

## Trauma-informed System of Care and the Fidelity Wraparound Process

### The Traditional System of Care Model

As we learn more about how [trauma impacts everyone<sup>i</sup>](#), there has been a paradigm shift with how we view members and service providers. Traditionally, the system of care model has been a philosophy and framework that placed the focus of change on providers to meet the needs of their patients, therefore disempowering the families. This model did not provide a connection between behaviors and symptoms to an individual's trauma history (Clervil and DeCandia, 2013).

### The Trauma-Informed Approach to System of Care

A trauma-informed model and approach to care focuses on individual and family strengths, empowerment and recovery. Viewing through a trauma lens means seeing attitudes, behaviors and responses as adaptations and coping mechanisms a member or patient adopted to survive his or her traumatic experiences. Because providers are also often impacted by trauma through secondary traumatic stress and their own trauma histories (Clervil and DeCandia, 2013), trauma-informed approaches address the secondary trauma in a self-caring and healing approach. The National Center on Family Homelessness at the American Institutes for Research offers strategies on how to successfully [create a trauma-informed system of care<sup>ii</sup>](#).

### The High-Fidelity Wraparound Process – A Trauma-Informed System of Care in Practice

Within a trauma-informed system of care framework is the fidelity wraparound model – a team-based, evidence-informed structured process that results in better outcomes for children and their families, including reunification and permanency.

The National Wraparound Implementation Center offers [key elements of the wraparound process<sup>iii</sup>](#).

- **Strengths-based perspective.** Strengths can be talents, interests or unique contributions that help the family.
- **Needs-driven process.** Wraparound focuses on why the child and family are in crisis. The family decides which needs should be addressed and providers tailor their service delivery to addressing those needs. Formal services work in concert with informal, creative and community-based strategies.
- **Team-based investment.** For a family's needs to be successfully addressed, wraparound involves a consistent group effort of all team members. Teams are configured of an even balance of professionals and "natural members" (non-paid, extended family and community members). Teams must agree upon goals and outcomes.
- **Family-determined process.** The family has access to resources, a voice that is heard and understood by other team members and ownership as partners in the planning process.

### The Wraparound Team

The fidelity wraparound process is anchored by a team approach centered around one care plan. Team members include a care coordinator, a family support partner and/or a youth support partner. Minimally, the care coordinator is on-call and available 24/7 for the members' and their families, and to meet with them weekly. The ratio of members to care coordinators includes tiered ratios based on members' need. Members in intensive care management have a much smaller ratio and number of members to care managers, while members in supportive and population health care management levels require significantly less care and have a higher ratio and number of members to care managers.

The wraparound team, the family, child and all supports, formal and informal, meet every 30 days at a minimum during intensive case management to discuss the care plan, progress on the care plan and to examine what's working or not working.

## What You Can Do

As this is a system-wide shift, implementing a trauma-informed system of care will come with challenges – including staff turnover, limited resources and competing priorities (Clervil & DeCandia, 2013). By building and integrating trauma-informed care into initial and continual staff training, service delivery and discussions with service providers and stakeholders, a trauma-informed approach will become a standard and sustainable part of your system of care.

Other methods to implement trauma-informed strategies into a system of care include (Clervil & DeCandia, 2013):

- Creating opportunities to help children and youth identify, express and control their feelings and behaviors.
- Establishing physical and emotional safety for children and creating ways to evaluate a child's perceived level of safety.
- Using knowledge of cultural backgrounds and culturally specific responses to trauma to address specific behaviors.
- Discussing self-care in team meetings and professional development.
- Participating and providing support in monthly meetings with the system of care wraparound team for youth.

## Resources

Bruns, E. J., Walker, J. S., & The National Wraparound Initiative Advisory Group. (2008). Ten principles of the wraparound process. Retrieved from [https://nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-\(10-principles-of-wrap\).pdf](https://nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-(10-principles-of-wrap).pdf).

Clervil, R., & DeCandia, C.J. (2013). Integrating and Sustaining Trauma-Informed Care Across Diverse Service Systems. Retrieved from [http://www.fredla.org/wp-content/uploads/2016/01/Tap-Trauma-informed-Systems-of-Care-Brief\\_092713\\_Ack.pdf](http://www.fredla.org/wp-content/uploads/2016/01/Tap-Trauma-informed-Systems-of-Care-Brief_092713_Ack.pdf).

Doyle, J. F., Castillo, E., Champion, L., & Evora, D. (2008). EMQ Children & Family Services: Transformation from residential services to wraparound. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health. Retrieved from [nwi.pdx.edu](http://nwi.pdx.edu)

Peterson, S. (2018, January 30). Creating Trauma-Informed Systems [Text]. Retrieved from The National Child Traumatic Stress Network website: <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>

SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from <https://store.samhsa.gov/system/files/sma14-4884.pdf>.

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<sup>i</sup> <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

<sup>ii</sup> [http://www.fredla.org/wp-content/uploads/2016/01/Tap-Trauma-informed-Systems-of-Care-Brief\\_092713\\_Ack.pdf](http://www.fredla.org/wp-content/uploads/2016/01/Tap-Trauma-informed-Systems-of-Care-Brief_092713_Ack.pdf)

<sup>iii</sup> [https://4000d928-3008-4893-a176-605717cd005e.filesusr.com/ugd/272564\\_2b46097ee7e149018a0fdd33a4b54121.pdf](https://4000d928-3008-4893-a176-605717cd005e.filesusr.com/ugd/272564_2b46097ee7e149018a0fdd33a4b54121.pdf)