

An Array of Roles Clinicians Might Fulfill Within the Wraparound Process

**Adapted by John VanDenBerg from material by Tim Penrod and Frank
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Quality clinical support for children and families is an essential element of the wraparound practice approach. The intensity and types of clinical support needed will vary by child and by family, and may include any combination of the following roles:

1. Assessment and Clinical Formulation for Service Planning

Clinicians are a family's first substantial contact in the behavioral health system. In most instances this clinician may provide initial or ongoing service coordination for that family. Although only some (those who are specifically privileged to do so) clinicians may conduct initial comprehensive assessments, an important role of *any* clinician may be to help with the ongoing, day-to-day assessment of the child and family. Within this ongoing process, clinicians may also help by contributing insights, considerations, and clinically sound strategies that may meet the identified needs of the family. They may assess and suggest, then, in the various contexts of: conducting intake assessments, service planning and coordination in partnership with the family, and/or in one of the roles below.

Example: A clinician receives training and becomes knowledgeable about the wraparound process core values and steps. This clinician refers a family to the process. This same clinician is qualified to ensure that periodic reassessment is completed, through the Wraparound process, to identify and address the changing needs of the child and family, and within timeframes that may be prescribed by the county.

2. Fulfill the Functions of the Clinical Role

All Clinicians are typically required to ensure the following functions on behalf of the children and families to which they are assigned:

- a. Provide clinical oversight to the team as it relates to the delivery of services for the enrolled child, including the assessment and treatment planning processes
- b. Ensure the clinical soundness of the assessment and treatment processes, including signing off on the person's service plan and annual assessment update
- c. Work in collaboration with the enrolled child and the Wraparound process to implement an effective treatment plan, explaining the available clinical options to the team, including the advantages and disadvantages of each option
- d. Provide clinical oversight to ensure continuity of care between inpatient and outpatient settings, services and supports, as applicable
- e. Ensure the development and implementation of transition, discharge and aftercare plans prior to discontinuation of behavioral health services
- f. Serve as a point of contact to ensure ongoing collaboration, including the communication of appropriate clinical information with other individuals and/or entities with whom delivery and coordination of covered services is important (e.g.,

- primary care providers, school, child welfare, juvenile or adult probation, other involved service providers)
- g. Serve as a participating member of the person's team whenever possible (see below)
 - h. Maintain the person's comprehensive clinical record, including documentation of activities performed as part of the service delivery process (e.g., assessments, provision of services, coordination of care, discharge planning), and
 - i. Function in other capacities as appropriate and determined by the Wraparound process, as elaborated in this remainder of this document.

3. Supervisor/Consultant to the *Facilitator* of a Wraparound Process.

The clinician may consult with the case manager outside of team meetings to help the case manager think through clinical issues facing the team, and to help the case manager be a strong leader of the team. Decisions are not made *for and apart from* the family or team during such consultation (or clinical supervision) sessions. Instead, the facilitator receives help in considering how to facilitate the wraparound process in a way that takes into account various clinical aspects, in a manner that is in harmony with the core values of the process.

Example: A case manager is the facilitator of a team on which one of the parents has been changing her mind about her goals at each meeting. This parent has been talking privately to various team members, complaining about *other* team members. The Probation Officer on the team points out that the parent's psychological evaluation says the parent has borderline and narcissistic personality traits, and that perhaps the parent ought not be having input in the team. The clinician, who is supervising/consulting with the case manager outside of team meetings, helps the case manager consider how to work with this team in a way that supports the core values (including partnering with the family) in a respectful manner, using the parent's and team's strengths to work through the personality struggles.

4. Consultant to the Wraparound Process.

The wraparound process facilitator may ask the clinician to provide as-needed consultation to the team, but does not necessarily need him/her to be a part of the core group of team members who meet on a regular basis. Instead, the clinician provides input to the team when called upon by the team, such as when significant clinical issues are discussed, or during times of intense crisis. The wraparound process facilitator determines how much of what types of involvement needed by the clinician. The clinician may be asked to furnish specialty consultation (e.g. strategies that work well with children who have extreme obsessive-compulsive traits), or it may be input about more general clinical issues. The input offered to the team is provided as considerations or options (not directives or prescriptions), in a manner that honors the core values.

Example: The clinician, while not an active member of the wraparound team, is generally familiar with the child and family and has read their Strengths and Culture Discovery, as well as the summaries of the wraparound meetings. During the fifth child and family team meeting, the youth discloses at the team meeting that he has been shoplifting for the past year and cannot seem to stop. He says when he feels an impulse to take something he can't seem to control himself.

The team brainstorms some options, but decides they would really like some clinical input to help guide their decisions. They arrange for the clinician to attend the next team meeting to help. The clinician attends and offers some insights and suggestions as an expert on clinical issues, but still allows the wraparound family and facilitator to be the expert on the child and to make the final decisions about how to use the input of the clinician.

5. Active Participant on the Wraparound Team

The family may ask the clinician to be an active, regular participant on the wraparound team. More than just a consultant to the team on clinical issues, the clinician attends each team meeting and functions as a core part of the team. Like any other team member, there may be an occasional meeting where the clinician cannot be present, and in such circumstances he or she makes arrangements to participate by phone, or stays involved in some other ways, as ensured by the team's facilitator. When the family begins feeling more stable, or when the team finds that fewer clinical issues are surfacing as topics at team meetings, then the clinician's involvement may evolve more toward one of the consultant roles described above.

Example: A child is transitioning from a therapeutic group home back into his parent's home. The transition involves a variety of significant clinical issues with which the team needs the help of the clinician. The clinician attends each team meeting either in person or by phone, and assists with the transition. Once the child has transitioned home and is doing very well, the team, of which the clinician remains an integral part, decides that the clinician may stop attending team meetings regularly, and will serve instead as an as-needed consultant to the team when it requests such help. The clinician's supervisor and agency make adjustments to allow the clinician time to be available as often as needed to the team.

6. Service Provider Outside of Team Meetings

The clinician may provide direct covered services to the youth, his family, or his support system, outside of wraparound team meetings. This role may be in addition to any of the roles above, or it may be the only role the particular clinician plays with the family. The direct services may or may not be formally "counseling" ones. When the services *do* involve therapy, the therapy is done at the location and frequency that the team decides is needed (the clinician may, of course, offer input about what should or could be, but the team makes the decisions about it). Providing services will often involve work that is done in the home or other community settings, during hours that work well with the family's schedule, and may involve doing family or group work in addition to or instead of individual work. It is important that clinical models be used that support strengths-based, family-centered work. Examples of some theoretical models that work very well with the wraparound process are narrative therapies, cognitive-behavioral, solution-focused or other brief therapies, and family systems therapies. The clinician may also be asked by his or her agency to play a flexible role by providing some other covered service, instead of or in addition to therapy, for the family. Some of those other covered services might include case management, (which could include facilitating team meetings), family support, health promotion, or others. Clinicians are sometimes used in these flexible roles because they are the best match for a child or family, or because the family needs a person in that role who is very skilled in a certain area.

Example: The wraparound team identifies that it needs clinicians to provide three types of services and supports with family members outside of team meetings. [This is a family with very intensive needs.] The clinician who participates as a consultant to the team feels comfortable performing only one of the three additional clinical roles – that is, providing family therapy in the family’s home once per week. The team seeks out a second clinician to play one of the other roles needed, furnishing EMDR treatment individually to the youth who has intense flashbacks related to his posttraumatic stress disorder. This clinician is selected in part because of her special training and expertise with the EMDR approach. Finally, the team identifies that it will need someone who is exceptionally skilled to be a 1:1 support to the youth while he attends certain social activities, such as school dances and parties. The clinician on the team plays the first role. For the second role, a clinician who specializes in PTSD is identified and secured to work with the youth. And for the third role, the agency had considered using a behavior coach, but because none of them were the right fit for the youth and because of his very intense needs, they used a young and “cool” clinician to be the 1:1 support for the youth for the social events. All of the clinicians became members of the larger Wraparound efforts, which helped coordinate their work with the family.

7. Consultant/Teacher/Clinical Supervisor for Providers of Other Covered Services

The clinician may have particular expertise in applying therapeutic techniques and communication approaches that will be important tools for others who will interact with the child and/or family in providing other important support services. Through consultation, clinical supervision or direct teaching, this clinician supports the work of other service providers (e.g. supported employment job coach, therapeutic foster care home parents, 1:1 direct support) by teaching how to apply those specialized techniques in the course of providing the other needed services.

Examples: A clinician with strong background and expertise in working with cognitively impaired individuals who have limited verbal skills teaches alternative communication methods to service providers, and monitors the effectiveness of application of those methods periodically in the provision of those other services. A second clinician, with strong background and experience in communication and cognitive behavioral approaches for children with disorders of attachment and bonding, teaches foster parents, respite providers and other direct support workers how to integrate those approaches in their service provision, and how to avoid alternative communication and behavior management approaches likely to incite or escalate into trauma-based reactive behavioral crises. This clinician might also support the foster parents in dealing with counter-transference issues related to their intensive work with traumatized children.

8. Consultant/Teacher for Family Members and Natural/Informal Supports

As in the previous role, the clinician may have particular expertise in applying therapeutic techniques and communication approaches that will be important tools for others who will interact with the child and/or family in providing other important support. Through consultation and even direct teaching, this clinician supports the work of parents, foster parents, classroom teachers, Little League team coaches, employers, and Sunday school teachers etc., enabling them to apply specialized techniques in the course of their typical interactions with the child.