

Wraparound Implementation Phase Three



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Phase Three: Plan Implementation & Adjustment

Activities in this phase include:

- Holding regularly scheduled team meetings to chart accomplishments, assess plans, adjust interventions and assign new responsibilities
- Providing interventions, services and supports as delineated in the plan

Description of the Activity: When the initial Plan of Care is completed the Care Team will have made their first, best guess at what will help them accomplish their mission. It is important to remember that it is only a guess and so the initial Plan of Care has to be regularly reviewed and modified based on information gathered from trying the interventions. This is the point where the Care Team can stray away from a positive approach so Facilitators have to start ongoing team meetings by looking at and celebrating *accomplishments* that have occurred since the last Care Team meeting.

This is done through a brainstorming process where the Facilitator asks Care Team members to identify good news or things that have happened since the last meeting and records them in presentation style. When that has been done, the team should then *assess* the current plan by reviewing the component interventions, actions and strategies that were agreed to in the first meeting. The assessment asks two questions. The first is whether the Care Team member actually did what they committed to do at the first meeting. This is called follow through. The second is whether they achieved task actually helped (impact).

Deciding whether it was helpful requires the Facilitator asking the person or family with the need whether their need is met more as a result of the action or not. For example, if the need statement was that “the mother needs to be reassured that her daughter is safe when she was out,” the intervention might be for a therapist to work with the mother to help develop strategies for managing her anxiety about her daughter’s safety and ability to make choices that keep her safe.

When asked about the anxiety management plan, the mother may reply that she enjoyed the session but that she doesn’t feel more reassured about her daughter’s safety as a result of it. This leads the team to *adjust* the plan. This adjustment can involve stopping an intervention, modifying an intervention by time, location or adding another component or continuing an intervention. In the example of anxiety management, the team may decide to continue with the therapist and mother trying anxiety management techniques but add a call from someone else to

let the mother know that her daughter is doing okay. This then leads the team to *assigning* responsibility for the new or additional component. In the example of anxiety management the team may want the daughter to call her mother regularly to reassure her that she's okay. The daughter may not be willing or able to do this but in a well-balanced team that is inclusive of both formal and informal supports the daughter's friend may volunteer for this task.

Things to Avoid: If the Facilitator doesn't start with accomplishments, the team meeting process may run the risk of sinking back into negative reactions. Another common problem involves targeting only consumers for assignments and responsibilities. A well Care Team process will share responsibilities across all team members. Finally, when adjusting interventions it's tempting either to make no adjustments and continue doing something that isn't working, or to stop an activity altogether rather than modifying it to make it more effective.

Products developed in this phase include:

- Ongoing meeting minutes that describe changes to the Plan of Care
- Quarterly reports that detail progress made in meeting needs
- Ongoing record of team member participation including who has attended team meetings and who has not

Description of the Activity: Meeting minutes are critically important for developing a collective team memory. They should be recorded at every meeting and distributed via mail or email shortly after the meeting. Some Facilitators use a form that captures people's commitments while others take the minutes themselves. In some cases, Facilitators will ask the team to take responsibility for minute taking so that they can be free to facilitate. At least once a quarter, the team should "take stock" to determine whether adequate progress is being made. This is usually done by rating people's perception of progress toward meeting needs. Finally, an attendance list of team member participation should be recorded.

Things to Avoid: Minutes should not communicate every little detail of the conversation that occurs at the team but should communicate the main focus and direction of the meetings. It is important to keep the team from blaming the individual or family for lack of progress during the quarterly review process. If the team decides that there hasn't been adequate progress it simply means the team has more work to do with understanding the unmet need or creating responses to that need.

Details completed in this phase include:

- Method for communicating schedule of team meetings
- Mechanism for orienting new team members

Description of the Activity: The Facilitator should keep a schedule of meetings and distribute it to Care Team members. Additionally, the Facilitator should assure that time limits are maintained and always assure that team meetings end on time. Finally, as the process occurs over time it is reasonable to expect that new team members will join. This might occur when the family identifies a friend or relative who might be helpful, the child makes new friends or the child moves ahead a grade. When that occurs the Facilitator should develop a way to orient new team members to rules and assumptions of the Care Team process as well what the team has already accomplished and learned.

Things to Avoid: The Facilitator should avoid canceling meetings whenever possible as this inadvertently communicates that meetings are not that important. The Facilitator should also avoid using team meetings as the sole method for orienting new team members as this will result in taking up time away from analyzing and adjusting the Plan of Care.





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