Wraparound for Adults with Behavioral Health Conditions

Presented by:
Julie Radlauer-Doerfler
Training Objectives

• Identify the system of care values and Wraparound Principles

• Learn the facilitators and barriers of Wraparound implementation

• Increase understanding of the Wraparound philosophy and learn how they can adapt it with their population and within their organization
Florida’s Mental Health Transformation

“Florida is transforming its publicly funded mental health system to a consumer and family-driven system that embraces prevention, recovery and resiliency.”

-Florida’s Department of Children and Families Website
Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency but a macro level organization of a community, a state or a nation.

-William White
Elements of ROSC

1. Promotes community integration and mobilizes the community as a resource for healing
2. Facilitates family inclusion
3. Facilitates a culture of peer support and leadership
4. Values partnership and transparency
5. Provides holistic, individualized, person directed treatment which supports multiple pathways to recovery
6. Creates mechanisms for sustained support
7. Is informed by data and the experiences of persons served and families
8. Promotes hope
9. Provides services in a strengths-based manner
“The Department of Children and Families’ mission is to advance personal and family recovery and resiliency. To that end, we are committed to improving the lives of youth and their families experiencing behavioral health conditions through the implementation of high-fidelity Wraparound across the state of Florida”

Ute Gazioch
Director of Substance Abuse and Mental Health
Florida Department of Children and Families
A System of Care

An organized network of formal and natural support providers who come together to move to an integrated system.
Core Values of System of Care

**Family Driven and youth guided**, with the strengths and needs of the child and family determining the types and mix of services and supports provided.

**Community based**, with the locus of services as well as system management resting within a supportive, adaptive infrastructure, processes, and relationships at the community level.

**Culturally and linguistically competent** agencies, programs, and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve, facilitating access and utilization of appropriate services and supports to eliminate disparities in care.
Three Levels Of **Necessary Conditions For Wraparound**

1. **Effective Team**
2. **Supportive Organization**
3. **Collaborative System** (Policy and Funding Context)
Build Systems of Care: A Primer (Sheila Pires)

- **80%**
  - Complex Needs
  - 2-5%
    - Intensive Services, Placements 60% of $
  - 15%
    - Early intervention and Family Preservation Services and Supports 35% of $
  - More
    - Primary Prevention and Universal Well-Being 5% of $
What is Wraparound?

- A process that focuses on strengths, needs and culture.
- A process that supports the individual through an integrated plan.
- The plan is designed by the individual and their team to help them achieve their vision.
- Wraparound is designed to teach families the skills and confidence to be independent.
The most important goal in Wraparound is to prepare the individual to be able to meet their own needs after Wraparound ends.
Principles of Wraparound

- Voice & Choice
- Culturally Competent
- Individualized
- Strengths-Based
- Unconditional Care/Persistence
- Natural Supports
- Community Based
- Team Based
- Collaboration & Integration
- Outcome-Based & Responsible

Think of the biggest crisis in your life...
Phases of Wraparound

Engagement & Team Preparation:
- Establish trust & shared vision
- Orient client to Wraparound
- Facilitate conversations about strengths, needs, culture, and vision
- Engage other potential team members
- Make needed meeting arrangements

Planning:
- Develop a plan of care
- Develop a detailed crisis/safety plan

Implementation:
- Implement the plan
- Revisit & update plan
- Maintain team cohesiveness & trust
- Complete documentation & handle logistics

Transition:
- Plan for cessation of wrap
- Conduct commencement ceremonies
- Follow-up with the client after graduation
Why is Coaching important for Wraparound Fidelity?

<table>
<thead>
<tr>
<th>TRAINING COMPONENTS</th>
<th>OUTCOMES--- % of participants who demonstrate knowledge, demonstrate new skills in a training setting, and use new skills in the field</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge</td>
</tr>
<tr>
<td>Theory and Discussion</td>
<td>10%</td>
</tr>
<tr>
<td>Demonstration in Training</td>
<td>30%</td>
</tr>
<tr>
<td>Practice &amp; Feedback in Training</td>
<td>60%</td>
</tr>
<tr>
<td>Coaching in Clinical Setting</td>
<td>95%</td>
</tr>
</tbody>
</table>
Maggie Johnson

Maggie, 38
Bob, 39
Bill, 14
Sam, 12
Sally, 5

Major Strengths, Family Culture:

• Parents married 15 years
• Both sets of retired grandparents alive and in the area, care about the family
• Maggie has entrepreneur skills in area of home cleaning business
• Family has history of surviving adversity using their wits
• Bob has over a year of sobriety after a decade of untreated alcoholism
• Children provide active support to each other
• Family culture prioritizes educational goals
Major Needs of Maggie and the Johnson Family

**Maggie:** Family history of major depression (untreated); in need of crisis stabilization, needs support for her mental health condition (Suicidal ideation) as well as support with her family.

**Bob:** Verbally and physically abusive to children, unemployed, unable to hold job due to self described “Stubborn attitude about authority”

**Bill:** Serious Juvenile Justice involvement; breaking and entering, shoplifting, thefts of all types, two years behind in school but lots of potential.

**Siblings:** ADHD; Intellectual developmental disorder; school is unable to slow them down long enough to educate them; all school behavior plans have failed.
How complex is the Johnson Family?

• Based on initial information, rate this family from one to four in terms of complex. One is the least complex and four the most.

• What don’t you see that would make this family rate a higher number?
Who is involved as helpers from their community?

- Adult Mental Health
- Employment Services
- AA
- Housing Department
- Schools (2)
- Child Welfare
- Juvenile Justice
- Children’s Mental Health
- Developmental Disabilities

Total of 15 direct helpers, including supervisors
Current Services to Johnson Family

• Maggie occasionally in crisis times and has been referred to a psychiatrist; went once but does not want to go back.
• Maggie needs to attend therapy weekly to maintain.
• Housing-trying to find safer housing.
• Bob goes to four AA meetings a week and sees his sponsor twice a week.
• Bob goes to court ordered anger management.
• Bob is working with Vocational Services on pre-employment skills.

• Siblings are in therapy – two different therapists.
• School has IEP for siblings and extensive behavior support and planning. Bill is in regular education but is rarely in school due to criminal behavior. School calls parents frequently.
• Child Welfare has substantiated Dad’s abuse of siblings, has removed him from the home, created a strict reunification that includes family therapy and supervised visits.
• Juvenile Justice has just released Bill from detention and has ordered therapy and restitution.
## Monthly Appointments: Johnson Family

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Advocate</td>
<td>1x</td>
</tr>
<tr>
<td>Maggie’s Psychologist</td>
<td>2x</td>
</tr>
<tr>
<td>Maggie’s Psychiatrist</td>
<td>1x</td>
</tr>
<tr>
<td>Bill’s therapist</td>
<td>4x</td>
</tr>
<tr>
<td>Bill’s restitution services</td>
<td>4x</td>
</tr>
<tr>
<td>Appointments with Probation and School</td>
<td>2x</td>
</tr>
<tr>
<td>Sibling’s therapy appointments</td>
<td>8x</td>
</tr>
<tr>
<td>Bob’s anger management</td>
<td>4x</td>
</tr>
<tr>
<td>Other meetings: Vocational, Housing, Medical</td>
<td>5x</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>

*Also, consider Bob’s AA meetings and the dozen or more calls from the schools each month.*
Defining Mental Health Conditions

- Clinically significant behavioral problems
- Associated with distress (painful symptoms)
- Causes disability (impairment in functioning)
- A biological illness that responds to treatment
- Not to be confused with weakness of character
Facts About Mental Health Conditions

- Has nothing to do with **intelligence**
- Can happen to **anyone**
- Chronic but **not contagious**
- Difficult to **diagnose** and **treat**
- Should **not be confused** with the terms **psychopath** or **sociopath**
What is Psychosis?

- **Symptoms that are transdiagnostic**
  - not limited to specific psychotic disorders
  - E.g. Hallucinations common in major depression, bipolar, PTSD

- **Key positive symptoms**
  - Hearing voices
  - Seeing or feeling things others don’t
  - Believing that the world is not real, or profoundly changed
  - Paranoia
  - Other unusual beliefs or experiences, not shared by one’s social group

- **Clients may or may not be aware that others view their beliefs or experiences as problematic**
<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to people about their experience risks exacerbating symptoms</td>
<td>All evidence-based therapies, including CBTp, are premised on exploring client’s symptoms, including content (with no evidence of harmful effects)</td>
</tr>
<tr>
<td>Talking about experiences implies that you agree = ‘collusion’</td>
<td>There is no evidence that simply expressing interest in and asking about experiences conveys or implies ‘collusion’; it’s healthy for clients to talk about their experiences</td>
</tr>
<tr>
<td>Only psychiatrists or clinical psychologists can talk to clients about psychotic symptoms</td>
<td>Best practice therapies, including CBTp, have all been adapted for an implemented by case managers and non-licensed staff with clear proof of effectiveness</td>
</tr>
<tr>
<td>Medications are the only thing that can help with voices and delusions</td>
<td>There is extensive evidence that therapy &amp; psychosocial approaches significantly and directly improve symptoms; this remains true for clients who have opted not to take medications</td>
</tr>
</tbody>
</table>
Definition of Addiction
(ASAM, 2011)

**Addiction** is a *primary, chronic disease* of brain reward, motivation, memory and related circuitry. *Dysfunction* in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
What is Co-occurring Condition?

The *simultaneous* presence of at least one substance use condition and at least one mental health condition.
Co-occurring Conditions

The presence of co-occurring conditions in clinical populations is an “expectation not an exception.”

-Minkoff, 1998
Individuals with co-occurring conditions may:

- Have difficulty understanding and remembering information
- Be unable to recognize consequences of behavior
- Have poor judgment and poor planning skills
- Be disorganized and have a limited attention span
What does this mean for you?

• They are at high risk for hospitalization, homelessness, incarceration, HIV infection, and other negative consequences.

• **Women** are at greater risk of being victims of **sexual abuse** and **domestic violence**

• **Parents** with co-occurring conditions risk encounters with **child welfare**

• They incur higher **costs of care**.
What does this mean for you?

Studies that have evaluated the contribution of co-occurring conditions to treatment outcomes for have found:

- Difficulty engaging;
- Poorer attendance in treatment;
- Higher treatment dropout rates;
- Higher risk of suicide and self-harm;
- Poorer long-term success.
Key Roles in the Wraparound Process

- System Partners, Providers, Other Team Members
- Facilitator/Care Coordinator
- Individual/Family
- Peer Support
The individual or family for whom the wraparound team has come together to work for.
Peer Specialist

• Helps systems better understand the individual’s perspective
• Helps individuals navigate systems
• May have experience with systems
• Helps carry out significant aspects of plan
Facilitator/Care Coordinator

- Organize/leads the Team meetings
- Facilitates communication between team members
- Helps guide the team to identify appropriate strengths and needs in order to design a single plan of care for the individual
- Carry out limited tasks on the plan
• Criminal Justice
• Mental Health
• Substance Use
• Neighbors
• Family
• Friends
• Clergy/Spiritual Advisors/Healers
• Elders/Community Members
• Others...

System Partners, Providers, Other Team Members
How Organizations Can Support the Process

• Champion the philosophy and values
• Model the System of Care Values
• Provide staff time for training (3 Day Wraparound 101)
• Support changes to organizational structure to support the model (documentation)
• Provide staff time for coaching to certification (approximately 10 hours per staff) - make a commitment to Fidelity
• Participate in system meetings to support system transformation
Parting Thoughts...
Support **and** Treatment...
not just Treatment

The person without support looks a lot more like a person in need of treatment than a person with support.
References

Mental Health Transformation (slide 3)
www.dcf.state.fl.us/newsroom/pressreleases/.../prmhtransform.shtml

Recovery Oriented System of Care: (slide 4,5)
www.dcf.state.fl.us/.../samh/.../Apdx_B_Agency.Self_Assessment.pdf

System of Care: (slide 8)
https://www.facebook.com/ronikradlauer/photos/pcb.2002724913081834/2002724256415233/?type=3&theater

United States Map: (slide 6)
https://www.facebook.com/ronikradlauer/photos/rpp.803012213053116/2002726379748354/?type=3&theater

Prevalence and Utilization: (slide 11)
https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf

National Wraparound Initiative: (principles, phases, activities, research) (slide 16, 17)
https://www.asam.org/Quality-Science/definition-of-addiction

Definition of Addiction (slide 28, 29)
http://kenminkoff.com/ccisc.html

Definition of Co-Occurring conditions (slide 31)
Any Questions?

For Wraparound training, coaching and technical assistance please contact:

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