

# WRAPAROUND

A Manual for Effective Practice

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# Introduction

## What is Wraparound?

Wraparound is a family-driven process that utilizes the strengths of a child and family as well as their supports to create an individualized plan to meet the family's needs and reach their desired outcomes.

Wraparound revolutionizes the way in which we work with families, communities and service providers. The process places families and youth in the driver's seat as they determine what is ultimately best for their family. Through partnering with and truly listening to the family, facilitators of the Wraparound process bring together people identified by the family who will meet on a regular basis to come up with ways to provide real help to the family that will last beyond their time with formal system involvement.

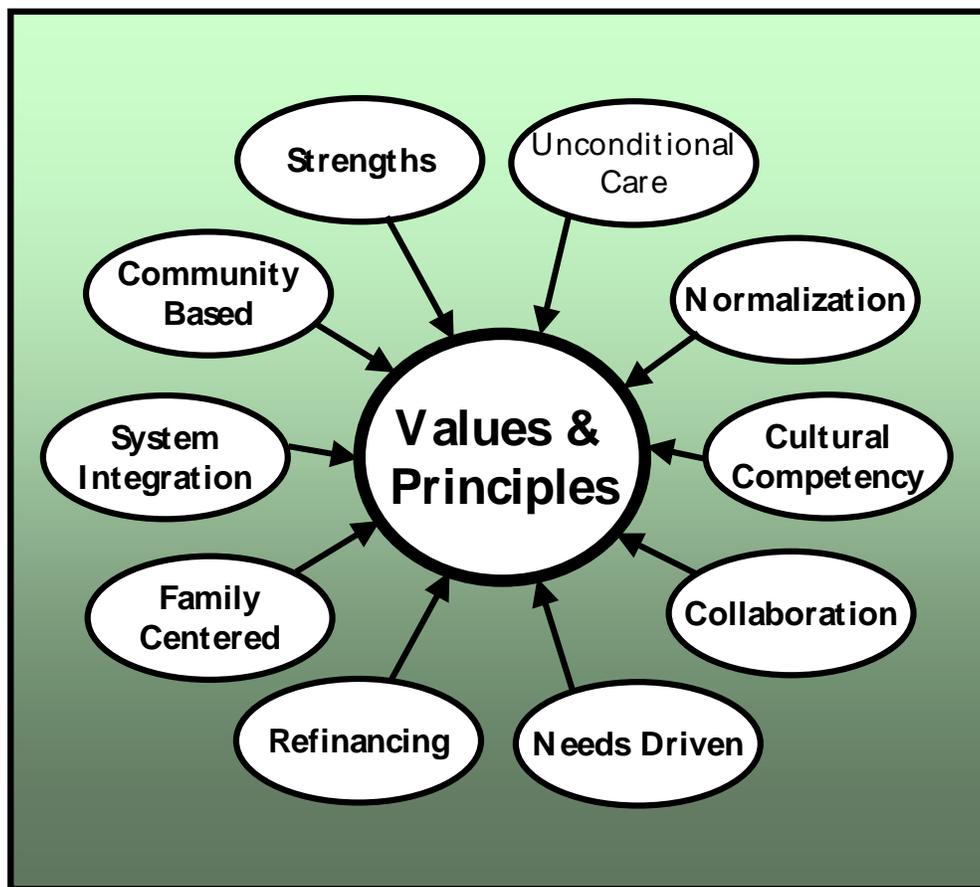
## Purpose of this Manual

The purpose of this manual is to provide a quick reference guide to those who have completed the initial 2-day Wraparound training. Many of the concepts and ideas presented in this manual follow directly from the information presented in the training.

This manual will provide you with the necessary understanding of what values and principles drive the Wraparound process and basic mechanisms that can be put in place to begin working with families. Further training and ongoing coaching will be needed for most facilitators to feel competent in the actual running of Child & Family Team Meetings, as well as to deepen the understanding of identifying unmet needs and other important elements of the Wraparound process.

Welcome to Wraparound! We hope you join with us in this important journey of learning to serve families in a new and beneficial way.

## Elements of Wraparound



## Values & Principles

### Community Based

Before we look outside of a family's community for resources, teams should look within the family's community to see what's available and accessible. Families should not have to struggle to get the needed help they deserve. Also, one of the main goals of the Wraparound process is to assist families in staying together, allowing kids to remain in their home environment. When services are needed, we want to make sure those service providers are located within that family's community whenever possible, and will remain available to the family after a program ends.

### Strengths

Strengths are identified throughout the process by getting to know the family, their supports and their community. Strengths of all team members should be included by identifying what qualities, skills and interests, both personal and professional, can be brought to the team and used

to develop effective strategies. When a team member suggests a strength of another member, the facilitator should ask for concrete examples of that strength in action. Attributes can be turned into functional strengths by finding out more specifically how that attribute could potentially be used in the planning process. For example, if a team member is known as being caring, the facilitator should ask the team to describe how the person shows care for others. This allows the team to take important attributes and discover ways in which they can utilize those strengths in the plan in a meaningful way. Community places and resources are also considered as possible strengths that can be utilized in a plan to assist a family.

## Unconditional Care

Unconditional Care means never giving up. When things aren't working for a family, the team is brought together to see how the plan can be changed to better serve the family. The team works with the family to come up with new strategies and re-address identified needs. Providers and families take an equal share of the responsibility for engaging in the process. To practice unconditional care, a provider will need the ability to evaluate and change their own behavior rather than labeling the family as non-compliant or unwilling to engage. They will also need to be able to look at challenges as opportunities to solve issues and embrace the opportunities for new and different outcomes rather than giving up or referring families on to new systems or providers.

## Normalization

Normalization involves reducing stigma related to system involvement and mental illness and promotes health and wellness at all stages of life. Care plans must take into account what is normal for a youth's age and developmental level, in addition to the family's culture. Plans should also be realistic and goals must be attainable. They should incorporate activities and expectations that are considered to be normal for each youth and family working towards a better life. A family should be able to read their plan and feel as if it reflects not only their individual needs but also contains strategies that lead them towards their vision of a normal life.

## Cultural Competency

Wraparound practice takes a broader view of culture that goes far beyond just race and ethnicity of a youth and family. All families have their own culture. We must speak with families about their way of being to increase our own understanding as much as possible. Cultural Competency also means being willing to acknowledge any lack of understanding we may have of a family's culture. What unique strengths, interests, values and preferences do each family bring to the table that affects how their family functions? This will be important information to gather to create a plan that is respectful of each family's culture.

## Collaboration

Working together as a unified team is at the core of the Wraparound process, both at the system and the child and family team level. At the child and family team level, collaboration means the facilitator taking an active role in getting everyone to work together and assigning responsibility to each team member to help the family reach their vision. Decisions are made together as a team, with the family having final approval over decisions affecting their plan. Collaboration

also means making sure all needed system representatives, such as child welfare, probation, mental health and education, are at the table to ensure the family has one plan and all parties are on the same page.

## Needs Driven

The Wraparound process is driven by needs identified by the family and team. Identifying needs and developing needs statements guide the team's work towards getting the family the help they have asked for. Needs are not a specific service, behavior or diagnosis and are not written in a deficit or problem driven manner. Needs tell us the why or underlying reason for something the family has described as challenging to them. Needs are often layered and enduring in nature. Teams must strive to uncover the underlying needs to allow them to do a better job of figuring out the right actions, support and services (if services are what are needed) for the family to get their needs met. To get to the underlying needs, the facilitator might ask questions like what does the family or youth need help with and why? Finding different ways to ask the question "why" can help the team to peel back the layers and get to the root cause of a behavior or the underlying need.

## Refinancing

Refinancing means finding innovative ways to use existing resources to better meet the needs of the families we serve. An important goal of Wraparound is to maintain the least restrictive environment for youth and families that still allows for their needs to be met. Often the money currently being used to pay for institutional care can be redirected toward creating services and supports that can be used in family's homes and communities for less cost. Team members and systems such as Child Welfare, Probation, Education and Mental Health can put their ideas and resources together to make them go much further than when working in isolation and are able to serve more families than they have in the past.

## Family Centered/Family Driven

An individualized plan has the youth and their family front and center. The youth and family are able to clearly identify a plan as theirs. The family is always in the driver's seat. They are listened to by their team in determining their plan and are given full information and choice in services, providers and supports to assist them. The providers are there to provide guidance, advice, information and resources as needed and requested. This is a major practice shift for some professionals, as many are used to an expert model where they offer advice based on their expertise, writing up a plan for families, perhaps without them being present, and informing them of what they think they need, as well what actions should take place.

## System Integration

The goal of Wraparound is to get all of the systems to work together and create a seamless system of care where families clearly understand how and where to get help at the earliest point possible and without having to tell their story over and over again as they strive to get the right help at the right time. Families deserve to have one plan in which systems have integrated their tasks and mandates to come up with a common purpose of meeting the family's needs.

# Child & Family Teams

## What is a Child & Family Team?

A Child & Family Team is a group of people identified by both the youth and the family who will work with the family throughout the Wraparound process. A Child & Family Team is composed of *formal*, *natural* and *informal* members. Child & Family Teams meet on a regular basis, usually monthly, to create and continuously refine a written plan of care for the family. The meetings generally take place in the family's home or at a place in the community that is most convenient and comfortable for the family.

## Team Members

### Formal Supports

Formal supports generally represent the systems who employ them. Possible formal supports include therapists/providers, child welfare workers, probation or parole officers and school representatives.

### Natural Supports

This is generally someone who has an enduring relationship with the family. They could be extended family members, close neighbors or friends.

### Informal Supports

Informal supports often represent the community and may include spiritual leaders, landlords, sponsors, support group leaders or someone in the neighborhood that could be brought to the team for support.

### Identifying Formal Supports

Ask the family to discuss members of the system that are currently involved with their family and youth. Remember, system representatives can be teachers, school guidance counselors, therapists, child welfare workers, probation or parole workers or anyone else that gets paid to provide a service to the family.

Formal supports are strongly encouraged to come to team meetings to be a part of the Child & Family Team and to assist in the creation of a single care plan. If a family chooses to exclude a formal team member, the facilitator should explain the risk of excluding someone who may have the power to derail their plan through independent actions outside of the team.

### Identifying Potential Natural & Informal Supports

#### *Listen to the family's story.*

Listen for past supports and resources, paying close attention to what has worked for the family

in previous situations. Who has been there for them during past hard times or crises? Who would they call in the middle of the night if they had to?

***Analyze the family story to identify team members.***

When the family is asked to tell you about their past and what brought them to you now for help, pay close attention for the names of people who they speak about as having an important role in their past or present life. Once the family story is written up, go back over it with the family to make sure it is accurate, as well as to ask for further information about whom they have found helpful to them in the past.

***Get to know the family.***

Who does the family identify as family? How do they describe themselves?

***Be observant.***

Look for family pictures, pets, artwork, hobbies, trophies or certificates on display, etc., around the house. Ask the family to tell you about them.

***Practical questions.***

Who helps with childcare? What is the daily schedule like? Who can they depend on at work or school? What does the family do on the weekends and who do they do it with?

***Feeling questions.***

Who can they really laugh with? Who are they comfortable crying with? Who do they look up to?

***Miracle question.***

If you could wake up tomorrow and things were better, what would that look like for you and your family? Who is involved in the miracle? Who was most helpful?

***Get to know the family's community & neighborhood.***

Familiarize yourself with the family's surroundings. Find out who the neighbors are and who the family depends on.

***Get to know the family's culture.***

Who shares the family's ideas, values, interests, activities and beliefs?

***Recognize team resources.***

Recognize personal, as well as professional, strengths. Each team member is an expert and may have different resources. Use strengths and interests as a way to help members change roles.

**When incorporating team members, it is important to remember to:**

- Recognize and respect the family culture and preferences.
- Normalize the process – how have all of us depended on others in times of need? Provide examples.
- Explain the benefits.
- Share success stories with the family and team of other families who have utilized a team for help.

Once the team members are determined, the facilitator should ask the family who they would like to invite to the first team meeting. Be prepared to assist the family with the invitations, as

well as explaining what Child & Family Team process is and the purpose of the meetings. You may also need to assist the family in mending past relationships, if the family is interested in doing so.

### **Well functioning teams...**

- Remain strength based, family driven and outcome focused.
- Have a diverse membership.
- Communicate within the team.
- Know how to ask for help.
- Listen to each other.
- Embrace conflict.
- Everyone works.

## The Four Phases of Wraparound

### PHASE 1: Team Preparation/Engagement & Welcoming

Phase one is all about getting people ready to be a team. By having discussions about child and family strengths and needs, the tone is set for collaborative teamwork.

#### Goals and Tasks of Phase 1:

- Orient the family to the Wraparound process.
- Begin initial crisis and safety planning.
- Listen and learn about the family's story.
- Explore strengths, needs, culture and vision with the child and family.
- Identify and engage team members and orient them to the process.
- Arrange the first Child & Family Team Meeting.
- Create an agenda for the first meeting

### PHASE 2: Initial Plan Development

Phase two involves holding a few initial planning meetings with the team. During these meetings, a team is developed where all members are heard and valued for their contributions.

#### Goals and Tasks of Phase 2:

Develop an initial plan of care.

- Determine ground rules.
- Distribute the agenda
- Discuss and document strengths of all team members and the family's community.
- Develop an initial family vision to guide needs discussions.
- Identify and prioritize youth and family needs.
- Brainstorm and select strategies to meet the prioritized needs.
- Review and finalize the initial crisis/safety plan for the family and youth.

- Assign roles and responsibilities to all team members
- Schedule the next two to three team meetings

Distribute the initial plan of care to all team members as soon as possible. By doing so, all team members are left with a sense of urgency to progress. It also helps everyone to stay on task.

## PHASE 3: Plan Implementation & Refinement

Phase three involves continuous review of team progress and success. Team meetings are held on a regular basis, monthly is recommended. Changes are made to the plan of care as needed.

### Goals and Tasks of Phase 3:

- The initial plan is implemented.
- Progress is tracked by the facilitator and reviewed and discussed in team meetings.
- Success is evaluated and celebrated.
- New strategies are determined when necessary.
- The team builds cohesiveness, communication and trust.
- The facilitator maintains awareness, as well as addresses issues of team member buy-in and family satisfaction.
- Updates are documented and any team meeting logistics are addressed.

## PHASE 4: Plan Completion & Transition

In phase four the family defines “good enough” towards having their needs met. At this point the family is “unwrapped” to a degree, as plans are made for a purposeful transition out of formal Wraparound and into a mix of formal and natural supports that are determined by the family to keep them going towards their vision.

### Goals and Tasks of Phase 4:

- Plans are made for a transition out of formal Wraparound services to a mix of informal/natural and formal supports in the community.
- The process and plan is modified to reflect transition planning (i.e, will there still be meetings and if so, how often and lead by whom?).
- The team celebrates successes and the team’s work is documented.
- A transition portfolio is compiled which contains important contacts, past records and a follow-up plan for the family.

## Care Plan Components

### Steps for Developing an Individualized Plan

1. Getting to know the Family/ Hearing the Family’s Story.
2. Strengths Discovery.
3. Identifying the Family Vision.

4. Team Identifies Needs.
5. Prioritize Needs.
6. Action Planning.
7. Commitments.
8. Evaluation.
9. Documentation.
10. **Crisis/Safety Planning that utilizes steps 1-9.**

### **A Wraparound Family’s Care Plan Includes:**

- The Family’s Story.
- A Strength’s Discovery.
- A Family Vision.
- Needs Statements.
- Strategies to meet Needs.
- A Crisis/Safety Plan.

### **Life Domain Areas for Care Planning:**

- |                           |                       |
|---------------------------|-----------------------|
| • Mental/Emotional Health | • Living              |
| • Medical                 | • Culture/Spiritual   |
| • Safety                  | • Legal/Restoration   |
| • Education/Work          | • Social/Recreational |
| • Family                  | • Other               |

Domains are used by the facilitator and team to look at what areas of a person’s or family’s life may have unmet needs. It promotes a holistic view of life in the planning process rather than just focusing on the narrow scope of mental and behavioral health.

## **The Family Story**

The *Family Story* is obtained by sitting down with the family in a setting most comfortable to them and allowing the family to tell you what brought them to this point in life. It is best done by having a conversation in which the facilitator prepares themselves to be open and active listeners while just letting the family talk.

*“ ‘Seek first to understand’ involves a very deep shift in paradigm. We typically seek first to be understood. Most people do not listen with the intent to understand; they listen with the intent to reply. They are either speaking or preparing to speak.”*  
*Stephen R. Covey*

When the facilitator does ask questions, it should be done in a gentle and inquisitive way, finding out such things as what has and hasn’t worked in the past and what the family would like to see for their future. The facilitator should strive to learn the family’s culture by finding out the family’s values, likes, dislikes and ways of doing things. When done well, the facilitator often has a very good start to identifying the family’s strengths and needs, as well as who could potentially be team members for this family.

### **Getting Started**

When getting started with families, facilitators should be prepared to listen to concerns, stabilize the situation and meet immediate needs when indicated. This is the time to begin building trust

through positive engagement. Facilitators must own the responsibility for engagement by asking themselves what it is they must do to engage the family rather than expecting the family to engage with them.

### **Key Assumptions for Positive Engagement:**

- All people have strengths.
- Each person's strengths are unique.
- Change is supported by building on strengths.
- People generally know their own strengths and needs but may need assistance bringing them out.
- Exploring strengths identifies commonalities.
- All environments have strengths to be built upon.

## **A Strengths Discovery**

A *Strengths Discovery* is conducted for each family, team member and by getting to know the family's community. When discussing strengths, it is important to remember to focus on functional strengths, those that can be utilized when brainstorming strategies to meet the needs of the family.

Strengths discussions are also *ongoing*, as strengths change over time and more can be added as the process continues.

### **Key Elements of a Strengths Discovery:**

- Attitudes and Values.
- Skills and Abilities.
- Attributes and History.
- Preferences.

## **A Family Vision**

Asking the youth and family about their family vision may involve having them imagine what they'd like to see for their family in the next six months to a year. Or by asking the question, "If life was better for your family what would it look like?" Often times the vision may come out as a needs statement or a list of concerns. In this case, it is important to ask the questions, "If those needs were met or your family's concerns were addressed, what would life look like?" What would the family have achieved? The facilitator encourages the family to look at what a normal life might look like for them which assists in keeping the plan focused on what is really getting in the way of the family achieving their goals and not what the professionals on the team may think they should achieve or work on.

### **A Family Vision should be...**

- Concise.
- In the family's own words.
- A reflection of the family's hopes and dreams for a better future.

A family vision may change over time. When the identified youth is 17 years or older, the vision should be more person centered and less family centered as you are supporting the youth's

transition to adulthood. You may also find times when teens under 17 years of age do not agree with their parent's or guardian's vision for the future, where you will need to assist the family in negotiating what the family vision will be.

## Needs Statements

Always keep in mind: ***“What does the family need or want help with to reach their vision?” and “Bad behavior comes from unmet needs.”*** (Pat Miles)

### Needs statements are...

***Individualized.*** Each member of the team will have different ideas of what the family and/or youth needs. It is important that each need statement clearly identifies who has the need.

***Not a service.*** Avoid labeling services as needs. They are part of a strategy that can be used to meet an underlying need of the family or youth. Saying a child “needs counseling” is identifying a service that could be used to address a desire to learn better coping skills or may meet the need of having someone to assist them in managing their feelings.

***Not a goal.*** It is tempting for team members to suggest needs like “the child needs to go to school every day”. While most teams would want children to go to school every day this would not address this specific child's need in this area. The question that may help the team to uncover the need is, “What gets in the way of the child getting to school every day?” It may be that the child needs a more consistent sleep and homework schedule or that he/she may be getting their needs met by hanging out with a group that they feel accepts him/her rather than going to school where they feel unsuccessful or rejected.

***Not a diagnosis, label or deficit.*** Needs represent the underlying causes for behaviors or defines what is getting in the way of a person being successful despite what label or diagnosis they may have been given. Labels and diagnosis may describe a list of conditions that may or may not be applicable to an individual, but they do not tell us what is impacting a persons ability to reach their vision.

***Enduring.*** Good need statements require a decent amount of work; they are not needs that can be met by the first or second Child & Family Team Meeting.

***Clear & Respectful.*** Every team member should be able to understand all needs statements listed. Families should feel respected in the process by team members who are listening and sensitive to addressing their needs.

***The family's top two to three needs should be prioritized at each team meeting.*** Like all of us, trying to work on too much at once is overwhelming and a set up for failure.

## Strategies to Meet Needs

- Build on strengths.
- Are designed to meet needs.
- Utilize as many natural/informal supports as possible.
- Engages the whole team and defines team members roles and responsibilities.

- Are specific: who-what-when-how.
- Are modified in response to changes or progress.
- Reflect why a service is being used.
- Take into consideration *Normalization*.

Strategies are formed by the team first brainstorming all the possible ways a need can be met. Then the family determines the best possible way(s) to get each need met. The facilitator will assist in determining roles and assigning tasks for each team member. The team will set benchmarks as to how they will know the strategies are getting them closer to meeting the family's needs and a timeline will be set to accomplish each task. The facilitator will end the meeting by summarizing what has been accomplished, answer any final questions and will schedule the next two to three team meetings to check on progress and refine the plan as needed.

## Running Team Meetings

This skill set will be explored more fully in future training modules. For now the basics include:

1. Make sure you have fully prepared the team for what to expect at the team meeting.
2. Have an agenda prepared ahead of time with input from all team members.
3. Set ground rules with the team members' input that will guide the team in knowing what to do more than what not to do. Ground rules may contain things like reminders for letting each person speak without interruption, respecting differences of opinion and agreeing to work through conflict.
4. Be prepared ahead of time to run the meeting, keeping in mind materials needed as well as setting a comfortable environment.
5. Have a way to record the meeting visually to keep all members focused. You may want to ask a team member to do the writing while you are facilitating the process.
6. Set the time frame for the meeting ahead of time and stick to it out of respect for all team members' schedules. A member of the team can act as a time keeper, if need be.
7. Begin the meeting with introductions and a quick review of the purpost of the meeting. Introductions should contain not only names but also roles of each team member. Be sure to begin by introducing the family first.
8. Share what you have learned about the family including strengths, a review of the family vision and potential needs. The family may choose to do this themselves so be sure to ask ahead of time.
9. Add to the strengths list by eliciting strengths from all team members, revise the vision as needed and review, revise and prioritize the needs statements.
10. Make sure all team members get a chance to be heard. Be prepared to negotiate conflict when needed.
11. Create an open atmosphere where team members are encouraged to brainstorm multiple solutions to meet needs.
12. Remain outcome focused when establishing benchmarks, assigning tasks and determining timelines in the creation of the strategies for the plan.
13. Remind the team to keep their discussion regarding the family at the team meetings and not outside. Remember "nothing about them without them" (Naomi Tannen).
14. End the meeting with thanking the team, as well as a brief summary of what was accomplished, letting the team know when to expect to receive a copy of the documented plan
15. Establish the place and time for the next meeting and ask the team to schedule the next two to three meetings to assist the team in getting on a regular schedule.

# Ongoing Team Meetings

## Steps for Managing Ongoing Plan of Care Meetings

### Step One: Reviewing Accomplishments

The facilitator keeps the strength based perspective and starts the meeting on a positive note by reviewing the accomplishments since the last team meeting. This is done by checking with the family first and then the team members. Use applause or other methods of celebrating success to keep the team energized and enthusiastic. The accomplishments should be recorded visually for all team members to see.

### Step Two: Evaluate Progress

When evaluating for progress the facilitator and team should look at three aspects:

- Follow through.
- Impact.
- Forward movement.

In checking for follow through the facilitator holds all team members accountable for their assigned tasks.

When looking for impact, the facilitator is looking to see if the strategy actually helped. Are the identified needs closer to being met? Have the identified benchmarks been reached? Ask the family if what was done actually helped, not just whether a service was provided to them or not. When checking for forward movement, the facilitator looks to see if the intervention assisted the family in moving closer to their vision of a better future, as well as has it helped the family to improve their support network?

### Step Three: Adjust the Plan

The plan may need to be adjusted due to needs being met or new needs arising or to stop things that are not working. When adjusting the plan don't forget to refer to the strengths list for ideas for new and effective strategies. The team should review all strategies and make a determination of whether to keep, stop or change each one.

### Step Four: Make New Commitments

When reviewing the tasks the facilitator should acknowledge and reinforce the spirit of volunteerism. Team members should be encouraged to make new commitments and perhaps change roles. For example, there will be times when a formal member such as a school teacher becomes a coach of a summer sport and agrees to become an informal team member for a family to mentor a young person in that sport. The facilitator should recognize each team member's strengths and interests to assist them in making new commitments to the family and team. Once

the revised plan with new commitments is developed, a time line should be established for the tasks and the newly documented plan should be distributed.

## Crisis Safety Planning

**Crisis:** An unstable or crucial time or state of affairs whose outcome will make a decisive difference for better or worse.

**Safety Plan:** A method of achieving security from threat of danger, harm or loss.

### Value Base for Crisis Planning.

- One child: One plan.
- Best fit with culture and preferences.
- Community-based responsiveness.
- Build on strengths to meet needs.
- Increase parent choice and family independence.
- Care for children in context of their families.
- Normalization.
- Never give up!

### Important Factors to Keep in Mind.

- Environment/Neighborhood.
- Poverty/Basic Needs.
- Supervision Needs.
- Normalized Activities.
- Transitions.
- Losses.
- Accountability.
- Existing Support System.

### Meeting Immediate Crisis Needs.

When meeting with the family for the first time or during visits prior to the first team meeting there may be times where there is a need for immediate stabilization of a situation. The following is a brief synopsis of how the four phases of the Wraparound process would be implemented.

**Engagement** – Engage and actively listen. Listen with an ear for functional strengths and supports.

**Plan** – Describe clear specific steps to meet immediate needs/stabilize the situation. Utilize functional strengths of family members and support system.

**Implement** – Assign tasks. Be prepared to become involved as needed. Do something!

**Transition** – Turn the plan over as quickly as possible. Is there enough support in place, preferably friends and family, to avoid crises in the future?

## **Stabilization Planning.**

Two key areas should be considered in immediate stabilization planning: safety and relief. Safety supersedes any other immediate needs. Safety issues may include the need for shelter or issues with the current physical environment such as access to weapons or sharp objects. Needs for relief may appear less critical than safety needs but are equally important in preparing the family to engage in a process towards a better life. Relief may include making sure families have access to the necessary communication devices, adequate heat or electricity or getting a small break from each other to maintain a safe household. Stabilization plans call for an **immediate response**, are **action oriented** and are **limited in duration**. They are put in place until the first child and family team meeting occurs. When the child and family team convenes, the stabilization plan should be reviewed to assure the immediate needs have been met and to assist with the more comprehensive crisis/safety planning.

### **Stabilization Planning Checklist:**

- Has the family been heard in identifying their immediate needs?
- Does the plan clearly focus on the needs for safety and relief?
- Has the plan taken into account existing skills, strengths and support?
- Is the plan specific and action oriented?
- Has the physical environment and all practical needs been accounted for?
- Has a clear time frame been established as to when a more comprehensive plan will be put in place?

## **Elements of Responsive and Proactive Crisis Plans**

### **Responsive Crisis Plans:**

- Tell people responding to the crisis how to react immediately and responsively to the events at hand.
- Are practical and realistic.
- Build on functional strengths of the team and community.
- Include as many natural and informal supports as possible.
- Include the family definition of crisis.
- List relevant medical information.
- List interests and strengths relevant to crisis.
- Identify and describe risk factors that may lead up to or cause the crisis.
- Describes what helps the caregiver to cope during times of crisis.
- Lists family and community supports that could be utilized including names, addresses and phone numbers.
- Identifies what resources (places or things) could be used or put in place.
- List specific strategies in order of suggested use to resolve crisis.

### **Proactive Safety Plans:**

- Aim to prevent crisis.

- Focus on what to do instead of what not to do.
- Work towards uncovering underlying needs; reasons why a crises may occur.
- Utilize functional strengths and skills to meet safety needs.
- Contain needs based on safety for community, school, family and youth.

## Things to Remember in Safety Planning

- Safety plans change over time and address all settings.
- Needs should be tied to risk factors and the family’s definition of a crisis stated in the Crisis Plan.
- Strategies should address risk factors, as well as the family definition of a crisis.
- Strategies should be written in order of suggested use.
- Keep in mind least intrusive and least restrictive to most in listing the strategies.
- Be as specific as possible.
- Have all team members sign off on plan indicating their approval and commitment to the plan.

## Effective Crisis/Safety Plans

- Describe specifically the unsafe behaviors.
- Describe specifically safe alternative behaviors.
- Analyze the function of the behaviors (unmet need).
- Take the physical aspects of the setting into account.
- Strategies reflect functional strengths, culture and choices of those involved.
- Keep everyone involved, including the community, as safe as possible.

**Credit and thanks go out to the multiple families who have helped me learn and grow while developing and practicing my skills over the years as both a facilitator and trainer. Also, to Pat Miles, national trainer and consultant, who has developed training materials for Wraparound Milwaukee, much of which have been referenced or incorporated into this manual and who has trained numerous facilitators for Wraparound Milwaukee, including myself. And lastly, to all the facilitators of this process who are willing to try on new ideas and put the necessary work into incorporating new skills to better serve the families who not only allow us into their homes but provide us with an opportunity to assist them in getting to a better life.**

**Mary Jo Meyers, Deputy Director  
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