Using a Theory of Change to Drive Human Resource Development for Wraparound

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Abstract

Achieving coherence and integration across staff professional development activities is facilitated when training, coaching and staff evaluation are guided by a clearly articulated program theory or "theory of change" that describes how skillful practice promotes desired outcomes. We focus on a theory of change for wraparound, a widely implemented approach to providing community-based care for children with high levels of mental health and related needs. Training, coaching and staff evaluation efforts within wraparound programs have typically been linked only very loosely to theory. We argue that wraparound's unique history allowed it to evolve with limited theoretical grounding, and we then describe a theory of change for wraparound, focusing on the major causal routes that are hypothesized to lead to outcomes. Finally, we provide an extended illustration of how the theory can provide the basis for a coherent and integrated approach to developing the skills and capacities of staff members playing key roles in wraparound implementation.

Introduction

Over the last 20 years or so, *wraparound* has grown to become perhaps the most frequently implemented approach for planning and providing comprehensive, community-based care for children with serious emotional and behavioral disorders and their families (Bruns and Walker 2010; Walker et al. 2008). A recent survey of state mental health directors yielded an estimate of close to 100,000 youth and possibly more enrolled in over 800 wraparound programs or initiatives in the United States.

Accumulating evidence of wraparound's effectiveness provides support for the idea that well-implemented wraparound can promote positive outcomes for youths with complex needs (Bruns et al. 2010; Suter and Bruns 2009). However, it is also clear that many programs struggle with implementation (Walker and Koroloff 2007) and fail to provide children and families with model-adherent wraparound (Bruns et al. 2006, 2008; Walker and Schutte 2005). In particular, many communities implementing wraparound report that, even after substantial investments in training, staff still apparently lack the skills they need for effectively carrying out their roles in the wraparound process.

In a comprehensive review of implementation research, Fixsen et al. (2005) highlight a series of core implementation components that are "the most essential and indispensable" (p. 24) for program or practice success. Central among these core components are staff training, coaching and evaluation. Successful implementation is predicated not just on the presence of these core components but also on having an integrated, coherent theoretical framework that underlies them. In this paper, we argue that achieving coherence and integration in wraparound staff development is facilitated when training, coaching and staff evaluation are guided by a clearly articulated program theory or "theory of change" that describes exactly how skillful wraparound practice promotes desired outcomes.

Many researchers have noted that thinking through the lens of a program theory or "theory of change" is an extremely useful tool in helping staff develop a common understanding of their work and

how components of practice are linked to outcomes (Frechtling 2007; Rogers 2000; Savaya and Waysman 2005). However, because of the rather unusual way that wraparound has developed, training, coaching and staff evaluation have typically been linked only vaguely to any theory at all, much less a fully realized theory of change. In this paper, we describe a theory of change for wraparound and illustrate its usefulness in organizing and facilitating staff training, coaching and evaluation. We begin by describing wraparound and how its unique history allowed it to evolve with only loose connections to theory. We then go on to describe a theory of change for wraparound, focusing on the major causal routes that are hypothesized to lead to outcomes. Following that, we provide an extended illustration of how the theory can provide the basis for a coherent and integrated approach to developing the skills and capacities that staff members need to achieve positive outcomes with children and their families in wraparound.

Wraparound and Its History

Wraparound is a collaborative, team-based planning process that is used to provide individualized, community-based care for children and youth with complex mental health and related challenges (Walker and Bruns 2006b; Walker et al. 2008). Often, these young people and their families receive services from multiple different child- and family-serving agencies (e.g., mental health, special education, juvenile justice, developmental disabilities and child welfare), and coordinated planning is crucial for achieving coherence and coordination of care. The wraparound team is charged with creating a single, unique and individualized plan of care—the wraparound plan—that serves to clarify and coordinate the various providers' and agencies' interactions with the child and family. The principles that guide wraparound practice specify that wraparound should be strengths based and culturally competent, and should focus on providing community-based care. The members of the wraparound team—family members and professionals—need to work together in a collaborative manner to create the wraparound plan and to ensure that the service and support strategies included on the plan are carried out. The wraparound principles further stipulate that the plan of care should include a balance of formal services and "natural" or informal support that is provided through the family's interpersonal and community networks. Most importantly, wraparound's first principle of "family voice and choice" stresses that the planning process is to be driven by family members' own perceptions of what they need and what strategies are most likely to be successful in helping them to meet their needs and move toward their own vision of a better life.

Wraparound emerged in the 1980s as an alternative to institutionalization for children and adolescents with high levels of mental health and related needs (Burchard et al. 1993; Burchard and Clarke 1990; VanDenBerg 1992; VanDenBerg and Grealish 1996). The term "wraparound" was coined in the early 1980s to describe the array of flexible, comprehensive, community-based services that the state of North Carolina implemented in response to a class action lawsuit. At the same time, other states and communities were also experimenting with similar approaches, which only later became known as "wraparound." Early proponents saw wraparound as a way of organizing a group of concerned and committed people to do "whatever it takes" to support children to live safely and successfully in the community, often using a pool of flexible resources that otherwise would be spent on out-of-home treatment options. The term "wraparound" came to be more and more widely used, and though there were shared features among programs that used the name "wraparound," there was no broadly agreed-upon definition of what wraparound was or how it could be distinguished from other approaches. There was also no single explicit, shared theoretical model underlying the various programs that were called wraparound (Burns et al. 2000).

During the 1990s, wraparound came to be associated with a series of values or principles; however, it was not until the late 1990s that even these values and principles were first made explicit. In 1998, at a gathering of experienced and well-regarded wraparound practitioners, a consensus document was produced that listed the wraparound values (Gold-

man 1999). Early in the next decade, a larger group of experienced wraparound stakeholders came together and agreed to work collaboratively to define wraparound practice. This group, which was later named the National Wraparound Initiative, used formal consensus-building procedures to further clarify the wraparound principles and to identify and describe specific activities that are necessary constituents of a wraparound process (Walker and Bruns 2006a; Walker et al. 2008). The activities are grouped into four overlapping phases of the wraparound process: engagement and team preparation, initial plan development, plan implementation, and transition. This description of a practice model for wraparound has since become the basis for fidelity assessment, as well as for training and coaching of wraparound staff around the nation (Bruns et al. 2004, 2009).

Theory Development

Wraparound thus evolved from a commitment to "do whatever it takes" to a defined set of activities that has been variously recognized as an evidence-based, promising, emerging, or recommended practice (Walker and Bruns 2006b). Yet even as practitioners gained a depth of practical experience about how to implement wraparound, relatively little attention was paid to theory development. As a part of the work that led to the description of the practice model, 20 wraparound manuals and numerous other training documents were reviewed (Walker and Bruns 2006a), none of which included more than a few sentences on either a theory or rationale for wraparound. In the published literature on wraparound that existed as of the early 2000s, it was noted that wraparound was "consistent with" (Burchard et al. 2002) or "associated with" (Burns et al. 2000) several influential theories of child development, particularly social–ecological (Bronfenbrenner 1979) and systems theories (Munger 1998). Both these theories stress the importance of understanding not only the relationships that connect the child to various environmental systems—such as family, school and community—but also the interconnections between the various systems. These theories support the idea that wraparound can produce positive outcomes by bringing together key representatives of these different systems to jointly create and implement an individualized plan focused on meeting child and family needs. The principles of wraparound suggest further connections to other theories, particularly theories of family-centered (Allen and Petr 1998), strengths-based (Saleebey 2001) and empowerment approaches to mental health care (Dunst et al. 1994; Koren et al. 1992). However, no detailed description of how wraparound relates to any of these various theories had yet been published.

In short, wraparound evolved from the 1980s to the early 2000s having only a loose association with a series of broad psychosocial theories. A recent unpublished review of introductory wraparound trainings bore out the findings from the earlier review of wraparound manuals, showing that basic training for wraparound staff still tends to focus on wraparound principles and activities, without offering an explanation of exactly how it is that principled activity leads to outcomes. Thus, for example, wraparound staff are taught during training that it is important to work in a strengths-based manner and to promote "family voice and choice." During training, staff are also led through specific activities, such as creating a strengths inventory or creating a team "mission statement" rooted in the family's vision for their future. Individual staff members may develop their own ideas about how focusing on strengths or providing "voice and choice" leads to positive outcomes, but in general, staff and supervisors working within a given wraparound program do not typically receive training that includes a theoretical model that describes how wraparound is supposed to work. Development or confirmation of such a theory holds promise as a method for clarifying expectations for staff and stakeholders, facilitating workforce development models, guiding quality assurance procedures, and encouraging relevant implementation and intervention research.

A Theory of Change for Wraparound

There has been some work focused on wraparound theory development in recent years. Researchers working with the National Wraparound

Initiative have been concerned with developing an explicit program theory, and several iterations of a theory of change for wraparound have been published (Walker 2008; Walker and Schutte 2004). A program theory or theory of change presents a series of hypotheses about the causal connections between the program's activities, intermediate outcomes and its ultimate goals, explicitly laying out the assumptions regarding the mechanisms that actually create the desired impacts (Bickman 2000; Donaldson 2007; Frechtling 2007; Rogers 2000; Savaya and Waysman 2005). Typically, the theory presents a "causal chain" that describes specific links between activities and outcomes, and identifies process indicators, intermediate outcomes (i.e., potential mediators) and longer-term outcomes.

The development of the theory of change for wraparound followed a process that is typical under circumstances when theory is being developed or clarified post hoc for a program that is already in place. Under such conditions, theory development is usually based on synthesizing information from several sources, including a review of research literature on relevant causal mechanisms, interviews with key informants, review of program documentation and training materials, and observation of the program itself (Rogers et al. 2000). Key informant interviews (Walker et al. 2003), review of wraparound training manuals and other program materials (Walker and Bruns 2006b), and observations of wraparound teams (Walker and Schutte 2005) yielded initial information regarding outcomes being sought, and how activities might be causally connected to outcomes. Again, as is often the case in post hoc program theory development (Donaldson 2007; Hernandez and Hodges 2006; Savaya and Waysman 2005), different individuals and different sources offered different ideas about why wraparound caused positive impacts and, for the most part, the actual rationales for these causal connections between activities and outcomes were described rather vaguely. Nevertheless, combining the information across these sources yielded good information about the intermediate- and longer-term outcomes that were typically assumed to result from wraparound, as well as a diverse set of ideas about how and why wraparound activities might contribute to the outcomes.

A review of relevant literature was then undertaken, with the goal of using research findings to fill in the implicitly described chains of causation between principles/activities and outcomes. The literature review included studies related to concepts and practices relevant to proposed mechanisms of change, including self-efficacy, self-determination, empowerment, hope and optimism; social support and community integration; strengths, assets and resilience; treatment engagement and retention; therapeutic alliance; and collaboration and teamwork. The resulting theory of change model forms the basis for Fig. 1. This article presents only a basic description of the theory and the research rationale that underlies it; however, each of the main causal connections of the theory as outlined below is backed by substantial research evidence that is described in more detail elsewhere (Walker 2008; Walker and Schutte 2004).

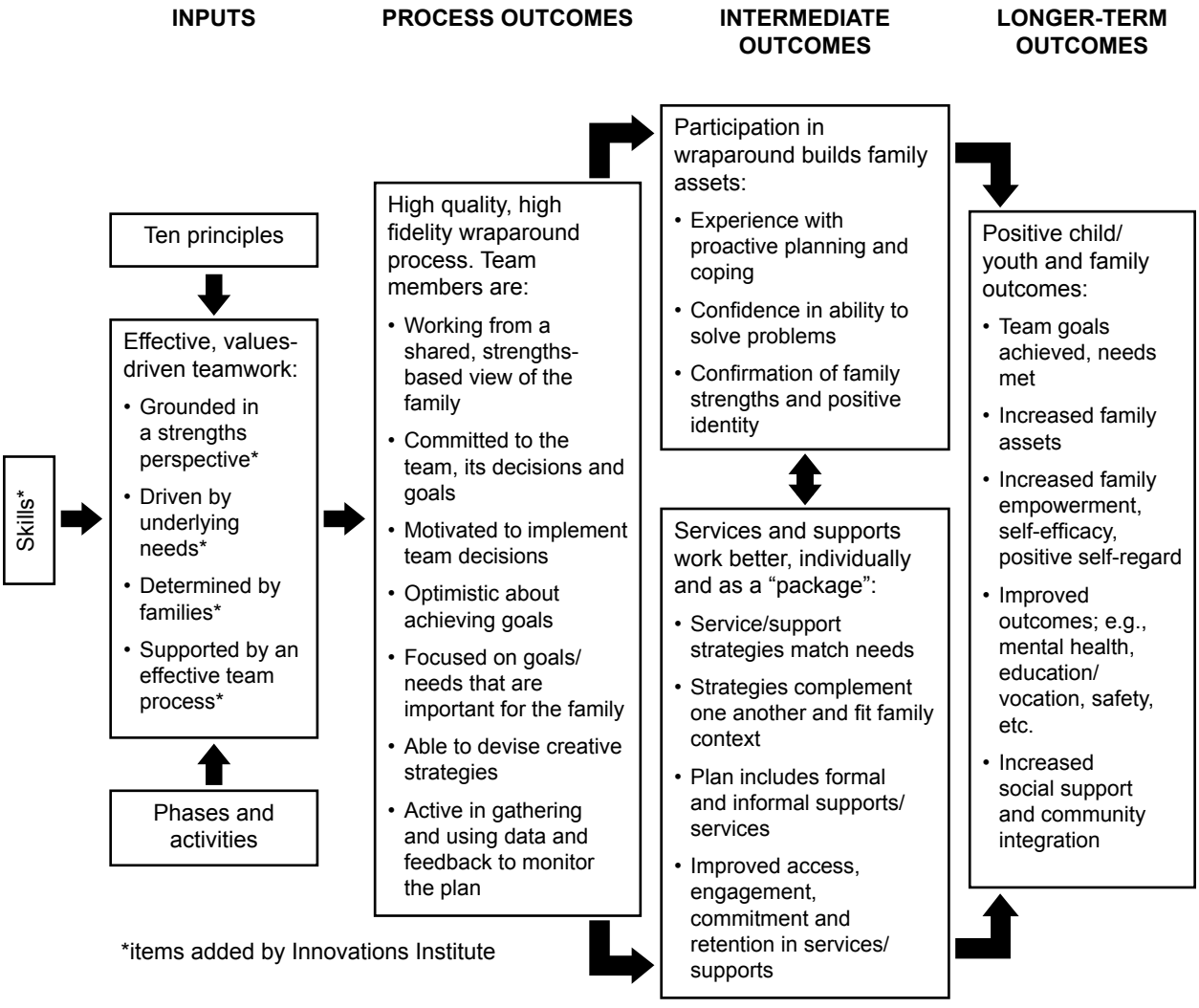
Wraparound Process and Process Outcomes

The theory of change begins with the assumption that teams carry out their work in a manner that is consistent with the principles of wraparound (Bruns et al. 2004), and that interactions that reflect the principles are clearly evident throughout the various activities (grouped into phases) that make up the wraparound process (Walker et al. 2004). In turn, the activities of the wraparound process are consistent with best practices for effective teamwork (Walker and Schutte 2004). Thus, when the principles and practice activities come together into effective, values-driven teamwork, the result is a high-quality, high-fidelity wraparound process carried out by a well-functioning team that is "cohesive"—i.e., its members (both professionals and family) have developed a shared view of, and commitment to, the team's purpose and its plan, which, in the case of wraparound, must fully reflect the principles.

Members of a cohesive wraparound team therefore work from a shared perspective that is rooted in a strengths-based view of the family and its assets and capacities, and that provides guidance as

to how these assets and capacities will be mobilized and reinforced through the team plan to meet family needs, promote well-being and achieve the family's vision for a better life. What is more, as is true for members of cohesive teams in general (Walker and Schutte 2004), the members of a well-functioning, cohesive wraparound team are committed to meeting the needs the team has identified, optimistic about meeting those needs, and motivated to carry out their roles in implementing the strategies the team selects to achieve outcomes and move closer to needs met. Because the team is adhering to processes and procedures that are consistent with effective teamwork, the team is capable of prioritizing the most important goals and able to devise creative strategies that are likely to produce progress toward achieving the goals and the family's vision. Importantly, these strategies should include a mix of professional, community and natural services and supports. The team also holds itself accountable, continually monitoring plan implementation and progress on needs/goals, and revising or altering strategies as required. The research base on effective teamwork is quite strong, and more detail on how this research applies in the wraparound context is provided elsewhere (Walker and Schutte 2004).

Figure 1. Theory of change outline for the wraparound process



Intermediate Outcomes as "Routes to Change"

The theory of change posits that a well-functioning team achieves positive outcomes on behalf of a child and family by way of two interacting "routes" to change. One route highlights how a cohesive team, whose decisions are driven by family perspectives, will choose, access and tailor formal services and natural supports so that, as a "package," the services and supports complement each other and work better than would services and supports that are not provided through a wraparound-like process. Since the wraparound team is cohesive and team members are committed to the plan, they work hard to ensure family access to the services and supports that are included on the plan. Additionally, because services and supports are chosen and tailored through a family-driven process, families have improved commitment to, and engagement and retention in, services/supports. Over time, as the team uses available data and considers family feedback, services and support strategies are adjusted, adapted, or changed as required. Ongoing communication among team members (and with service or support providers who are not team members) maintains and reinforces shared perspective, strengths focus and plan coherence over time, while also ensuring that strategies and services in the wraparound plan are prioritized to be of the highest relevance to achieving the team's mission and family's needs.

The research that supports this strand of the theory comes from two main sources. First, there is a well-established research basis for the idea that people who feel they are acting autonomously (i.e., they feel they have had an important role in making the decision to act) have more engagement and persistence in an activity than people who feel that they are being compelled to take part. Not surprisingly, people who feel they are acting autonomously also have higher performance and creativity in the activity (Ryan and Deci 2000). Second, as stated previously, teams that use effective practices are likely to be cohesive, and members of cohesive teams are also more likely to follow through on team decisions. Thus, in the wraparound case, theory supports the idea that (1) team members will be motivated to follow through in creating and tailoring services and supports for the plan, and (2) families will be motivated to participate in services/supports and engage with providers (Walker 2008).

The second main route to change centers on the idea that family participation in a high-quality wraparound process produces benefits that are largely independent from the specific services and supports that the family receives. Through participation in a high-quality wraparound process, families gain direct experience of how proactive planning and coping can be used to achieve valued goals. Because family perspectives drive the planning, and because families are actively engaged in creating and carrying out the plans, family members have the experience of being the active agents in solving problems and creating positive change in their own lives. These are the sorts of experiences through which a sense of self-efficacy and empowerment are promoted.

The team's focus on family strengths, and its ongoing acknowledgement and celebration of success, further contributes to family confidence and perceptions of competence and agency. Through positive reframing of family needs, through emphasizing family assets and positive capacities, and through actively demonstrating and highlighting how family assets and capacities contribute to team success, the wraparound team process provides the family with experiential confirmation that family strengths are real and meaningful, and that they are the foundation for successful strategies that will lead to meeting the identified needs of the family. Additionally, the positive reframing and ongoing strengths focus encourage both the family and other team members to reinterpret the family's story and situation and to perceive the family and its individual members in a new and more positive way. As family and other team members internalize these evolving perceptions, family members' individual and collective identities begin to shift in ways that highlight competence and self-worth instead of dysfunction and failure.

The strongest research rationale underlying this hypothesized route to change comes from research on self-efficacy. People with higher self-efficacy

tend to persist and try harder in the face of obstacles. They believe that they can solve problems in their lives, and are better at coping with stress and more able to initiate and maintain behavior change. Self-efficacy tends to be increased when people have successful experiences using their own skills and resources to achieve personally meaningful goals (Maddux 2002; Russinova 1999; Thompson 2002). A strengths-based wraparound process draws attention to family strengths and demonstrates how these are used as families pursue their goals. The research thus provides a rationale for the idea that families who feel they are playing an active part in the wraparound process will have experiences that contribute to the growth of their self-efficacy (Walker 2008).

Longer-Term Outcomes

Since wraparound is an individualized process, it is natural that longer-term outcomes will be different for different families; however, all wraparound teams would expect to meet the identified needs on the plan of care and to help the family move closer to its own vision for a better life. Additionally, as described above, the theory of change posits that participation in the wraparound process will build family members' capacities and assets, and increase feelings of empowerment and self-efficacy. Families that are successfully engaged and retained in the services in the plan of care should experience program-specific outcomes. These typically include outcomes related to creating or sustaining stable, homelike living arrangements; improving child and family mental health and relationships; and improving functioning in school/vocation and the community. Importantly, wraparound's focus on building natural support should result in increasing the social support available to families, and decreasing family members' sense of isolation and loneliness. Interestingly, though this last element of the theory is one most strongly held by wraparound providers, it is only weakly supported by research (Walker 2006).

Of course, the actual process of change that might be experienced by a particular child and family is much more complicated and unique than can be summarized in a brief discussion of theory or illustrated in a single, simple diagram. Furthermore, the diagram implies a left-to-right, unidirectional flow from process to outcomes, when clearly a more accurate depiction would show a more dynamic and multidirectional flow, since wraparound is an iterative process of creating, implementing, evaluating, and adjusting successive versions of the plan.

Other Outcomes

The theory of change presented here focuses on intermediate and longer-term outcomes accruing to the family as a result of their participation in wraparound. However, it is worth noting that a complete program theory would also recognize that wraparound has additional impacts, on team members other than the family, on the wraparound program, on providers working with families in wraparound, and in the wider community. For example, the literature on teamwork amply demonstrates that being part of an effective workplace team builds participants' morale and combats burnout, as well as increasing self-esteem and self-efficacy. This implies potential benefits, in terms of productivity and decreased turnover, for agencies whose personnel participate in high-quality wraparound.

Additionally, the team's focus on strengths includes not only family strengths but also those of other team members. As these strengths are mobilized and prove to be the foundation for successful strategies for the wraparound plan, team members' assets and capacities are reinforced in their own self-images. Impacts may also be felt beyond a single wraparound team. For example, when a program is well implemented and its teams are successful, the wraparound program can become a strong force acting to undercut provider and community stigmatization of children with complex needs and their families as dysfunctional, unconcerned with improving their lives, incapable of good decision making, and lacking in assets and resourcefulness. It can also promote greater collaboration and optimism among representatives of child-serving systems, as a jurisdiction or community experiences how shared effort can yield more positive outcomes for a population of youth that had previously been difficult to serve effectively.

Building Practice on Theory

As noted previously, the comprehensive review of implementation research provided by Fixsen et al. (2005) concluded that successful implementation requires not just the presence of key implementation components or "drivers"—such as training and coaching—but also a theoretical framework that provides guidance for structuring the key intervention components so that they operate together in a coherent and mutually reinforcing manner. Furthermore, numerous other researchers have contended that a well-developed theory of change can serve effectively as a theoretical framework for implementation. These researchers have argued that reference to a theory of change is particularly helpful as a foundation for developing training and coaching efforts, because it helps staff members develop a common understanding of their work, what aspects of the work are most important to focus on, and how elements of practice are linked to intermediate and longer-term outcomes.

Developing a Training and Coaching Framework

Given the intuitive appeal as well as theoretical support for basing training and coaching efforts on a theory of change, the University of Maryland Innovations Institute (Innovations) used the theory described above as the basis for its approach to supporting staff development in wraparound. Innovations is a center of excellence that supports policy planning, systems and finance design, workforce development, and data analysis and reporting in Maryland as well as states and communities nationally. Though its implementation support efforts for children's services are diverse in nature, Innovations specifically serves as an example of applying theory and rigor to a workforce development model in wraparound practice.

In undertaking a revision to its coaching and training model for wraparound, Innovations sought to transcend a common phenomenon whereby training and coaching is focused on operationalizing values and principles. While attention to values and principles is important, it can come at the expense of an emphasis on core elements of the practice model and how to consistently apply practice elements and skill development to achieving outcomes. Thus, the above theory of change for wraparound was seen as an important tool for devising an overall workforce development approach that would effectively help practitioners to understand skillful practice as connecting wraparound's principles and practice model to youth and family outcomes.

Proceeding on the basis of these considerations, Innovations gathered a team of nationally recognized experts to work with staff to define skill sets and organize them within a conceptual framework that would be easy for novice practitioners to grasp, and that would also continue to serve to organize knowledge as practitioners became more advanced and developed more detailed and nuanced understandings of wraparound practice. In order to ensure that the principles and core activities of wraparound (Bruns et al. 2004; Walker et al. 2004) were included in the framework without making it too complex, the team developed a model that distilled both wraparound principles and activities into smaller sets of essential elements and components that were empirically and theoretically associated with positive outcomes. The essential elements were specific to wraparound and were intended to serve as the basis of a conceptual framework that would organize content of training and professional development activities, as well as help staff persons organize and engage in their activities.

To achieve such a model that could organize necessary staff skill sets to be taught while also maintaining the previously specified and well-accepted principles and activities of wraparound, the team translated the 10 principles of wraparound into four *key elements*, each of which had clear grounding in the theory of change. They also distilled the defined activities of wraparound into 16 *essential process components* (for each of the four phases of the wraparound process, one essential process component corresponding to each of the four key elements) that describe the core tasks to be achieved in implementing the wraparound process with a family. This basic framework, shown in Table 1, provides staff (and their trainers, coaches, and supervisors) with a common heuristic for understanding the basic tasks

to be undertaken with a youth and family. The key elements and the essential process components also provided a relatively simple conceptual framework to define and organize the skill sets that staff would be expected to master, and that the development team believed were essential for achieving quality practice with families. As Innovations developed the conceptual framework for the skill sets, their goal was also to refer continually to the theory of change, to ensure that the focus of skilled practice is always on facilitating outcomes through the two "routes to change" described in the theory of change. Thus, the skill sets would continually reinforce practice that is effective in achieving outcomes while also remaining true to the values and practice model for wraparound.

Key Elements of Wraparound

The development team arrived at the definitions of the key elements by considering the principles and theory of change, as well as wraparound's similarities to and differences from other intensive community-based care models. This process led to initial definitions of four key elements: *grounded in a strengths perspective, driven by underlying needs, supported by an effective team process,* and *determined by families.* Subsequently, the definition of each key element was discussed, drafted and reviewed through multiple iterations, until the group was satisfied and finalized the definitions.

Grounded in a strengths perspective describes the key element of the wraparound process by which strengths, including interests, talents, assets and unique family achievements are used to frame the family story in a balanced way that incorporates family strengths rather than focusing solely on problems and challenges. In wraparound, a strengths perspective should be overt and easily recognized in team discussions, interactions and documentation, and the wraparound process should continually identify, build on, and develop strengths that focus on the family, team and community, while empowering and challenging the team to use strengths in a meaningful way. Per the theory of change, emphasizing a strengths perspective is critical to helping family members develop confidence in their ability to solve problems, and to build their sense of self-efficacy. Additionally, the positive reframing that is part of the strengths perspective encourages family members to reinterpret their story and their situation, thus laying the foundation for more positive self-regard.

Driven by underlying needs describes the key element of the wraparound process by which the set of underlying conditions that cause a problematic behavior and/or situation to exist are identified and explored in order to gain a deeper understanding of the context for the behavior and/or situation and what may be reinforcing it. The underlying needs are identified across life domains for the youth, their caregivers and other family members who are part of the team. These needs are articulated and the family and all team members reach a clear, overt agreement about which needs to prioritize for action or attention through the wraparound process. When the wraparound process is driven by underlying needs, services and supports are seen primarily as strategies for meeting the needs. As a result, there is a natural emphasis on using services and supports flexibly and tailoring them to meet the unique needs of the family. There is also an emphasis on prioritizing only those strategies, services, and supports that aim to meet these needs, reducing complexity of plans and the burden on families that can arise from plans that include too many services or conflicting strategies.

Consistent with the theory of change, the accurate identification of underlying needs is essential if wraparound is to achieve desired outcomes. Thus, teams must be able to see behind surface needs—e.g., the "need" to change a specific behavior—to the underlying need that explains the behavior. Focusing on underlying needs allows the team to move beyond a "band aid" approach and devise strategies that will have a profound and sustainable impact. Such an emphasis also requires key staff to have a basic grounding in behavioral principles, so that, when necessary, they can help facilitate an analysis of behaviors and their antecedents and consequences that shed light on underlying needs and potential strategies. Finally, since the underlying needs are defined through a strengths-based process based in

Table 1. Essential process components reflecting each key element in each phase of the wraparound process

Key elements	EPC phase 1: engagement and team preparation	EPC phase 2: initial plan development	EPC phase 3: plan implementation	EPC phase 4: transition
Grounded in a strengths perspective	Starting with the family's view, the family's story is heard and summarized from a variety of sources that elicits family possibilities, capabilities, interests and skills	Strengths of family, all team members and the family's community are collectively reviewed and matched to chosen strategies	Team continues to identify and make meaningful use of strengths, supports and resources in an ongoing fashion	Purposeful connections including aftercare options are negotiated and made based on family strengths and preferences and reflect community capacity
Driven by underlying needs	Family's story is heard and summarized by starting with the family's view and blending perspectives from a variety of involved sources in order to elicit shared perspective of the meaning behind a behavior and/or situation related to the family's current situation	Team develops an understanding of the underlying reasons behind situations and/or behaviors. Needs that are generated from underlying conditions and align with the family's vision are summarized, reviewed and prioritized and used as the basis for developing strategies	Team members deepen their understanding of the underlying reasons behind situations and adapts strategies based on that new information	Team forecasts potential unmet needs and strategizes options post-wraparound
Supported by an effective team process	Family's perspectives around success are summarized and reflected to the team, and the team members understand their roles and expectations within the wraparound process	The family's interest is summarized and integrated into a team mission and subsequent strategies that include the perspective of other team members	Team delivers and modifies strategies that align with chosen outcomes and reflect family perspective	Team mission is achieved and family is closer to their stated vision
Determined by families	Family receives immediate (right-sized) help grounded in the family's perspective and appropriate to their situation and process	The family's perspective is reflected as critical to a successful process and is the basis for decision making and creative problem solving	Family perspective is used in modifying the mix of strategies and supports to assure best fit with family preferences	Family perspective of met needs is used to identify and develop transition activities

family perspectives (e.g., "Tony needs to feel like he can be successful in school" or "Tony's father Jim needs to feel like he is a strong parent")— rather than, as is typical with more superficial needs, through professional assessments of family deficits (e.g., "Tony needs an IEP to address his learning disability" or "Jim needs to improve his parenting skills")—strategies developed to meet underlying needs are likely to resonate with family views about what is likely to be helpful. This is likely to lead to family commitment to the strategies, as well as a good fit between the service/support strategies and the family's context and preferences.

Supported by an effective team process describes the key element of wraparound that requires active team investment and collaboration throughout the wraparound process. In order for any group to truly function as a team, its members must be willing to cooperate and collaborate, and to hold one another accountable for the results. Thus, the team members collectively define measurable target outcomes, and the team's overall success is judged by how much closer the family is to its vision and how well the family needs have been addressed. Such an effective, data-driven team process is ideally supported by a structured method for recording information about and progress toward identified goals, needs, and outcomes. Management feedback systems (MFS) can be used to support this characteristic of an effective team process. Use of MFS has been found in studies across many health care delivery contexts to promote more positive outcomes (Bickman 2008).

The importance of adhering to elements of effective team process is clear in the theory of change for wraparound. Effective teamwork and high-quality facilitation promotes team cohesiveness and a shared view of needs, goals and strategies. Since team members agree on these basic points, the strategies are coherent with and complement one another. Effective team process also makes it more likely that the team will develop creative strategies that, in the case of wraparound, blend formal and informal/natural support. Finally, because the team is cohesive, team members will be committed to their roles in implementing the strategies.

Family-determined describes wraparound as a process that embraces both youth and caregiver/parent perspectives, and in which the family has the greatest authority and "say" in decision making. Furthermore, in a family-determined process, the focus is on supporting children and youth to live in their communities, not on putting them in programs. When the wraparound process is *family determined*, families have access, voice, and ownership. *Access* means that the family is included in all processes and occasions during which decisions are made. *Family voice* means that family members—including both caregivers and youth—have influence, choice and authority in all aspects of the planning process. Furthermore, the wraparound team recognizes that families are the key stakeholders in the planning process and, therefore, are the most critical partners in setting the team agenda and making decisions. Finally, and most importantly, *family voice* also means that a family *feels* heard and listened to, and that the team continually works to ensure that this is the case. Families have *ownership* of the planning process when they embrace and feel committed to any plans concerning them. In wraparound, commitment to a family-determined process must be confirmed and reinforced throughout the duration of care. Per the theory of change, a family-driven process results in a higher level of family engagement in and commitment to the service and support strategies that are included in the wraparound plan. Additionally, when families see that their knowledge and ideas form the basis for a plan that has a positive impact in their lives, the experience helps families gain confidence in their ability to solve problems and thus contributes to feelings of self-efficacy.

Essential Process Components

Having identified key elements based on the wraparound theory of change, the development team then proceeded to identify the "essential process components" (EPCs). EPCs provide a summary of how each of the four key elements is achieved during each of the four phases of wraparound (Table 1). By providing greater specification of how the key elements are reflected in practice, the EPCs provide staff persons with (1) a framework for understand-

ing what they are undertaking at various points during wraparound process, and (2) a clear sense of how what they are doing is connected to outcomes through the routes specified in the theory of change. To ensure that this would be true, Innovations continually referred to the theory of change as the EPCs were developed, checking to see that each EPC promoted the process outcomes and routes to change. Table 1 presents the EPCs that were defined for each of the four phases of wraparound, and the key element of wraparound implementation to which each EPC corresponds.

Necessary Staff Skills

A final task of the development team was to identify the skills necessary for wraparound staff to achieve the key elements and EPCs in practice. This process occurred over many months as the team reviewed existing training materials, linked skill development activities to the framework presented in Fig. 1, and iteratively reviewed and revised the product. From this process, a total of 53 necessary skills were generated, described, and linked into the overall framework. As an example, Table 2 presents how 12 skills specific to the key element of grounded in a strengths perspective are aligned with implementing the four phases of wraparound.

The skills that were identified were overarching skills that can be broken down into more specific tasks and can be accomplished through various techniques. Through the revision process, Innovations sought feedback from wraparound staff (e.g., care coordinators) that had been exposed to previous training and coaching. These staff persons reported feeling overwhelmed with the amount that they were required to learn and practice simultaneously with youths and families. To respond to this concern, Innovations organized the skills into categories– apprentice and skilled—so that care coordinators could focus on specific skills in their initial months of practice and then add further skills after initial skills were mastered.

Overall Training and Coaching Approach

Training. The key elements, essential practice components, and necessary skills provide the framework for the Innovations Institute training and coaching process. Practitioners are required to participate in 6 days of core training that include: *Introduction to Wraparound, Engagement in the Wraparound Process,* and *Improving Wraparound Practice*. Supervisors and coaches are required to participate in an additional 3 days of training on Advanced Wraparound Practice. In addition, there is a series of training modules that are provided throughout the span of coaching to address specific needs as they are identified through the coaching process. Early training and coaching focuses on the apprentice-level skills, which allows practitioners to practice and grow in their ability to provide quality wraparound. The approach ensures that staff are trained and coached not only on *how* to accomplish the activities of wraparound but also to understand *why* this way of facilitating the wraparound process affords the opportunity for more positive outcomes for families. Innovations expects that tying practice to the theory of change in this manner will encourage practitioners—as they gain experience—to move to more expert levels of practice that incorporate experimentation and innovation into effective wraparound work.

Coaching. Innovations' coaching process includes observation, guidance, and support for supervisors and front-line staff as they partner with families utilizing the wraparound practice model. The type of coaching and certification provided is different depending on whether it is within Maryland—where Innovations is located—or in another state. In Maryland, each facilitator is observed in vivo by the Innovations trainer coach. Outside Maryland, Innovations provides training to the larger practitioner groups, but provides coaching and certification primarily to supervisors or community-identified coaches to help build local capacity. Coaching still occurs in vivo, but feedback is provided to direct practitioners via their supervisor or coach after they have met with the Innovations coach to receive support in providing feedback. Each coach or supervisor must be observed providing feedback across the phases of wraparound implementation. Locally in Maryland, both the supervisor within the care management entity and

Table 2. Necessary staff skill sets for implementing the key wraparound element "grounded in a strengths perspective"

Engagement and team preparation	Initial plan/CFT	Plan implementation	Transition
Essential process components within grounded in a strength perspective across wraparound phases			
Starting with the family's view, the family's story is heard and summarized from a variety of sources that elicits family possibilities, capabilities, interests and skills	Strengths of family, all team members and the family's community are collectively reviewed and matched to chosen strategies	Team continues to identify and make meaningful use of strengths, supports and resources in an ongoing fashion	Purposeful connections including aftercare options are negotiated and made based on family strengths and preferences and reflect community capacity
Necessary skill sets within grounded in a strength perspective across wraparound phases			
1. Ability to identify strengths and capabilities from the family story around initial conditions that brought the family to the system	2. Ability to summarize and present strengths to the team	3. Ability to manage the team through identification of strengths and accomplishments at each meeting 4. Ability to document accomplishments and progress toward need met 5. Ability to use strengths in managing crisis situations	6. Ability to assess, utilize and link community and team strengths in transition planning
7. Ability to identify and extract functional strengths from the story told from multiple perspectives	8. Ability to identify, distill, and organize functional strengths related to the reason for referral, history, interests, talents, preferences, traditions and other activities in which they derive competencies that can also be used to resolve challenges		
9. Ability to retell and empower others to reframe the family story from a strengths perspective	10. Ability to mobilize, reinforce, and facilitate all team members to elicit strengths and collectively add to the strength story throughout the life of the plan according to the stages 11. Ability to accurately document the team process from a strengths perspective that clearly represents the family's perspective and choices		
12. Ability to use strengths strategically to engage family participation in wraparound			

the direct practitioner receive coaching and support. All staff enrolled in the certification process are evaluated at regular intervals on skills relevant to each Essential Process Component.

Coaching focused on Phase 1 (Engagement and team preparation) is primarily in vivo, and occurs in a number of different settings: in one-on-one meetings as a practitioner prepares for his or her first face-to-face meetings with the family; on-site during home visits; on the phone during initial calls with the family or calls with potential team members; and during supervision sessions. Coaching for Phase 1 includes the provision of support and direction around engaging team members, synthesizing multiple perspectives to create a comprehensive family story, and preparing for the first team meeting. This preparation includes orienting the family and team members to the first team meeting, and creating a shared understanding of underlying needs. The coach also works with the practitioner to strategize about how to guide the conversation during the meeting so that it is based in a strengths perspective and continually connects back to the family vision.

Coaching around Phase 2 (Initial plan development) occurs during preparation meetings prior to the team meetings, during the team meetings, in debriefing sessions after the meetings, and during staff supervision. Coaching in this phase focuses on the provision of support and direction around facilitation of team meetings, identifying and understanding underlying needs, ensuring 'best-fit' between the needs and the strategies prioritized, and reaching consensus within the team. There is also a focus and continual commitment to coaching supervisors around how to support staff in these efforts.

Coaching around Phase 3 (Plan implementation) occurs during face-to-face family meetings that happen between team meetings, during preparation meetings prior to the team meeting, during the meeting itself, in debriefing sessions after the meeting, and during staff supervision. Coaching in this phase focuses on continually engaging families and team members, facilitation of task completion and service/support connections, monitoring progress toward meeting needs, and evaluation of movement toward achievement of family vision and team mission. In addition, coaching focuses on facilitating a deeper understanding of underlying reasons behind behaviors and situations, adapting services and strategies based on new information and, again, continually working with supervisors around how to support staff in these efforts toward high-fidelity and high-quality practice.

Lastly, coaching in Phase 4 (Transition) occurs during face-to-face family meetings between team meetings, during preparation prior to meetings, during the meetings themselves, in debriefing sessions after the team meetings, and during staff supervision. The coaching process during this phase focuses on communication with families and team members regarding the transition out of the formal wraparound process and strategies for ensuring the family perspective of meeting the needs is used to identify and develop transition activities.

Conclusion

Researchers, practitioners and administrators alike have noted that achieving coherence and integration across staff development activities is facilitated when training, coaching and staff evaluation are guided by a clearly articulated theory of change that describes how skillful practice promotes desired outcomes. We have described a training, coaching and technical assistance model developed based on (1) the theory of change for wraparound, (2) four key elements that emerge from this theory, (3) essential process components within each of these key elements, and (4) the requisite skills staff need to make the essential process components happen. This model serves as an example of what communities and training entities that are employing a workforce development initiative in wraparound can construct to ensure that, at all times during the wraparound process, practitioners are consciously aware of how their work simultaneously promotes both the principles of wraparound—which are consistent across families and implementation contexts—as well as the outcomes for a particular family—which are individualized and unique. The process of identifying key elements, essential practice components, and skill sets was undertaken in

continual reference to the theory of change model, to ensure that each skill set was connected in an obvious, straightforward way through a key element to one or more of the process outcomes, and through these, to intermediate, and longer-term outcomes.

Although research on the effectiveness of Innovations' revamped training approach is just beginning, the general strategy of connecting workforce development in wraparound to a theory of change has both empirical support and intuitive appeal. Research studies are now being designed that manipulate the independent variables involved in the above training and coaching model, and thus more rigorously evaluate the impact of this implementation support system on staff, program, and youth and family outcomes.

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