

## Exploring the Theory and Paradigm Base for Wraparound

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*Until recently, family-centered policy and practice used expert models which defined families of children with serious emotional disturbance as dysfunctional. A collaborative model, called wraparound, is emerging which engages these families as decision making participants, using naturally occurring strengths to wrap individualized supports around the child and family. However, because wraparound has been defined only through value-based principles, the fidelity of the model is threatened by a developmental paradox. Those who have received training and whose careers have been shaped in more traditional expert models of deficit remediation can interpret these value-based principles as an emergent form of case management methodology. Critical and constructivist paradigms, and ecological systems theory, form a basis for negotiating this paradox to maintain fidelity of wraparound process. Anchored in this base, and derived from wraparound's value-based principles, a single construct with an operative focus is suggested to ensure the integrity of this collaborative model.*

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Studies with students labeled with serious emotional disturbance (SED) uniformly indicate that significant numbers of youth experience mental health, social, and educational challenges which are extremely costly

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to the child, the family, and the community. Less than one half of these students are educated in mainstream settings, and their drop-out rate is over 60% (U.S. Department of Education, 1990). Upon leaving school, nearly one-third of these students are neither working nor receiving training for work (Neel, Meadows, Levine, & Edgar, 1988). Perhaps as many as 40% are likely to have a police record shortly after terminating school attendance (Jay & Padilla, 1987; Koyanagi & Gaines, 1993). Duchnowski and Kutash (1996) have reported that "Children who have serious emotional disturbance are overwhelmingly male (approximately 70%), minority children are over represented, low income families are over represented, less than 20% of the children live in two-parent homes, and an even smaller number live with both biological parents, about half of the children began to have problems around age six, and there was a lag of about two years before the first service of any type was received" (p. 90).

Services for this growing population have been fragmented, crisis-oriented, and frequently focused on single solutions to complex problems (Melaville & Blank, 1991). This is not surprising because mental health, juvenile justice, child welfare, and social services were established during a time when two parents raising their children with the support of extended family within the fabric of an intact and economically supportive neighborhood were the norm (Friedman, 1994). However, economic challenges and social hardship of divorce and single parenthood increasingly shape family life today (Hewlett, 1991). In addition, with the growing size of the American underclass, poverty, violence, and homelessness now define families and communities for a significant number of children (Garbarino, Dubrow, Kostelny, & Prado, 1992).

Over time, a plethora of theories, terms, and methodologies have emerged, often focused on a singular set of symptoms, with little research to support or to guide their use with these populations. Typically these approaches have been applied through categorical service models in which professionals play expert roles and rarely engage the child's family and care givers as decision-makers in assessment and planning. More often, the implicit values and theoretical constructs underlying policy planning and service delivery have confused or blamed families for the child's condition.

From this context, in which escalating risk factors and poor outcomes have been associated with the fragmentation and duplication of categorical services, an alternative has emerged in the past decade which wraps necessary resources into an individualized support plan. The wraparound approach has coalesced around a broadly stated strengths-based, family-focused, ecological process emphasizing individualized services in the least restrictive setting appropriate to a child's needs (Boyd, 1991; Burchard & Clarke, 1990; Duchnowski & Friedman 1990; Duchnowski & Kutash, 1996;

VanDenBerg & Grealish, 1996). This change from categorical toward more integrated, individualized services, and from deficit assessment by professionals to strengths-based engagement of families as decision-making participants, has occurred without articulation of its implicit roots in constructivist and critical thought, nor of its slightly more explicit basis in ecological systems theory.

### THE PARADOX OF WRAPAROUND DEVELOPMENT

The confluence of critical and constructivist thought, as applied through ecological systems theory, is the seed of emergence of the wrap-around process. However, proponents continue to define wraparound through broadly stated philosophic principles which only begin to differentiate it from the professionally driven process characteristic of the expert model and deficit-oriented theories of more traditional, categorical services. These value laden principles include strengths-based, family-focused, parent involvement, unconditional care, building and maintaining normative lifestyles, culturally competent, individualized care, and others (Boyd, 1991; Burchard & Clarke, 1990; VanDenBerg & Grealish, 1996).

Program developers and practitioners have approached the wrap-around process as a new service trend, interpreting its value-based principles through the framework of their previous training and experience. However, the wraparound process of developing individualized supports is not merely a philosophically different, emergent case management methodology, which many trained in the older models perceive it to be (Burchard, 1995; Malysiak 1996). Implicit within its principles and process are two interrelated concepts which can anchor the integrity of this model. Paramount is the notion of engaging the family as decision making participants, and the concept of enhancing strengths to meet needs across the full ecology of the family in the community. These two constructs ground wraparound process in its implicit base of constructivist and critical thought and ecological systems theory. Without their conscious application from this basis, the wraparound process degenerates into professionally driven and deficit focused efforts typical of more traditional service models.

### FAMILY-CENTERED PRACTICE IN EXPERT MODELS

One of the most frequently misinterpreted, yet fundamental, concepts within the principles of wraparound is its description as a process which is family-centered or family-focused. The concept of family-focused service has existed for decades in the fields of social work, mental health, special

education, early childhood, and health care. Family-centered is a term applied in social work literature since at least the 1950's (Birt, 1956; Scherz, 1953). Similar to the target population for early wraparound initiatives (Burchard & Clarke, 1990), Birt (1956) focused on comprehensive service delivery to multi-problem families. However, unlike wraparound, Birt's emphasis on diagnosis and treatment of the family reflected an expert, medically driven model congruent with the assumptions of the positivist, western world view of the 1950s.

Professional perspectives of the family in mental health and the ecology of social systems began to change in the 1950's (Ackerman, 1958; Scherz, 1953) as the general systems theory of Von Bertalanffy (1975) was applied to existing psychodynamic theories of human relationships. Parsons (1951) introduced the concept of structure in family theory, asserting that families have system properties and that the family itself is both a differentiated and an embedded sub-system in a larger social network. Consistent with the dominant western thought of that time, these authors continued to assume there was a family reality which could be objectively assessed by a professional who was more skilled than the family members. Most of these efforts did not recognize implicit incongruities between the paradigmatic basis of systems theory and this objectivist world view. Indeed, bearing a remarkable resemblance to the current status of wraparound, many involved in the early developmental stages of the family therapy movement were not cognizant that family systems theory was anything more than a new methodology (Auerswald, 1986).

Hartman and Laird's (1983) work on family-centered social work practice suggested that the lack of technology for diagnosing and treating family difficulties inhibited efforts to strengthen a family focus prior to the 1960s. There simply were not the conceptual frames of reference to even attempt to integrate, let alone move beyond behavioral, psychodynamic, or psychoanalytic theories' focus upon individual experience. However, Minuchin, Montalvo, Guerney, Rosman, and Schumer (1967), Watzlawick, Beavin Bavelas, and Jackson (1967), Bateson (1972), Minuchin (1974), and others, articulated an emerging systemic and cybernetic theory of relational patterns which fed family-centered applications in special education (Turnbull & Summers, 1987) and early intervention (Dunst, Trivette, & Deal, 1988), among other fields.

### THE MOVEMENT TOWARD PARADIGMATIC CONGRUITY

The movement of family systems theory toward a constructivist expression steadily revealed incongruities which stemmed from not appreciating

the effect of its original development through expert models, as well as from not fully appreciating the operational implications of paradigmatic change. The controversial focus on utilization of power in the relationship between the therapist and family, as well as between sub-systems and hierarchies of the family itself, heightened contradictions and fired passions in the field. Papp (1986) raised concerns about the application to families of the cybernetic model upon which many early family systems theory concepts were based. She described the model as mechanistic, abstract, and too static to encompass the complex processes of family life. She was especially critical of the direct and simplistic importation of notions of homeostasis, positive and negative feedback loops, and equifinality. While acknowledging that these concepts helped the social and behavioral sciences to understand and to articulate the interdependency of family members, she directly challenged the notion that symptoms in a family member serve a communicative function in families. She noted that symptoms may also be triggered by change in larger social, economic, and political systems in which the family is embedded, including poor education, inadequate housing, and racial, social, or gender discrimination.

Such criticism was widespread outside of professional discourse as evidenced in the concurrent family advocacy movement (Duchnowski, Berg, & Kutash, 1994; Flynn, 1989). The static structuralist conceptualization of dysfunctional families was challenged by the emergence of efforts such as the Families as Allies Program at Portland State University (McManus & Friesen, 1986), the Child and Adolescent Network of the National Alliance for the Mentally Ill (Flynn, 1989), the Federation of Families for Children's Mental Health (Duchnowski et al., 1994) and CASSP, the federally funded Child and Adolescent Social Service Program (Burns & Friedman, 1990). These programs and groups articulated the often ignored strengths within families whose children displayed severe emotional disturbance, the inadequacies of existing service structures to meet their needs, as well as the importance of including these families in the shaping of services. Their efforts magnified the importance of parental voice and involvement in the development of family-centered services. Reflecting critical thought, these movements for social change invited active family involvement with professionals in the conceptualization and delivery of services for their children. However, a theoretical and practical bridge from deficit remediation to strengths enhancement was still needed to launch family systems theory and family-centered practice from its mooring in expert models. The expansion of systems theory to support such a bridge had been established through Von Foerster's (1981) extension of cybernetics, which itself built upon the work of Maruyama (1968). Though in retrospect it may appear obvious, Von Foerster's (1981) articulation of second order cybernetics, his

inclusion of the observer in the description of the observing system, opened the door to a critical examination of the assumptions and theories of deficit, as well as the roles adopted by professionals which shaped family-centered policy and practice.

Since the 1980s, a practical emphasis on building from strengths has emerged in the confluence of constructivist thought and ecological systems theory which reflects and anchors the understanding of enablement and empowerment. Dunst et al. (1988) identify family enablement in early childhood education as the creation of opportunities for all family members to display competencies which strengthen family functioning. They described family empowerment as the family's ability to meet needs with a clear sense of mastery and control over important aspects of family life. These definitions have embedded within them notions of enhancing or building from strengths. The authors implicitly, linked this with the systems theory construct of complementarity as they placed special attention on the position or role assumed by the professional as a potential hindrance to the philosophy of parent-professional partnership.

Hefflinger and Bickman (1996) go to great lengths to attend to previous and current experiences of families with mental health, education and social services which mitigate families' willingness to participate. These authors, emphasizing a somewhat different perspective of the complementarity of professionals' and families' roles and activities, note that family advocacy alone is insufficient to overcome these barriers because it has been based in an adversarial interpretation of client rights, and therefore may damage the professionals' willingness to form a partnership. Noting that information and access to resources are essential for families to have the capacity to choose to have participatory voice with professionals, they operationally define family empowerment as enabling parents to become collaborators. In this definition, family choice of level of collaboration or involvement is discussed openly and without judgement. Overall, however, families are hesitant to collaborate due to their previous experience with professionals acting as experts in assessing problems and recommending services which would not be chosen were the family's perspective guiding the assessment and implementation of support plans.

#### **A PRACTICAL THEORY BASE: ECOLOGICAL STRENGTHS ENHANCEMENT**

There is more than a philosophical or moral basis to building from family strengths which can, and must be, emphasized in the development and evaluation of wraparound initiatives. Mount (1987), asserted that ca-

capacity based assessment has as its roots a model for providing economic support to third world countries. Rather than remediate these nation's overwhelming problems in singular manner, planners adopted a perspective which sought to build from strengths to fashion a different life experience within communities. Mount's "Personal Futures Planning" model reflects this philosophy and is now being used not only by practitioners in developmental disabilities, but also those working with families in which children display severe emotional disturbance (Johnson & Friedman, 1991). This is not surprising since the conditions endured in our communities are not dissimilar from the devastation wrought by generations of institutionalized underdevelopment and racism in third world countries. Nor for that matter, are these socio-economic conditions that dissimilar from the devastation of communities and families in post Second World War Europe which sparked the development of a model of individualizing supports to reweave the fabric of families and communities, which itself inspired the genesis of wraparound in the United States (Boyd, 1991).

McGonigel (1991) offered a definition of enablement to guide professional efforts that articulates empowerment as both a process and an outcome in which professionals interact with family members so that mastery of positive change is attributable to family strengths. In the field of health care, the concepts of family decision-making based upon their unique strengths has been described by Brewer, McPherson, Magrab, and Hutchins (1989). These authors' use the term family-centered care to describe a philosophy in which parents and professionals are equal partners committed to the optimal development of their strengths in the delivery of all aspects of health care. Brown, Pearl, and Carrasco (1991) used the same term to describe a similar philosophy of supporting families' natural care giving roles by building on their strengths to enhance their partnership with health care providers in meeting special needs of newborns. Implicit within these descriptions is a notion of linking strengths of the service system with those of the family, but none offer significant guidance for how this occurs. Indeed, Saleebey (1992) is critical of existing attempts to utilize strengths to meet needs in families and communities, noting that in professional social work practice the concept is paid little more than lip service.

Rappaport (1981) contributed an ecological, social systems perspective to the notion of strengths enhancement reflecting elements of family systems theory which were ignored when that theory was applied as a treatment method within professionally driven, medical models of service. According to Rappaport, empowerment implies that poor social functioning is a result of social structure and the limited access to resources which make it difficult for competencies to emerge. He further asserted that in situations where new competencies must be learned, they are best learned

in the natural context rather than in artificial service structures in which an expert makes decisions. This concept clearly builds from Bronfenbrenner's (1979) assertions that the specifics of the supporting environment shape which responses emerge from families to the needs of its members.

For over a decade, De Shazer (1991) has insisted that we must move farther into interactional constructivist practice when our focus is on the full ecology of the family and professionals in the social system. He believes that a social interactional theory such as that developed by Wittgenstein (1980) is more useful in constructing descriptions of what is occurring in an expanded context shaped by multiple perspectives. In such an approach, how the family presents the problems is taken at face value, and the professionals and family begin by identifying what is working. These competencies within and outside the family are then the basis for collaboration.

### SUMMARY

Given the emergence of wraparound during an era of cost-conscious social service reductions, it is not surprising that early research has focused on documenting its cost savings and more favorable outcomes in which families are not dismembered. However, until now, there has been no articulated theoretical base to support why there are favorable outcomes nor to understand when there are not (Rosenblatt, 1996). Utilizing families as decision making participants through an operative focus of ecological strengths enhancement as paradigm and theory based constructs to anchor fidelity of wraparound initiatives may contribute to more sound and useful evaluations and research. Finally, given the distinctively different basis in thought, theory, and application of this emerging collaborative model from more traditional approaches, our evaluation and research may need to consider more than simply costs and individual family member outcomes. Is it possible that the values implicit in collaborating with families as decision making participants may, in fact, contribute to a profoundly different experience of life in our communities which requires more longitudinal as well as more qualitative study than that to which we customarily attend? The philosophic and theoretical basis of such questions must become part of our dialogue and research agenda or we risk yet another opportunity to leap beyond our fragmented, confused, and not well substantiated understanding of human experience and institutional practice.

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