



Research Highlights

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Culture-Based Wraparound at Connecting Circles of Care

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Introduction

The concept of “culture” has its own definition dependent upon the subjective view of an individual, community, and population. In this article, culture is defined as the wisdom, healing traditions, and transmitted values that bind people together from one generation to another (Duran, 2006); thus, culture-based wraparound aligns with the healing power of culture. Wraparound services as defined by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), are a “unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.” Wraparound is a relational process of caring for youth designed to keep the family in tact and to avoid the risk of out-of-home placements. The wraparound planning process involves a community care team which consists of the youth, his/her natural support system (family members and friends), and formal members of the larger community such as agency representatives and court system e.g. social workers, probation officers, judge, etc. The goal of the focused planning process is to help the youth thrive and live harmoniously within their family and community by respecting, honoring, and incorporating the youth and family’s culture and spiritual belief system into the wraparound process.

According to Bruns, Walker, and al. (2004), wraparound incorporates “cultural competence” as one of its 10 principles in achieving successful youth and family outcomes. Culture-based wraparound distinguishes itself from conventional wraparound by setting higher standards in the domain of culture. Wraparound researchers and experts recognize that families could be better served by individuals who share the same cultural or ethnic identity of the youth and his/her family. For instance, culture-based wraparound provides families the opportunity to select their care team members as well as culture-based services (i.e. Native American drumming group, Black Effective Parenting Group, healing ceremonies led by a Hmong shaman). The cultural competence standards of wraparound compared to the standards of culture-based wraparound can be seen in Table 1.



About Research Highlights

Each month, *Research Highlights* brings you a closer look at published articles from featured presentations at the annual Children's Mental Health Research & Policy Conference.



Table 1

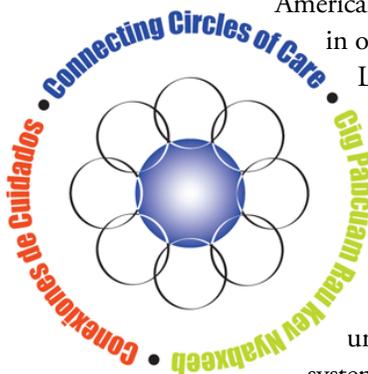
Wraparound with Cultural Competence	Culture-Based Wraparound
Integrates culture into wraparound	Integrates wraparound into the youth and family’s culture
Trains staff to respect and understand family viewpoints and then adapt services to the culture	Staff are culturally matched and view the world through the eyes of a family’s culture
Trains staff in the principle of cultural competence in 4-40 hours	Expertise in a particular culture requires decades of immersion
Focuses on culturally competent techniques of staff to develop therapeutic relations	Realizes that a youth or family member’s perceptions of, and level of trust, for staff from different cultures may impair relationship formation no matter how culturally competent staff may be
Often does not offer youth and families the choice to have culturally and linguistically matched professionals	Offers youth and families the choice to have culturally and linguistically matched professionals
Translation with a qualified interpreter is considered sufficient	Fully bilingual staff provided to ensure that true meanings are not lost and family members can emotionally process easier in their first language
Culture is often seen as a family’s traditions and ways of doing	Culture is seen as part of traditions in cultural groups (specific family traditions are honored and valued, but not seen as culture)
Wraparound is accountable to families and local agencies	Wraparound is accountable to families, cultural communities, cultural organizations, and local agencies

Many wraparound programs exceed the standards of cultural competence which reduces the differences presented in Table 1.

Connecting Circles of Care (CCOC), a SAMHSA-funded six-year systems of care initiative, is unique in its culture-based focus as the program adapts to the specific local needs of their ethnically diverse community. CCOC started in response to a palpable concern that one in 15 African-American and Native-

American children in the county were in out-of-home placement, while

Latino-American and Hmong-American children were exhibiting behavioral issues at school, but underutilizing mental health services due to language and profound cultural differences in their understanding of conventional systems of care.



Wraparound Phases

Culture-based wraparound follows four phases of wraparound – engagement, initial plan development, plan implementation, and transitioning – with an enhanced focus on culture. The following discussion of the wraparound phases concentrate on explicating the context of culture and implementing culture-based processes at each phase rather than on the wraparound phases in general, which are described in the wraparound literature.

Phase One: Engagement Phase

The engagement phase, lasting about one to two weeks, is characterized by wraparound staff meeting with the family to explain the wraparound process, hear the family’s story, explore the family’s cultural preferences and strengths, and identify informal supports (Walker et al., 2004). Explaining the wraparound process to families from ethnic diverse communities is often easy to accomplish as the wraparound approach reflects caring for the youth and family; a common cultural which practice by indigenous cultures for thousands of years (Cross, Earle, Echo-Hawk Solie, & Manness, 2000).

The majority of families who request culture-base wraparound services are self-referred after hearing about the program from family friends or their cultural leaders. Families referred by local agencies have often heard about the program since CCOC hires family partners and professional members from local cultural communities. Prospective clients and their family often inquire regarding CCOC staff from their cultural community to determine whether these staff members are individuals whom they can trust and have the professional and cultural skills to help them. Therefore, it is important that every team member have the respect of the cultural community, and be competent as a cultural liaison (e.g., knows and understands the cultural values, supports, and treatments available to community members, as well as the educational, mental health, and social service systems in the larger community).

A family’s first contact with CCOC is generally with a family partner from their own culture. While each of the CCOC employed family partners has gained expertise through having a youth that has struggled in school, at home, or in the community, he or she is also selected for having strong connections and effective leadership skills in their cultural group. Many wraparound programs have discovered that involving a family partner accelerates the trust-building and engagement process. CCOC staff has also observed that when a family partner is culturally and linguistically matched to the

family this increases the speed and efficacy of trust building. Trust is exemplified when families receiving services and CCOC team members refer to each other in such familial terms as brothers, sisters, uncles, and the like when it is culturally appropriate. Cultural matching thus emphasizes the salient relational and trust processes that are crucial for success in the engagement phase. This cultural matching does not preclude the need to discover and embrace each family's unique traditions and values that are not part of the cultural community.

CCOC's psychotherapy, family meetings, case management, counseling, parenting education, and social skills training are provided in the languages of the families (primarily English, Hmong, Spanish, but also available in Laotian, Mien, Thai, French, and Korean). This is because a range of potentially adverse dynamics may otherwise occur, which include: (a) information is often lost or distorted in translation; (b) services in English shift power away from parents and elders to the English-speaking children (using children to translate creates family dysfunction as it increases the power of the child and often breaks cultural taboos where traditions have focused on deference and respect toward elders); (c) speaking in English for a limited-English speaker requires great effort, particularly when speaking about complex and emotionally difficult problems; (d) trauma is generally encoded and interpreted in a person's primary language and culture; and, (e) immigrant families prefer translation being provided for the English-only team members rather than for themselves. Moreover, if psychiatric consultations or psychological evaluations are needed and the psychologist or psychiatrist is not fluent in the participant's native language, a bilingual/bi-cultural wrap-team member provides translation, including cultural information. Translation using wireless headsets is also available for public meetings, trainings, and for community events.

Phase Two: Initial Plan Development

In this phase of culture-based wraparound, the family invites relatives, friends, culturally-matched CCOC staff (i.e., family partners, family support workers, and clinicians), church members, community members, probation officers, school teachers, and other supportive persons to form a wraparound team and create a family plan (plan of care). The wraparound team works to identify the youth and family's strengths, challenges, values, and the influential people in their lives. Based on this information, the team produces a family vision, develops goals to actualize the vision, and establishes action steps and

services to accomplish the goals. When services are needed to reach goals, implementing culture-based wraparound requires that families have the option of culture-based services. If these services are not readily available, they need to be created. An example of culture-based wraparound services for a successful program can be seen in some of the services CCOC offers:

- Ability to select culturally-matched family partners, facilitators, and clinicians for targeted cultural communities (e.g., Native American, Latino American, Hmong American, and African American);
- Mental health, family partner, and youth coordinator services, as well as wraparound facilitation, are available in languages families understand (e.g., Hmong, Spanish, and English);
- Inclusion of cultural leaders within wraparound teams;
- Cultural-based parenting education groups (e.g., Positive Indian Parenting, Southeast Asian Parent Education, Los Ninos Bien Educados, and Effective Black Parenting);
- Multicultural events that honor each culture through cultural performances and community convenings (the honor of one is the honor of all);
- Flex funds available for cultural and spiritual activities (e.g., shamans, healing ceremonies);
- Culturally based activities (e.g., weekly Native American youth drumming group);
- Multicultural youth program with youth staff hired from the local cultural communities, where youth staff serve as mentors devising activities that honor the local cultures.

Phase Three: Plan Implementation

Phase three comprises the implementation of the family plan (plan of care). Family meetings focus on reviewing accomplishments, assessing whether the plan of care has worked, adjusting action steps for goals not being met, and assigning new tasks to team members (children and families included) to reach the family's vision (Walker et al., 2004). CCOC has observed that when the plan of care is achieved, family vision and goals are strongly associated with the youth's pride in his or her cultural background, appreciation of contribution of elders, and development of a strong connection between their family and culture. For instance, a Latino child who has refused to speak Spanish to his mother becomes proud of her after witnessing how she facilitated and led CCOC families in cooking Latino foods. He soon realizes his mother's strengths, values his heritage, begins speaking in Spanish, demonstrates dramatic improvements at school, and stopped his gang activities.

Phase 4: Transitioning

During this phase, plans are made for a purposeful transition from formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). It is important to note that the focus on transition is continual across all phases of the wraparound process in that preparation for transition is apparent even during the initial engagement activities (Walker et al., 2004), though it culminates in phase 4).

Successful transition requires a plan for the family to cope with stressors that occur after wraparound services are no longer available. Though families have acquired problem-solving skills and learned how to work effectively as a team with their formal and natural supports, their skills have not been put to the test. Often, the most challenging and difficult task for transitioning families is sustaining formal and natural supports. Culture-based wraparound helps in building and sustaining community supports. CCOC helps families create a community by providing opportunities for families to develop friendships with other families in CCOC and the community (e.g., culturally matched parenting groups, culture-specific parent education programs, multicultural youth activities, and multicultural family activities). Youth and families continue to participate in these activities even after successful graduation from CCOC, which helps maintain cultural connections.

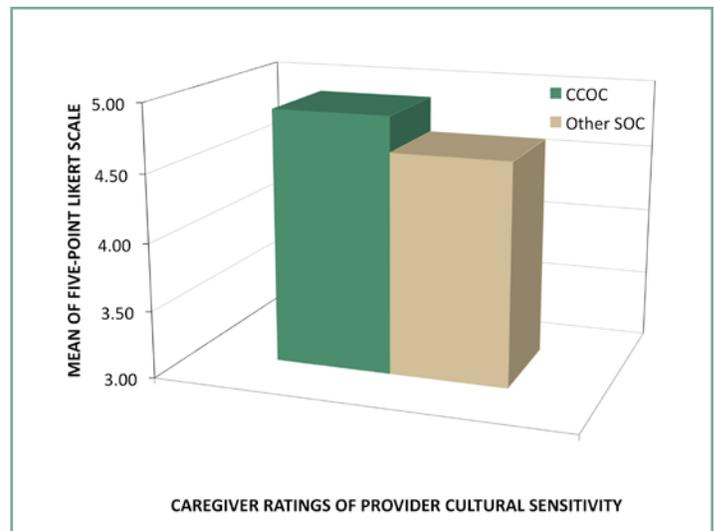
Outcomes of Cultural-Based Wraparound

A preliminary look at outcomes suggest that CCOC provides more culturally competent services than other SAMHSA system of care grantee sites and are at least as effective in reducing clinical problems of youth. As part of the Cultural and Linguistic Competence Implementation Sub-study of the National Evaluation conducted by Walter R. McDonald & Associates (WRMA), and ICF Macro (Macro 2009), CCOC families reported high satisfaction with cultural sensitivity and clinical services. WRMA and Macro (2009) also found that CCOC wraparound teams.

CCOC participates in the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program of SAMHSA funded systems of care grantees. CCOC youth and families are given the option of enrolling in the longitudinal study of the National Evaluation, which allows for the comparison

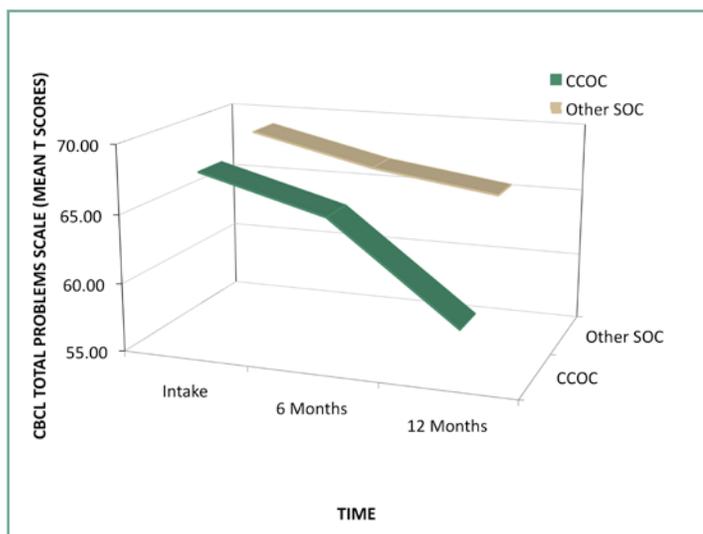
of CCOC to other system of care grantee sites funded by SAMHSA. The study includes a Cultural Competence and Service Provision Questionnaire that includes 10 items that measure the cultural sensitivity of the primary service provider as reported by the youth's caregiver. The questionnaire uses a five-point Likert-type format ranging from 1 (never) to 5 (always). An aggregate mean score was created to produce a provider cultural sensitivity quotient. Mean CCOC scores were compared to those of 29 other system of care funded communities. At 12 months of service, the scores for CCOC were statistically significantly higher on provider cultural sensitivity (Figure 1; $t(33.7) = 4.59, p < 0.001$).

Figure 1



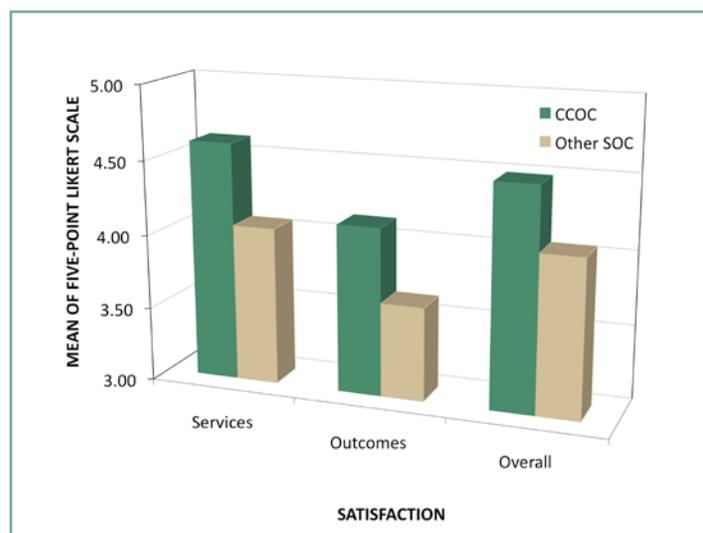
Another measure, the Child Behavior Checklist (CBCL; Achenbach, 1991) also suggests that CCOC had better outcomes than other sites comparing participant group means. The figure below illustrates that although CBCL Total Problem Scale for CCOC was similar to those of cohort communities at intake, the youth reassessed after 12 months in CCOC show less problem behaviors compared to systems of care sites for the same 12-month period. The difference between CCOC and other sites is substantial (more than one standard deviation) and statistically significant for the Total Problem Scale (Figure 2, $t(27.7) = -2.43, p = 0.022$).

Figure 2



While CCOC youth have high scores in cultural sensitivity and show reduced problem behaviors after 12 months of services, caregivers also report higher average satisfaction with CCOC services than caregivers at other systems of care sites. Satisfaction with services was measured by the Youth Services Survey for Families (YSS-F; Brunk, Koch, & McCall, 2000), which assesses satisfaction with services and outcomes, and produces an overall satisfaction score. CCOC was statistically higher for each scale of the YSS-F at 12-months compared to the mean of other systems of care sites, suggesting that culture-based wraparound services contribute to higher service satisfaction levels (Figure 3; Services, $t(38.0) = 7.14, p < 0.001$; Outcomes, $t(33.2) = 4.61, p < 0.001$; Overall, $t(35.2) = 6.06, p < 0.001$).

Figure 3



Results of Youth Satisfaction Survey (Family)

Additionally the Wraparound Fidelity Index v. 4.0 (WFI) was used to assess wraparound fidelity across the four racial and cultural groups (Bruns & Walker, 2008). CCOC Overall Scores were above national means which suggests that it is possible to provide culture-based wraparound without losing fidelity to the wraparound process.

Implications and Limitations

The culture-based wraparound model designed by CCOC establishes a higher standard for cultural competence in wraparound services. The preliminary results with this small cohort youth and their families are promising. The findings from this review suggests that a culture-based wraparound program is responsive to personal preferences of racially and culturally diverse youth and their families, and may contribute to greater reductions in problem behaviors coupled with higher caregiver satisfaction. The WFI results suggest that it is possible to establish culture-based processes and attain a higher level of cultural competence while maintaining fidelity to the wraparound model.

Furthermore, independent program evaluations for cultural competence have found CCOC to be reaching its clinical and programmatic objectives. Conclusions drawn from these findings are limited, however, in that systems of care comparison data represents a range of interventions that while including wraparound services, also includes intensive case management and other modalities.

Additionally, the statistical differences in results between CCOC and other SAMHSA System of Care sites could be an artifact of extraneous factors, such as having a high quality wraparound program in general rather than implementing higher standards for culture competence at the organizational and service delivery levels. Other possible factors include CCOC's comprehensive approach to community engagement, exposing intergenerational and historical trauma explicit integration of spirituality, and a potentially higher premium placed on relationships and trust building with families. This being said, additional research as to the benefit of infusing cultural competence into wraparound programs serving youth from diverse cultures is worthy of continued exploration, as well as the influence of other programmatic and thematic elements that transcend specific cultural groups.

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