

2019

Supporting Families in their Community not in a Program— Transition Planning in Wraparound



Participant Manual

Baltimore Marriott Waterfront Hotel
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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Objectives

- Participants will understand how to utilize data to track readiness for successful transition out of formal Wraparound.
- Participants will practice blending formal services with a mix of natural supports and community resources to sustain positive outcomes.



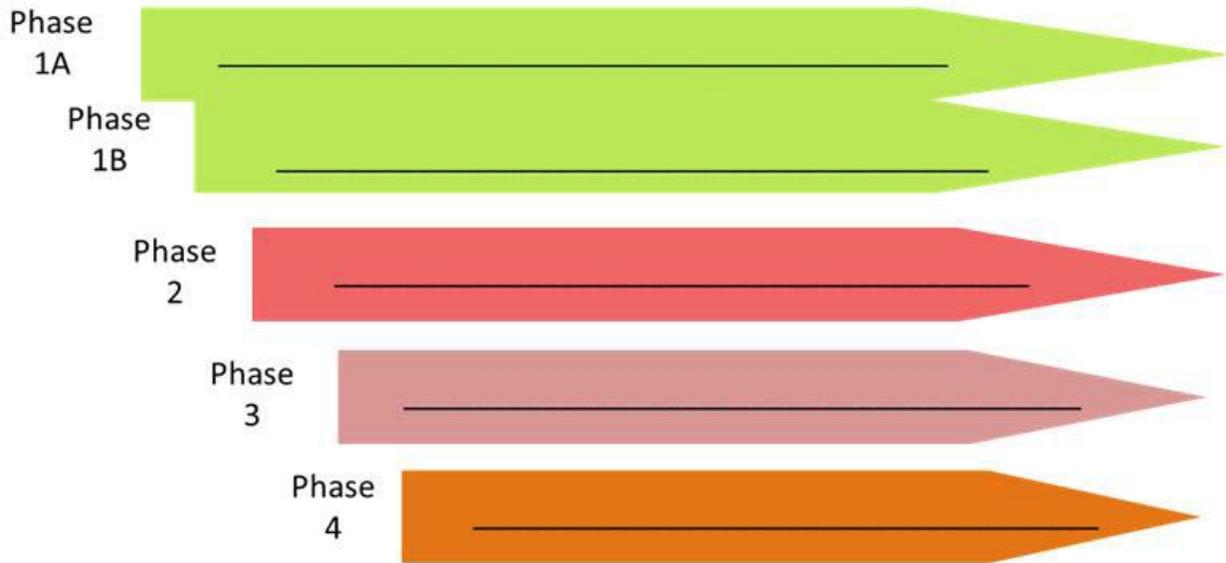
1. Transitions in Life

Take a minute to think about a time when you experienced a transition in your life that impacted you on a deep level (marriage, birth of a child, divorce, etc.)

- Did you recognize the transition right away?
- How long before the event did you actual prepare for the transition?
- What helped?
- What didn't?

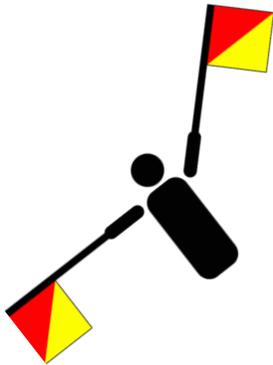


Phases of Wraparound



Signals for Transition

- The family's _____
- _____ limitations
- Evidence of readiness may include:
 - Decreased _____/_____ situations
 - Increase in _____
 - Most identified _____ have been addressed
 - Family is closer to attaining their family _____
 - Increase in family self-report that they have the _____ and _____ to manage the referring situation
 - Family self-report that they are more _____, _____, and _____ to access what they need.



Wraparound ends for a lot of reasons – Do you have the data to back it up?



1. How do you currently monitor progress in child and family team meetings?
2. What are you tracking to demonstrate readiness for transition?
3. How could you use data to support transition discussions and planning?

What to track?

1. Family Vision
2. Team Mission
3. Needs Met
4. Measurable Outcomes
5. Strategies/tasks completed
 - Mandates met



Steve Wilcox Vignette

Steve Wilcox is a 5-year-old male referred by Solomon Elementary School. The school has requested services because Steve has had multiple issues within daycare and home and will be starting at Solomon next school year. Mrs. Wilcox is concerned about her son's ability to focus long enough for him to be successful in school. Steve 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. Besides not being able to sit still, focus, and aggression, Mrs. Wilcox is also concerned with her son's bathroom issues. Steve struggles to have bowel movements in the toilet – often having them in his pants. 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, Steve developed separation anxiety, paranoia, and bit his nails. Steve'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. Lastly, Steve does not accept “no.”

Steve 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. Steve has a paternal half-brother James Wilcox, Jr. (15). His parents are married. When asked about any major events in Steve'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 Steve and this might cause the feeling of rivalry. Steve may have also witnessed verbal arguments between his mother and father in the first few years of his life. According to Mrs. Wilcox, her husband can be somewhat verbally abrasive. They went through counseling. Mr. Wilcox left for a brief time. During that time Steve became protective of his mother. Things are better now but when it comes to parenting styles, there are still differences between the two. 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. The family medical/psychiatric history reveals: hyperactivity/impulsivity, vision problems, explosive outbursts, and psychiatric disorders.

According to his mother, Steve 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. Wilcox indicated these are “accidents” and not a medical issue but rather one of focusing and being distracted. Steve 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. 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. Wilcox said her son acts young for his age. He is disorganized and very messy. Steve has difficulty finishing

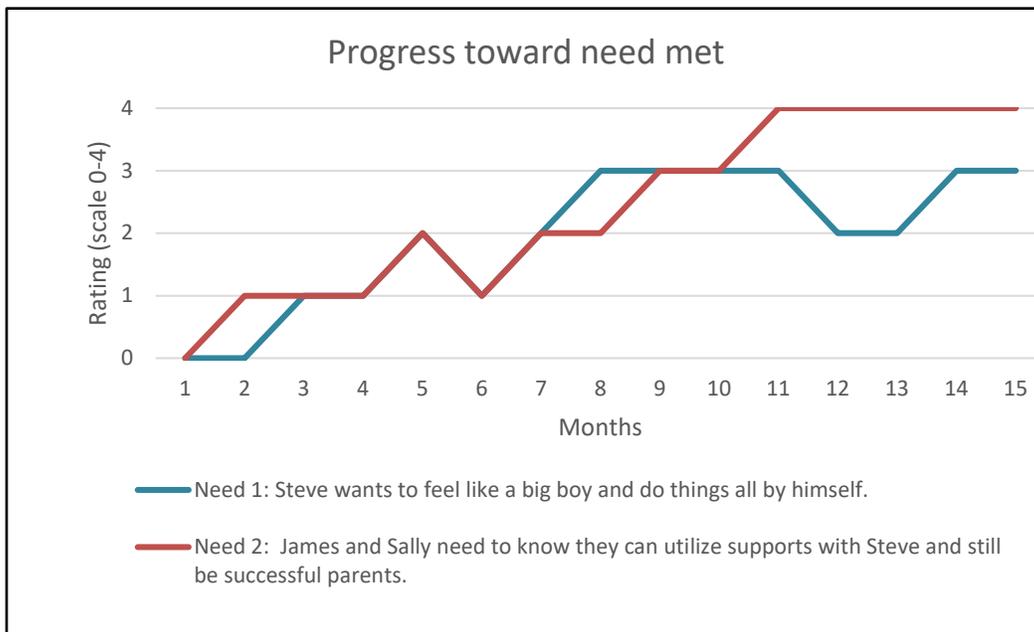
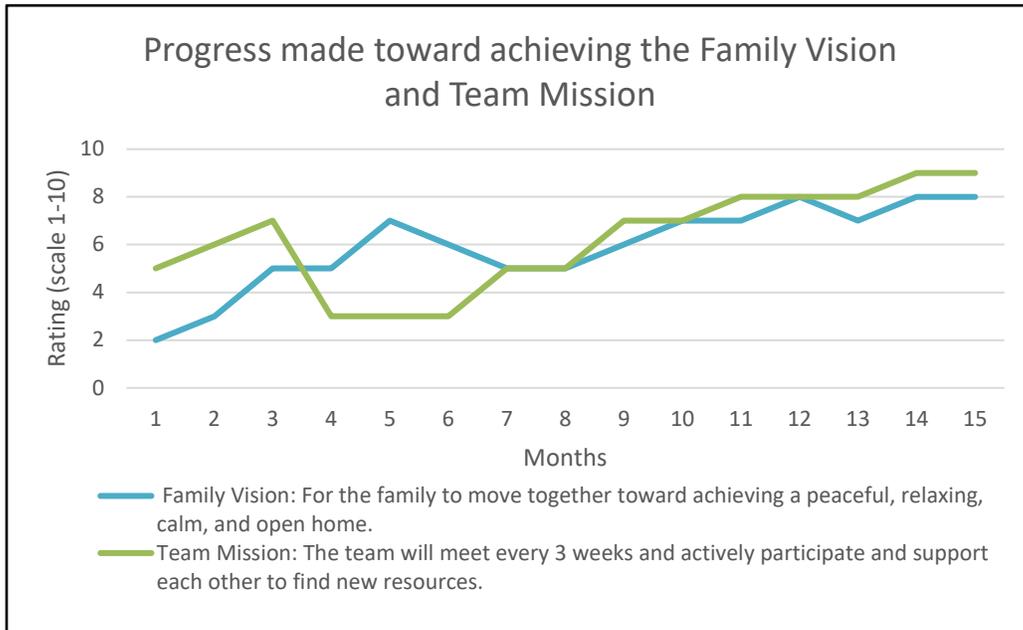
projects and paying attention due to his ADHD. Steve also has difficulty making friends because his behavior can be off-putting. He would like to have more friends, however. Mrs. Wilcox said her son sometimes has blank or staring spells; she is not convinced that they are not within his control. Steve can be clumsy and uncoordinated at times. Lastly, he is unusually fearful of loud noises such as those from the lawnmower.

Steve 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 Steve. Mrs. Wilcox indicated this has being a big issue in their relationship. His responsibilities at home include sweeping the floors and washing the dishes. Steve's mother said Steve likes to help around the house. When discipline is needed, Mrs. Wilcox has tried everything from spanking, to denying privileges, giving time-outs and talking and reasoning with Steve. Admittedly, none of these strategies seem to be effective. While Mrs. Wilcox feels spanking is pointless, her husband disagrees. When Steve 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.

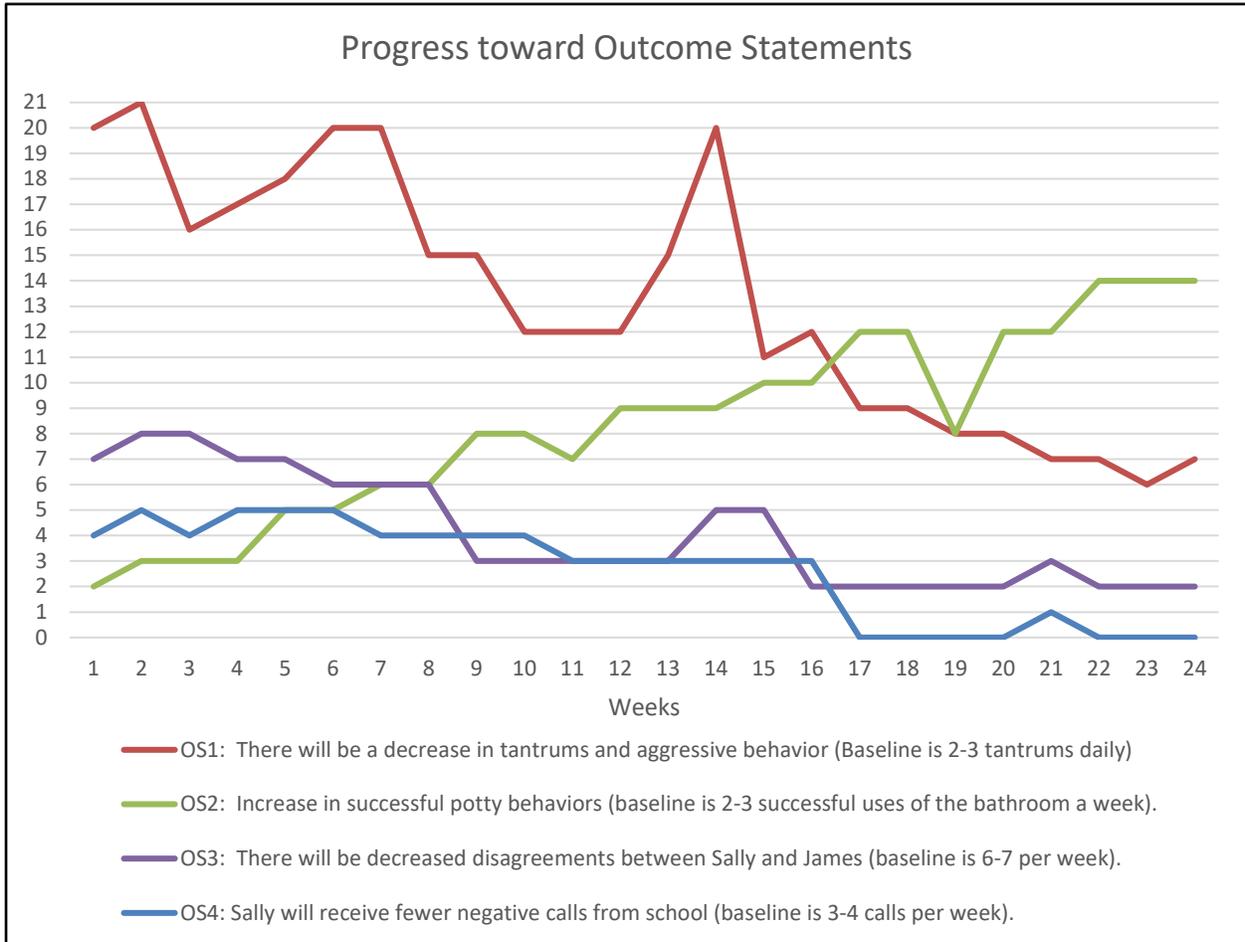
Steve will be in the 1st grade at Solomon Elementary School beginning in September 2015. Because he will be entering the public school system assessments were completed and Steve has been accepted into the special education program and will begin with an IEP. He was identified by the Camden Early Intervention Program. Steve was previously at New Hope Christian Child Care Center where he was dismissed due to significant behavioral problems. His mother indicated her son has no friends.

As a family, Mrs. Wilcox said they eat dinner together and sometimes they go fishing with Steve. 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. Wilcox revealed she has a belief system in place and a strong relationship with God. Mrs. Wilcox watches the Soap Net for fun and relaxation. Steve named his mother and his maternal grandfather as his closest supports within the immediate family. Mrs. Wilcox, likewise, named her father as her closest familial support. Outside the immediate family both Steve and his mother have a support network in place. Steve attends Sunday School at New Hope Church where Mrs. Wilcox and the family attend services. They do not belong to any other clubs or organizations.

So where are we now? 15 months later...



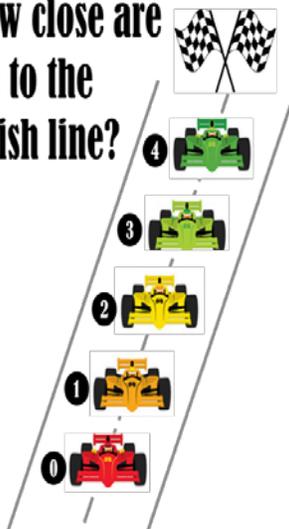
More Data!!!



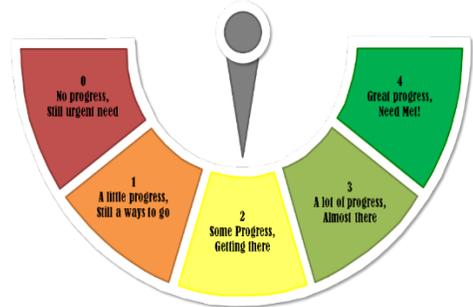
*Note: Data would continually be collected and reported. For the purpose of training, the graph represents the last 6 months of data collection.

Tracking Should Be Youth & Caregiver Friendly

How close are we to the finish line?



Gauge our progress!

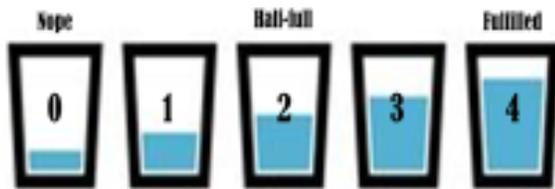


What's the Scoop?



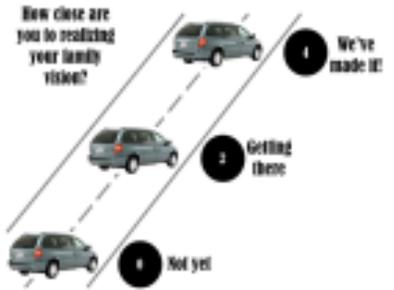
How close are we to Meeting your need?

Tracking in Wraparound is Youth & Caregiver Friendly



How close are we to meeting your need?

Are we there yet?



Are the pieces coming together?



5 C's of Transition

- **Chart progress--Overt** tracking of progress is the component of Wraparound most correlated with positive outcomes for families!
- **Come together** as a team to plan for future unmet needs-**brainstorm** creative options post wraparound
- **Create a relevant crisis plan** —think about **upcoming** transitions in life (middle/high school transition, adult services)
- **Connect** Families to people, resources, and places the family has found helpful
- **Continue to PRACTICE**—family lead CFTMs, Crisis Fire drills



Individualized Plan of Care

Youth Name (First, MI, Last): Steve Wilcox		Wrap File #: 12345		Date: 09/2016
Guardian Name: Sally & James Wilcox	DOB: 9/21/2010	Phone: 555.555.5555	Address: 1234 XX St	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Review <input type="checkbox"/> Discharge		Start Date: 06/17/2015	Target Completion Date: Initial authorization of 12 months; extension for additional 6 months; projected end date 01/2017	

Vision/Mission/Strengths

State Vision Below in Collaboration with Wrap Team:

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 each other to find new resources.

Strengths:

Steve: great memory, likes puzzles, likes to play with his trucks in the dirt, heat (heat vents, warm showers, heating pads) calms Steve 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

Sandy (Equine therapist): dedicated, patient, good leader, straight forward, honest.

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 Steve, 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.

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.

Mrs. Bennett (school teacher): dedicated, supportive, very positive, has great relationship with Steve, Steve trusts her, patient.

Kris (music therapist): creative, engaging, dedicated to what she does, talented in music, calming, flexible.

Heather (therapist): very calming voice, patient with Steve, creative with behavior plans, good listener.

Little James (older brother): good with working with his hands, patient with Steve, supportive, reads to Steve at night to help him go to sleep.

Shannon (Care Coordinator): very organized, loves her job, always smiling, has connections to get things done

Mary (family church friend): wonderful with children and people, very calm and nurturing, inspiring, supportive of family, positive attitude, good support for Steve and the family.

Crisis Plan

Diagnosis:

ADHD, Mood Disorder NOS, PDD NOS

Medications:

Risperidal- 2mg, Daytrana Patch- 10mg, Clonidine

Brief History:

Steve is a 6 year old Caucasian male. He is in 2nd grade at Solomon elementary school. He lives with his mom and dad in a large city. He has a history of aggressive behaviors and poor impulse control. Steve is sensitive to loud noises and he has an option to wear his ear muffs to help filter out noise. When dealing with Steve remain calm and neutral voice tones. Steve has a hard time with transitions so be very pro-active and prep him for any transitions.

Triggers:

Being told no, and not getting to do something he would like to do, changes in his daily routine, difficulty with writing, transitions, loud noises (church bells), ending an activity, not being about to verbalize his feelings, not knowing or trusting someone, being in large groups of people, when others are talking about his bathroom issues, when he needs to use the bathroom, when he has to get rid or let go of something.

Potential Crisis:

Steve will throw things, hit objects and others, yelling, cursing, throw himself on floor, arches his back, bites, repeating, being fixated on a subject, running off.

Action Steps for home and school:

- 1) Use immediate consequences and rewards with Steve.
 - Remind him of his immediate consequences/rewards when he is becoming upset.
 - Keep Steve away from objects that can be damaged easily when he is angry because he will try to throw them.
 - Be very specific when you give Steve choices or options. Use verbal pictures of his options or choices.
 - Choices can include puzzles, ripping up magazines, coloring, using heat if at home. (He likes to sit on the heater vents or take warm showers to help him calm down.)
 - If Steve is in a setting where noises are bothering him he has the option to wear his ear muffs provided by Sally.
- 2) Remove him from the setting when you see he starts repeating himself or his voice starts to escalate.
 - Steve can be taken for a walk at home outside or around the school in the hallways to help remove and de-escalate him from the trigger.
- 3) In a one on one setting, talk to Steve about what is going on and use the 'this/then' card to help him understand what he needs to accomplish and then what will follow it while rubbing his back. Always remain calm while interacting with Steve.
- 4) If Steve is displaying attention grabbing behaviors ignore them but while keeping an eye on him. (Do not run after him)
- 5) Give him one on one attention and also give him 2 choices if he is not following the directions (you can either complete your work now or go to time out. Time out is for 7 minutes).
- 6) If extra support is needed one could call Sally, on call, or Mary.

7) Mobile Crisis can be called out to help de-escalate Steve by taking him for a walk, doing a puzzle with him, or helping to re-direct him.

8) If he is harmful to himself or others call 911. When 911 is called Sally will speak with the responder about what happened and she only wants him admitted if she can stay with him.

To Help Prepare Steve for Transitions:

- Be very pro-active with Steve when there will be a transition including going to another classroom, transportation, etc.
- Give him reminders and talk to him to help explain the transition that will be happening before the actual transition.
- Use a countdown with a visual clock (10 minutes until, 5 minutes until, etc.)
- Give Steve a sense of control during the transitions. Give him a "transition job" Holding the door, line leader, etc.
- Use visual schedules with Steve to help show him the schedule of his day including the transitions that will take place

Person's Responsible and phone numbers:

Sally Wilcox- 000-845-0000 (Cell) 410-713-0000 (Work)

Mary (Church Support)- 000-783-0000

Shannon (Care Coordinator)- Cell: 000-713-0000 Office: 000-219-0000

Provider On Call: 1-000-406-0000

Mobile Crisis: 000-754-0000

911- LAST RESORT

Needs Statements/Strategies		
Needs Statement: 1	Steve wants to feel like a big boy and do things all by himself.	Start Date: 06/2015
		End Date/Duration:
Outcome:	There will be a decrease in tantrums and aggressive behavior (Baseline is 2-3 tantrums daily). Increase in successful potty behaviors (baseline is 2-3 successful uses of the bathroom a week). The team will celebrate any movement from baseline.	
Life Domain Area of need:		
<input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> Social <input checked="" type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical <input type="checkbox"/> Community <input checked="" type="checkbox"/> Psychological/emotional/behavioral <input type="checkbox"/> Safety		
Strategies		
<ol style="list-style-type: none"> 1. Steve will attend Equine therapy once a week at 4 Steps with Sandy and work on socialization skills and expressing how he feels. Sally will take him to and from 4 Steps for his equine sessions. 2. Heather from Bay Health Psychological will work with Steve on his feelings and how to verbalize them every other week in therapy. Heather will make a comfort box with Steve in his sessions that he can utilize at home. 3. Dr. Kitmet from Bay Health Psychological will see Steve once a month for medication management. 4. Sally and James will establish rules and boundaries and clarify them to Steve each day by using the First/Then card. 5. Wraparound Provider and New Hope Church will provide Steve support. 6. Kris will see Steve every other week for music therapy to work on socialization and expressing himself safely and will also come up with new coping skills with Steve. Steve will bring his guitar with him to music therapy with Kris. 		
Needs Statements: 2	James and Sally need to know they can utilize supports with Steve and still be successful parents.	Start Date: 06/2015
		End Date/Duration:
Outcome:	There will be decreased disagreements between Sally and James (baseline is 6-7 per week). Sally will receive fewer negative calls from school (baseline is 3-4 calls per week).	
Life Domain Area of need:		
<input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> Social <input type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Psychological/emotional/behavioral <input type="checkbox"/> Safety		

Strategies

1. Sally and James will work together on helping Shannon find a place where Steve can receive a good evaluation. They are currently on the waiting list for Neurology Center's CARD Program. Steve completed his intake appointment at Neurology Center for the CARD program on 2/14/16. He has another appointment in June.
2. Sally will call Neurology Center this week to schedule Steve's GI Testing and also his Autism Screening. Sally will ask Neurology Center if they can schedule them close to each other so Steve doesn't have to transition and prep for 2 separate trips.
3. Heather from Bay Health Psychological will have individual sessions every other week with Sally and James and work on behavioral strategies and techniques to communicate better with each other and help give them assistance on the parenting techniques. (on-going)
4. Sally and James will transport Steve to **Equine therapy** once a week.
5. James and Sally will transport and talk to Kris about doing **family sessions for Music therapy** with Kris. (Completed- Kris is going to start to have individual sessions with Steve to build rapport with him before any family sessions begin.)
6. Shannon will call Neurology Associates and Neurology Testing and Assessment, Inc. to find out how their evaluations differ from the Neurology Center's. (Completed- The family chose to go with Neurology Center and are currently on the waiting list for the 'CARD' program- on 2/14/16 Steve had his intake appt.)
7. James and Sally will work on coming up with some de-stressor activities they can do when they are feeling overwhelmed.
8. Sally and James will use the 'red, yellow, green' system at home. There are 3 cards one yellow, green and red. Green is when he is doing well, yellow is the first warning, then red is when a consequence is implemented. Sally and James will also use the 'This/Then' card with Steve at home to let him always know what he needs to complete and then what will come after that when he completes the task. This will create consistency across the home and school setting.
9. Steve will attend Camp Redwood this summer due to this camp being best suited to his needs and will help him excel with his peers. Steve will be able to recognize other caregivers that are able to care for him besides his parents. (completed)
10. Wraparound Org will purchase a gas card for Sally and James to transport Steve to his Kennedy Krieger follow up appointment and also to finish his Autism assessment. (completed)
11. Steve will see Ellen once a week for occupational therapy at school to work on his motor skills. This is part of his IEP. This will help Sally and James at home so Steve can be more independent in his completing his tasks.

12. Sally will attend the Large City Autism Support Group once every 6 weeks to be able to spend some time with other parents who are having some of the same difficulties and build some positive relationships.

Team Contacts/Resources

Support Name	Contact and Organization	Role
Steve Wilcox		Youth
Sally and James Wilcox		Parents
Mary		Family church friend
Heather		Therapist
Sandy		Equine therapist
Kris		Music therapist
Ms. Bennett		teacher
Dr. Kitmet		psychiatrist
Mindy	mobile crisis	Mobile crisis response
Andrew	Camp Redwood	Camp director
Shannon		Care coordinator
Emily		Care coordinator supervisor
Dr. Zabel	Kennedy Krieger Institute	Neuropsychologist

Discharge

Support Summary:

Further Recommendations:

Youth Signature:

Date:

Parent/Guardian Signature:

Date:

Care Coordinator Signature:

Date:

Supervisor Signature:

Date:

Transition Plan of Care

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Strategies				
<ol style="list-style-type: none"> 1. Sally and James will start a “potty jar” with Steve at home. They will have orange balls he can earn for each time he uses the bathroom appropriately. For every 5 balls he earns, he will earn an incentive (ongoing) 2. 3. 4. 5. 				
Needs Statements: 2	James and Sally need to know they can utilize supports with Steve and still be successful parents.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Start Date: 06/2015</td> </tr> <tr> <td style="padding: 2px;">End Date/Duration:</td> </tr> </table>	Start Date: 06/2015	End Date/Duration:
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<input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> Social <input type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical				

Community Psychological/emotional/behavioral Safety

Strategies

1. James and Sally will work on coming up with some de-stressor activities they can do when they are feeling overwhelmed. James will use fishing when the weather permits, and Sally will play her Nintendo DS and video games to help her de-stress.
- 2.
- 3.
- 4.
- 5.