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Wraparound Services and Other Interventions for Individuals with Emotional and Behavioral Disorders

By

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Abstract

A wraparound system is a "needs-driven process for creating and providing services for individual children and their families" (Eber, Nelson, & Miles, 1997, p. 541). It is a widely recognized intervention for children with emotional and behavioral disorders (EBD). This paper systematically reviews studies published between 1986 and 2024 to assess the effectiveness of the wraparound approach in addressing problem behaviors in individuals with EBD, and compares its outcomes to other interventions. Ten studies were identified and reviewed based on predefined inclusion criteria. The findings suggest that wraparound can be an effective treatment for reducing problem behaviors in children and adolescents with EBD. However, only three of the ten studies demonstrated that wraparound is more effective than other comparison interventions in reducing emotional and behavioral problems for both children and adults. The paper also explores the challenges in ensuring consistency in wraparound implementation and the need for continued research to strengthen its impact. Despite these challenges, the evidence highlights the potential of wraparound as a valuable intervention for supporting youth and families with complex emotional and behavioral needs.

Keywords*: individual, emotional and behavioral disorders (EBD), children and adolescents, Wraparound, intervention, systematic, literature, review, behavioral interventions.*

مجلة كلية التربية . جامعة طنطا
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https://mkmgt.journals.ekb.eg
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Comparing Wraparound Services with Other Interventions for Individuals with Emotional and Behavioral Disorders: A systematic literature review

Mental Health

Mental Health and Emotional and Behavioral Disorders

Mental health disorders are characterized by significant changes in the way children typically learn, interact, or manage their emotions, leading to distress and problems in daily functioning (Perou et al., 2013). The most common mental health disorders diagnosed in childhood include attention-deficit hyperactivity disorder (ADHD), anxiety disorders, and emotional and behavioral disorders (EBD) (Perou et al., 2013).

Emotional and behavioral disorders (EBD) are defined as conditions in which individuals display one or more of the following behaviors over an extended period, significantly impacting their educational performance (Mattison, Hooper, & Carlson, 2006). These behaviors include: (A) an inability to learn that cannot be attributed to intellectual, sensory, or health-related factors; (B) difficulty in developing or maintaining satisfying relationships with peers and teachers; (C) inappropriate behaviors or emotions under typical conditions; (D) a pervasive mood of dissatisfaction or depressive symptoms; and (E) physical symptoms or fears related to personal or school-related issues (Lehr & McComas, 2005). Individuals with EBD often exhibit characteristics such as hyperactivity, short attention spans, aggression, self-injurious behavior, withdrawal, immaturity, and learning difficulties (Mattison et al., 2006).

Emotional and Behavioral Disorders

The prevalence of individuals diagnosed with emotional and behavioral disorders (EBD) has been rising in the United States and globally. Recent data from the Centers for Disease Control and Prevention (CDC) indicates that approximately one in six children aged 2 to 8 years (17.4%) in the United States have been diagnosed with an emotional, behavioral, or developmental condition (Cree et al., 2018). Research further suggests that about 20% of children and

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https://mkmgt.journals.ekb.eg
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youth in the U.S. are diagnosed with mental health disorders, contributing to an estimated societal cost of $247 billion (Coldiron, Bruns, & Quick, 2017). However, studies also reveal that 75-80% of youth in need of behavioral health treatment do not receive it (Kataoka, Zhang, & Wells, 2002).

In response to this growing need, the Integrated Community Mental Health Services (CCMHS) Program was established in 1993, marking a significant federal initiative to improve mental health services for children and families (Painter, 2012). As one of the most prominent federal efforts, CCMHS provided funding to communities to develop systems of care for individuals with mental health disorders (Painter, 2012).

System of Care

A national priority in addressing emotional and behavioral disorders has been the development of comprehensive, community-based systems of care for children and adolescents. According to Stroul and Friedman (1986), a system of care is defined as “a comprehensive spectrum of mental health and other necessary services, organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families” (Stroul & Friedman, 1994). Pumarieja and Winters (2003) identify three core values of the system of care philosophy: the system should be child-centered and family-focused, community-based, and culturally competent.

Wraparound Services

The Wraparound model emerged in the 1980s as part of a broader system of care, designed to support individuals with severe emotional and behavioral issues within their home and community environments (Winters & Metz, 2009). The Wraparound approach was created by John Brown, a Canadian who achieved positive results by working with teenagers with emotional problems in small residential settings (Behar, 1985). Wraparound is a "needs-driven process for creating and providing services for individual children and their families" (Eber, Nelson, & Miles, 1997, p. 541). This approach integrates and coordinates services for children, their

مجلة كلية التربية . جامعة طنطا
ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

families, and teachers (Duckworth et al., 2001), allowing for tailored interventions to meet the unique needs of each family and child (Burchard, Bruns, & Burchard, 2002).

The Wraparound model is guided by several core principles, including family-centered practice, community involvement, and cultural competence. The process is individualized, meaning that it results in a specific set of services for each family (Bruns et al., 2005). The approach encourages collaboration between the family, community resources, and service providers, with a strong focus on achieving outcomes and utilizing natural supports (Bruns et al., 2000). Wraparound services aim to minimize reliance on institutional care, such as detention centers and group homes, by shifting services to community- and family-based care (Chitiyo, 2013).

The first formal implementation of Wraparound took place in Chicago under the Kaleidoscope Project, an initiative aimed at helping youth with emotional difficulties in their home environments (Burns & Goldman, 1999). Wraparound was seen as a more cost-effective and family-friendly alternative to traditional residential treatment options (Burns, Schoenwald, Burchard, Faw, & Santos, 2000). The primary goal of Wraparound is to reduce the dependency on expensive, out-of-home placements by providing services within the community and family setting (Chitiyo, 2013).

Effectiveness of Wraparound Services

Several studies have evaluated the effectiveness of Wraparound services. Suter and Bruns (2009) conducted a meta-analysis that found significant positive effects of Wraparound on key outcomes such as living conditions, behavior, school performance, and community adjustment. However, the analysis was based solely on controlled studies and included only seven studies that met the inclusion criteria. The authors noted that while the research base for Wraparound is growing, further studies are needed to confirm its effectiveness.

مجلة كلية التربية . جامعة طنطا
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ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Coldiron et al. (2017) conducted a comprehensive review of Wraparound services through the end of 2014, identifying 22 controlled studies. While the findings were generally positive, some contradictory results were also reported. The review highlighted key components of Wraparound, such as its flexibility and community-based approach, and provided initial evidence of its efficiency and cost-effectiveness.

Wilson (2008) conducted a literature review on Wraparound services for juvenile and adult offender populations, identifying nine studies. The review indicated that Wraparound services led to positive outcomes in several areas, including reductions in out-of-home placements, improved emotional and behavioral health, and better family functioning. Furthermore, Wraparound services contributed to improved educational outcomes, such as fewer expulsions, disciplinary actions, and school dropouts.

In summary, research indicates that Wraparound services are associated with positive outcomes, including improved behavior, school performance, and family functioning, as well as reduced reliance on institutional placements. While the evidence is growing, further research is needed to fully establish the long-term effectiveness of Wraparound services across diverse populations and settings.

The Gap in the Literature

Wilson's (2008) literature review focused exclusively on Wraparound services for juvenile and adult offender populations, which limits its applicability to other groups, such as children with emotional and behavioral disorders (EBD). Similarly, Suter and Bruns (2009) conducted a meta-analysis that specifically examined Wraparound services for children with EBD, but it was restricted to controlled studies (both experimental and quasi-experimental) and included only seven studies that met the inclusion criteria. The most recent systematic review by Coldiron et al. (2017) provided a comprehensive review of Wraparound services up to 2014, but the scope was still limited. However, their review concluded with a call for additional research on this topic. Since 2014 publication, ten

مجلة كلية التربية . جامعة طنطا
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https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

years have passed without an updated synthesis of the literature. Furthermore, no systematic review has yet examined Wraparound outcomes for both children and adults across diverse populations. These gaps in the research lead to two important questions:

Research Questions

This paper addresses the following research questions:

1. Have any new controlled outcome studies on Wraparound services been published since 2014, and what are their findings?
2. To what extent is Wraparound effective in reducing emotional and behavioral problems in both children and adults with emotional and behavioral disorders, compared to other interventions?

Methodology

Inclusion and Exclusion Criteria

Type of Participants

The participants in the studies reviewed were individuals diagnosed with Emotional and Behavioral Disorders (EBD), ranging from two years old to adults. For inclusion, each study needed to include at least one participant with EBD in the Wraparound group, and participants had to meet eligibility under the Individuals with Disabilities Education Act (IDEA). Intelligence was not a criterion for exclusion.

Type of Studies

This review included studies that met the following criteria:

1. **Peer-Reviewed Journals:** Only studies published in peer-reviewed journals were considered.
2. **Control Group Design:** Studies that utilized control group designs were preferred, including treatment versus treatment comparisons. The comparison group ideally received a different treatment, though studies comparing Wraparound to Treatment As Usual (TAU) were also included. The goal was to examine the effects of Wraparound relative to the services and supports typically provided to individuals with EBD.

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ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

3. **Study Design:** Studies using randomized controlled trials (RCT), quasi-experimental designs, and controlled clinical trials were included. Due to the limited number of experimental studies on Wraparound, quasi-experimental group comparison studies (i.e., those not using random assignment) and repeated-measure designs were also considered. Case studies and survey-based studies were excluded.
4. **Dependent and Independent Variables:** The dependent variable (DV) focused on the outcomes of the Wraparound intervention, while the independent variable (IV) addressed problem behaviors exhibited by individuals with EBD.
5. **Setting:** Eligible studies were conducted in one of the following settings: home, clinic, school, or alternative education settings.

Timeframe and Language

The study must have been made available from 1986 through 29 February 2024. This time was determined because it was confirmed that the wraparound process started in 1986 (VanDenBerg, Bruns & Burchard, 2003). The study had to be written in English only, to be accessible to the researchers. Other languages were excluded from the research.

Type of Interventions

Studies were included if they evaluated the wraparound intervention, either in comparison with other interventions or with treatment-as-usual (TAU). The wraparound group had to include at least one individual with Emotional and Behavioral Disorders (EBD). Studies involving wraparound interventions for individuals with disabilities other than EBD were excluded. No exclusion criteria were applied based on the initiating wraparound organization or facility.

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ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Inter- Observer Agreement

A key element of conducting a systematic literature review is ensuring inter-observer agreement. This typically involves at least one expert in the relevant behavioral field, a systematic review methodologist, and an individual (such as a librarian) tasked with searching for relevant evidence. It is also recommended to include a statistical methodologist. The researcher ensured sufficient personnel for review, including two primary coders and a tiebreaker reviewer for disputes. Once the initial coding was completed, 15% of the sample was checked for inter-rater reliability (IRR) to ensure consistent results. This process was adhered to in the current study.

Inter-rater Reliability (IRR)

The total number of studies screened (18,200) was randomly divided between two coders. The IRR was calculated at 90% for the screening process, with a 97% agreement rate for study inclusion. Furthermore, both coders achieved a 99% agreement rate on final study inclusion.

Coding Process

The author, familiar with both the wraparound process and mental health interventions, reviewed and coded the relevant publications. All coding was dichotomous (yes/no) and developed prior to the coding process. After identifying studies that met the selection criteria, the author assigned codes for multiple variables to facilitate comparisons across studies. The characteristics of each study, such as publication year and study design, were coded first. Second, the characteristics of the wraparound intervention (e.g., participant age, number, and treatment type) were coded for each group.

Search Strategy

A search was conducted using Google Scholar between January 28, 2024, and February 28, 2024, to identify relevant studies. Only peer-reviewed journal articles were included in the review. Articles published between 1986 and 2024 were considered, and the following keywords were used: "individual," "emotional,"

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ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

"behavior," "disorder," "wraparound," "system of care," and "intervention."

Identification

The initial search returned 18,200 results from Google Scholar. After removing duplicates, 8,465 studies remained. A screenshot from Google Scholar, showing the number of articles retrieved, is provided (see Figure 1).

Screening

Titles and abstracts were reviewed, and 7,379 irrelevant studies were excluded. A more detailed review of the abstracts led to the exclusion of an additional 797 studies. Further examination resulted in the elimination of 701 studies.

Eligibility

The remaining 96 full-text articles were assessed for eligibility. Of these, 86 studies were excluded. Exclusions occurred for several reasons, including a focus on families or peers rather than participants, inability to locate the full text of some studies, and the absence of a comparison group to the wraparound group.

Included in Systematic Review

Ultimately, 10 studies met the selection criteria (see Figure 2 for the PRISMA flow diagram of research records). The selected studies are presented in alphabetical order in Table 1. Each study is identified by the authors' names and the publication year. The table includes the number of participants in both the wraparound and comparison groups, the study design (e.g., randomized controlled trial, experimental multiple-group comparison, quasi-experimental, or repeated measures design), and the results comparing the wraparound group with other groups.

Included Studies

The 10 studies included in this systematic review were conducted by Browne, Puente-Duran, Shlonsky, Thabane, and Verticchio (2016); Bruns, Pullmann, Sather, Brinson, and Ramey (2015); Bickman, Smith, Lambert, and Andrade (2003); Clark, Lee, Prange, and McDonald (1996); Coldiron, Hensley, Parigoris, and Bruns (2019); Heppner (2009); Mears, Yaffe, and Harris (2009);

مجلة كلية التربية . جامعة طنطا
ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Ogles, Carlston, Hatfield, Melendez, Dowell, and Fields (2005); Stambaugh, Mustillo, Burns, Stephens, Baxter, Edwards, and Dekraai (2007); and Wallace, Quetsch, Robinson, McCoy, and McNeil (2018). These studies involved individuals aged two years or older with EBD.

Three studies employed randomized controlled trials (RCT) (Browne et al., 2016; Bruns et al., 2015; Coldiron et al., 2019). Five studies used a quasi-experimental design (Bickman et al., 2003; Heppner, 2009; Mears et al., 2009; Stambaugh et al., 2007; Wallace et al., 2018), and two studies used a repeated measures design (Clark et al., 1996; Ogles et al., 2005).

Participants

The ten studies included a total of 1080 individuals with EBD. Only 657 of the participants received a Wraparound service. Five hundred and twenty-three participants received treatment as usual or other treatments. The age of the participants across all studies ranging from two years old to 21 years old. The main age of the participants is 11.5 across the ten studies. All the studies had in their inclusion criterion that the participants should be diagnosed with Emotional and Behavior Disorder (EBD) (Browne et al., 2016; Bruns et al., 2015; Bickman et al., 2003; Clark et al., 1996; Coldiron et al., 2019; Heppner, 2009; Mears et al., 2009; Ogles et al., 2005; Stambaugh et al., 2007; Wallace et al., 2018).

Intervention

The duration of the wraparound intervention varied across studies, ranging from six months to 48 months. The intensity of the treatment was individualized based on the needs of each participant. No significant differences were observed between the wraparound group and the comparison group at baseline across all studies. Most of the comparison groups received TAU or other traditional treatments (Browne et al., 2016; Bruns et al., 2015; Bickman et al., 2003; Clark et al., 1996; Coldiron et al., 2019; Heppner, 2009; Mears et al., 2009; Ogles et al., 2005; Stambaugh et al., 2007; Wallace et al., 2018).

مجلة كلية التربية . جامعة طنطا
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ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Result

Mental Health Outcomes

Various methods were used to evaluate the impact of wraparound on children with mental health issues, including parent- and youth-reported behaviors, behavioral checklist scores, comparisons with other tests, sentinel event reports, and parent-reported service needs. The primary outcomes assessed in this review were related to mental health issues experienced by individuals with EBD receiving wraparound services. These included withdrawal, somatic symptoms, anxiety/depression, social problems, thought disorders, attention issues, delinquency, aggression, academic performance, behaviors toward others, mood swings, self-harm, substance abuse, immaturity, and learning difficulties.

Outcomes Measures

The ten studies reported outcomes data on mental health problems using different behavior scales. To measure the participants' emotional symptoms, conduct problems, peer problems, hyperactivity, and prosocial behavior, the Strengths and Difficulties Questionnaire (SDQ) (Goodman & Scott, 1999) was used by (Bruns et al., 2015). Every construct of SDQ is assessed on 3-point scales with five items ranging from 0 (not true) to 2 (sure true). Five studies (Browne et al., 2016; Bruns et al., 2015; Heppner, 2009; Mears et al., 2009; Stambaugh et al., 2007) used the CAFAS (Hodges, 1997) to measure youth functioning including eight areas (home, school/work, community, behavior towards others, moods, thinking, self-harm, substance abuse), as a structured interview with the child's caretaker. The reporters allocated scores for the eight subscales, from 0 (no impairment) to 30 (severe impairment), using a set of guidelines. Subscale scores are summarized up to create a cumulative CAFAS scale of between 0 and 240 (Hodges, 1997).

The Achenbach Checklists—the Child Behavior Checklist (CBCL) and Youth Self-Report (YSR), was used by three studies (Bickman et al., 2003; Mears et al., 2009; Stambaugh et al., 2007) to evaluate pre-post differences, and to conducted repeated-measures

مجلة كلية التربية . جامعة طنطا
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https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

analyses of variance on the eight narrowband scores (withdrawn, somatic, anxiety/depression, social, thought, attention, delinquency, aggression) and the three summary scores (internalizing, externalizing, and total problems).

Eyberg child behavior assessment (Eyberg & Pincus, 1999) is a 36-item measure of child behavior problems for children between the ages of 2–16 years (Eyberg & Pincus, 1999). This assessment was used to evaluate individual behavior problems in only one study (Wallace et al., 2018). Another scale, such as the Ohio Scales (Ogles, Melendez, Lunnen, & Davis, 2001), was used in (Ogles et al., 2005) study to assess individuals' outcomes of emotional and behavior problems.

The Behavioral and Emotional Rating Scale the 2nd Edition (BERS-2) was used in tow studies (Browne et al., 2016 & Heppner, 2009) to measures personal strengths and competencies of children aged 4.0 years to 18 years (Epstein, 2004; Epstein, Ryser & Pearson, 2002). This scale used to evaluate three areas include child self-report, parent report, and observations by third parties such as a professional. The BERS-2 investigates various aspects of the strengths of a child, such as personal and social strengths, functioning in and at school, affective strength, intrapersonal strength, family involvement, and career strength. The BERS-2 can be used to recognize children with minimal behavioral and emotional strengths, to define the strengths and weaknesses of a child for assistance and to identify targets for individualized education plans or treatment plans, document progress, and assist the researchers with gathering data for research purposes (Epstein et al., 2002).

Research Question Results

Research Question 1

The first question was: Have there been any new controlled outcome studies published since 2014, and what are their outcomes? Only four new controlled studies since 2014 found were found and included in this review (Browne et al., 2016; Bruns et al., 2015; Coldiron et al., 2019; Wallace et al., 2018). The outcomes of the

مجلة كلية التربية . جامعة طنطا
ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

four new studies were different; therefore, they will be included in the next question of this review. Other included studies in this systematic literature review were before 2014.

Research Question 2

The second question was: To what extent Wraparound is effective in reducing emotional and behavior problems for both children and adults with emotional and behavioral disorders comparing to another intervention?

The ten studies reported different results of Wraparound and the comparison groups regarding the participants' behavior problems. Participants with the emotional and behavioral disorders in both groups showed a significant decrease in problem behaviors across the ten studies. However, only three studies from the ten indicated that Wraparound is effective in reducing emotional and behavior problems for both children and adult with emotional and behavioral disorder more than the comparison groups (Clark et al., 1996; Coldiron et al., 2019; Ogles et al., 2005). Therefore, only 30% of included studies indicated that participants in the Wraparound showed better outcomes than the comparison groups Clark et al., 1996; Coldiron et al., 2019; Ogles et al., 2005).

In contrast, the other seven studies indicated that no significant differences in reducing emotional and behavior problems for both children and adult with the emotional and behavioral disorder for both Wraparound groups and comparison groups (Browne et al., 2016; Bruns et al., 2015; Bickman et al., 2003; Heppner, 2009; Mears et al., 2009; Stambaugh et al., 2007; Wallace et al., 2018). Therefore, 70% of included studies indicated that participants in the Wraparound groups and the comparison groups showed no significant differences in outcomes related to problem behavior (Clark et al., 1996; Coldiron et al., 2019; Ogles et al., 2005). Figure 3 presented and summarized the outcomes data for Wraparound effectiveness in reducing emotional and behavioral problems for the ten studies. In addition, no studies were indicating that the other intervention showed better outcomes than the Wraparound.

مجلة كلية التربية . جامعة طنطا
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ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Discussion

This systematic review evaluated the effectiveness of the wraparound approach in reducing problem behaviors among children and adolescents with emotional and behavioral disorders (EBD), with a particular focus on comparing its outcomes to alternative intervention models. Across the ten studies included in this review, both the wraparound and comparison groups demonstrated improvements in emotional and behavioral functioning. These findings suggest that access to structured, coordinated behavioral support—regardless of the specific service model—can result in meaningful reductions in problem behavior for individuals with EBD.

However, only three of the ten studies (30%) provided evidence that wraparound produced superior outcomes when compared to the alternative interventions examined (Clark et al., 1996; Coldiron et al., 2019; Ogles et al., 2005). This outcome reflects the mixed nature of the literature and suggests that while wraparound is a promising model, it is not consistently more effective than other established service delivery approaches. It is important to note that none of the studies reviewed indicated that wraparound was less effective than comparison conditions; instead, the majority showed comparable levels of improvement across conditions.

One factor that may account for this variability relates to implementation fidelity. The wraparound model is intentionally flexible and individualized, allowing it to meet complex and diverse family needs across service systems. However, this same flexibility may contribute to inconsistency in delivery quality across studies. Several included studies referenced challenges such as staff training demands, limited interagency coordination, and variability in system-level infrastructure, all of which may influence the degree to which the wraparound model is implemented as intended. These factors may partly explain why some studies found no significant advantage over comparison interventions, even when improvements were still present.

مجلة كلية التربية . جامعة طنطا
ISSN (Print):- 1110-1237
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https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Despite these challenges, the overall findings support the continued relevance of wraparound as an intervention framework for youth with significant emotional and behavioral needs. Its emphasis on individualized, family-driven, and community-based planning aligns with current priorities in mental health service delivery, particularly for populations with multi-system involvement. The fact that positive outcomes were observed across all studies—regardless of comparative superiority—provides further evidence of wraparound's viability as a treatment option.

In summary, while the present review does not provide definitive evidence that wraparound is universally superior to other interventions, it reinforces its potential as an effective and appropriate approach for serving youth with complex behavioral needs. Continued research attention is warranted to clarify the conditions under which wraparound produces its strongest effects and to support its more consistent implementation across service settings.

Limitations

The researcher identified ten studies used wraparound so, the number of studies meeting the criteria was few. More studies were examining wraparound for individuals with EBD were excluded. Therefore, that was led to the difficulty of making a definitive of outcomes' conclusions of the wraparound effect. Several factors affect the applicability of the result and findings from the studies. One of the most significant issues that five of the studies used Quasi-Experimental design and two used Repeated Measure Design and presenting group imbalances and limits the validity of those internal studies and result in difficulty in ensuring the strength of Wraparound. Only three studies used a randomized clinical trial to investigate the use of wraparound with children with EBD. Also, that presented a lack of the quality of the evidence because of the use of non-randomized trials. Besides, these non-randomized trials may reflect on the risk of bias of the findings.

مجلة كلية التربية . جامعة طنطا
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ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

Recommendations for Future Research

It is recommended for future research to employ a randomized control trial design to gain more quality of the evidence. Also, it recommended that future research include a large sample size of participants. A high number and diversity of studies may be needed to make definitive conclusions. Future research should investigate the effectiveness of wraparound and empirically validated treatment programs to determine if wraparound is more or less effective than the other treatment. It is critical for future research to continuously follow the progress being made by all the participants who were receiving wraparound. Then, further analysis of measures the outcomes should be made to ensure the quality of evidence.

Conclusion

This paper systematically examined the Wraparound research conducted between 1986 and 2024 to examine Wraparound's impact on individuals with problem behaviors and to evaluate the findings with other treatments. Ten studies were identified and analyzed based on criteria. The results indicate that Wraparound in the field of problem behavior may likely be an appropriate treatment for individuals with EBD. However, only three out of ten studies showed that Wraparound is more effective in decreasing emotional and behavioral problems for both children and adults with emotional and behavioral disorders than the comparison groups.

مجلة كلية التربية . جامعة طنطا
ISSN (Print):- 1110-1237
ISSN (Online):- 2735-3761
https://mkmgt.journals.ekb.eg
Volume (91) Issue Four October Part (1) 2025

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Table 1

Studies Characteristics

The Study	The Year	Number of participants (Wraparound)	Number of participants (Comparison)	Study Design	The Result
Browne et al.	2014	67	68	Randomized Controlled Trail	No significant differences
Bruns et al.	2015	47	46	Randomized Controlled Trail	No significant differences
Bickman et al.	2003	71	40	Quasi Experimental design	No significant differences
Clark et al.	1996	54	78	Repeated Measure Design	The Wraproun d showed better outcomes than the compariso n group
Coldiron et al.	2019	24	23	Randomized Controlled Trail	The Wraproun d showed better outcomes than the compariso n group
Heppner	2009	12	11	Quasi Experimental design	No significant differences
Mears et al.	2009	78	29	Quasi Experimental design	No significant differences
Ogles et al.	2005	37	35	Repeated Measure Design	The Wraproun d showed

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					better outcomes than the comparison group
Stambaugh et al.	2007	54	53	Quasi Experimental design	No significant differences
Wallace et al.	2018	19	21	Quasi Experimental design	No significant differences

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Figure 1

A Screenshot of Google Scholar Showed How Many Articles Were Found

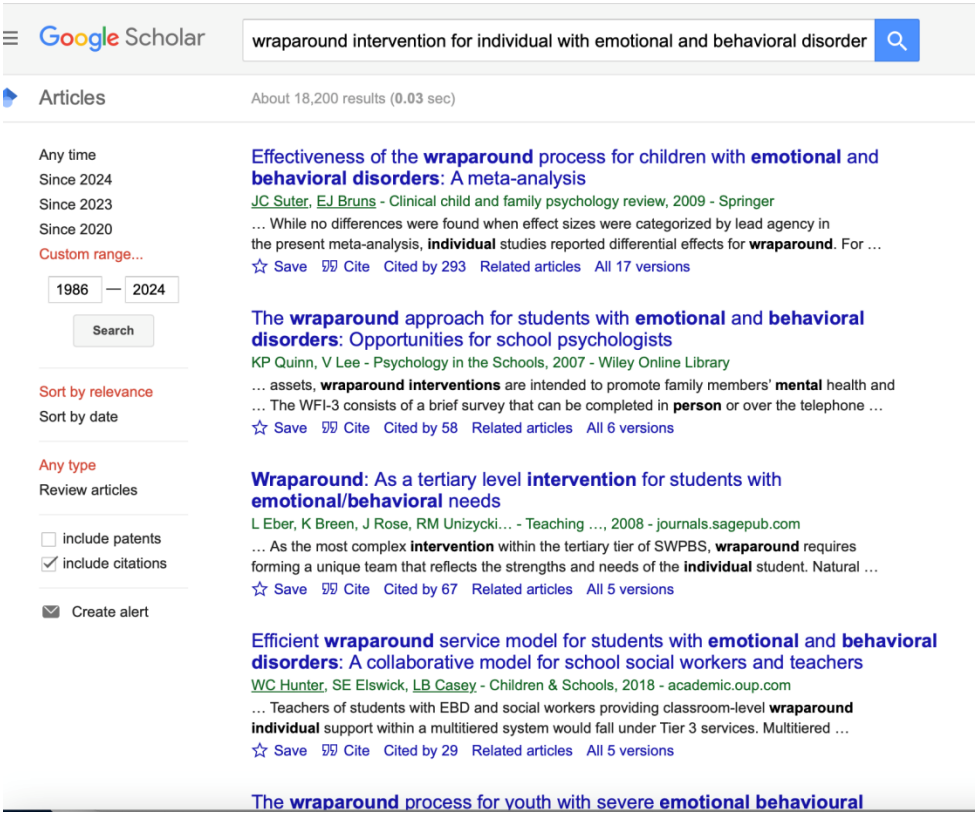

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Figure 2

PRISMA Flow Diagram of Study Search Procedures

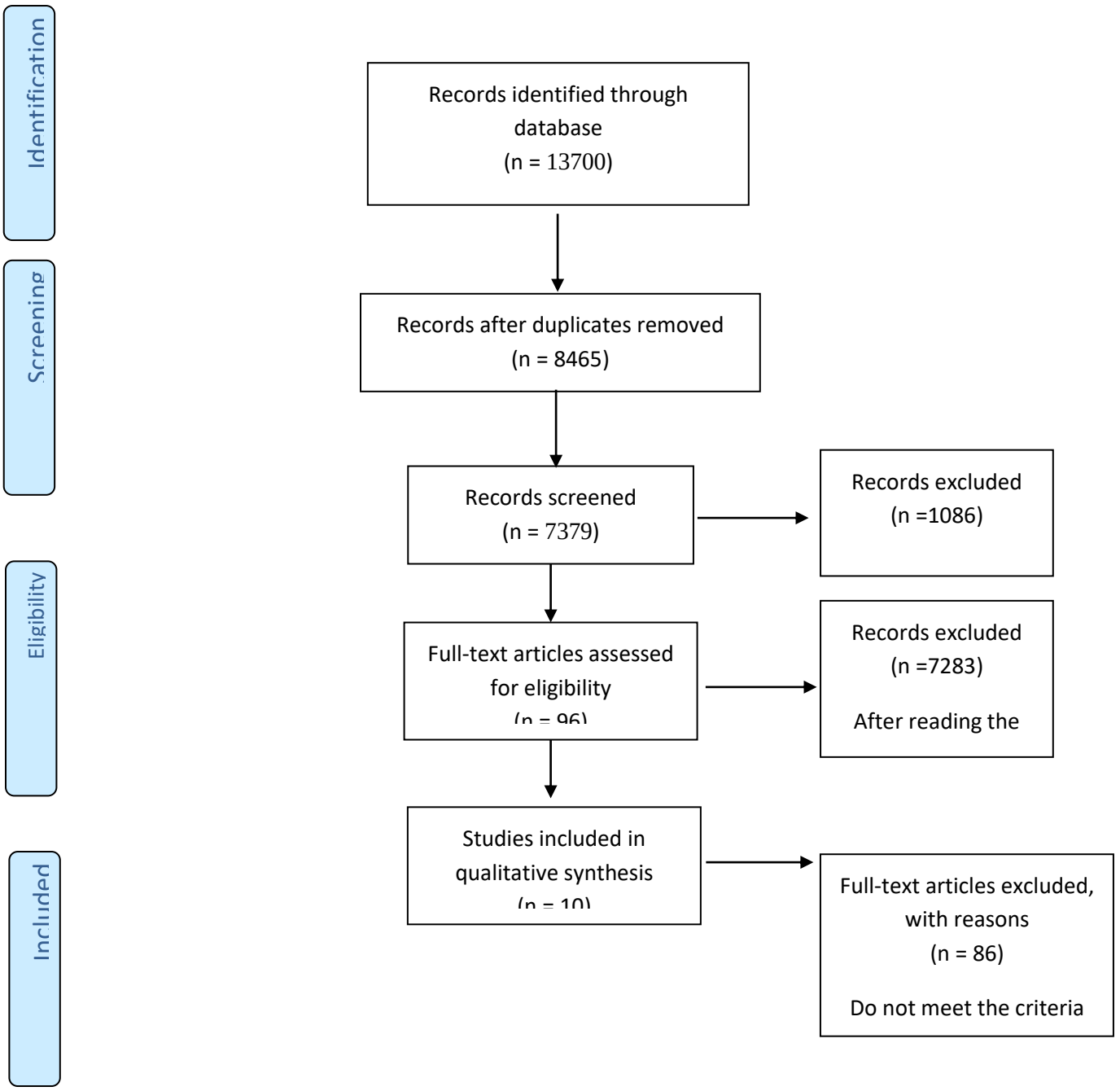

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Figure 3
The Result of The Review