniqueness of differing viewpoints offers the team the opportunity to learn from strategies and techniques used by the different sources in different situations with a student with complex needs.

The initial strengths and needs data are collected (using the HSC-T and EI-T) through the initial conversations that take place in Phase I of the wraparound. This is accomplished by the wraparound facilitator, who enters the data in a user-friendly, immediately accessible, online database system known as SIMEO (Systematic Information Management of Educational Outcomes). This system provides immediate opportunity for single-student graphs to be developed and used by the team to guide decision making at wraparound team meetings. Team facilitators are trained and supported in how to integrate data collection during the engagement of team members (Phase I). Skill sets include entry and organization of data for use at team meetings. Coaching support focuses on how to use the data to engage team members, keep them at the table over time, and refine and monitor interventions continuously. Figure 27.3 provides an example of SIMEO data used to focus an emerging wraparound team on strengths and needs as described in Tim's story.

From the Field: Tim's Story

"Tim," a third grader, was often late for school and, when in class, was frequently disruptive and inattentive. The teacher reported that she was spending more and more of her time attempting to keep Tim on task and out of fights. After numerous attempts with secondary interventions, Tim was referred for tertiary-level support. When the team initially met, they were primarily focused on reactions to Tim's disruptive behavior and became overwhelmed by his increasingly aggressive classroom behavior; the discussion rapidly moved to referring Tim for special education testing. His teacher mentioned that he often arrived at school sleep deprived and hungry; his mother did not participate much in the

Example of questions from Home, School, Community Tool

High Need = student demonstrates significant and/or extreme challenge and need in this area of functioning, potentially leading to failure of the home, school, and/or community placement.

Somewhat Need = student demonstrates challenge and need in this area of functioning but not enough to warrant failure of home, school, and/or community placement.

Somewhat Strength = student demonstrates growth and maturation in this area of functioning, and at times still needs guidance and direction.

High Strength = student demonstrates above average or excellent growth and maturation in this area of functioning requiring no additional guidance or direction.

Needs/Strengths	COMMUNITY				HOME				SCHOOL			
	need		strength		need		strength		need		strength	
	high 1	some what 2	some what 3	high 4	high 1	some what 2	some what 3	high 4	high 1	some what 2	some what 3	high 4
Safety/Medical/Basic Needs												
7) Has adequate/safe physical environment												
Social Relationships												
8) Gets along with adults												
Emotional Functioning												
9) Feels that he/she belongs												
Behavioral												
10) Controls him/herself												

Fig. 27.2. Example of questions from Home, School, Community Tool.

discussion at the meetings. The SW-PBS coach recommended they move to wraparound, so a trained wraparound facilitator was identified (school social worker) who met with the family and listened to their concerns. The facilitator did the same with the teacher, thus gathering multiple-perspective data (using the HSC-T). When the wraparound team was convened (Phase II), the facilitator used the data to focus the team on listening to Tim's mother's concerns. Through data taken in the home school and community environment and anecdotal reports from his mother, the team soon realized that Tim's mother was asking for help on how to better prepare Tim for the school day. They designed interventions that included behavioral instruction for his mother to use at bedtime and mealtime at home. When they met 3 months later, the facilitator brought graphs to demonstrate that when Tim got adequate sleep and adequate nutrition at home, he was often less aggressive and more focused in class. Figure 27.3 displays Tim's home school and community functioning data for baseline and 3 months later.

The SIMEO system is an example of how tertiary-level teams can be provided with access to useful, simple, and secure individual as well as aggregate student data that provide an in-depth "picture" of their individual strengths and complex needs. This information assists schools in expanding the implementation of SW-PBS to those students with complicated mental health needs who have been traditionally beyond the capacity of schools to support. A 3-year pilot implementation of SIMEO (FY 2003 to FY 2006) that included 47 students over a 3-year period indicate how

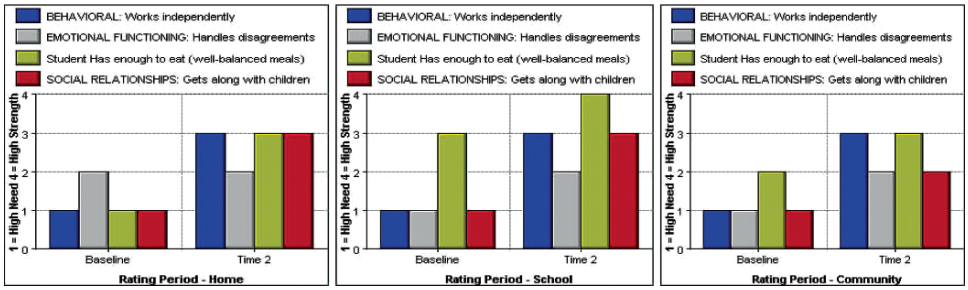

Fig. 27.3. Example of graph from Home, School, Community Tool.

ongoing monitoring of a range of variables, such as those documented through SIMEO tools, can be established. For example, evaluators noted that as students' need for behavioral interventions decreased, their teachers were more likely to identify/recognize their needs for academic assistance, suggesting that as their wraparound teams facilitated behavioral improvement, they became more aware of academic needs, suggesting earlier interventions targeted to academic progress may be more efficient in the future. Other reported findings include decreases in students at risk for more restrictive placement by achieving improved behavioral and emotional functioning at home and school, improvement in academic functioning, and decreases in high-risk behaviors (Eber & Hyde, 2006).

Self-Assessment of the Integrity of the Wraparound Process

The measure of the fidelity or integrity of a "treatment model" is essential to the efficacy of the outcomes of any intervention, such as wraparound. As noted by Dobson and Cook (1980), if treatment strategies are not clearly specified and services and supports are delivered in a way that is inconsistent with program model objectives, the resulting outcomes will likely be useless or less meaningful (p. 270). Although outcomes have been both positive and significant as evidenced by the 3-year tracking of students within the SIMEO system (Eber & Hyde, 2006), the testing of fidelity of the wraparound model provided within SW-PBS is still in its infancy. Although fidelity of schoolwide behavioral supports has universally been measured using the SET (Horner et al., 2004), tools to measure efficacy and evidence to support the use of the wraparound approach has been limited, and the study of the adherence to wraparound principles has rarely been assessed (Ogles et al., 2006).

However, several attempts within the field of child and family services have been made to measure the fidelity of wraparound (Bruns, Burchard, Suter, Leverentz-Brady, & Force 2004; Epstein et al., 1998); findings from recent literature are starting to support a link between treatment fidelity and youth and family outcomes. In particular, Bruns and colleagues have been instrumental in continuing to refine the measurement of wraparound fidelity with the Wraparound Fidelity Index-4 (WIFI4) (Bruns et al., 2004).

This measure, however, provides only a post facto measure of fidelity as reported by the youth, caregiver, and team members and does not provide the opportunity for self-assessment of wraparound during the active team process.

In an effort to provide tertiary-level wraparound teams within SW-PBS with a tool that allows for continuous assessment of fidelity, the Illinois PBIS Network has been developing the Wraparound Integrity Tool (WIT). The WIT is designed to provide wraparound teams with the opportunity to self-assess relative to wraparound fidelity on a regular basis (at the start of the team process and every one to three team meetings thereafter) and therefore provide teams with the opportunity to use WIT findings to "self-correct," thereby ensuring a more stringent adherence to the wraparound principles. At present, the WIT is being piloted with families engaged in the wraparound process with the intent to continue to refine the tool administration process and develop procedures to ensure validity and reliability.

From the Field: Family Voice

"James's" mother has, historically, been reluctant to come to the school for meetings about James as the meetings have, from her perspective, felt like opportunities to tell her how "bad" James was and, in turn, how bad of a parent she was. She felt she was doing the best she could as a single mother with two young boys, working two jobs to make ends meet. The wraparound meetings, however, have been a different experience for her. Now, at the meetings with the school team they actually asked her about her past experiences with meetings and asked her what she thought worked or did not work. They seemed to want to do things differently. They cared about what she had to say, and she felt included in important decisions; it really seemed that her voice mattered. Everything was far from perfect, but this thing they called "wraparound" sure felt a lot better to her than the other meetings she attended on James's behalf before. Figure 27.4 illustrates James' mother's perception of the inclusion of her voice at team meetings prior to wraparound and since wraparound.

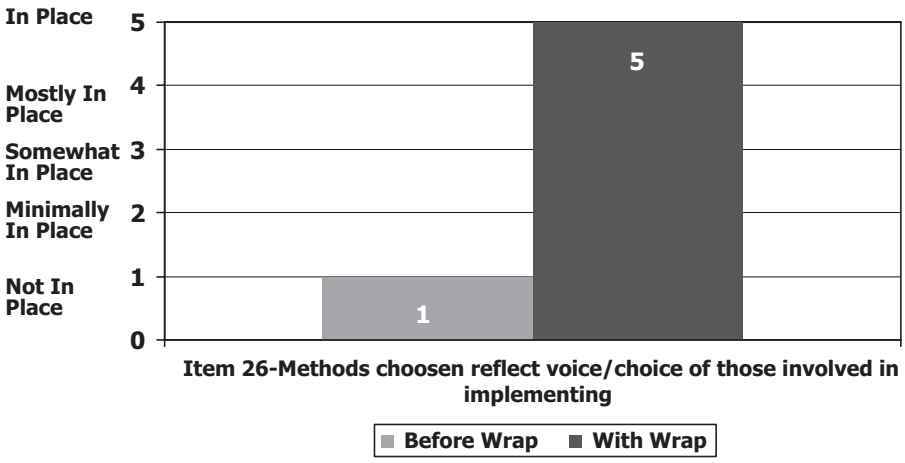

Fig. 27.4. Example of Question from Wraparound Integrity Tool.

INTEGRATING WRAPAROUND INTO SW-PBS: CHALLENGES AND STRATEGIES

System, Data, and Practice Challenges

Building tertiary-level capacity within a system of SW-PBS is hard work. One reason is that school personnel have not had adequate training and support with the skill sets needed to be effective with students who need comprehensive behavior supports, not only at school but also at home and in the community. Developing the skills for engaging families, students, and teachers who may be frustrated and experiencing stress requires systematic training and opportunities to practice over time. Staff development time and resources are not always allocated sufficiently to ensure the depth of skill development and ongoing support to teachers needed at this level. Without adequate training and support, decisions about behavior support are often reactive and punitive, without the comprehensive interventions needed to effect change. The referral and testing process for special education is often viewed as the "intervention" as that is what the school personnel know how to accomplish.

A related system challenge to tertiary-level implementation is that the time required to engage a team and systematically apply interventions is often not available. In other words, the current systems in schools do not allocate planning time commensurate with level of need for 1–2% of students. This results in inadequate data, weak interventions, or faulty implementation. Students are often removed to restrictive settings before the wraparound process can be implemented. Specialized personnel are not positioned to guide teams of parents and teachers through the team development process so that highly individualized interventions can be provided, monitored, and refined over time. Instead, they spend the bulk of their time assessing students for special education eligibility or attempting to provide interventions listed on IEPs that are often insufficient in intensity or dosage to effect change for a student. School psychologists, social workers, and counselors may feel "locked into" providing the interventions written on IEPs (or requested by other school personnel) even though these interventions may not have an adequate evidence base for the presenting problem. When these special services personnel participate in training for secondary and tertiary levels of SW-PBS, they often have to assess their job roles, and sometimes they feel powerless to change the practices that have deep roots in the cultures of their schools and districts.

From the Field: Changes in Job Functions?

"Vanessa," a school social worker, has 15 students on her "case load" at a middle school. All of their IEPs indicate the need for "social work 20 min a week." Vanessa reports frustration as the teachers expect the students' disruptive behavior in the classroom to change as a result of their social work time. Vanessa reports that 12 of the 15 students she sees weekly have had increases in problem behavior (i.e., detentions, suspensions), and 5 of them have been recommended for further testing to determine if "more restrictive placements are needed." She knows she needs to switch to higher-level interventions (i.e., the wraparound

process) but is not sure how to go about making the change in her job function. While recognizing lack of effectiveness, she feels the "system" holds her responsible for delivering the IEP services.

Strategies for Building Tertiary Capacity

Developing the practices needed for school personnel to effectively support students with complex behavior needs is a major undertaking. Establishing sustainable systems at the school and district levels for supporting these students successfully over time is an even greater challenge. The following strategies are offered to guide schools in developing tertiary-level systems commensurate with this 1–2% of students.

Position Personnel to Facilitate Wraparound

Many school systems struggle with allocation of specialized personnel. Per the field example of Vanessa, specialized personnel are often positioned to conduct tests, suggest placements, and provide IEP-designated services, which often do not have the depth needed for effective interventions for students with complex behavioral needs. Team facilitation has been considered a critical job role for implementing wraparound since its inception through SOC (Burns & Goldman, 1999). Similarly, Scott and his colleagues (Scott, Nelson, & Zabala, 2003) suggested that, even with training and tools (i.e., FBA/BIP forms) in place, the FBA/BIP process implemented in schools may lack fidelity (and therefore effect) without ongoing training and technical assistance for key personnel on how to effectively *facilitate* the team through the process with integrity. Following the established wraparound model, each individual student's wraparound team is led by a facilitator who functions as the primary point person on the individual student/family team. Therefore, each school and district needs to have designated staff (typically counselors, social workers, psychologists, and other specialized staff with behavioral/clinical training) who are trained to function as wraparound team facilitators. These personnel are positioned within the school or district to engage, develop, and facilitate highly unique teams capable of using data to design supports and interventions that are realistic, practical, and likely to have the effect desired by those key team members (e.g., families, teachers). It may be necessary for school leaders to reallocate personnel from "testing and placing" to facilitating and coaching the wraparound team process.

Organize School and District-Based Leadership Teams to Address Tertiary System Components

If effective practices for students with emotional-behavioral challenges are to become the norm, training practitioners in the skill sets of wraparound facilitation and effective behavioral interventions is necessary, but training alone is not sufficient. System leaders at both the building and district levels must engage in a problem-solving process focused on the processes and procedures that have an impact on how students with the most complex needs are supported. This is likely to involve identifying and changing some traditional (yet less-effective) practices that can become

roadblocks to building effective tertiary levels of support. To accomplish this, school leaders need to consistently review the data on all their students, including those placed in special education and other specialized programs, to identify strategies that yield success for these students. In addition, leadership teams need to look closely at the roles of personnel working with these students and programs for possible modifications needed to ensure that more comprehensive approaches are implemented when needed. An important leadership team activity is to review data on specialized populations (e.g., special education and other specialized programs) to determine practices and job roles of staff that may need to be changed based on trends in their data. For example, in a middle school, high use of "escorts" in the hallways for students with problem behavior typically results in students escalating the problem behavior and ending up in restrictive settings. Or, certain populations (i.e., students with autism spectrum disorder or African American males) may be identified as receiving a disproportionate amount of punitive responses and restrictive placements. When trends such as these are recognized, strategies to change these trends must be identified. Examples include repositioning specialized staff to design individualized function-based behavior support plans or identifying wraparound facilitators to develop unique teams that ensure more effective interventions in a timelier manner.

Ensuring Access and Use of Systems for Data-Based Decision Making at the Tertiary Level

As discussed, decisions regarding students with complex behavioral needs are often reactive, based on emotion and concerns about safety, and often are triggered by and based on single behavioral incidents. Early efforts at integrating data-based decision-making structures into systems that plan for and support these students in Illinois have driven home how important yet challenging this change in practice can be in schools. Wraparound teams need simple tools that quickly assess a broad range of strengths and needs across multiple settings and can be used on a frequent basis (every 30–90 days). The HSC-T is an example of such a tool, and it has been useful in identifying big needs as well as confirming data obtained through conversations. Other data that system leaders need quick access to includes special education referral rates, educational placement data, and trend data on restrictive placements such as alternative schools. Behavioral and mental health screeners, as part of the systematized early intervention process to identify youth and intervene early, are also needed. Stakeholders need access to a fully integrated evaluation system designed for easy access/use by local implementers (teacher, families, coaches, administrators, etc.) but also organized to provide aggregate information to inform and guide district, regional, and state infrastructures.

Integration With Mental Health

We have explored the resulting problems for youth/families when the challenges discussed are not addressed, including students not receiving

timely and effective early intervening services, interventions not having adequate dosage/complexity/fidelity for level of need, students identified for special education having limited rates of success (especially students who have emotional-behavioral components to their disability), and reactive system responses (i.e., punishment, exclusion) that lead to escalation of problems and high rates of restrictive placements. When youth and family needs are not met, school, district, and community needs also are not met. These are not just quality-of-life issues for those youth and families as these problems/challenges affect schools, districts, and communities. Schools alone cannot adequately address the full complement of needs. School districts and mental health and other community-based partners need to develop active partnerships with a shared vision, with a willingness to develop new roles to collectively address needs indicated by community as well as school data (Kutash, Duchnowski, & Lynn, 2006).

FUTURE DIRECTIONS

Schools need to expedite efforts to build competency and capacity for supporting students with complex emotional and behavioral needs. This will require an uncompromising commitment to policy and research that prioritizes effective support for emotional/behavioral needs of students on an equal level to academic learning. This includes ensuring the use of (a) universal application of effective behavioral supports in schools, (b) mandated early screening and detection of students at risk for mental health problems, (c) systematic application of evidenced-based interventions that are (d) efficiently scaled up to ensure adequate dosage for prevention through comprehensive supports for students with complex needs. The wraparound process, with its focus on linking families, schools, and community partners on behalf of individual students should be an integral part of this prevention-based system. To ensure optimal outcomes, the critical features of SW-PBS, including data-based decision making, ongoing self-assessment of fidelity, and rigorous progress monitoring, need to become routine within the wraparound process.

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