

2019

The Wonky Donkey:  
How to make Wraparound *less* wonky and  
*more* relevant for Early Childhood  
(MINI)



Participant Manual

The Baltimore Marriott Waterfront  
Baltimore, MD





The National Wraparound Implementation Center (NWIC) supports states, communities, and organizations to implement Wraparound effectively. NWIC uses innovative approaches grounded in implementation science and incorporates cutting-edge strategies to support Wraparound implementation. NWIC provides support that is intensive yet affordable. The work is focused on building sustainable local capacity to provide model-adherent, high fidelity Wraparound, thereby increasing positive outcomes for children, youth, and their families.

NWIC is a partnership among the three leading universities involved with Wraparound implementation: The University of Washington School of Medicine; Portland State University School of Social Work; and the University of Maryland School of Social Work. These three universities collaborate to ensure sites have access to comprehensive support for implementing model-adherent, high quality Wraparound for children and youth with behavioral health needs and their families.

## National Wraparound Implementation Center (NWIC)

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## Early Childhood Mental Health Definition

Infant and Early Childhood mental health is the developing capacity of the child from birth to 5 years old to:

1. \_\_\_\_\_, regulate, and express emotions without lasting emotional collapse;
2. Form close and secure interpersonal \_\_\_\_\_;
3. \_\_\_\_\_ the environment and learn; all in the context of family, community, and cultural expectations for young children.

*relationships, experience, explore*



Who's a good fit for Wraparound?




<p><b>ECSSII</b> Early Childhood Service Intensity Instrument for Infants, Toddlers, and Preschool-aged Children Ages 0-5 AMERICAN ACADEMY OF CHILD &amp; ADOLESCENT PSYCHIATRY WWW.AACAP.ORG</p>	



## Key Considerations for *Understanding Early Childhood Behavior*



What connections are being made in the early years to support a child's later development.




is the child typically developing?




Does the child have secure relationships that allow them to explore their world and learn?



What environmental factors are affecting the child's development?



to adversity, trauma and toxic stress

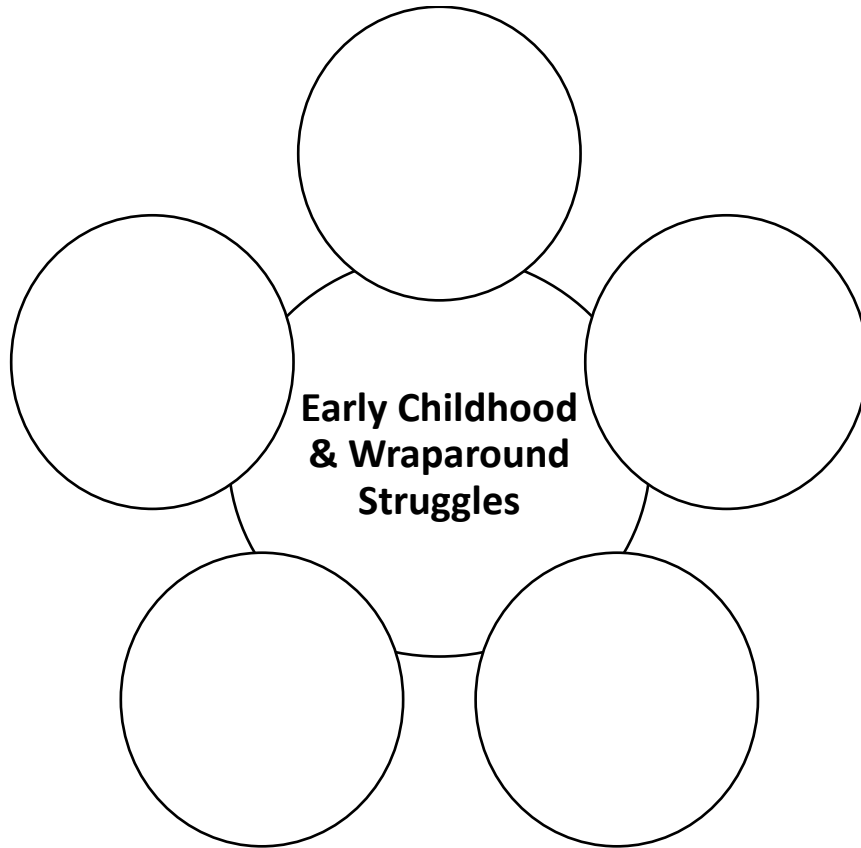


## Exposure to Childhood Adversity, ACEs, Trauma & Toxic Stress




- \_\_\_\_\_: Circumstances that pose a serious threat to a child's physical or psychological well-being.
- \_\_\_\_\_: a specific subset of child adversities including abuse, neglect and household dysfunction that have been researched and found to be linked to poor health outcomes later in life.
- \_\_\_\_\_: A possible outcome of exposure to adversity, occurring when a person perceives an event as extremely frightening, harmful or threatening. Impacts every child differently depending on individual, family and environmental risk and protective factors.
- \_\_\_\_\_: Can occur when a child experiences adversity that is extreme, long-lasting and severe leading to prolonged activation of the bodies stress response system.

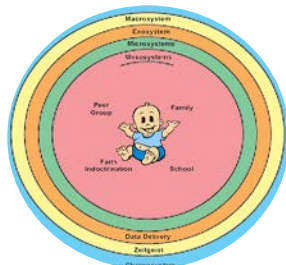
*Toxic Stress, Adverse Childhood Experiences, Childhood Adversity, Trauma*




## Culture

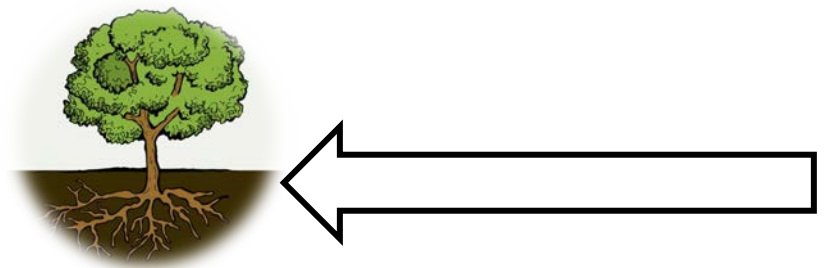
	<p><b>Different Expectations &amp; Perceptions:</b></p> <p><b>Cultural Responsivity:</b></p> <ul style="list-style-type: none"> <li>• An ongoing awareness of our own and others' cultural context</li> <li>• Acknowledges differences with respect</li> <li>• A desire to gain understanding and a resolution</li> <li>• A continued willingness to see the world from many different and equally valid perspectives</li> </ul>
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## Ecological Model

	<ul style="list-style-type: none"> <li>• Context, context, context</li> <li>• Recognizes larger forces at work in influencing behavior</li> <li>• Development is the result of the relationships between people and their environments</li> <li>- Cannot evaluate a child's development only in the immediate environment</li> <li>- Must also examine the interactions among the larger environments that a child develops in</li> </ul>
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## Underlying Needs

- Brainstormed from the comprehensive family story
- Developmentally appropriate
- For **all** family members; everyone has a need!






## Wilson Family Story

Sam Wilson is a five-year-old right-handed Caucasian male currently being assessed in order to determine eligibility for PRTF Waiver. The referral agency is Solomon Elementary School. The school has requested services because Sam has had multiple issues within daycare and home and will be starting at Solomon next school year. Mrs. Wilson is concerned about her son's ability to focus long enough for him to be successful in school. Sam has run away from Sunday School class, daycare, and home. According to his mother, he is unable to sit still at all and will become very aggressive when redirected. He was previously diagnosed with ADHD from Goldman Pediatrics and prescribed medication his mother feels was ineffective. Sam needs further assessments in order to rule out any other mental health issues. He is scheduled to see Dr. Kitmet at Bayhealth Psychological on 8/8/2019. Besides not being able to sit still, focus, and aggression, Mrs. Wilson is also concerned with her son's bathroom issues. Sam struggles to have bowel movements in the toilet – often having them in his pants. Not being able to focus affects his bathroom behaviors. His mother indicated the ADHD medication helped with the bathroom issues, however, his anxiety increased as a result thereof. He, therefore, is not currently prescribed any medications. He previously took: Foculin (5 mg); and Vyvanse (20 mg). According to his mother, these medications caused anxiety and “wiggling out.” Additionally, Sam developed separation anxiety, paranoia, and bit his nails. Lastly, Sam does not accept “no.” There has been no past involvement with any other agency including the Child Welfare. Mrs. Wilson would like assistance in finding the right diagnosis and treatment for her son.

Sam was his mother's, Sally Wilson, second pregnancy. Ms. Wilson reported no problems with bleeding, spotting, or cramping while carrying her son. Moreover, she experienced no excessive vomiting nor did she report excessive weight gain or loss. There were reportedly no infections, kidney troubles or Toxemia. Her blood pressure remained constant throughout the entire pregnancy and she experienced no swelling of the hands, feet, and ankles. She did indicate developing Diabetes in the third month of pregnancy. Because she was watching her diet closely, she began losing weight towards the end of the pregnancy with Sam. Ms. Wilson sustained no injuries during the course of the pregnancy and reportedly did not require the use of any medications. Ms. Wilson denied the use of tobacco, alcohol, and drugs while carrying her son. Prenatal care was said to have included at least one routine X-ray/sonogram around the fifth month. Labor, which lasted 6 hours, was reportedly induced. Labor began but then did not progress. Sam was born three weeks early. Delivery was normal and there were reportedly no complications. He was born a healthy baby free of any birth defects. Sam weighed eight pounds, thirteen ounces at birth and was twenty inches in length. As a newborn, Sam has problems sucking. Mrs. Wilson said she had problems nursing her baby because he wouldn't latch on. She nursed for several months. There was nothing significant to report about Sam's early childhood. He had no problems with feeding, sleeping or coordination. Moreover, he did not seem indifferent or resistant to cuddling and displayed no behaviors such as head banging or rocking. Developmentally significant milestones were reportedly achieved on schedule. Mrs. Wilson reported Sam could: sit independently in the 6<sup>th</sup> month; walk independently in the 13<sup>th</sup> month; use single words by the 24<sup>th</sup> month; and ended toilet training by age five. He has never been hospitalized to date nor has he sustained any injuries. The only thing significant to report in Sam's medical/psychiatric history is ear infections that he had at the age of two. His last physician's visit was within the past three months for a medication check. They tried to test Sam's hearing and vision at that time but he was noncompliant. His mother said her son does not complain of any problems with either at the moment. Sam does not suffer from any known allergies. There are reportedly no problems with appetite and sleep.

Sam was born and currently resides in Camden, New Jersey with his mother, Sally, his father, James, his sister Joni (17) and Joni's son, Brandon. Sam has a paternal half-brother James Wilson, Jr. (15). His parents are married. Mr. Wilson completed some high school and is employed with Dresser Company. His mother graduated from college with a Bachelor's Degree and is a social worker. When asked about any major events in Sam's life that may have had an effect on him his mother indicated the recent addition of his sister's baby, Brandon (10 months). Brandon is now in the spotlight more than Sam and this might cause the feeling of rivalry. Sam may have also witnessed verbal arguments between his mother and father in the first few years of his life. According to Mrs. Wilson, her husband can be somewhat verbally abrasive. They went through counseling. Mr. Wilson left for a brief time. During that time Sam became protective of his mother. Things are better now but when it comes to parenting styles, there are still differences between the two. The family medical/psychiatric history reveals: hyperactivity/impulsivity, vision problems, explosive outbursts, and psychiatric disorders.

According to his mother, Sam bites his nails and has done so a long time. This behavior seems to increase, however, when on medication. He still wets the bed on occasion. Mrs. Wilson indicated these are “accidents” and not a medical issue but

rather one of focusing and being distracted. He appears to be sad or depressed and cries over commercials dealing with a man and a baby. He has angry outbursts that take the form of tantrums – kicking and screaming. These sometimes develop into more serious displays of aggression. He is both easily frustrated and excitable. Mrs. Wilson said her son acts young for his age. He is disorganized and very messy. Sam has difficulty finishing projects and paying attention due to his ADHD. Sam also has difficulty making friends because his behavior can be off-putting. He would like to have more friends, however. Mrs. Wilson said her son sometimes has blank or staring spells; she is not convinced that they are not within his control. Sam can be clumsy and uncoordinated at times. Lastly, he is unusually fearful of loud noises such as those from the lawnmower.

Sam reportedly has a good relationship with the other members of the household despite not being able to relate to the others. Since having her baby, Joni has acted more harshly towards Sam. Mrs. Wilson indicated this has been a big issue in their relationship. His responsibilities at home include sweeping the floors and washing the dishes. Sam's mother said her son likes to help around the house. When discipline is needed, Mrs. Wilson has tried everything from spanking, to denying privileges, giving time-outs and talking and reasoning with Sam. Admittedly, none of these strategies seem to be effective. While Mrs. Wilson feels spanking is pointless, her husband disagrees.

Sam will be in the 1<sup>st</sup> grade at Solomon Elementary School beginning in September 2019. Because he will be entering the public school system assessments were completed and Sam has been accepted into the special education program and will begin with an IEP. He was identified by the Camden Early Intervention Program. Sam was previously at New Hope Christian Child Care Center where he was dismissed due to significant behavioral problems. He has not yet attended school so he has not been introduced to the various content areas; therefore he has no favorite or least favorite subject. Mrs. Wilson is pleased Solomon's already provided the special education assessments and has hooked them up with some necessary resources. Sam has never mentioned being bullied or having difficulty with other children while in pre-school. His mother indicated her son has no friends.

Sam likes taking things apart. He loves being around people and doing anything active such as playing on the playground or at the mall play area. He likes coloring, Magnadoodle, riding his bike and playing with monster trucks. As a family, Mrs. Wilson said they eat dinner together and sometimes they go fishing with Sam. Despite his attention span not lasting long, he still enjoys fishing. The family's strengths are their perseverance and their "never give up, never surrender" attitude. Mrs. Wilson revealed she has a belief system in place and a strong relationship with God. Sam's strengths are his great vocabulary skills, his friendly, affectionate nature (loves to give hugs), strong memory (memorizes signs, symbols, etc.), and his knowledge of letters and numbers. Moreover, he is good at taking things apart and very detailed and perceptive. He holds his "blankie" and sucks his thumb in order to relax. Mrs. Wilson watches the Soap Net for fun and relaxation. Before her recent surgery, she reportedly used to walk more. She and her husband sometimes go to the movies together to get away and have some alone time. When she is angry or upset she will pray, write and make lists of what she can actually do when feeling helpless in order to calm down. When Sam is angry or upset, his mother can usually get him to calm down through some kind of contact with her son: eye contact, or touching and rubbing his back. She also speaks to him calmly which she reported is effective. Sam named his mother and his maternal grandfather as his closest supports within the immediate family. Mrs. Wilson, likewise, named her father as her closest familial support. Outside the immediate family both Sam and his mother have a support network in place. Sam attends Sunday School at New Hope Church where Mrs. Wilson and the family attend services. They do not belong to any other clubs or organizations.

Sam's goal one year from now is to be successfully maintained in school. He hopes to be a cohesive member of the family and not the identified center of all issues. Mrs. Wilson said her goal for the next year to establish clearer house rules. She needs to come up with a plan for specific behaviors. She would like the family to develop into a cohesive family unit and she would like to have more help within the household. Five years from now she would like her daughter to be grown and independent. She hopes to move forward as a family to other areas of improvement. For Sam, Mrs. Wilson would like others to be able to see her son's heart through his behavior. Sam's long-term goal is to be either a fireman or to drive a tractor. Mrs. Wilson did not add anything to long-term goals.



## Brainstorming Strategies

<b>Youth Name (First, MI, Last):</b> Sam Wilson		<b>Wrap File #:</b> 12345		<b>Date:</b> 6/6/2019
<b>Guardian Name:</b> Sally & James Wilson	<b>DOB:</b> 12/12/2014	<b>Phone:</b> 555.555.5555	<b>Address:</b> 123 Hometown Rd	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Review <input type="checkbox"/> Discharge		<b>Start Date:</b> 4/6/2019	<b>Target Completion Date:</b> 6/2020	

### Vision/Mission/Strengths

**State Family Vision Below:**  
For the family to move together toward achieving a peaceful, relaxing, calm, and open home.

**State Team Mission Below in Collaboration with Wrap Team:**  
The team will meet every 3 weeks and actively participate and support the family to help them find new resources to help support their family. Shannon will take minutes for each meeting and distribute them to the team.

<p><b>Strengths:</b></p> <p>Sam: great memory, likes puzzles, likes to play with his trucks in the dirt, heat (heat vents, warm showers, heating pads) calms Sam down when he is upset, likes to rip magazines when frustrated and this exercise calms him down, has very good insight, very quick, crafty, and mechanically oriented, always wants to know how and why things happen, likes computers, finds someone rubbing his back soothing, has a blanket that helps him calm down when upset and he likes to hold it and suck his thumb, good at going to bed at night, walks the horse, likes to rhyme, good balance, coordinated on the horse, good with asking questions, cute, becoming more independent, get along with adults</p> <p>Mary (family church friend): wonderful with children and people, very calm and nurturing, inspiring, supportive of family, positive attitude, good support for Sam and the family.</p>	<p>Sally (mother): likes volleyball, dedicated and hard worker, resourceful, perseveres, and likes riding horses, likes to watch Soapnet for relaxation, when she feels overwhelmed she makes a list of the things she can control and this helps her focus and keep going, she has a strong faith and prays regularly, good advocate for Sam, kind, good at decorating, enjoys playing her DS for fun and it is small enough to carry in her purse, always positive and upbeat, laid back.</p> <p>James (father): Likes to fish and uses fishing to relax and get away from the world, good with mechanics, likes boating, dirt bike riding, good handwriting, good at keeping a check book, a lot of fun, loyal, good at building things, good problem solver.</p> <p>Mrs. Bennett (school teacher): dedicated, supportive, very positive, has great relationship with Sam, Sam trusts her, patient.</p> <p>Sandy (Equine therapist): dedicated, patient, good leader, straight forward, honest.</p>	<p>Kris (music therapist): creative, engaging, dedicated to what she does, talented in music, calming, flexible.</p> <p>Heather (therapist): very calming voice, patient with Sam, creative with behavior plans, good listener.</p> <p>Little James (older brother): good with working with his hands, patient with Sam, supportive, reads to Sam at night to help him go to sleep.</p> <p>Shannon (Care Coordinator): very organized, loves her job, always smiling, has connections to get things done</p>
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<b>Needs Statements:</b>	Sally needs to know she can utilize supports with Sam and still be a successful parent.	Start Date:
		End Date/Duration:

**Outcome:** There will be decreased disagreements between Sally and James. Sally will receive fewer negative calls from school (baseline is 3-4 calls per week).

**Life Domain Area of need:**

Family     
 Residence     
 Social     
 Education/Vocation     
 Medical  
 Community     
 Psychological/emotional/behavioral     
 Safety

**Strategies**

**Brainstorm Strategies:**

## No more **W o N k Y!**

What are your 2 biggest takeaways from today's session that you can implement right away?

<b>1</b>	
<b>2</b>	

How will doing these help to ensure that Wraparound is *less wonky*, and more relevant for families?

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## APPENDIX: Additional Resources

### Family Story ABC's for Early Childhood

