The Role of Empathy in the Wraparound Model

Sharon Morrison-Velasco

Dimensions of Empathic Therapy

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For more than 40 years the term "empathy" has waxed and waned through the therapeutic community. As a necessary component of therapeutic change, the concept was the subject of substantial research during the 1970s and has returned to the center of attention in the 1990s. The learning that has taken place during the last 20 years is best summed up by Bohart and Greenburg (1997):

> (as seen here) empathy (is) far more central to therapeutic change and far more than just acknowledging the client's perspective and being warm and supportive. . . . First, empathy includes the making of deep and sustained psychological contact with another in which one is highly attentive to, and aware of, the experience of the other as a unique other. . . . Second, empathic exploration includes deep sustained empathic inquiry or immersing of oneself in the experience of the other. . . . Third, empathic exploration includes a resonant grasping of the "edges" or implicit aspects of a client's experience to help create new meaning, (p.5)

If these three forms of empathy are each important, albeit at different times, for positive therapeutic outcome and change, one might certainly question why they would not be applied beyond the therapy room. This chapter is dedicated to the discussion of just such a practice, moving empathy beyond the therapy room into mental health systems, specifically systems of care for children, adolescents and their families, by using the Wraparound Model.

Wraparound Defined

John van den Berg and Mary Grealish (1998), leaders in the area of wraparound, define it as:

> . . . a simple process of people helping people. It means that a community starts with the child and the family around them, and the friends and kin around the family, and asks a crucial question—'What do this child and family, and sometimes the people around them, need to have a better life?' When we ask that question we really mean it—if the child and family need something our services do not offer, we create a way to meet the identified needs with something new, individualized to the strengths, culture, preferences, and 'ways' of the child and family, (p. 2)

This simple definition has profound implications for the practice of therapeutic services within systems. First, wraparound puts families in charge of their own service delivery from the standpoint that the *family* defines their needs and goals, rather than a system defining their diagnosis and then

assigning corresponding services. Parents must be included in every level of development of the process (van den Berg & Grealish, 1996). Services in the wraparound model are individualized by creating services which meet the family needs and goals and are defined in a way which takes greatest advantage of their strengths. Second, the family need not rely solely on a family therapist or an individual therapist for a challenged child. Rather, the family, with the assistance of a "team leader," builds around them a support team consisting of such professional supports as a probation officer, Teacher and/ or Child Protective Services Social Worker, and such "informal supports" as extended family members, mentors, and/or fellow church members. Finally, to truly understand a family's strengths and needs, and to be able to genuinely call upon the strengths of the team, one must have the most developed empathy skills involving all of the three types of empathy noted previously.[2]

Wraparound and Empathy

Traditional forms of psychological assessment usually include some type of "Intake" procedure which involves a brief family psychological and treatment history. Information is gathered from the client(s), structured in such a way as to elicit a problem and what may have been tried in the past to deal with the problem. Some of the limitations to this approach are obvious, but include the rather blatant omissions of a client's strengths, as well as a deeper understanding of the client's worldview. While "worldview" has been discussed with regard to a client's ethnic culture (Dana, 1995), world view is used here to incorporate a client's/family's ethnic culture, values, beliefs, moral views and perceptions. Taken collectively, these aspects contribute to making a family who they are. The therapist and/or "team leader" is called upon to understand no less than what this family considers to be important in life behaviorally, philosophically, emotionally, spiritually, financially, and ethically as it relates to the family goals.[3]

The "Intake" procedure in the wraparound process, then, includes a strengths assessment. Asking a family member what his/her strengths may be is not sufficient. Many people have difficulty defining their strengths and rarely see the internal gifts which have assisted them through times of crisis. Therefore, for those who can offer a reply to the strengths question, the answer often includes tasks at which people can excel such as cooking, baseball, dancing, etc. To tap into an individual's strengths and assist in defining them, one must understand the persons worldview without judgment. Does this

person value family above all else? Is independence the value which drives this person most? Is the greatest source of pride in this family that they have always supported themselves, never seeking public assistance? Can mother's fastidiousness be used as a strength rather than a burden to other family members?

Seeking and genuinely understanding the answers to these types of questions requires the "immersing of oneself in the experience of the other." It also requires "sustained psychological contact with another" such that "one is highly attentive to, and aware of, the experience of the other." Finally, if one is to assist in using these strengths to define a service plan which will assist the family in solving their problems, the process also requires a "resonant grasping of the 'edges' of the family experience" in order to create new meaning.

The story which follows is an illustration of the wraparound process as well as an example of calling upon empathy from deeper levels than systems usually permit. Under more usual circumstances, the adolescent in the following story would have been dropped from the rolls of the program due to "resistance" or "lack of cooperation" and would have had no one to turn to when he finally realized he needed help.

A WRAPAROUND STORY[4]

Samuel was a 16-year-old Mexican-American male in trouble with the law. He was hanging around with a gang, using drugs (methamphetamine) and breaking the law because of his drug use. He was arrested for burglary and possession of illegal drugs and was incarcerated for more than 6 months. Upon his release, he was referred to a therapeutic program practicing the Wraparound process. He returned home to his mother, younger brother who became heavily gang-involved, a young sister, a 2-year-old brother and an estranged father who lived in a trailer on the property of the house rented by Samuel's mother. Father was unemployed and spent much of his time drinking or collecting items to sell. To support her children, mother worked as a maid in a hotel; she considered herself responsible for feeding, clothing and providing shelter for her children.

The Wraparound therapist entered into Samuel's world without the intention to change it, but to

discover it. As discussed previously, in the Wraparound sense, cultural exploration does not merely mean understanding the Mexican-American background of the family. It means, in essence, "the immersing of oneself in the experience of the other" for the purpose of understanding and assessing strengths. When Samuel would disappear during scheduled meeting times, the Wraparound therapist would spend time with Samuel's mother, being "highly attentive to and aware of" the experience of her as a unique other. Through this exploration, the therapist came to understand her values, preferences and strengths. Mrs. Martinez's greatest strength was her intense love for her children. She acknowledged that she needed to be "a better parent." What this meant to her, was that she knew only how to "yell" at them in her frustration.

Initially, the Wraparound team consisted only of the Probation Officer, Wraparound therapist, Samuel's mother and the program's youth counselor. To build upon Mrs. Martinez's strengths, including her desire to learn parenting techniques other than "yelling," a specialized parenting class was created for three of the parents on the caseload of this therapist. As these parents learned inventions for youth who acted out through gangs and drugs, they also learned to become a support group for each other. As a result, Mrs. Martinez began to change her interactions with her son. As she became stronger in setting limits without yelling, Samuel began to talk with her more.

In an attempt to reach Samuel, the youth counselor began to knock on Samuel's door to visit, before he could "disappear." He began to "hang" with Samuel during his few hours at home or to be on grounds, waiting for him, when his school day ended. When the youth counselor had to change jobs, an AmeriCorps volunteer joined the team and picked up spending time with Samuel. This particular AmeriCorps volunteer became a special mentor for Samuel; he had shared some of Samuel's experiences as a youth and was able to offer his perspective from the view of a young Mexican-American male. Each time Samuel avoided help, the program remained. When Samuel disappeared, the program remained. When Samuel's mother called, the program answered. When Samuel violated his probation, the Probation Officer, as a member of the team, was there to follow through with appropriate consequences in a time-sensitive manner. The Probation Officer began to involve himself with the team in a way which showed the family that he cared; that he was not simply someone to pull youth from their homes and "lock them up." That is, each team member was closely *paying attention*, ready to revise service plans when they were not working, rather than blame the client for being "resistant," and ready to create the

services necessary to support family needs and strengths. Therefore, after the initial plan did not work, the second plan included the parenting skills class and the addition of the AmeriCorps worker to assist with "supervision" the parents could not provide.

Samuel reached a turning point approximately 9 months into planning; he discovered his girlfriend was going to have a baby. For the first time, he reached out to the team, asking for assistance. The team listened. The Wraparound therapist established a relationship with Samuel's girlfriend and took her to doctor visits. Samuel and his girlfriend asked for, and were provided with, parenting classes. Samuel asked for assistance in finding a job. Resume preparation and interviewing skills training were provided, along with transportation to job interviews. Samuel moved into the home of his girlfriend's parents and they were added to the team. Samuel began working on his GED. As Samuel's mother became stronger, he talked with her more; the more he shared with her, the more she felt her son had "returned" to her and she responded with even greater strength, which in turn permitted Samuel to move even closer to her; that is, strength built upon strength. Evidence of the shift in family relationships came in the form of Samuel's eighteenth birthday party. The party was given by his mother and sister, space provided by his father and was attended by his girlfriend and her family as well as his brothers and sisters. Samuel had *never* had a birthday party before.

According to the therapist,[5] her experience with the Martinez family not only required that she go to the "edges" of the client/family experience, but also to the "edges" of her own world. She describes this as a process which required that she expand her own world view in four different directions. First, she was not a member of the "Latino culture" and "stretched" to understand the family values reflected through the Latino lens. Next, was her required acceptance of Samuel's father's alcoholism. He remained on the outskirts of his family both physically and psychologically, a "force" not actively participating, yet always present. For the therapist to attempt intervention with father or with the family regarding father would have alienated all of them. Third, an understanding of the influence of Mr. Martinez on Mrs. Martinez was required. Had the therapist resorted to her own traditional views, she would have classified the marital relationship as "dysfunctional" and attempted to intervene. Yet no one was asking for that type of assistance. Nor was it alluded to as a family need or defined as a family goal. Finally, the therapist had to take the most "foreign" journey of all— into the world of Samuel's gang. Prior to this experience, the therapist had an "objectified" association of "gangs." To be able to reach Samuel, she had

to permit Samuel to teach her. She learned to see gangs as composed of people and to see those people as Samuel's friends. She came to understand that the unpredictability of Samuel's family had caused him to seek someone outside the family upon whom he could rely. As she relinquished the view of her dominant culture, the therapist offered, "you almost had to include the gang as his extended family to gain his trust."

In understanding the effect of "wrapping with empathy," perhaps most important is Samuel's own words: "My mind was blank without any motivation and I just didn't care. ... I didn't know who I could trust, so at first I just kept avoiding people at *(the program).* . . . I was (also) avoiding them because I thought I didn't need help. . . . The people at (the program) did a lot of things to help me. They listened, asked questions, got me involved in recreational activities, counseled me, and encouraged me all the way. . . . I will always be grateful to the people at the . . . program because they never gave up on me." In his letter to the therapist at case termination, Samuel says, "How did GOD know that I needed someone to give me a hand?" Samuel's story is unique because it is his. His need—to have someone never give up on him—is not. In the Wraparound process, empathy is taken to the level of entry into all domains of a family's life, devising ways to meet the most pressing needs expressed by the family in the areas of emotion, relationship, finance, religion, education and law, to name a few. The process also enters into the world of the family without preconceived paradigms into which the family must fit so that "appropriate" services which already exist can be provided for them. Therefore, services are not limited to psychiatric medication, individual psychotherapy, family therapy, and parenting classes.

Systems of Care, Empathy and Wraparound

It is probable that few readers have actually experienced mental health systems as "patients." Some may be able to understand the incredible feelings of helplessness which occur in dealing with such systems by thinking of a recent experience with an HMO. Regardless of need to ask questions, understand, receive guidance and/or regardless of sense of urgency, many people are thwarted at the HMO gate by being told that, because their need is not life-threatening, they will have to wait 3 months for an appointment, or that their need cannot be answered because the service suggested by such a need is not "covered." Similar experiences happen each and every day to families turning to mental health systems for assistance. Doors are closed because a particular client does not meet "medical necessity," fall

into a particular category treated by a particular program, or because long waiting lists make timely guidance impossible. In addition, families are dropped from program rolls for "treatment noncompliance," simply because the system could not adequately and empathically address the family needs and they "gave up." Families in desperate need of being heard are given inadequate or incorrect information (Gutkind, 1993), treated as though they are solely to blame for their children's pain, and/or told they must follow "treatment plans" which don't make sense to them.

The genuine needs of families and the models upon which service systems are designed to serve those needs have never really joined hands. Also unfortunate are the "solutions" we have chosen for our children. With few truly creative interventions offered, our system children are diagnosed, medicated and locked away from the communities in which they must someday learn how to live. Mental illness in children is devastating. However, one must ask how has one eased the pain if you have diagnosed mental illness where there is none, overmedicated the "illness" if there is one, and/ or removed the child from all "natural" supports (communities where they feel at home, away from siblings, relatives, friends and familiar schools) to be interred in a foreign environment (group homes, residential treatment centers and foster care).

These are not the acts of "bad" people, nor has all "treatment" offered been detrimental. It simply has not worked. As a result, Wraparound came into being on the grassroots level. Then, in partial recognition of the blatant lack of empathy in a system designed to provide empathic services, federal and state dollars in recent years have been provided to assist local mental health systems to redesign themselves (Stroul & Friedman, 1986; Burns & Goldman, 1999). Many of these systems have chosen to incorporate the Wraparound process. If the Wraparound process is attempted without the deeper understanding of the empathy required to perform the process, Wraparound will be unsuccessful, just as therapy without the empathic response needed by the individual at the time may be unsuccessful. (Bohart & Greenberg, 1997)

It is inevitable that in any discussion of service systems, the issue of cost must be addressed. While the use of the Wraparound process may initially appear cost prohibitive, in actuality many supports provided to a family can be inexpensive and/or free. Mentors, volunteers, and AmeriCorps members provide invaluable aid at no cost. Pulling together extended family members and community supports,

such as neighbors, can be accomplished at no cost. Making use of frequently forgotten community resources and programs often costs little or nothing. Ultimately, the cost of staff and flexible funding dollars is less than the cost of residential treatment centers and prolonged stays in juvenile retention centers. Initial data provided on financial analyses suggests substantial cost reduction over time, particularly when considering restrictiveness of living environment (Burns & Goldman, 1999).

CONCLUSION

Historically, social scientists in the psychological fields have searched for what works in therapy. With notable exceptions (Bohart & Tallman, 1999; Bohart & Greenberg, 1997; Bachelor & Horvath, 1999), practitioners and researchers have set out to "prove" one theoretical orientation is more successful than another, one set of techniques works better than another, one particular diagnosis is more amenable to one model over another, or that certain client demographics and characteristics determine success or failure in therapy. To step outside the barrage of studies, information and, sometimes heated, discussion brings a moment of peace and clarity which permits remembering what we are here for—assisting others in assisting themselves. In our search for empirically validated treatments have we lost sight of what matters? Or, in these days of managed care, is it possible to integrate what we do know empirically with what we do know intuitively and, with a little common sense, ultimately become better mental health practitioners as well as better members of our community?

It can now be substantiated empirically that empathy continues to stand out as a major factor determining client's perception of helpful assistance. Under the rubric of "relationship factors," this class of factors is said to account for 30% of the successful outcome variance in therapy (Hubble, Duncan & Miller, 1999). It has also been substantiated that healthy "bonding" is a significant factor in children's resistance to drugs and crime (Hawkins & Catalano, 1992). A little common sense would probably have told us the same things. However, once empathy moves out of the therapy room into the community and throughout the system of care, we have a much better chance of reaching our future generations.

REFERENCES

Bachelor, A., & Horvath, A. (1999). The therapeutic relationship. In M. A. Hubble, B. L. Duncan, & S. C. Miller (Eds.), *The heart & soul of change: What works in therapy* (pp. 133-178). Washington, DC: American Psychological Association.

Bohart, A. C., & Greenberg, L. S. (1997). *Empathy reconsidered: New directions in psychotherapy.* Washington, D. C.: American Psychological Association.

Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing.* Washington, DC: American Psychological Association.

Burchard, J.D., & Clarke, R.T. (1990). The role of individualized care in a service delivery system for children and adolescents with severely maladjusted behavior. *The Journal of Mental Health Administration,* 17(1), 48-60.

Burns, B.J., & Goldman, S.K. (Eds.). (1999). Promising practices in wraparound for children with serious emotional disturbance and their families. *Systems of care: Promising practices in children's mental health* (1998 Series, Vol. IV). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Bums, B. J., & Goldman, S. K. (1998). *Promising practices in wraparound for children and families with severe emotional disorders.* Washington, DC: Substance Abuse and Mental Health Services Administration.

Dana, R. H. (1993). *Multicultural assessment perspectives for professional psychology*. Needham Heights, MA: Allyn and Bacon.

Efran, J. S., & Greene, M. A. (1996). Psychotherapeutic theory and practice: Contributions from Maturana's structure determinism. In H. Rosen, & K. T. Kuehlwein (Eds.), *Constructing realities: Meaning-making perspectives for psychotherapists* (pp. 71-113). San Francisco: Jossey-Bass Inc., Publishers.

Dutton, D.G. (1998). *The abusive personality.* New York: The Guilford Press.

Gutkind, L. (1993). *Stuck in time.* New York: Henry Holt and Company.

Hawkins, J.D., & Catalano, R.F. & Associates. (1992). *Communities that care.* San Francisco: Jossey-Bass, Inc., Publishers.

Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart and soul of change: what works in therapy.* Washington, DC: American Psychological Association.

Lykken, D. T. (1998). The case for parental licensure. In T. Millon, E. Simonsen, M. Birket-Smith, & R. D. Davis (Eds.), *Psychopathy: Antisocial, criminal, and violent behavior* (pp. 122-143). New York: The Guilford Press.

Rosenblatt, Abram. (1996). Bows and ribbons, tape and twine: Wrapping the wraparound process for children with multi-system needs. *Journal of Child and Family Studies*, 5, 101-107.

St. Clair, M. (1996). *Object relations and self-psychology* (2nd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Stroul, B.A., & Friedman, R.M. (1986). *A system of care for children and youth with severe emotional disturbances.* (Revised edition). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

van den Berg, J. E., & Grealish, E. M. (1996). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child and Family Studies*, 5, 1-11.

van den Berg, J. E., & Grealish, E. M. (1998). *The wraparound process training manual.* Pittsburgh: John van den Berg, PhD (412) 366-6428.

Notes

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2 More thorough discussions of Wraparound can be found in Burchard, 1990, Rosenblatt, 1996 and Burns, 1999.

3 This point implies that the family system exists with one collective world view. It is offered for ease of discussion as related to types of empathy and is not intended to negate social constructionist theory. (Efan & Greene, 1996, p. 103—5.)

4 At the time of this writing, grave concern about the youth of America is being expressed throughout all corners of society. Outrage and shock can be heard as people mourn the results of youth violence in America. There are, of course, no simple answers. There is no one factor that has caused the pain which many of our youths now experience in their lives. It is therefore not sufficient to say we must change our television programs or, simply, eliminate some of our computer games. It is, however, common sense as well as the results of years of psychological study (Dutton, 1998; Lykken, 1998; St. Clair, 1996; Hawkins & Catalano, 1992, etc.) to say that we must pay attention to the lives of and the quality of our relationships with our children. And to pay attention to our children necessitates, in part, the practice of all forms of empathy.

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