

# Some Notes on Wraparound and Paradigm Shifts

by John Franz

*In past articles in the Calliope Journal, wraparound has been described as a new paradigm for human services. How can we tell if this is true? A first step is to find out what paradigm shifts really are. Then we can look at our new and old ideas, to see whether the changes we are experiencing really amount to a shift in paradigms.*

What are paradigms and what makes them shift? Thomas Kuhn, who writes about the history and philosophy of science has, has postulated the following steps in the evolution of paradigms:<sup>1</sup>

- A paradigm is a disciplinary matrix which embraces symbolic generalizations, models and examples used by those working in a particular field to communicate, to improve the effectiveness of their work and to provide efficient instruction to new practitioners.
- Paradigms usually are stated as simple theoretical models but in fact reflect an entire constellation of beliefs, values and techniques arising from the social and historical context of those who propose and identify with them.
- Paradigms are never absolute, but instead reflect only a relatively objective grasp of reality from a certain perspective, within certain variables.
- When paradigms are stable, progress in a field usually takes the form of “normal science”: research that is based on one or more discoveries in the past, which the current community of practitioners acknowledge for a time as supplying the foundation for their further practice.
- As a paradigm ages, anomalous facts begin to accumulate, despite attempts to explain them away, discredit them, ignore them, or even suppress them.
- As more and more anomalous inputs are received, the period of stable, normal science is replaced by a transitional period of uncertainty in which faith in established models begins to waver and a host of competing new approaches emerge.
- As the existing model continues to unravel and the number of competing models and challenges escalate, the field of study often enters into a crisis of understanding

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<sup>1</sup> These descriptions of the steps in a paradigm shift are derived from an article by Hans Küng, “Paradigm Change in Theology and Science” collected in his book A Theology for the Third Millennium (Doubleday, 1988). He bases his analysis on Kuhn’s seminal book , The Structure of Scientific Revolutions (Chicago, 1962), which has been updated and is still in print. The ideas developed by Kuhn to describe changes in models in the natural sciences, and by Küng to describe changes in theology seem to apply equally to developments in the science of human services.

in which it seems that no one knows what to do. “It was as if the ground had been pulled out from under one, with no firm foundation to be seen anywhere, upon which one could have built,” Albert Einstein wrote, describing the state of physics which compelled him to develop the theory of relativity.

- The level of chaos increases until some of the competing theories become more refined and others are discarded. As certain ideas attract greater followings, they emerge as “paradigm candidates”: expanded theoretical models with the potential of supporting a new body of work and inquiry.
- Ultimately, an abrupt shift to one of the candidates occurs, and the practitioners of the field cluster around it to begin a new period of normal science. This is a paradigm shift.
- A complex mix of subjective and objective factors play a role in deciding which new paradigm candidate will be selected, and as a result, the transition to a new model cannot be rationally compelled, and in fact is a kind of conversion. However, at a minimum a successful paradigm candidate has to explain all the things the old paradigm covered, plus the accumulated anomalies that contributed the prior model’s downfall.

Some examples of major paradigms shifts in the natural sciences include:

- In the 16th century, the Ptolemaic view of the earth-orbiting universe had reached a crisis as more and more discrepancies with the model were absorbed. Copernicus’s revolution answered many of the questions and allowed much better prediction of outcomes.
- In the 18th century, the almost universal theory of phlogiston, which attempted to explain why things burned (supposedly because they were enriched with phlogiston) was in a state of collapse in the face of experimental science. Lavoisier authored a fundamental breakthrough in the field of chemistry when he recognized that combustion was the result of the absorption of oxygen.
- In the 19th and 20th centuries, the long-held theory of the “ether” as the medium by which light and gravity propagated through the universe began to fail. Einstein found other ways to explain how gravity and light work, and fostered a blossoming in physics that continues today.

### **Paradigm shifts in human services**

It seems likely that human services in America are in one of Kuhn’s periods of turmoil, when the old models are weakening and no new model has emerged to carry the day. However, if we are in a period of transition, what are the basic premises of the failing paradigm, and what is the best way of describing wraparound as a potential paradigm candidate?

It would appear that an underlying theorem in much of traditional human services is the deficit or needs-driven model, borrowed from medical science. One way of describing this approach is as follows:

1. When an individual is having difficulties requiring human services intervention, the cause is usually an organic, a cognitive or a moral deficit or a combination of those problems. In other words, the person in question may have a biological or psychological weakness, injury or illness, may lack certain necessary skills, or may lack the discipline or the desire to comply with social norms.

2. In all three cases, the response to this difficulty is to conduct an evaluation, establish a differential diagnosis and select the corresponding response: a treatment designed to cure or correct the biological/psychological problem, instruction to overcome the functional limitation, or guidance to counteract the moral problem.
3. If people continue to fail to adjust their conduct to meet social expectations after receiving voluntary treatment, the alternative is to provide court-ordered sanctions in the form of additional mandatory treatment, placement in a new living environment or penal or institutional confinement.
4. When a person or group receives human services and does not get better, the reason given is usually one or more of the following:
  - a. Improper diagnosis;
  - b. Improper, inadequate or insufficient treatment;
  - c. The unwillingness or inability of the individual or group to cooperate with treatment or accept the benefits of the service; or
  - d. The unwillingness of the individual or group to conform to social expectations, despite education and coercion.

Although this model has been very effective for people with well-defined, short-term needs, its usefulness diminishes as the complexity and permanence of people's vulnerabilities increase. When people have weaknesses in multiple domains, the tendency is to order more and more evaluations, even though the results are often contradictory. Services become more expensive, and usually involve isolating people from their natural social matrices. Despite extensive intervention, positive responses are still relatively infrequent, or transient when they do occur, and often show marginal return for the expense and effort expended.

### **Wraparound as a paradigm candidate**

In response there has been an ongoing search for new approaches. Common elements in many of the proposals are integration of services, client-driven, strength planning, and creative and individualized resource development. Models that include these components are often given the general title of wraparound, a process originally used to develop plans of care for youth with severe emotional and behavioral disorders, and now being adapted to other fields including child welfare and services for older adults.

Because there have been a number of formulations called "wraparound," especially as it is used in various types of programs, the following set of basic premises is suggested as a tentative definition of wraparound as a transdisciplinary model for human services. The 15 assertions which follow represent a paradigm shift from the traditional, deficit-driven model to a holistic approach based on a balancing of social dynamics:<sup>2</sup>

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<sup>2</sup> The concepts presented here are listed without direct attribution, not because they are all original, but because they have so many sources. Wraparound borrows from dozens of theories that have been put forth during the last half century. The reader will recognize a basic structure drawn from Maslow's humanistic psychology, but adapted to include a broader social context. The principle of balancing strengths and needs is central to the service planning process developed by John VanDenBerg and his associates. The goal of transitioning from a reliance on artificial social services to naturally-occurring supports is drawn from Wolf Wolfensberger's principles of normalization, especially as developed in articles by John O'Brien. Domain-based planning and analysis has been proposed by a number of authors, including John Whitbeck, John VanDenBerg, and Lou Brown and his associates.

1. As individuals and as groups of individuals, our ability to maintain equilibrium against the challenges and stresses of life depends on establishing a positive balance between our capabilities and our vulnerabilities.
2. As the sum of our vulnerabilities begins to exceed the sum of our capabilities, the likelihood that our lives will fall apart increases.
3. The sum of our capabilities includes our individual strengths as well as support derived from the social matrices in which we live. Likewise the sum of our vulnerabilities combines individual, family, neighborhood and broader community weaknesses.
4. Individual and group vulnerabilities and capabilities can be described as falling into certain basic domains, which can be given different labels, but must include at least the organic/medical, the economic/vocational, the environmental/residential, the social/interpersonal, the emotional/psychological, the spiritual/cultural, the behavioral/legal and the functional/educational aspects of our lives.
5. The most effective way to improve the ability of an individual or group to maintain equilibrium is to combine strategies which reduce vulnerability with those which increase capability, and adapt those strategies to the specific mix of strengths and weaknesses presented by a person or group in need. Thus a family's capabilities can balance the vulnerability of one of its members, and vice versa.
6. Under this model, when human service supports are offered, but an individual or a group is unable to maintain equilibrium, the causes might be any of the following, or a combination:
  - a. The individual or group is facing internal or external stresses or challenges which overwhelm them despite the assistance provided. (In other words, no matter how great our capabilities are, there are always disasters which can defeat us.)
  - b. The helpers are focusing too many of their efforts on remediating vulnerabilities which are likely to endure despite treatment, and are failing to include strategies designed to build balancing capabilities.
  - c. The helpers are concentrating on building capabilities, and are failing to take available steps to reduce vulnerabilities.
  - d. The helpers are choosing strategies which are not effective in the specific domains in which help is most needed, or are not adapted to the specific circumstances of the individual or group.
  - e. Help that is being offered to reduce one vulnerability is either causing a different vulnerability to appear or is reducing an existing capability.
7. As a result, the first step of the wraparound process is to establish a concrete understanding of both the capabilities and vulnerabilities of a person or family in need and the various social matrices in which they live, from the specific perspective of that person or family.
8. The second step is to fashion a constellation of strategies for reducing vulnerability and increasing capability specifically matched to the unique situation of the person or group in need.

9. As these strategies are implemented, the third step is to test them to see if they are in fact helping, or if alterations are necessary. In addition, strategies must also be adjusted as the cluster of strengths and weaknesses change over time and circumstance. (It should be remembered that our strengths and weaknesses are variable, both internally and externally. Each of us has good and bad days, and the plan for support must take the potential for those variations into account.)
10. Like vulnerabilities and capabilities, support strategies can also be described in the context of the various domains and can operate within the individual sphere or in any of the social matrices in which the individual lives. For some extremely vulnerable people, entire matrices may be missing, and the strategy may focus on re-establishing a workable social network for the person.
11. Supports can also be classified as either intrinsic or extrinsic. Intrinsic supports are those which occur naturally in an individual, family or neighborhood and which are more likely to be self-sustaining without continued intervention by various human services agencies. Extrinsic supports are those which are artificial in the sense that they are imposed or offered by persons from beyond an individual's immediate social matrices, are sustained by payments to one or more formal human service professionals, and generally require some process for determining special eligibility of the individual or group receiving the support.
12. Extrinsic supports, whether designed to decrease vulnerability or increase capability, and especially where those supports must endure over time, can hurt even while they help, in that they can produce isolation, negative labeling and system dependence.
13. In light of the above premises, the goal of the wraparound process is to help an individual or a group reach a point where equilibrium is principally sustained by intrinsic supports. Therefore, where vulnerabilities are such that they are unlikely to be reduced or eliminated by short-term interventions, the thrust of wraparound planning will be to select those strategies most likely to establish or enhance complementary intrinsic capabilities to balance the impact of the ongoing weaknesses.
14. The wraparound process is:
  - a. *Generic*, in the sense that it can be used to respond to problems people face in any of the domains of their lives.
  - b. *Integrative*, in the sense that it brings together strategies from multiple domains and social matrices and matches them with the unique strengths and needs of each person or group.
  - c. *Adaptive*, in the sense that it calls for creative resource development to produce positive outcomes, rather than relying upon pre-established, categorical services which may or may not be effective in specific settings.
  - d. *Client-centered*, in the sense that it takes its lead from the person or persons being supported and defines its goals within the perspective of their personal and cultural context.
  - e. *Empowering*, in the sense that it builds toward enhancing or establishing naturally-occurring supports for people with enduring vulnerabilities, but

does not abandon a person or family that has not reached an intrinsically maintained balance.

- f. *Transformational*, both in the sense that it adjusts the pattern of support for individuals and families as their needs change as well as in the sense that it modifies the structures of its own processes to better accommodate the strengths, needs and culture of the communities in which it is being used.
15. The wraparound process is not designed to replace existing treatments, therapies and supports. It is a method for visualizing the needs of a person or family in a broader context. The total response will include any available treatments likely to reduce the specific vulnerabilities the person or family are experiencing. But if those treatments are not sufficient to restore balance, wraparound will complement them with support services designed to enhance the person or family's capabilities.

### **Wraparound in action**

An example of how using this new paradigm may improve our ability to understand and support people in difficulty comes from the world of medicine.

PKU (phenylketonuria) is an inborn metabolic disorder in which a baby lacks the ability to produce an enzyme which helps break down a certain amino acid. This causes a toxic element to increase in the body that eventually causes severe damage to the brain. Untreated this results in mental retardation, hyperactivity and other problems. A simple test of newborns indicates whether they have the disorder. Although it cannot be cured or treated medically, by controlling the child's diet so that as much of the offending amino acid as possible is excluded, the devastating impact of the disorder can be significantly reduced and in some cases eliminated.

Put in terms of the wraparound paradigm, a child with PKU has an organic vulnerability, which will endure despite any existing treatment. Nonetheless, balance in the child's life can be achieved by matching the child's vulnerability with an intrinsic support in the form of the family's ability to help the child maintain a proper diet, and an extrinsic support in the form of counseling and support to the parents.

For most children with PKU, this is sufficient. But additional vulnerabilities in some families can cause problems requiring additional support. For a variety of reasons, some parents may have difficulty keeping their child on a proper diet. The reasons might spring from any of several domains, such as a lack of discipline in the home, a lack of economic resources, illness, cognitive limitations on the part of the parent, or the impact of other family problems. But if those additional vulnerabilities are not balanced, the risk to the child increases dramatically.

One alternative for protecting the child in this situation would be to use an extrinsic, punitive strategy, such as placing the child in a foster home. This would increase the likelihood that the child would receive a proper diet, but might also cause negative results because of the enforced separation of the child from his or her parents. A second possibility would be to examine the child's broader social network to discover potential intrinsic capabilities that might be enhanced through creative strategies.

For example, assume that the root cause of the problem is that the parent seems to lack the cognitive skills to adequately monitor the child's diet. (Vulnerability in the functional domain.) In that case, court-ordered sanctions (which focus on the behavioral domain) aren't going to help much. Instruction (which is a functional strategy) might help eventually, but immediate action is needed to protect the child. By looking beyond the intimate matrix of the family, helpers might discover that there are neighbors or relatives who are willing to help out by

monitoring diet and feeding. In the terminology being suggested here, this would be developing a new functional capability from the child's immediate or proximate social matrices to balance the goal of maintaining a proper diet with the child's need to stay with his or her family.

**Essential components of the paradigm shift**

As described, there are five core transformations in the shift from the traditional model to the wraparound approach:

<b>From</b>		<b>To</b>
An atomistic view of the individual		A broader view which sees the individual within the context of a dynamic set of social matrices
A narrow concentration on vulnerability		A focus on strengths, weaknesses, challenges and opportunities
A primary goal of seeking a cure as an endpoint		A primary goal of establishing a self-sustaining balance between weakness and competence
Plans developed from the point of view of an expert helper		Plans developed from the point of view of the individual or family receiving support
Services based on matching pre-set treatments with pre-defined diagnoses		Services gathered together or created to match the unique mix of vulnerability, capability and external situations presented by the individual or family

**The future of wraparound**

For now, wraparound is only one of several candidates seeking to redefine human services in the next millennium. There are other approaches with strong support, and more may develop. Whether it will ultimately be selected as the new paradigm can't be predicted. However, the more it demonstrates an ability to provide an improved context for understanding and delivering human services, the better its chances for survival will be.

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