

# MAP & Practicewise Tools Overview Training

The MAP System: Managing and Adapting Practice



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# Getting Started with MAP

- Access to resources at DAT STAT
- Introductions and goal setting
- What is MAP? Why should I learn about it?

# Getting Started with MAP

## □ Concepts

- EBS System Model
- Focus-Interference
- Connect-Cultivate-Consolidate
- Clinical Event Structure
- Embracing Diversity

## □ Resources

- PWEBS Database
- Practitioner Guides
- Clinical Dashboard

## □ Applications

- Assessment
- Monitoring

# Training Progression



# Questions in Chat Box

- At any point, you can put questions in the chat box!



# Getting to Know You

- Name
- Role Today: User or Trainer
- Training background
  - ▣ MSW? Psychology? MFT?
- Practice setting
  - ▣ Clinic, Home, School, Residential?
- Other EBP experience?

# Why Are We Here?

- What is your knowledge of MAP & Practicewise tools coming into the training today?
- How do you envision this training connecting to your work or to the individuals and families you serve?



# What Is Managing and Adapting Practice (MAP)?

- A system for providing evidence-informed care
  - ▣ Includes a variety of models to support assessment and planning and monitoring of care for a variety of problems
    - Include coordination of care for cases with multiple problems
  - ▣ Includes resources that help you manage and adapt practice
    - Database summarizing hundreds of treatment studies
    - Practitioner guide that includes the most common practices from the most successful treatments
    - A tool to track treatment history and client outcomes

# The Bottom Line

- A single system designed to support your clinical decision making using evidence
- Coordinates provider and family expertise (local knowledge) with findings from the evidence base (general knowledge) to guide and organize treatment
- More like a toolkit to build treatments, rather than a treatment itself

# The Evidence-Based Services System Model

## The EBS System Model

# The EBS System Model

- A model for how a system is structured to provide a service, which outlines:
  - ▣ What decisions are being made
  - ▣ Who makes those decisions
  - ▣ What drives the decision-making
- Examining the EBS System Model helps us think about how we formulate a case and how to make informed decisions about clinical care

# Why the Focus on “Evidence-Based?”

- Evidence
  - ▣ Is frequently available but infrequently used
  - ▣ Holds us accountable
  - ▣ Helps us set priorities
  - ▣ Keeps us organized and grounded
  - ▣ Gives us ideas
  - ▣ Allows us to self-correct and develop as professionals
  - ▣ Helps us make better decisions

# What Are Those Decisions?

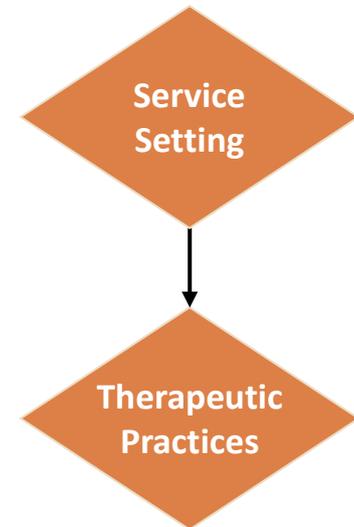
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# Where should we treat the youth?

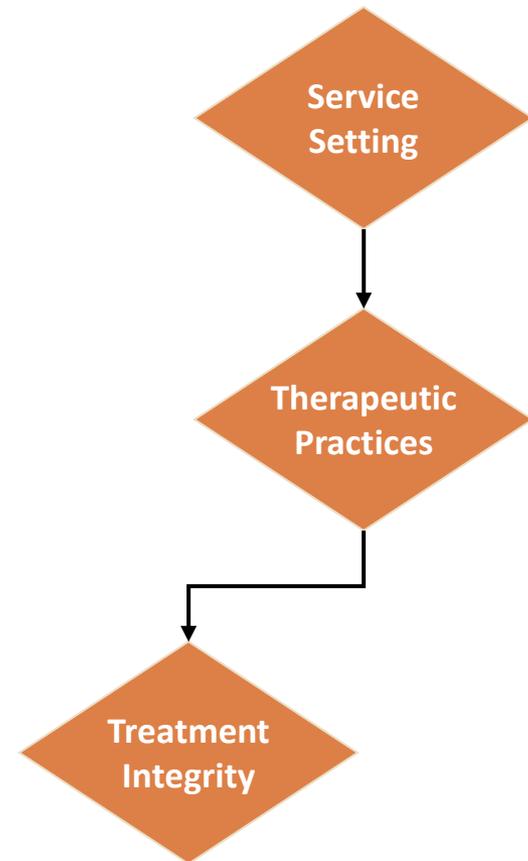


Service  
Setting

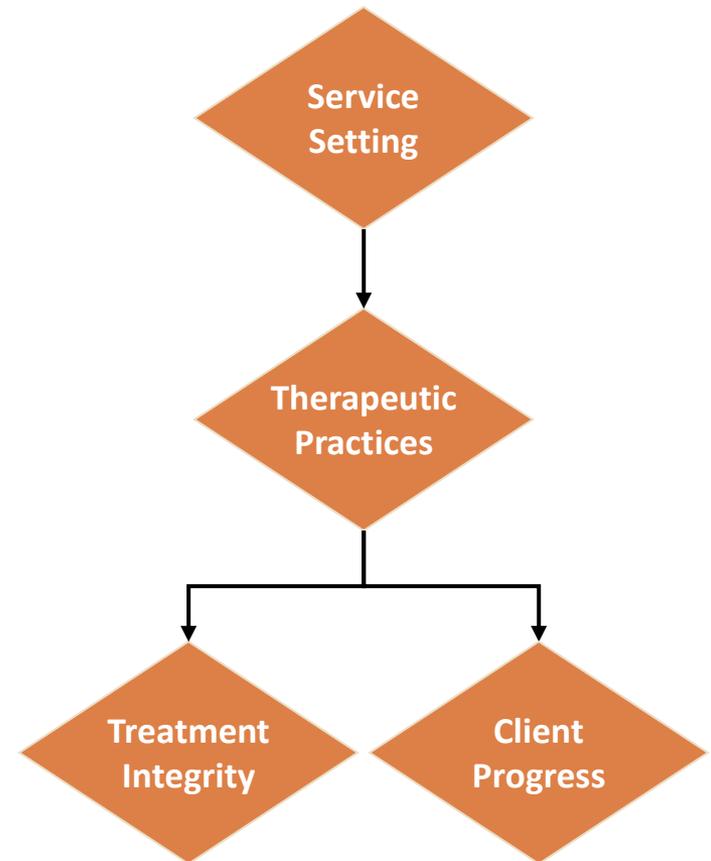
# How should we treat the youth?



# Are we providing quality services to the youth?



# Is the youth getting better?



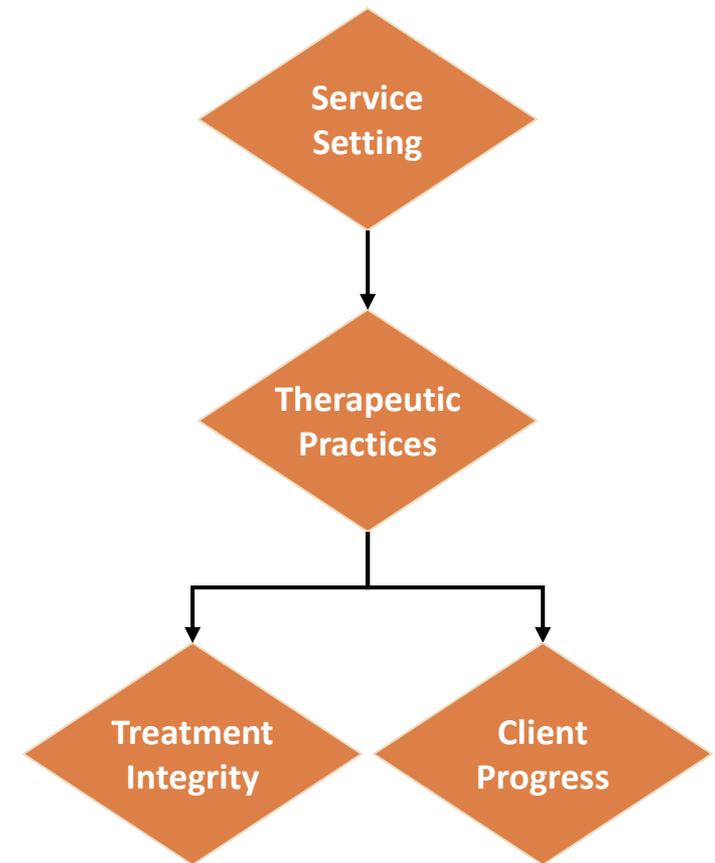
# EBS System Model

- Targets and Goals
  - ▣ What are the treatment targets/main problem areas?
  - ▣ What are the goals of treatment?
  - ▣ These directly affect the rest of the content/structure!
- Service Setting
  - ▣ Where is treatment provided?
- Treatment Practices
  - ▣ What are the components of this treatment?
  - ▣ EBP sessions or Practice Elements
- Treatment Integrity
  - ▣ How do you know that you are keeping good fidelity to the treatment as it was intended to be implemented?
- Client Progress
  - ▣ Are there certain measures that are good indicators of treatment progress towards goals?

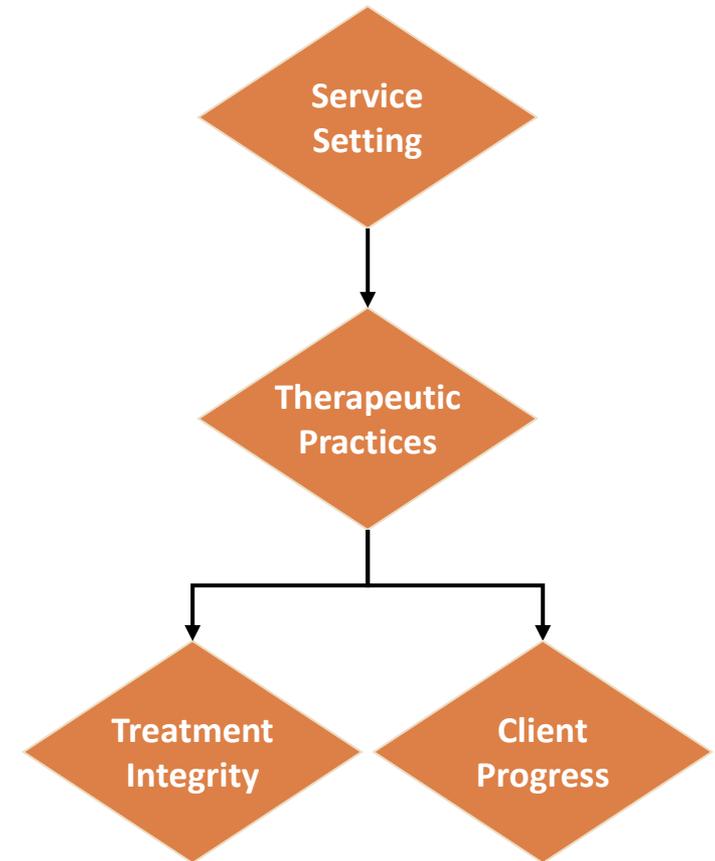
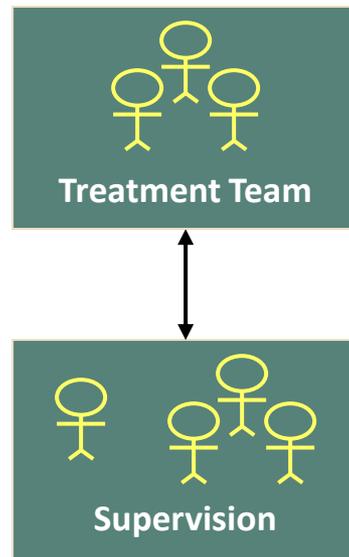
# Who Are the Decision-Makers?

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# Who should treat the client?



# How should we manage the treatment?



# EBS System Model

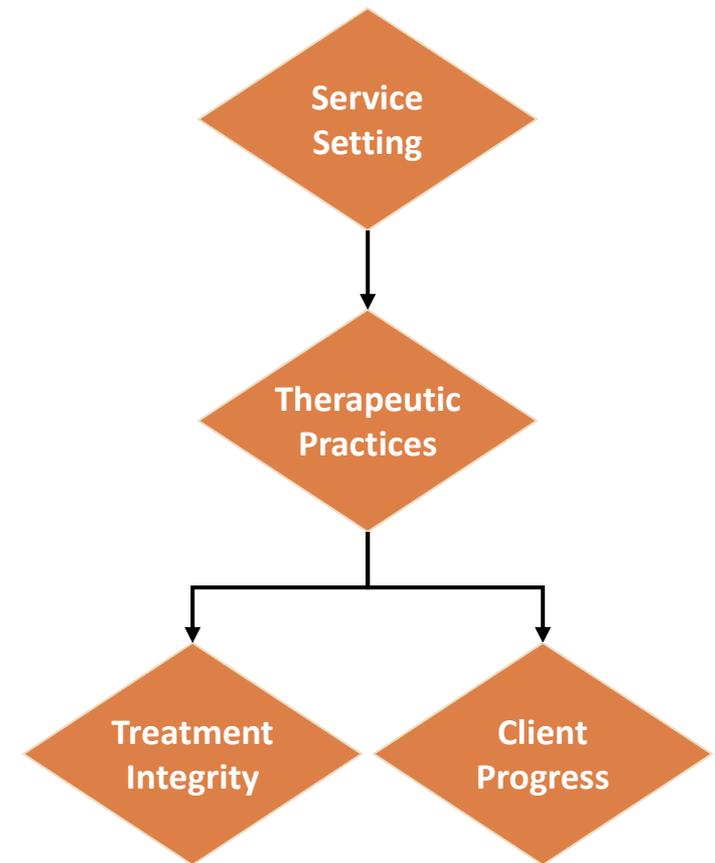
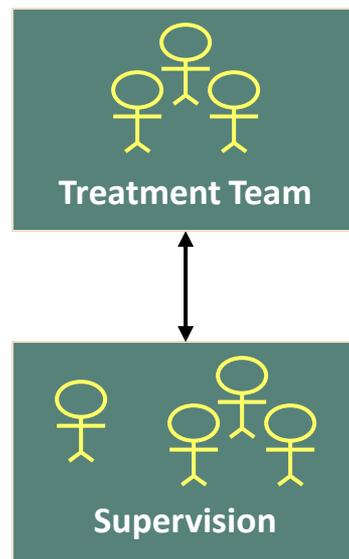
People

- Treatment Team
  - ▣ Who is involved in the treatment of the youth?
- Supervision
  - ▣ What does supervision look like for this EBP or type of organization?

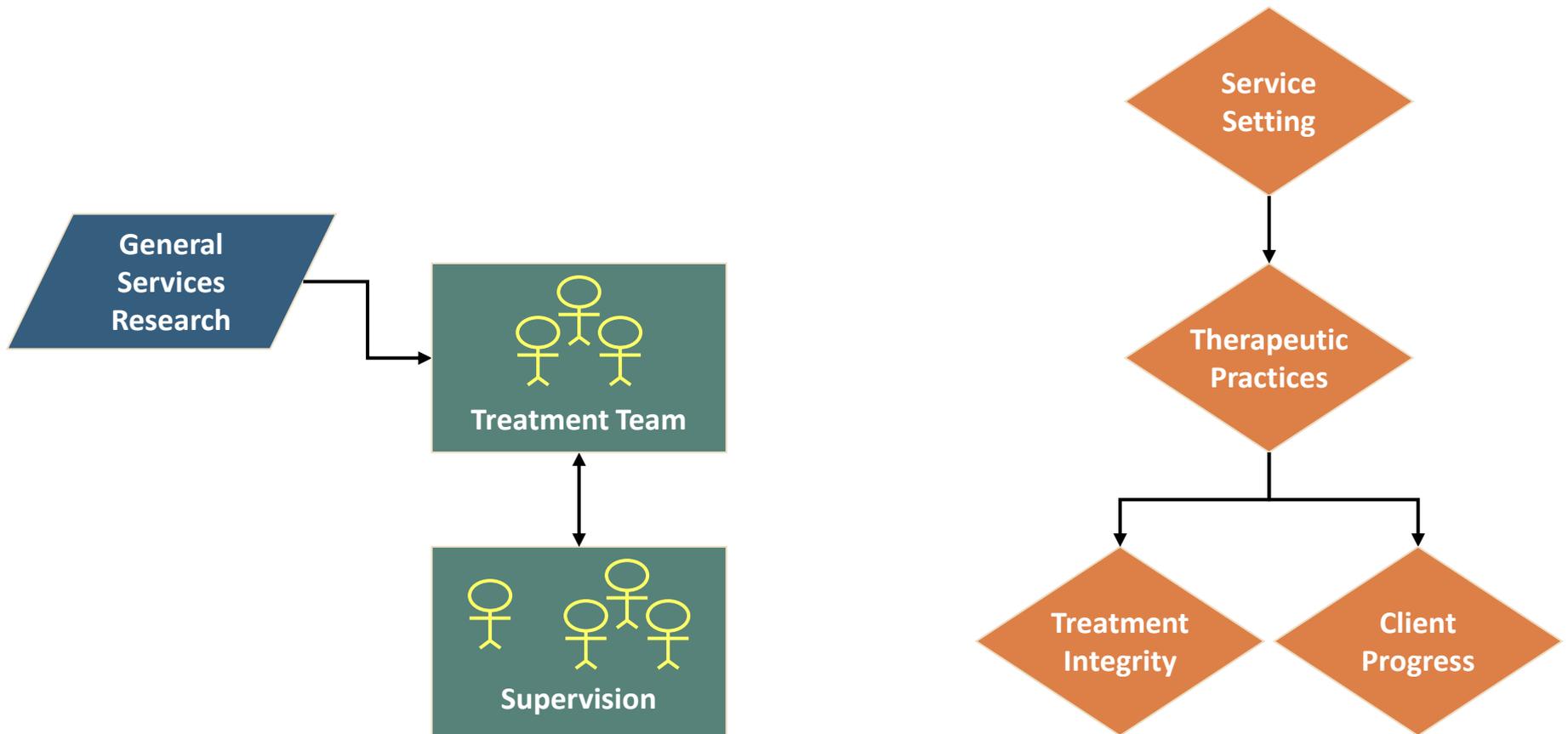
# What Drives Decision-Making?

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# What evidence drives decisions?

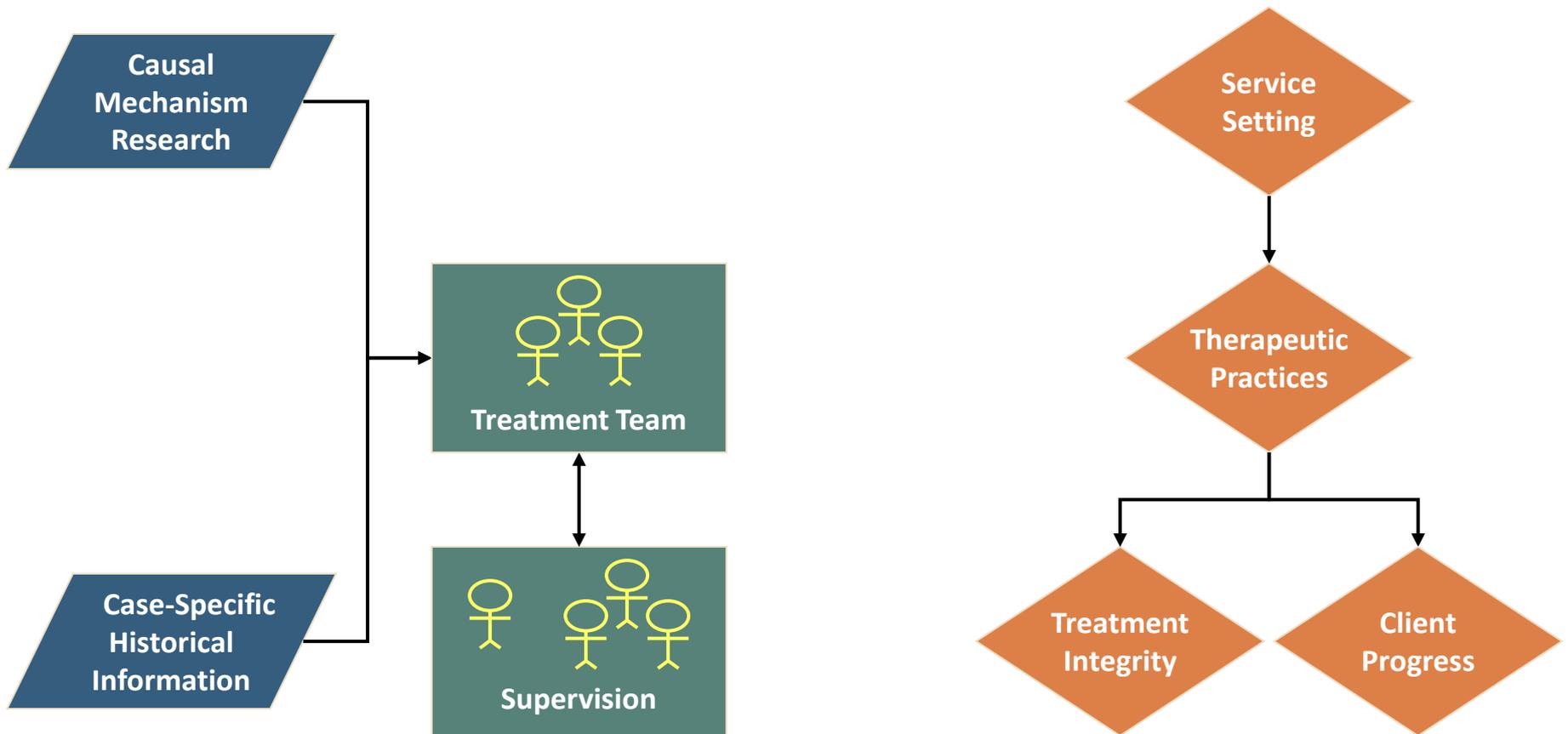


# What evidence drives decisions?



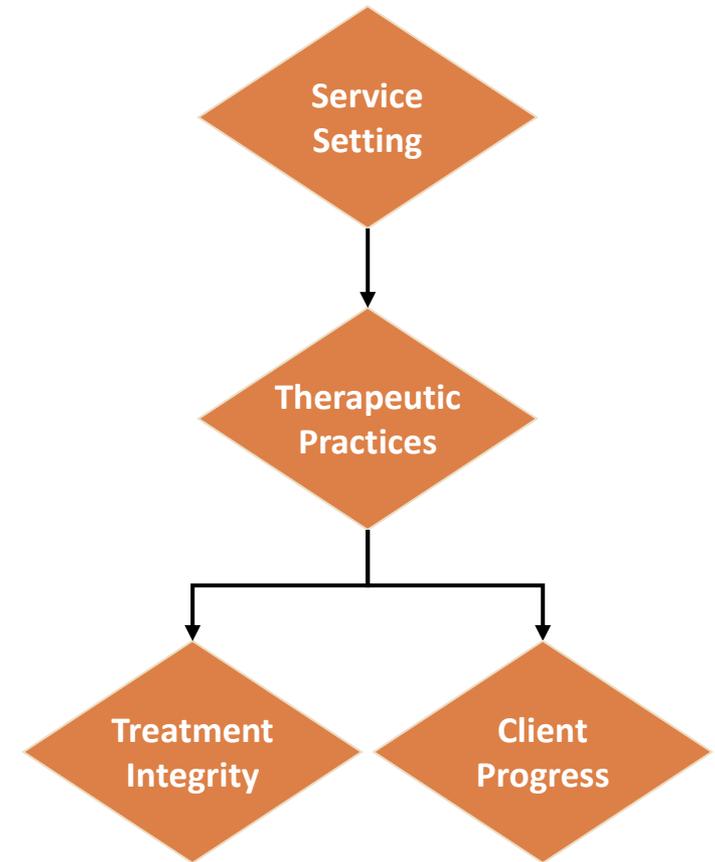
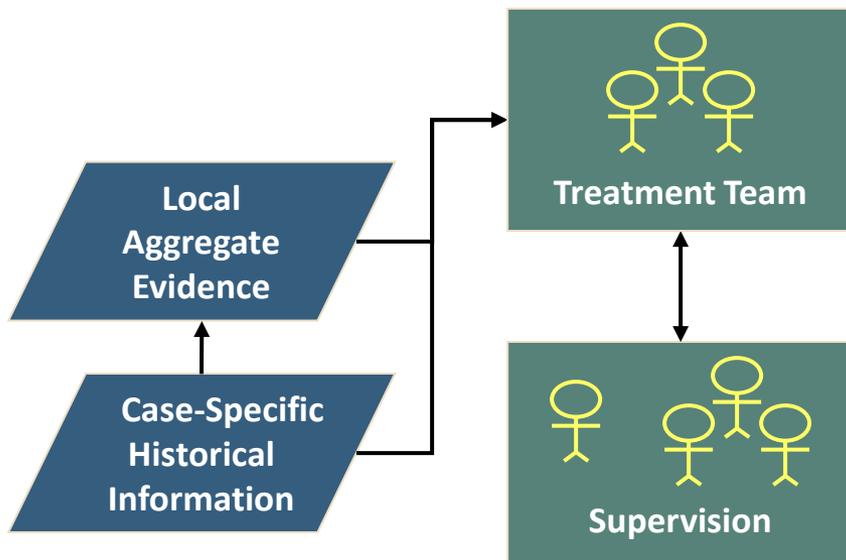
## ***Evidence Based Treatment (EBT) Model***

# What evidence drives decisions?



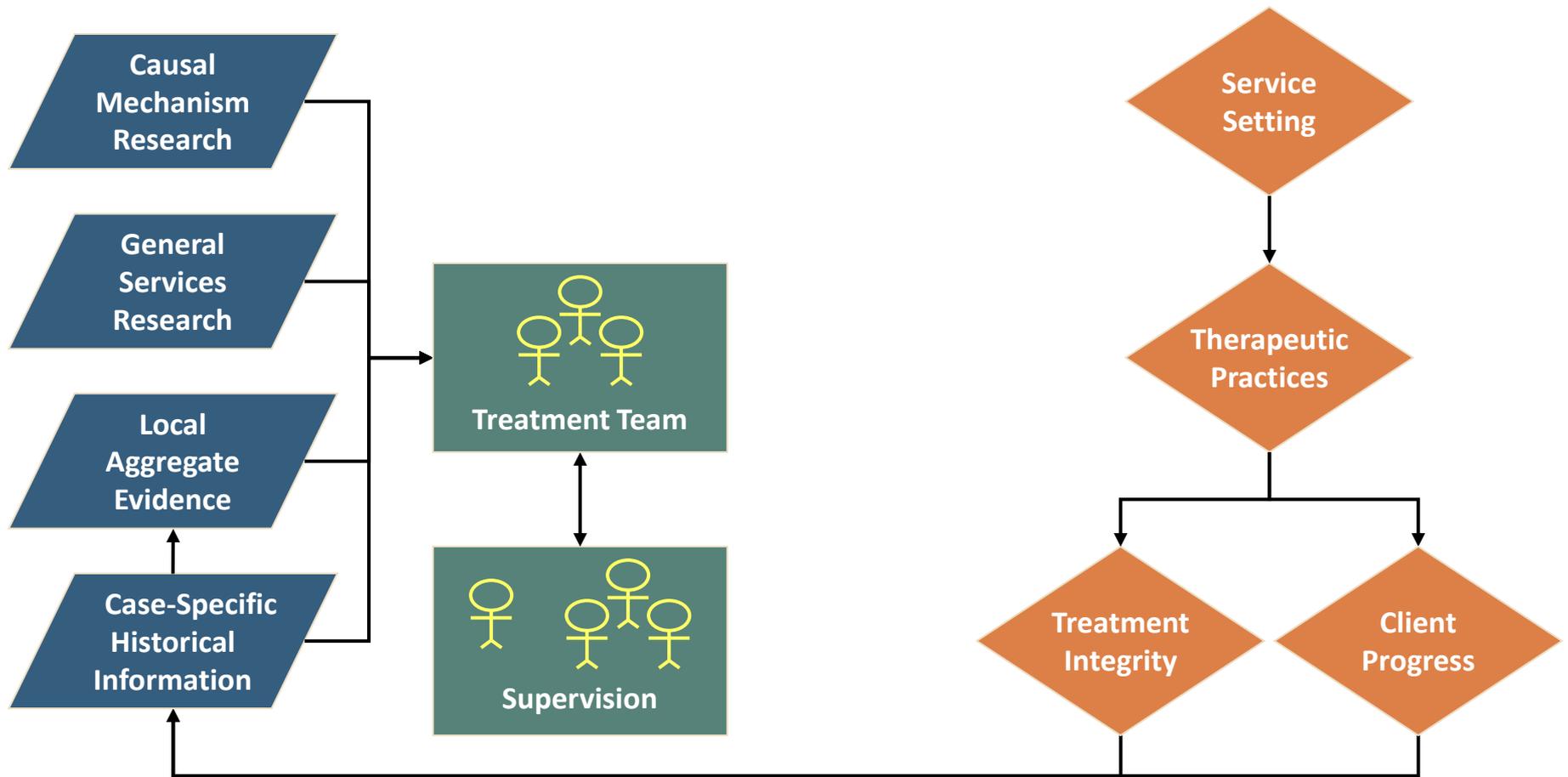
## *Individualized Case Conceptualization Model*

# What evidence drives decisions?



## *Practice-Based Evidence Model*

# Best to use all the evidence to drive decisions



# EBS System Model

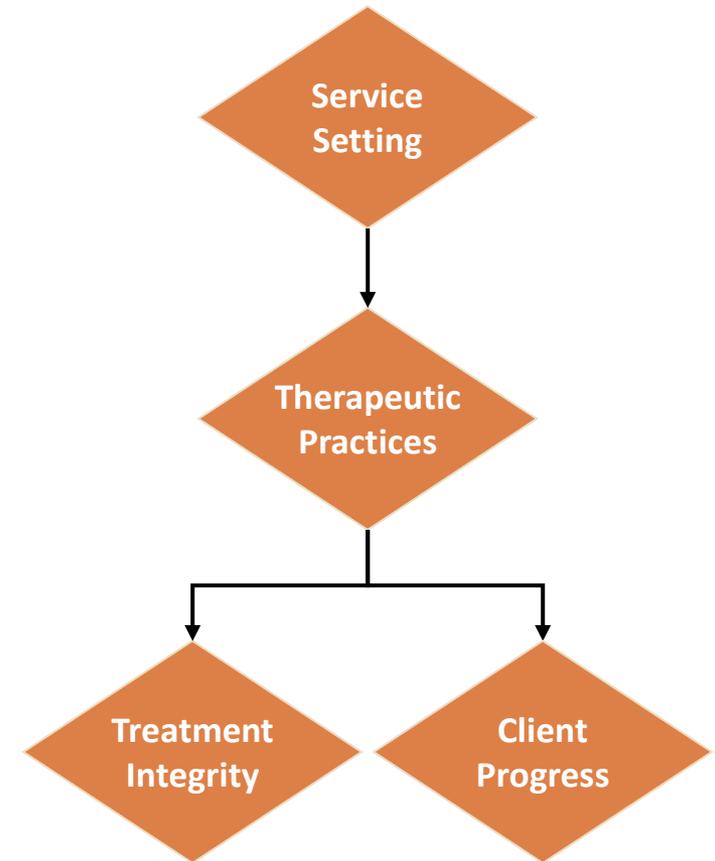
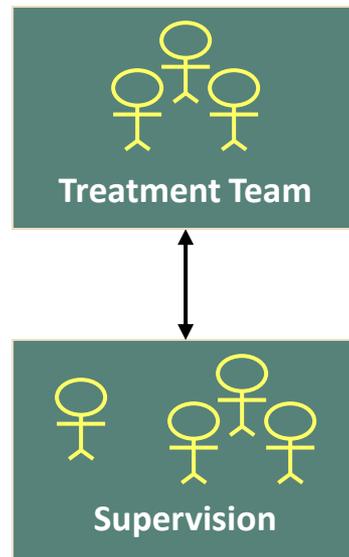
Sources of  
Information

- Causal Mechanism Research
  - ▣ Theory on psychopathology; information on the etiology and development of mental health problems in youth and families; basic knowledge about development, emotions, and behaviors
- General Services Research
  - ▣ Knowledge represented by all the studies of treatments that showing what has worked for certain kinds of youth with particular mental health problems
- Local Aggregate Evidence
  - ▣ Information grouped into units (e.g., caseloads, agencies, counties) summarizing averages, patterns, or trends on matters of interest (e.g., average test scores, effectiveness of treatments)
- Case-Specific Historical Information
  - ▣ The history of each youth or family, which can include practices received and progress ratings as well as background information that describes the youth or family's characteristics and past experiences

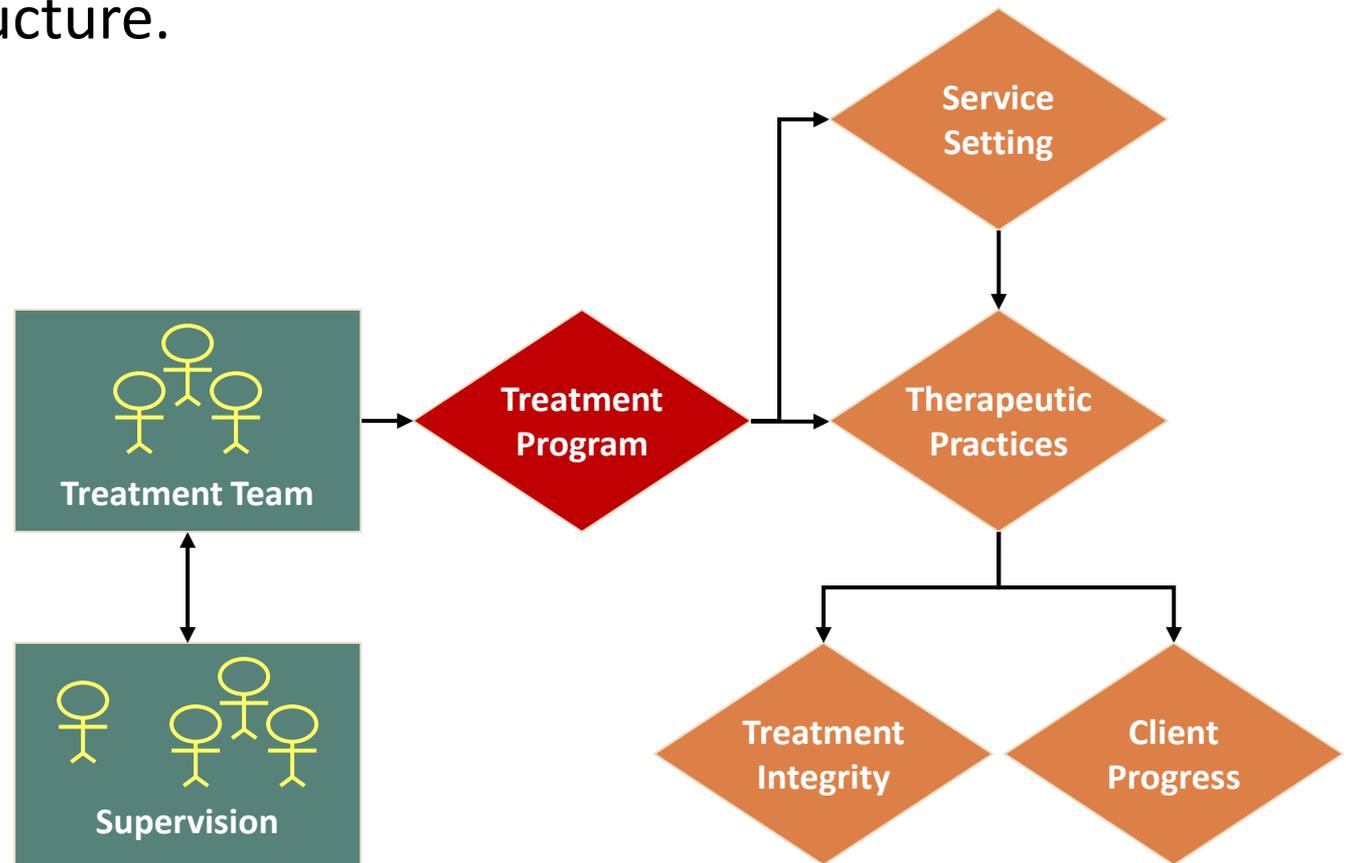
# How Are the Decisions Related?

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Often, treatment programs make many of the decisions for you in advance.

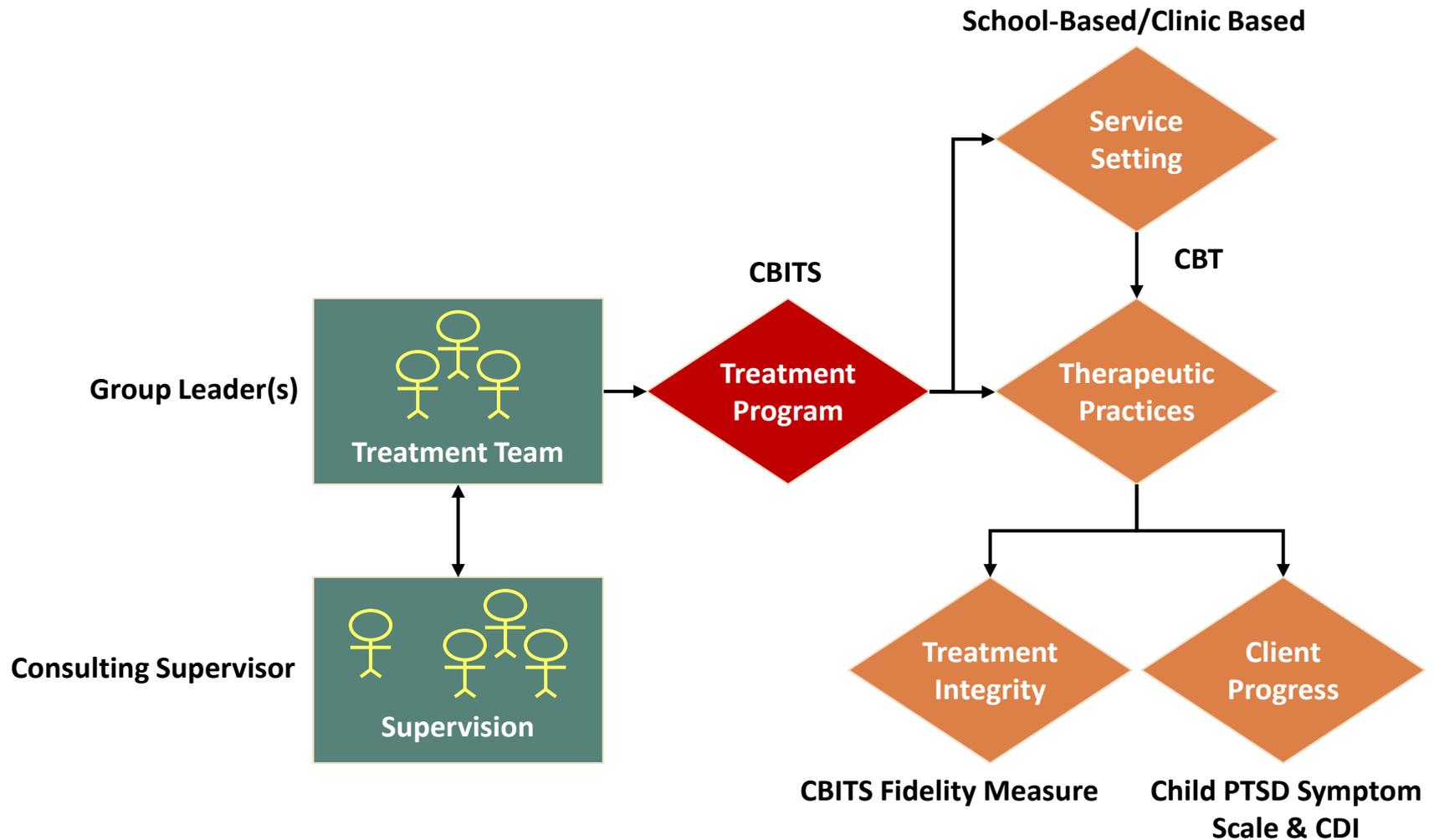


Selecting a treatment program will often dictate the setting, practices, integrity measures, progress measures, and even treatment team and supervision structure.

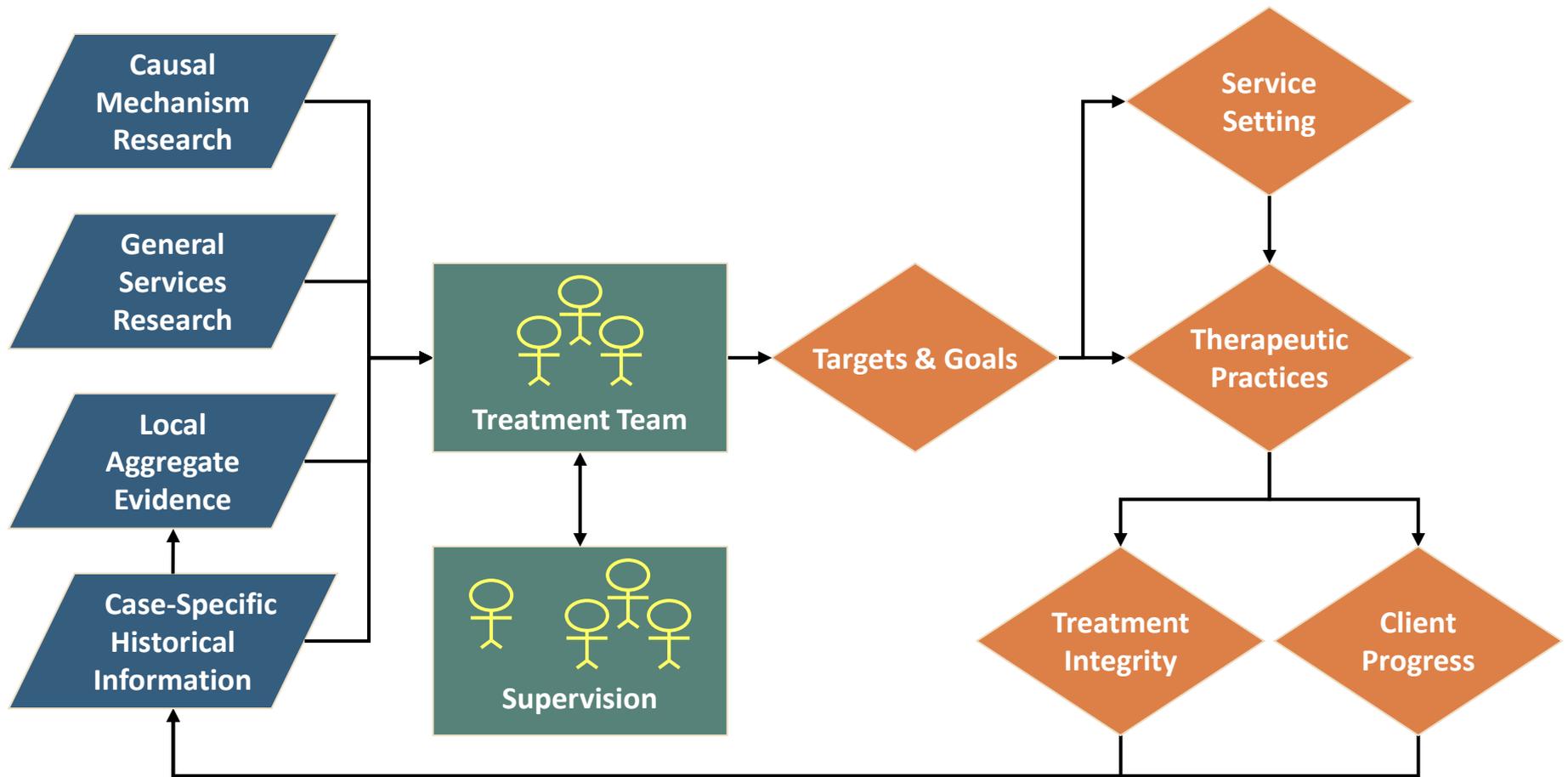


# Example

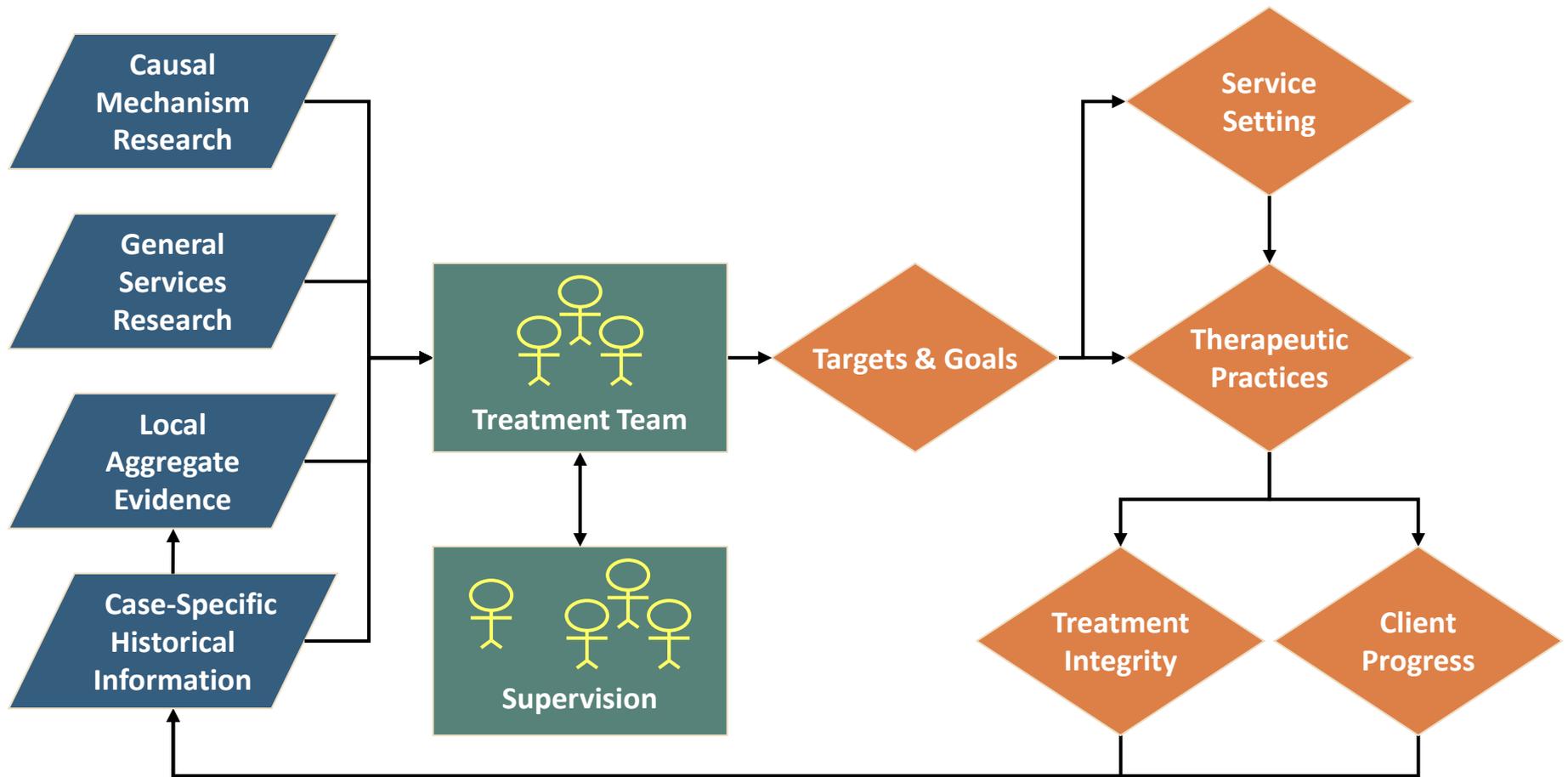
## *CBITS: Cognitive Behavioral Intervention for Trauma in Schools*



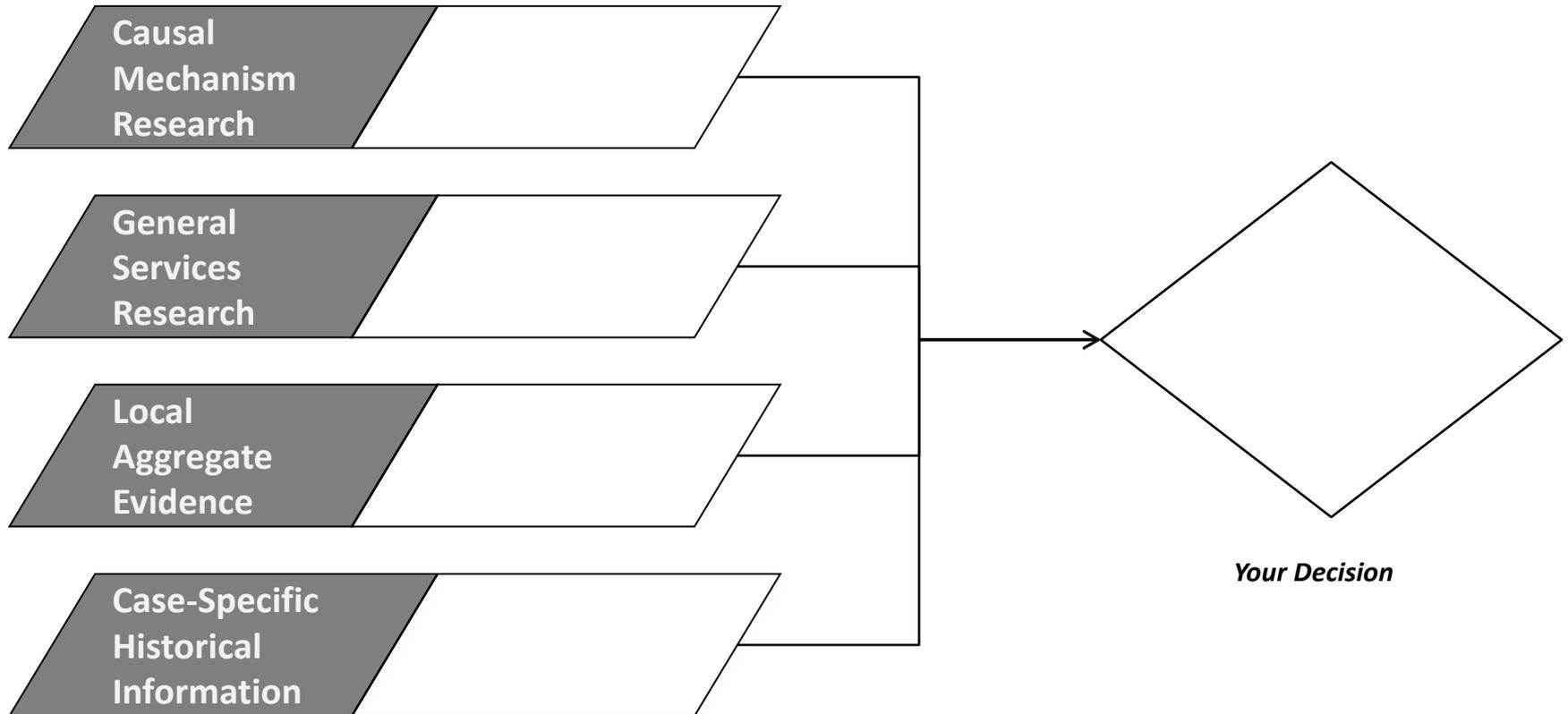
But these decisions can be “unbundled” by selecting **targets and goals** first and making other decisions in turn.



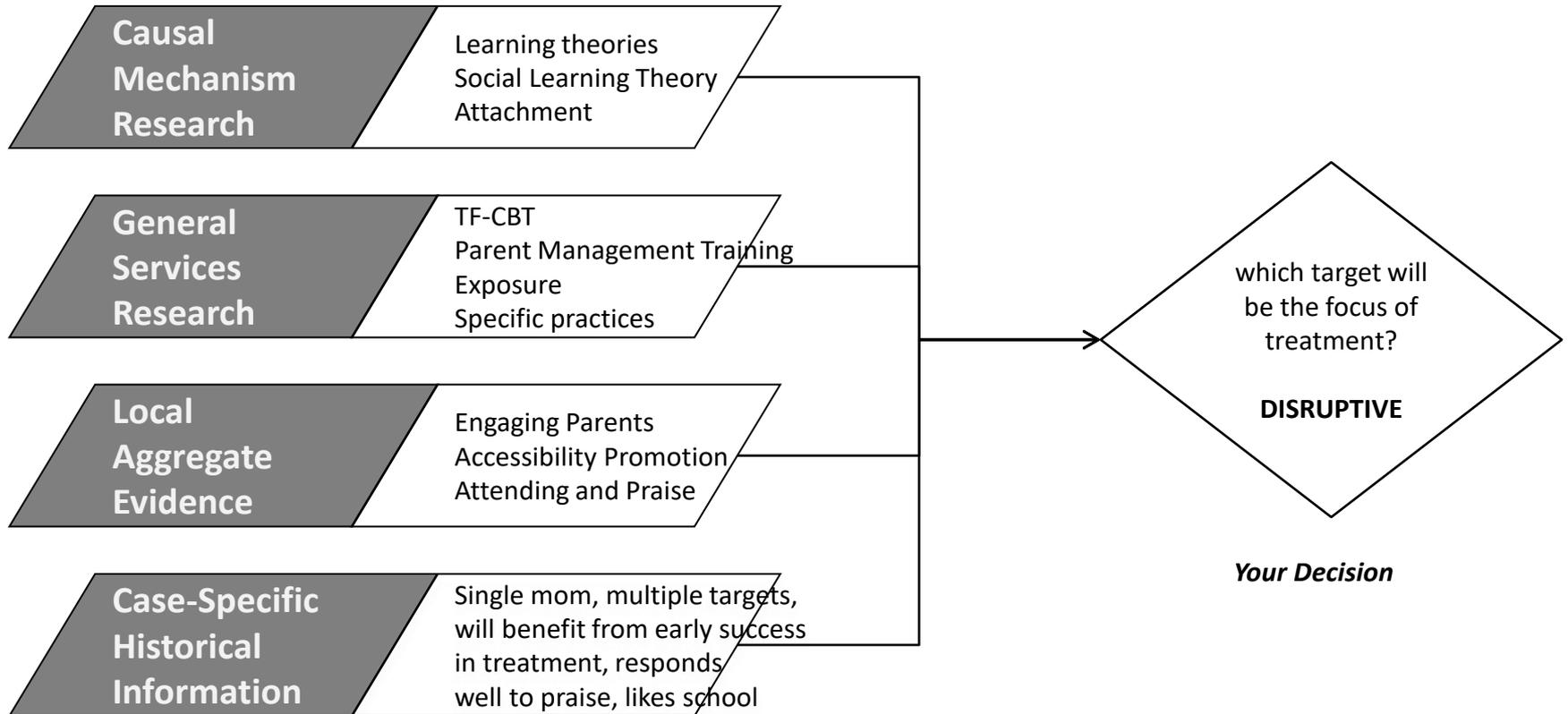
# The EBS System Model



# The Evidence-Based Services System Model



# The Evidence-Based Services System Model



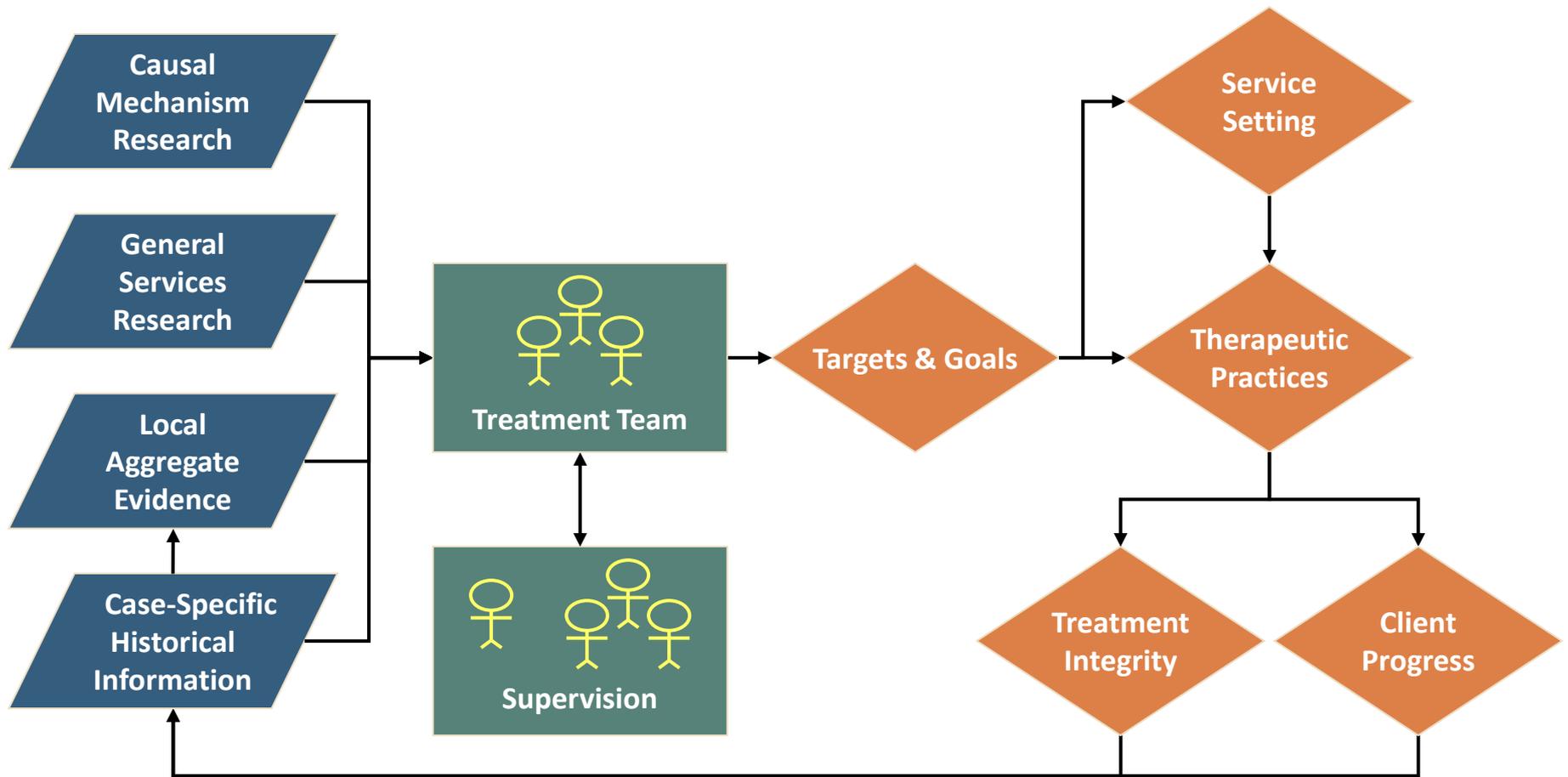
# EBS System Model: Process Guide

- 10 minute reflection
  - ▣ Consider a case on your current or past caseload
  - ▣ Come up with a key question/decision (e.g., What practices should I use? When should I finish treatment?)
  - ▣ Fill in the boxes of your process guide to show what evidence you used from each category in making one of your clinical decisions
- 10 minute rehearsal—explaining your use of evidence
  - ▣ Now work with a partner:
    - Rehearse explaining how you thought through your treatment plan using the EBS System Model; each person gets 5 minutes to discuss
    - Describe how you made decisions about each section and clarify which data sources you used for your choice
    - Describe your thinking concerning
      - Assessment
      - Planning
      - Monitoring

# PWEBS Database

PracticeWise Evidence-Based Services Database

# The EBS System Model



# What is in the treatment literature?

General  
Services  
Research

- Hundreds of studies
- Over a thousand treatment protocols
- Tens of thousands of youth participants

# Information Overload



“Good to see you. As soon as I finish reading these papers, we can start our session today.”

# PWEBS Database

The screenshot shows a web browser window with the URL <http://www.practicewise.com/pwebs6/index.aspx>. The browser's address bar also shows a tab titled "Evidence-Based Youth Men...". The website's navigation menu on the left includes: Home, Youth Treatments, Treatment Protocols, Treatment Practice, Research Papers, Overview, Exit, and Display Options (+/-). The main content area features a "Welcome" header, a section for the "Evidence-Based Youth Mental Health Services Literature Database" with a welcome message, and a detailed "Welcome to the Evidence-Based Youth Mental Health Services Literature Database" section. This section includes instructions for searching youth treatments, treatment protocols, treatment practices, and research papers, along with a link to the Terms of Use. The footer of the page contains the copyright notice "© 2012 PracticeWise, LLC".

**PracticeWise**

## Welcome

### Evidence-Based Youth Mental Health Services Literature Database

Welcome! This application was created to help improve the lives of youth and families by providing information about mental health treatments for youth. This site allows you to search a database that contains treatment summaries based on an expert review of published research that meets specific standards for scientific quality.

### Welcome to the Evidence-Based Youth Mental Health Services Literature Database

Below is a brief description of this database to help you find what you need.

#### Search Youth Treatments

Enter specific youth characteristics in order to find matching treatment protocols, treatment practices and research papers specific to your search criteria.

#### Treatment Protocols

Search for treatment protocols by author, title, or type of treatment to find out what practices are used and which studies tested the protocol.

#### Treatment Practice

View practice descriptions, find treatment protocols that use a specific practice and studies that test a specific practice.

#### Research Papers

Search for specific research papers by author, title, or source to find the protocols and practices that were studied.

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# PWEBS: How Does It Work?

## YOU CAN SELECT

- Strength of Evidence
- Problem Type
- Age OR Grade
- Gender
- Ethnicity
- Setting
- Diagnosis

## YOU GET BACK

- “Families” (types) of treatments that have been shown to work
- Settings/Formats where/how the treatments took place
- The components of those treatments

# What Is Strength of Evidence?

- A classification of treatments according to the quality and quantity of evidence behind them
- More evidence usually is associated with greater confidence in that treatment
- Guided by standards set by APA Division 12



# Best Support: Level 1

- Two or more studies showing
  - ▣ Treatment was better than another treatment or placebo
  - OR**
  - ▣ Equal to an established treatment (with  $n > 30$  per group)
- Treatment manual needed
- Sample characteristics clearly specified
- Multiple investigator teams



# Good Support: Level 2

- Two or more studies showing
  - ▣ Treatment was better than waitlist or no treatment

**OR**
- One study with
  - ▣ Manuals

**AND**

  - ▣ Treatment was better than another treatment or placebo

**OR**

  - ▣ Equal to an established treatment (with  $n > 30$  per group)



# Moderate Support: Level 3

- One study shows...
  - ▣ Treatment is
    - Better than another treatment or placebo
    - OR**
    - Equal to established treatment (with  $n > 30$  per group)

# Minimal Support: Level 4

- One study shows...
  - ▣ Treatment is better than a waitlist or no treatment control group

# No Support: Level 5

- Tested in at least one study, but failed to meet criteria for levels 1 through 4

# Problem Types Reviewed

- ▣ Anxiety
- ▣ Attention Problems
- ▣ Autism Spectrum
- ▣ Depression
- ▣ Disruptive Behavior
- ▣ Eating
- ▣ Elimination
- ▣ Mania
- ▣ Substance Use
- ▣ Suicidality
- ▣ Traumatic Stress

# And the Winners Are...

## Let's go online and find out!





## Summary of Youth Treatments

Your current search criteria are:

**Problem Type:** Anxiety    **Age:** 12    **Gender:** Male    **Strength of Evidence:** 2 Good Support or Better

Modify

Your search returned:

**Number of Study Groups:** 30 [View Protocols](#)    **Number of Papers:** 22 [View Papers](#)

### Summary of Treatment with Good Support or Better

**Age (in Years):** 5-18

**Grade:** 1-10

**Duration (Days):** 1-180

**Frequency:** Daily-Biweekly

**Race or Ethnicity:** White, Caucasian, Black or African American, Hispanic or Latino, Asian, Other, Multiethnic

TREATMENT FAMILIES	PERCENT OF GROUPS
Cognitive Behavior Therapy	50
Exposure	23
Cognitive Behavior Therapy with Parents	7
Modeling	7
Cognitive Behavior Therapy and Medication	3
Cognitive Behavior Therapy for Child and Parent	3
Education	3
Hypnosis	3
PRACTICE ELEMENT	PERCENT OF GROUPS
Exposure	90
Relaxation	67

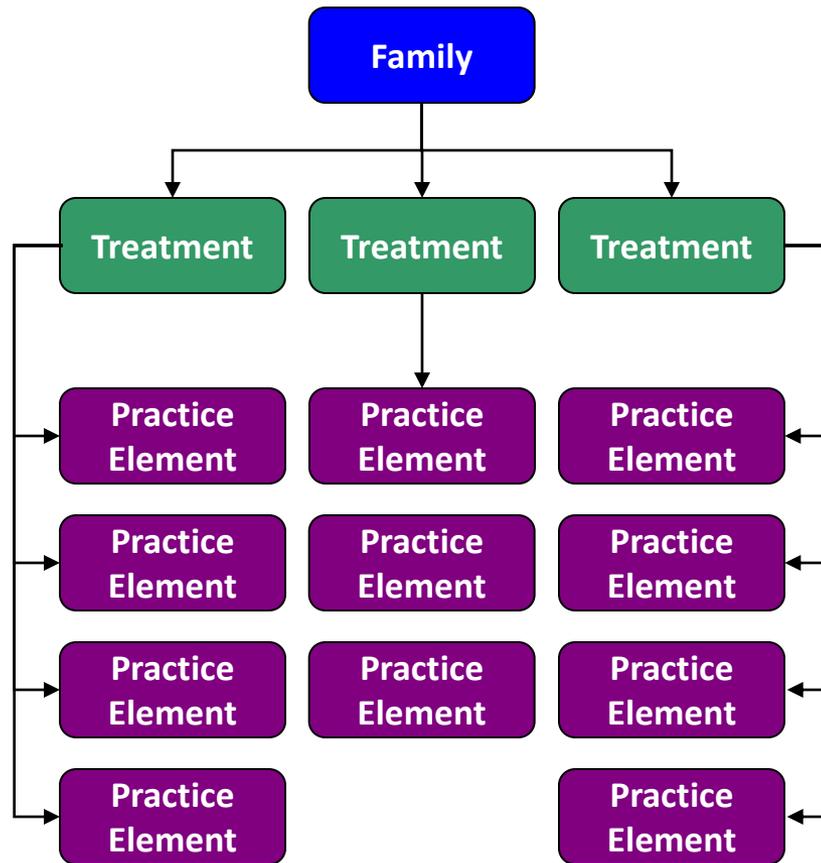
This tells you the treatment types that work for this problem.

SETTING	PERCENT OF GROUPS
Clinic	57
School	33
Other	5
FORMAT	PERCENT OF GROUPS
Group Client	50
Individual Client	50
Group Parent	13
Individual Parent	13
Parent Child	10
Multiple Family	7
Family	3

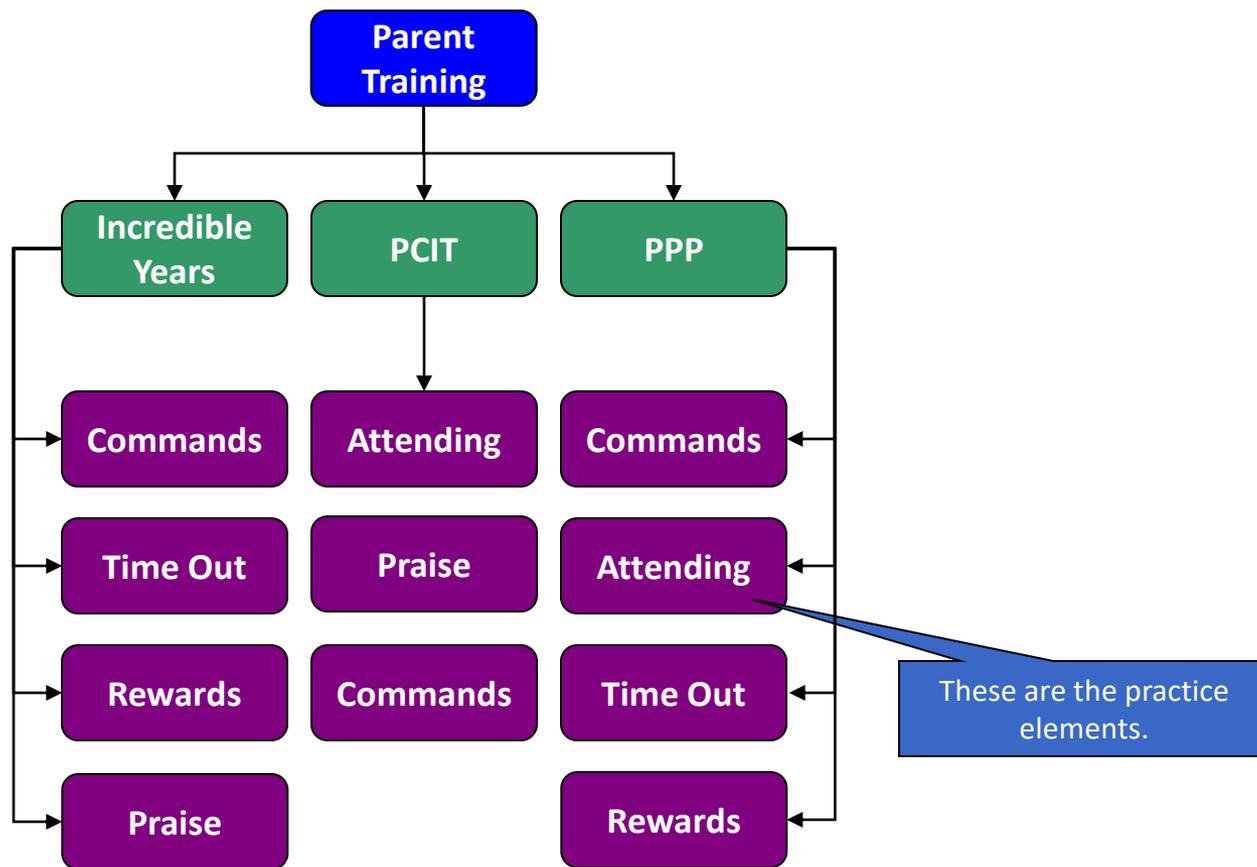
# But What if You Wanted to Know More?

- How exactly does one do these treatments?

# Practice Elements Are the Parts of Treatments



# Practice Elements Are the Parts of Treatments





## Summary of Youth Treatments

Your current search criteria are:

**Problem Type:** Anxiety    **Age:** 12    **Gender:** Male    **Strength of Evidence:** 2 Good Support or Better

Modify

Your search returned:

**Number of Study Groups:** 30 [View Protocols](#)

**Number of Papers:** 22 [View Papers](#)

PRACTICE ELEMENT	PERCENT OF GROUPS	
Exposure		10
Relaxation	67	7
Cognitive	63	3
Psychoeducational-Child	57	
Psychoeducational-Parent	47	
Self-Monitoring	43	
Self-Reward/Self-Praise	43	
Maintenance/Relapse Prevention	40	
Modeling	33	
Tangible Rewards	33	
Therapist Praise/Rewards	33	
Problem Solving	30	
Relationship/Rapport Building	27	
Assertiveness Training	17	
Praise	17	
Denial Prevention	17	

This tells you the practice elements associated with those treatment types.

# PWEBS Practice: Your Turn!

Evidence-Based Youth Mental Health Services Literature Database - Internet Explorer provided by Dell

http://www.practicewise.com/pwebs/YouthSearch.aspx

PracticeWise

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# Tips for Practicing

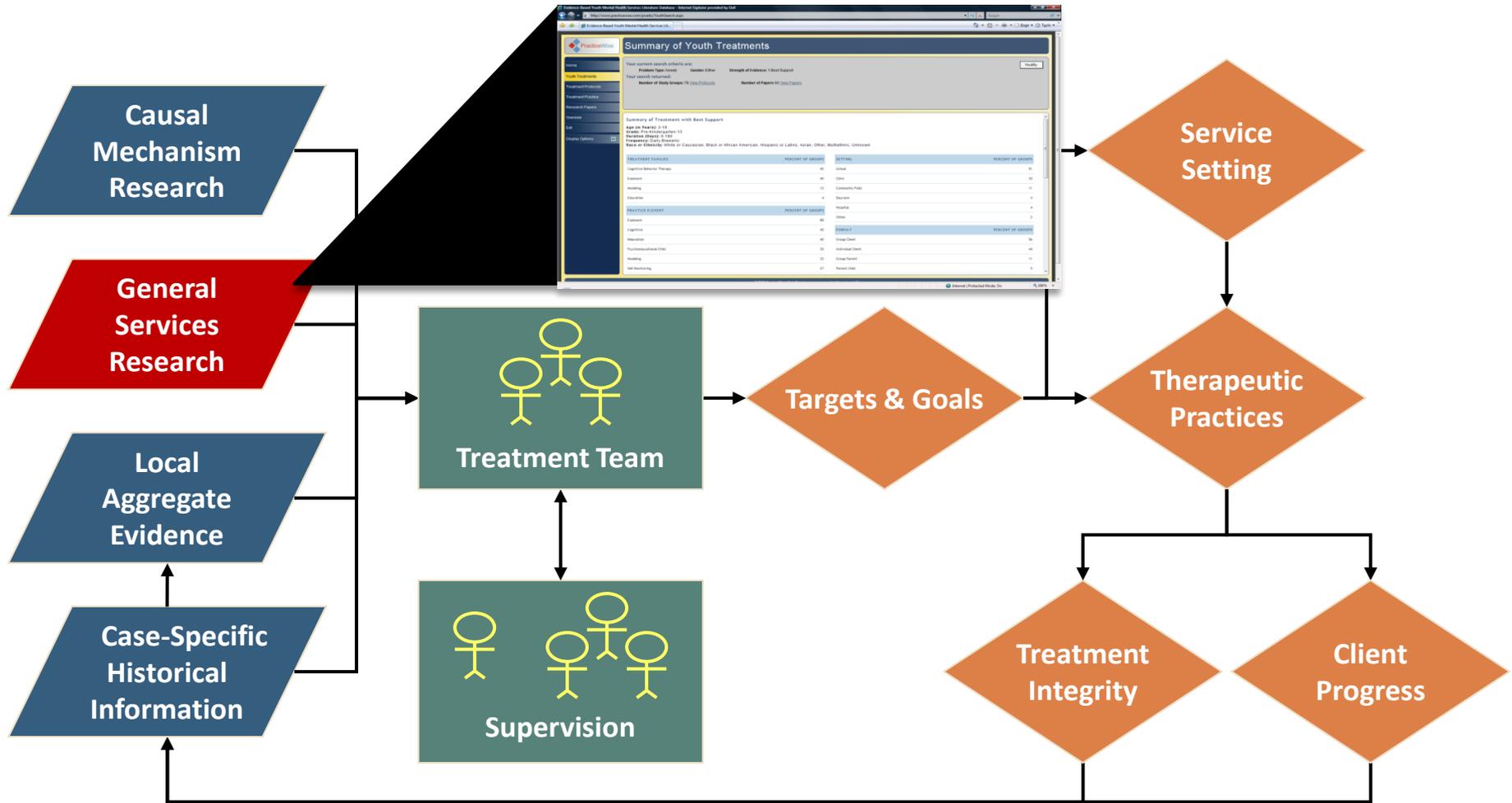
- Helpful tips
  - ▣ Start at Level 2 Support
  - ▣ Search one problem area at a time
  - ▣ Do not put in too many demographics at once!
  
- Example search criteria
  - ▣ Level 2 Support
  - ▣ Depression
  - ▣ African American

# Other Things to Know

- You can play with advanced search features
  - ▣ Setting
  - ▣ Diagnosis
- Display options
  - ▣ Resizing screen
  - ▣ Turning on and off the help

If you think we missed an article, email it to [nominations@practicewise.com](mailto:nominations@practicewise.com).

# PWEBS and the EBS System Model



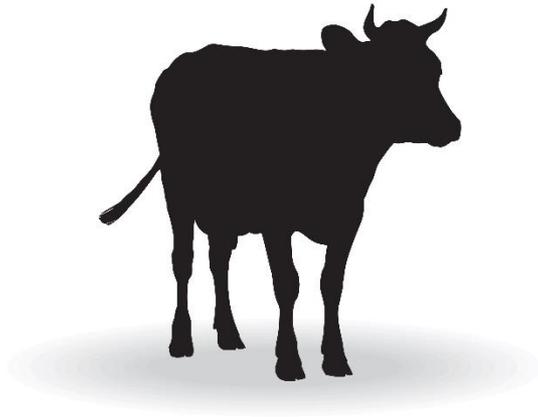
# The Treatment Planner

Focus-Interference Framework  
Connect-Cultivate-Consolidate

# Focus-Interference Framework

- Successful treatments are often characterized by a strong therapeutic focus
  - ▣ They involve a plan and stick to the plan
  - ▣ Focus can shift, but it should be strategic and not haphazard
  - ▣ They are not continually reacting or chasing the crisis of the week

# Beware the COW (Crisis of the Week)



COWs must be addressed and acknowledged, but should not destroy the plan.

# The Treatment Planner

## Focus

*This is where your plan is...*

## Interference

*Issues that threaten the plan go here...*



*including me!*

# Interference: What Could Threaten the Plan?

- Problems we can search for on PWEBS
  - ▣ Even if its not an active problem now, we can do a PWEBS search for it and have some practices ready
- Others kinds of problems
  - ▣ How do we get an evidence-informed idea of what to do about problems like mom and dad arguing?
- Some interference areas will be in place at intake and some will emerge later on
  - ▣ Chronic and acute interference

# Example

## Focus

*Working on depressed mood, using strategies to increase positive feelings and behaviors*

## Interference

*Mom and Dad arguing lately*

# Connect-Cultivate-Consolidate

## Connect

- Assess
- Engage
- Educate
- Orient



## Cultivate

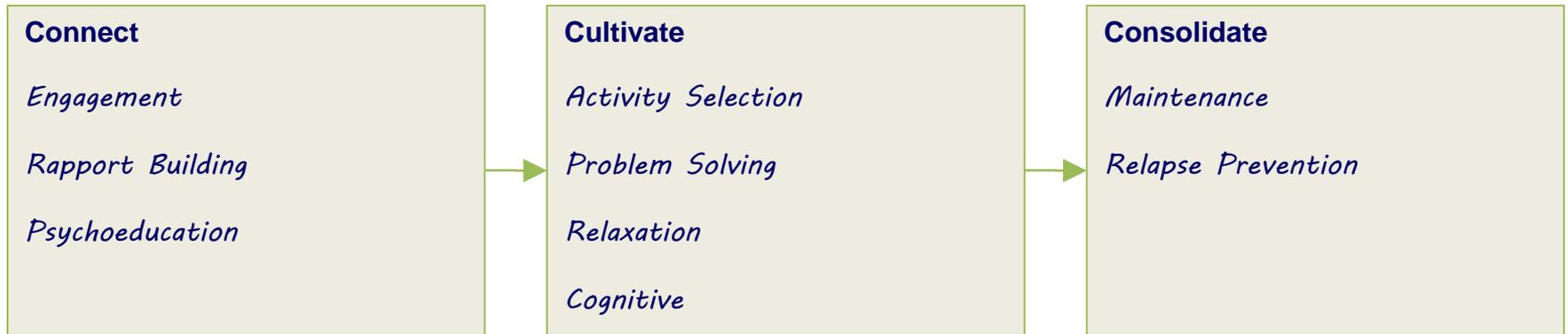
- Build new skills
- Teaching
- Rehearsal



## Consolidate

- Review
- Answer questions
- Try skills in new situations or with less help
- Build independence
- Prepare for termination

# Example for Depression



# The Treatment Planner

*(Focus-Interference & Connect-Cultivate-Consolidate)*



## Focus



## Interference

# The Treatment Planner

*(Focus-Interference & Connect-Cultivate-Consolidate)*

## Focus

Target: \_\_\_\_\_

Practices:

**Connect**

**Cultivate**

**Consolidate**



## Interference

Target(s): \_\_\_\_\_

Practices:

# Let's Work on One Now

- Pick the focus
- Identify possible interference
- Do a PWEBS search for the focus target
- Write at least one practice element in each C-C-C box
- Do a PWEBS search for interference
- Write at least one practice element in the interference box

## The Treatment Planner

*(Focus-Interference & Connect-Cultivate-Consolidate)*

<b>Focus</b> Target: _____ Practices: _____		
<b>Connect</b>	<b>Cultivate</b>	<b>Consolidate</b>
	→	→
<b>Interference</b> Target(s): _____ Practices: _____		

# Focus-Interference & Connect-Cultivate-Consolidate

## Focus

Target: Depression

Practices:

### Connect

*Engagement*  
*Psychoeducation - Child*

### Cultivate

*Activity Selection,*  
*Problem Solving,*  
*Relaxation, Cognitive*

### Consolidate

*Maintenance, Relapse*  
*Prevention*

## Interference

Target(s): Disruptive Behavior

Practices: *Commands, Time Out*

# Treatment Planner Summary

- Focus-Interference Framework
- Connect-Cultivate-Consolidate
- A “scratch pad” for planning which elements will be of best use during what phase of treatment
- Not “required paperwork,” but many people report that this framework is helpful for organizing their ideas

# Therapist Portfolio Learning Record

## DIRECT SERVICE LEARNING RECORD

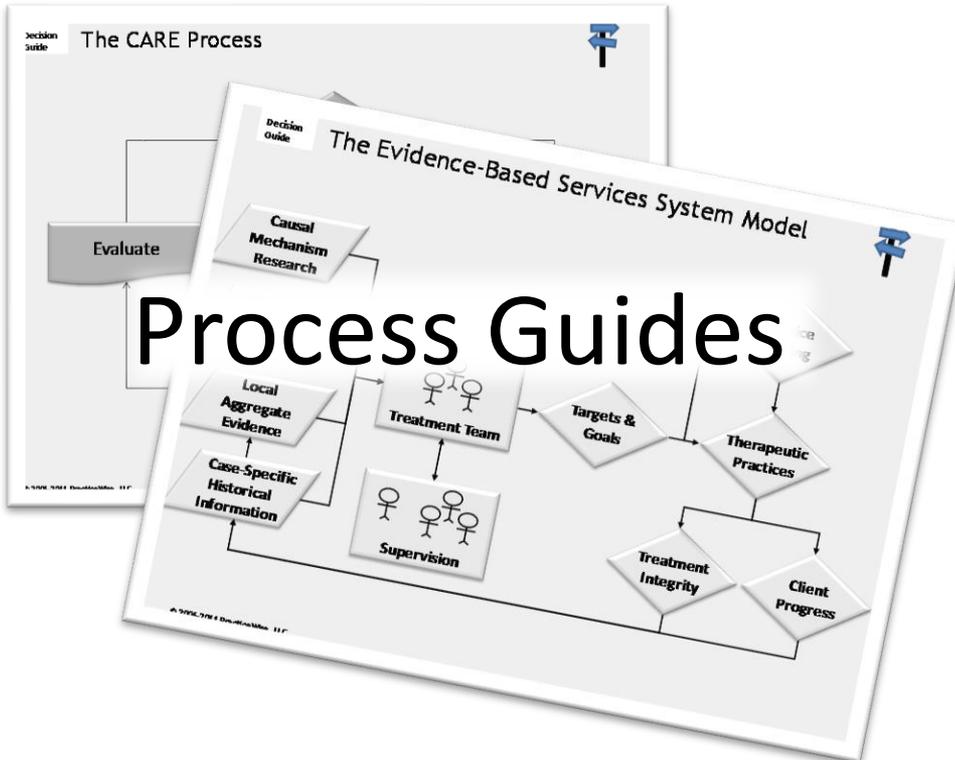
CONCEPTS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
EBS System Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect-Cultivate-Consolidate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus-Interference	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Event Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embracing Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCES	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
PWEBS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioner Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Dashboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Pathways						
Focus Area 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus Area 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICATIONS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Delivery						
Practice 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 4: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 5: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 6: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 7: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 8: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 9: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 10: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 11: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 12: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 13: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 14: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 15: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 16: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 17: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 18: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# The Practitioner Guides

# What Are Practitioner Guides?

- Process Guides
  - ▣ Visual models of the core frameworks for MAP
- Practice Guides
  - ▣ A convenient set of instructions for the most common practice elements amongst evidence-based treatments for youth
  - ▣ Includes “generic” versions of these common practice elements
- Accessible online and downloadable to your desktop

# What Are Practitioner Guides?



## Process Guides

<input type="checkbox"/> Discuss life goals in the context of the target behavior	Have the child state specific goals for 5, 10, and 20 years. Then, ask: <ul style="list-style-type: none"> <li>• How important is it for you to achieve these goals? Why?</li> <li>• What would it take for you to reach your goals?</li> <li>• Have you ever done something like this before?</li> <li>• What did it take for you to achieve your goals in the past?</li> </ul> Ask: "How will [the behaviors] help you achieve your goals?" "How will
<input type="checkbox"/> Respond with reflect	
<input type="checkbox"/> Explore behavior cha	
<input type="checkbox"/> Consider life goals in context of behavior c	
<input type="checkbox"/> Identify a small goal	
<input type="checkbox"/> Reinforce "change ta	
<input type="checkbox"/> Foster self-efficacy	
<input type="checkbox"/> Elicit a commitment	
<input type="checkbox"/> Elicit negative consequences of the behavior	

**Practitioner Guide: Motivational Enhancement**

**Use This When:** To increase reflection, efficacy, and commitment about behavior change.

**Objectives:**

- To highlight the discrepancy between values and life goals and current behavior
- To increase perceptions of self-efficacy

**Steps:**

- Adopt a collaborative, reflective style  
The purpose of motivational enhancement is to promote the child's reflection about behavior in relation to goals. Be aware that resistance to behavior change is normal. Avoid imposing a specific end goal (e.g., total abstinence). Instead, encourage any behavior change that has the potential to improve the current situation (e.g., reduction of harm or risk related to behavior). Also minimize advice-giving, persuasion, and confrontation, which are contrary to the principles of motivational enhancement and likely to increase resistance to change.
- Explain rationale  
Let the child know you value his or her perspectives and want to learn how the child makes decisions about behavior. Normalize and empathize with the child's situation (e.g., "Other children say it's a real hassle when adults are on their case about [substance use, sexual risk behaviors, unhealthy eating or exercise habits, poor study habits, etc.] and that they get frustrated when other people tell them how they should change.")
- Elicit benefits of a specific behavior  
Have the child think about the immediate and long-term benefits of a specific target behavior (e.g., substance use, violating curfew). To promote reflection, ask questions such as:
  - normalize the child's experiences (e.g., "Yes, a lot of kids say that smoking helps them cope with the challenges of being a teenager.");
  - Have child provide relative rankings of the benefits (i.e., which benefit is most important to them?).
- Elicit negative consequences of the behavior  
Have the child think about the immediate and long-term negative outcomes of the behavior. Ask questions such as:
  - What feels bad/unhelpful about [the behavior] when you do it?
  - How does [the behavior] get in the way of feeling good about yourself?
  - How does [the behavior] get in the way of coping with your problems?
  - How does [the behavior] cause problems for you with socially?
  - How does [the behavior] get in the way of doing what needs to be done?
 Thoroughly explore and record the child's responses. If the child has difficulty thinking of negative consequences, provide prompts (e.g., "Some kids say that drinking can make it hard for them to study or to do well during sports competitions. Is this a concern for you?"). Validate and empathize (e.g., "It must be really tough to your parents/teachers/the police on your case."). Have child provide relative rankings of the negative consequences (i.e., which consequence is most problematic?).

**Helpful Tips:**

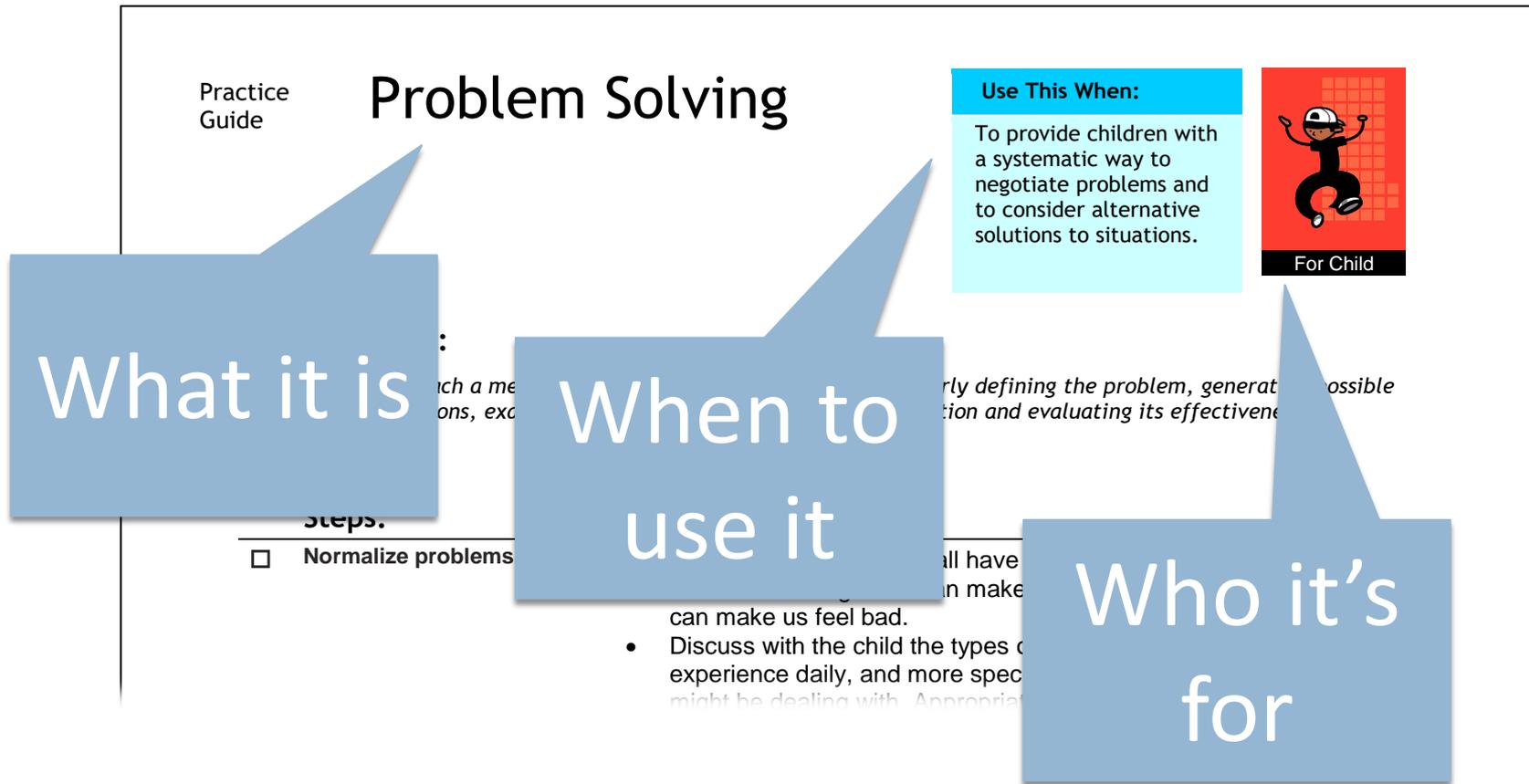
- Remember the imposing spec increase resist
- Remember the

## Practice Guides

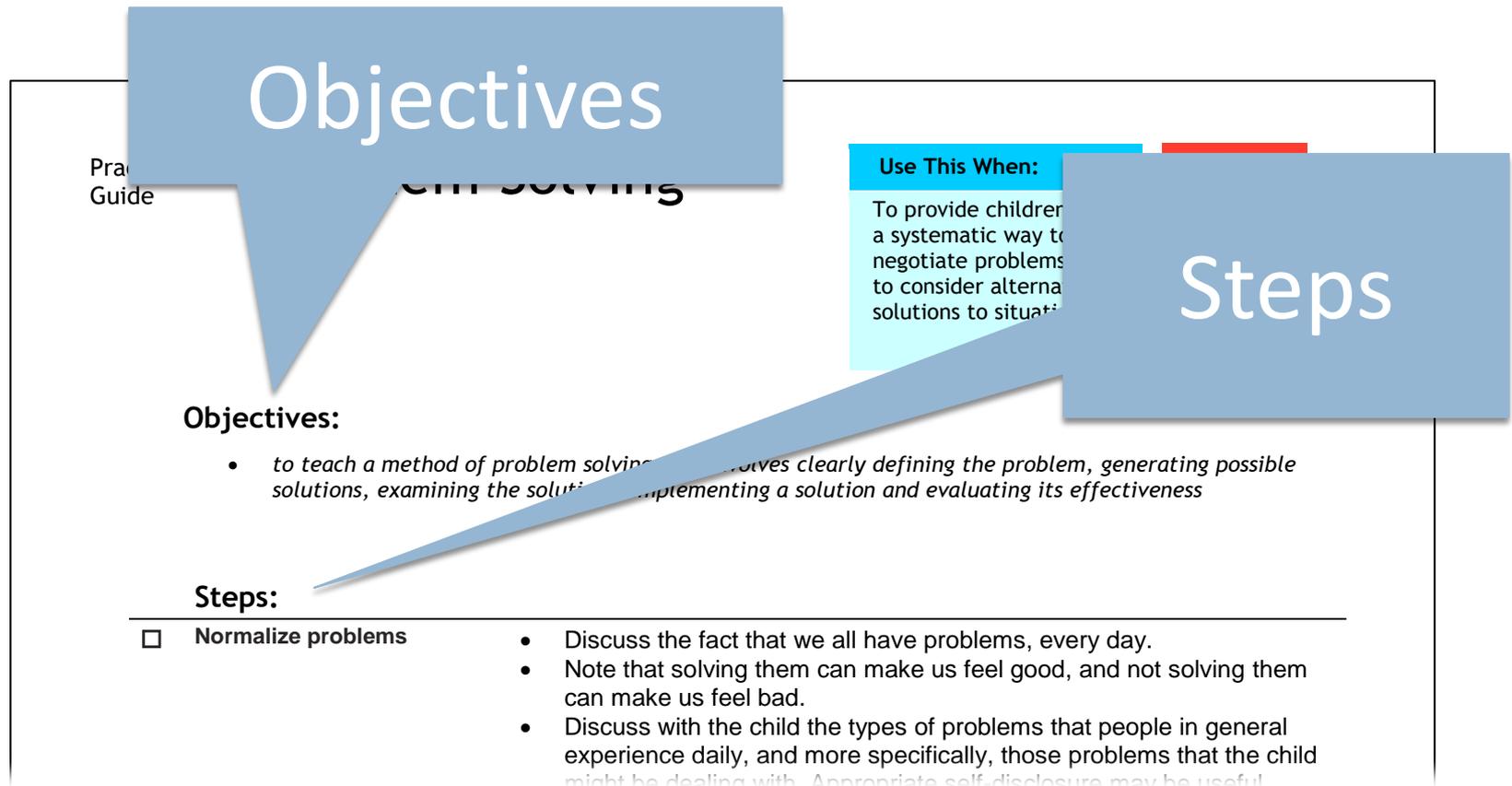
# Practitioner Guides

- We've already seen some Process Guides
  - EBS System Model
  - Treatment Planner
- Let's take a closer look at a Practice Guide...

# Anatomy of a Practice Guide



# Anatomy of a Practice Guide



# About the Steps

## Checklist

### Steps:

#### Normalize problems

- Discuss the fact that we all have problems, every day.
- Note that solving them can make us feel good, and not solving them can make us feel bad.
- Discuss with the child the types of problems that people in general experience daily, and more specifically, those problems that the child might be dealing with. Appropriate self-disclosure may be useful.
- Ask the child to begin thinking about a particular problem he/she has experienced lately.

#### Teach 5 steps to problem solving

- 1) Say what the problem is
- 2) Think of solutions
- 3) Examine each one (what good and bad things would happen if he/she tried this solution?)
- 4) Pick one and try it out
- 5) See if it worked. If so, great! If not, go back to the list of solutions and try another one.

#### Practice using the problem solving steps

- Familiarize the child with this problem-solving process by starting with your own problem and allow the child to help you in working through the problem solving steps.
- Keep your example brief (e.g., use only 2 or 3 possible solutions, and move through them quickly; the goal is to illustrate the process).
- Use questioning to make sure he/she understands the steps.

## Details

# Demonstration of the Practitioner Guides Online

- Accessing the guides
  - ▣ Interactive Version
  - ▣ Downloading PDF
  
- BONUS:
  - ▣ Can manipulate the view to see as little or as much as you wish
  
- Please note:
  - ▣ MAP does not stipulate how much time/how many sessions you spend on each Practitioner Guide

# Example: Relaxation

- Let's examine the Practice Guide to see what is included
  - ▣ How is this similar or different from your current practice?

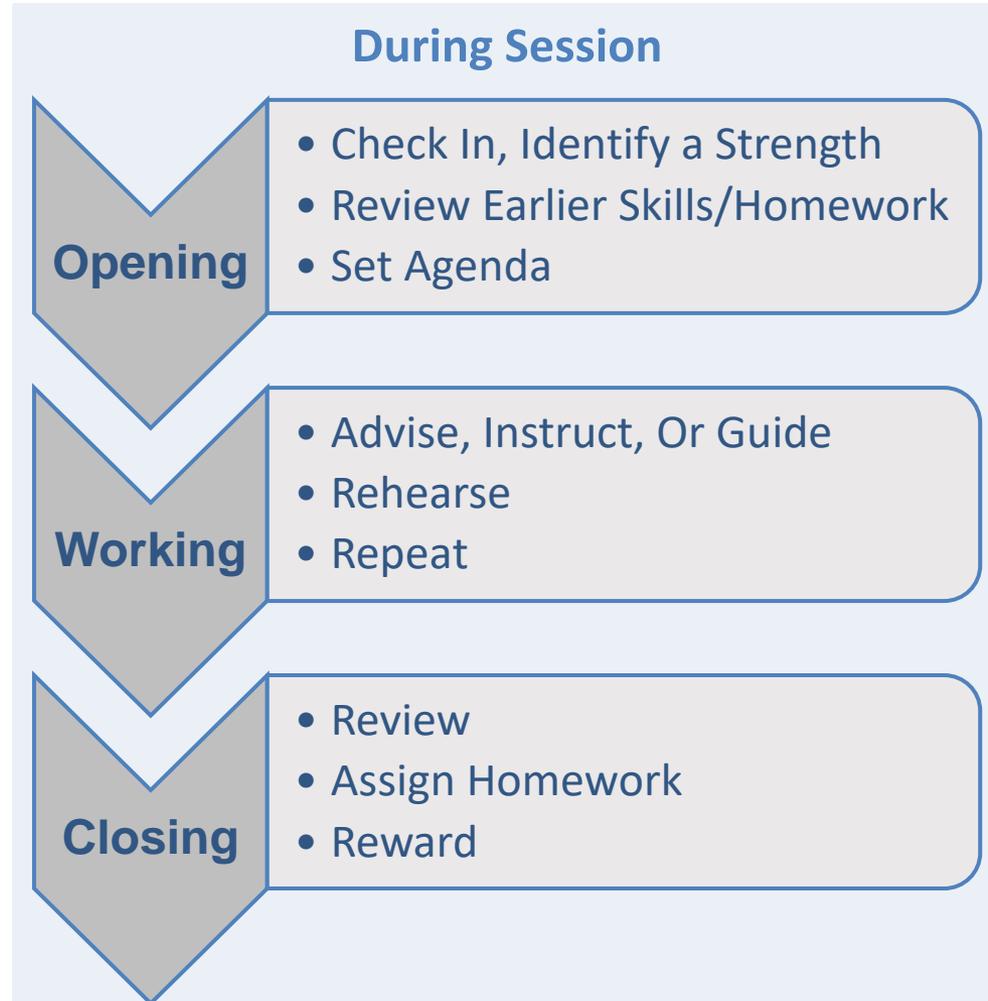
# The Session Planner

## Clinical Event Structure

# From the Guide to a Session

- So how do I structure a session once I have selected a guide?

# The Phases of a Session



# Getting Ready Beforehand

## Before Session

- Remind client and obtain commitment
- Review dashboard to assess progress and practice history
- Review notes on previously assigned homework
- Identify next practice(s) that will be the focus
- Review the Practice Guide(s)
- Establish session plan and choose rehearsal activity
- Check in with supervisor if needed

## During Session

### Opening

- Check In, Identify a Strength
- Review Earlier Skills/Homework
- Set Agenda

### Working

- Advise, Instruct, Or Guide
- Rehearse
- Repeat

### Closing

- Review
- Assign Homework
- Reward

# Following Through

## Before Session

- Remind client and obtain commitment
- Review dashboard to assess progress and practice history
- Review notes on previously assigned homework
- Identify next practice(s) that will be the focus
- Review the Practice Guide(s)
- Establish session plan and choose rehearsal activity
- Check in with supervisor if needed

## During Session

### Opening

- Check In, Identify a Strength
- Review Earlier Skills/Homework
- Set Agenda

### Working

- Advise, Instruct, Or Guide
- Rehearse
- Repeat

### Closing

- Review
- Assign Homework
- Reward

## After Session

- Record progress ratings and practice(s) performed
- Review Practice Guide(s) to determine if any steps were missed that should be covered next time
- Note any homework that was assigned
- Note any new stressors or obstacles
- Check in with supervisor if needed

# The Session Planner

(Clinical Event Structure)

## Use This When:

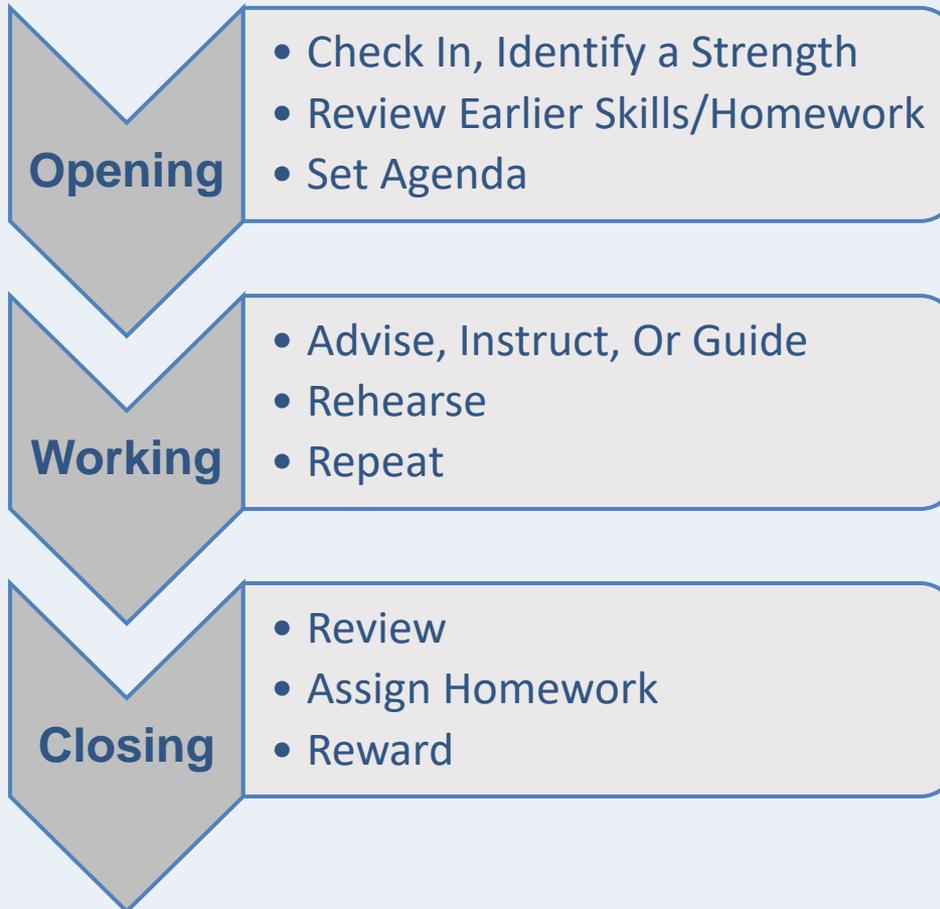
To plan and coordinate a service interaction.



## Before Session

- Remind client and obtain commitment
- Review dashboard to assess progress and practice history
- Review notes on previously assigned homework
- Identify next practice(s) that will be the focus
- Review the Practice Guide(s)
- Establish session plan and choose rehearsal activity
- Check in with supervisor if needed

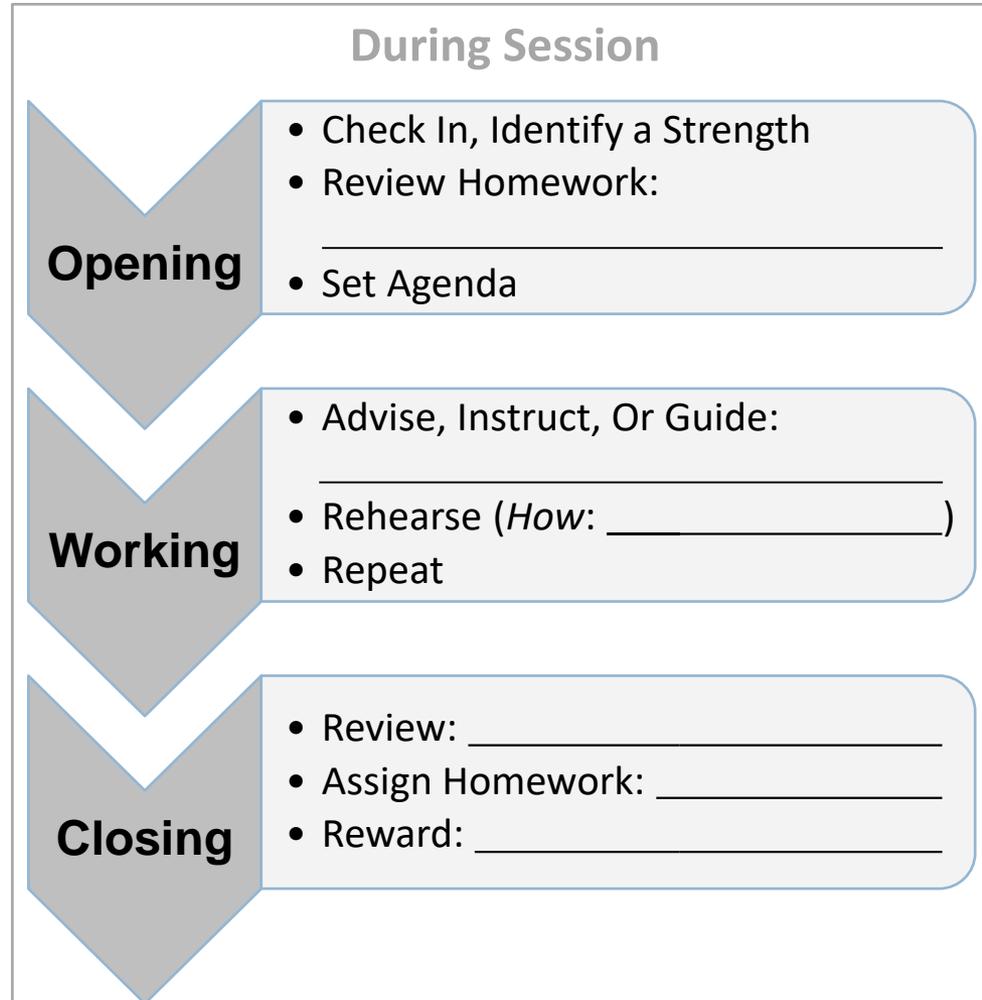
## During Session



## After Session

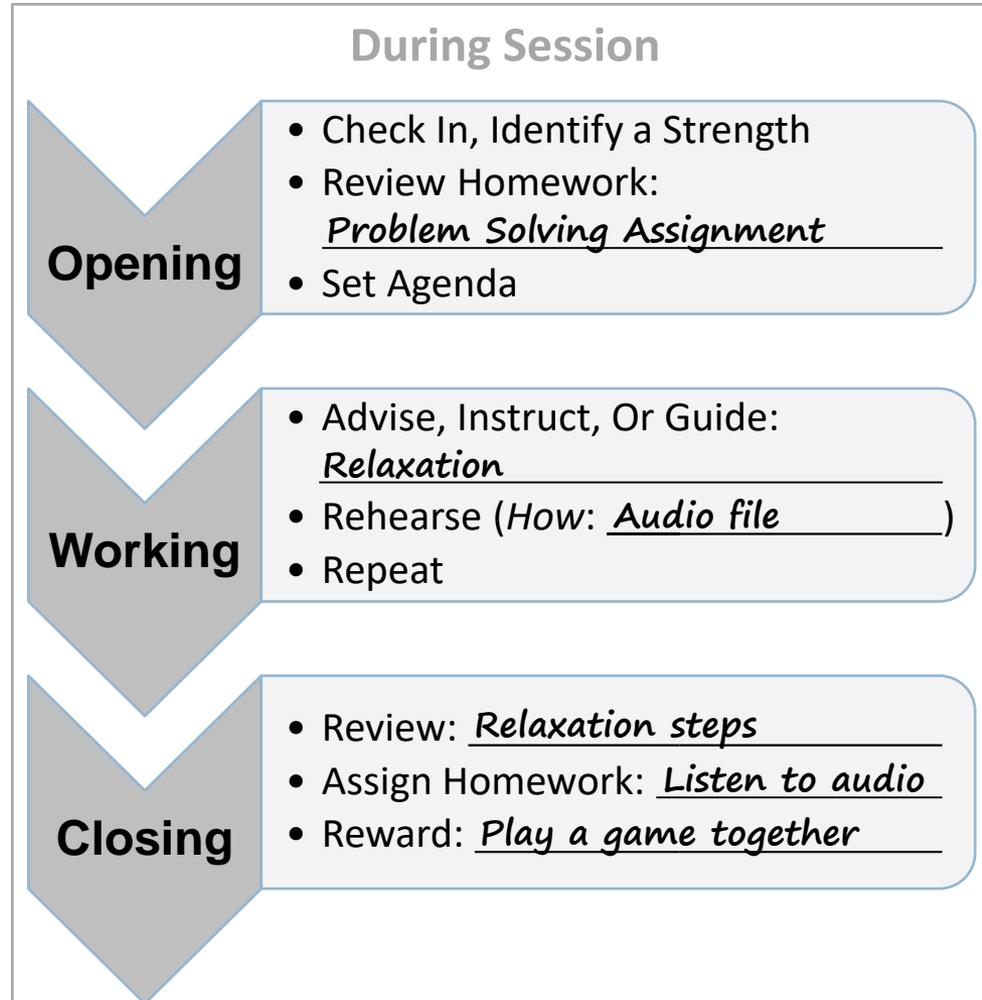
- Record progress ratings and practice(s) performed
- Review Practice Guide(s) to determine if any steps were missed that should be covered next time
- Note any homework that was assigned
- Note any new stressors or obstacles
- Check in with supervisor if needed

# The Session Planner *(Clinical Event Structure)*



# The Session Planner *(Clinical Event Structure)*

*Example*



# Let's Role Play Part of It

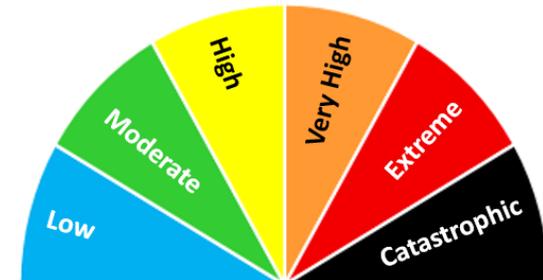
## Opening

- Check In, Identify a Strength
- Review Homework:  
*Problem Solving assignment*
- Set Agenda

# Challenge by Choice!

- Comfort Zone
- Learning Zone
- Danger Zone

## YOUR DANGER RATING



# Challenge by Choice!

- For today, which of these best describes your “learning zone?”
  - ▣ Role play as therapist in front of room
  - ▣ Role play with a co-therapist in front of room
  - ▣ Role play as therapist in table role play
  - ▣ Role play as co-therapist in table role play
  - ▣ Role play as therapist in dyad role play
  - ▣ Observe role play

# Role Play Guidelines

- We will be circulating to observe
- We will not answer questions
- Please just do your best

## FEEDBACK

Public: (Some of) the good work

Private: More as requested

# Model and Role Play



- Transition from check-in to session
- Client is 7 year old Maggie
  - ▣ You have seen her for 6 sessions
  - ▣ Homework was to practice problem solving and she completed homework
- Your task
  - ▣ Greet client and check-in
  - ▣ Transition to homework review
  - ▣ Praise compliance and note changes in ratings
  - ▣ Move to set agenda (“Today, I planned to do X...etc.”)
  - ▣ And scene!

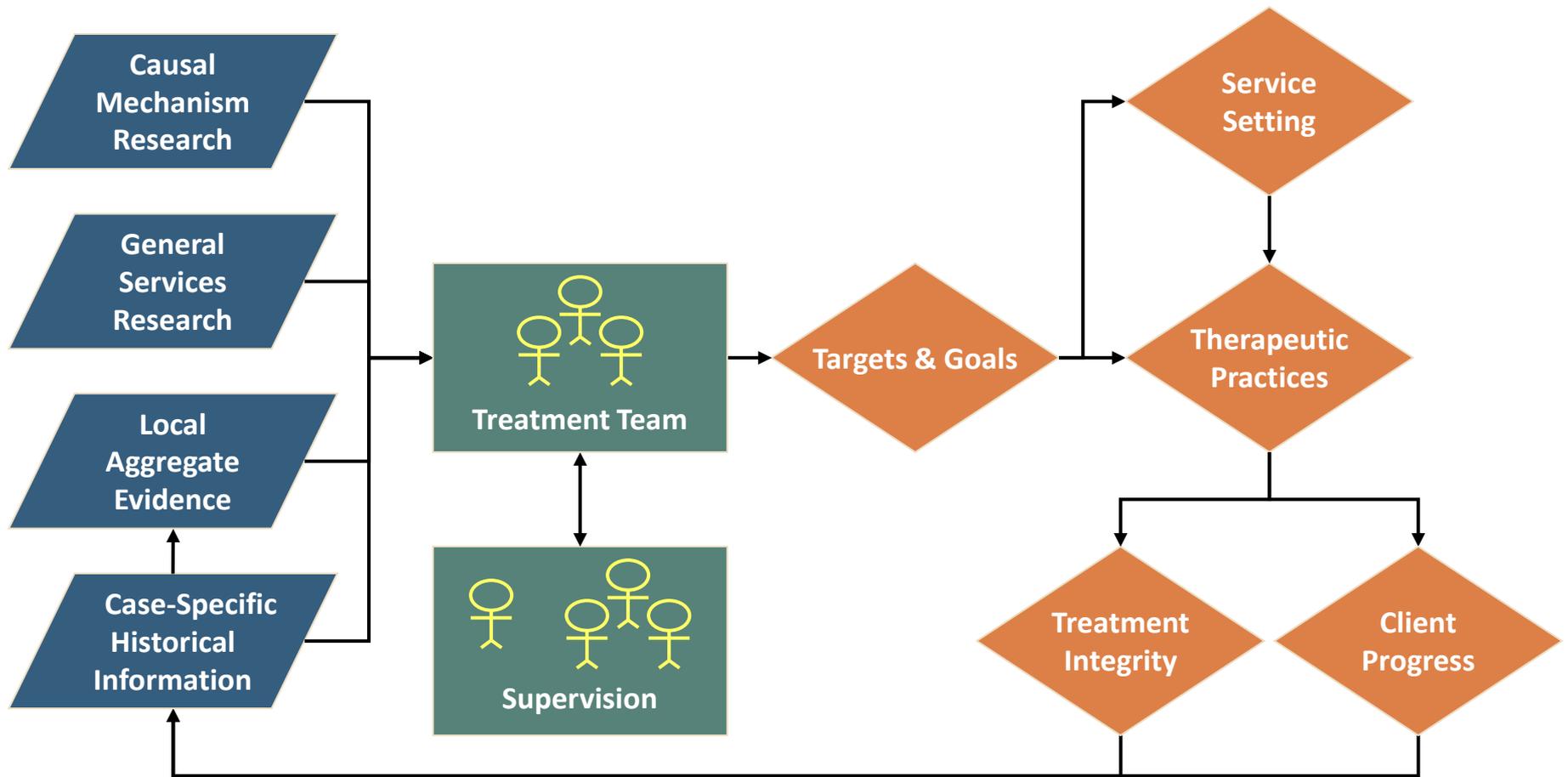
# Other Questions About Sessions

- How much of one PG can I complete in one session?
- How else might I personalize this PG for my youth?
- Can I use more than one PG per session in some cases?

# The Clinical Dashboard

Keeping Track of Progress and Practice

# The EBS System Model



# How do we keep track?

- Progress ratings
- Practice history

Case-Specific  
Historical  
Information

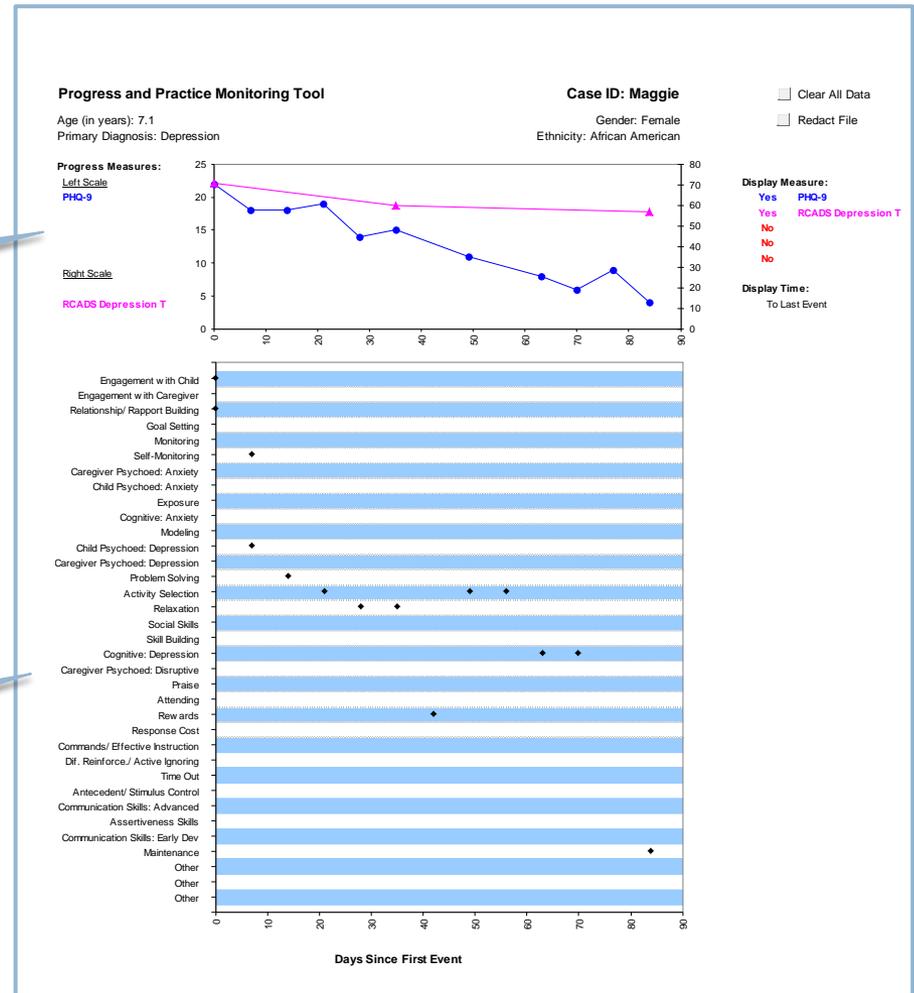
Treatment  
Integrity

Client  
Progress

# Clinical Dashboard

Progress

Practice



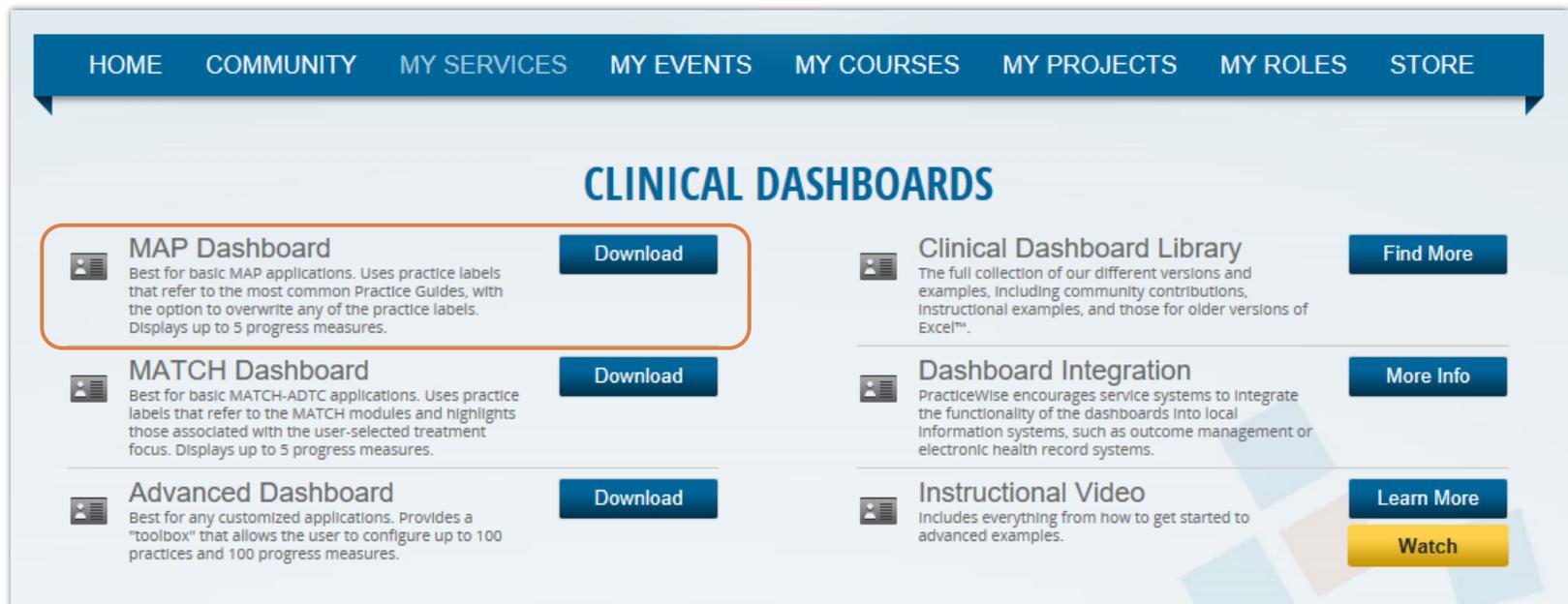
# Excel Comfort Scale

- 10—Extreme comfort “I wrote code for Excel”
- 7—Moderate comfort “I use Excel with ease.”
- 5—Some comfort “I have used Excel some.”
- 3—Little comfort “What is Excel?”
- 0—No comfort “Which one is the computer?”

# How to Access Clinical Dashboards

## 1. www.practicewise.com

- ▣ My Services > Clinical Dashboards
- ▣ MAP Dashboard → Download



HOME COMMUNITY MY SERVICES MY EVENTS MY COURSES MY PROJECTS MY ROLES STORE

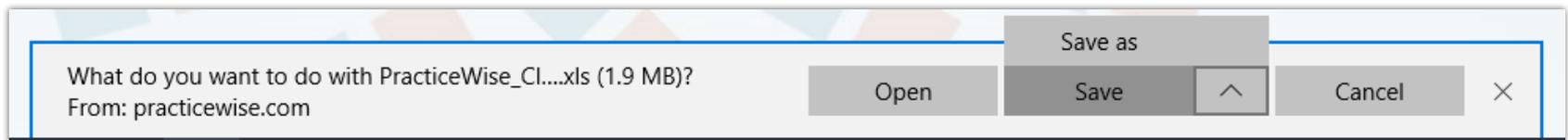
### CLINICAL DASHBOARDS

- MAP Dashboard** [Download](#)  
Best for basic MAP applications. Uses practice labels that refer to the most common Practice Guides, with the option to overwrite any of the practice labels. Displays up to 5 progress measures.
- MATCH Dashboard** [Download](#)  
Best for basic MATCH-ADTC applications. Uses practice labels that refer to the MATCH modules and highlights those associated with the user-selected treatment focus. Displays up to 5 progress measures.
- Advanced Dashboard** [Download](#)  
Best for any customized applications. Provides a "toolbox" that allows the user to configure up to 100 practices and 100 progress measures.

- Clinical Dashboard Library** [Find More](#)  
The full collection of our different versions and examples, including community contributions, instructional examples, and those for older versions of Excel™.
- Dashboard Integration** [More Info](#)  
PracticeWise encourages service systems to integrate the functionality of the dashboards into local information systems, such as outcome management or electronic health record systems.
- Instructional Video** [Learn More](#) [Watch](#)  
Includes everything from how to get started to advanced examples.

# How to Access Clinical Dashboards

2. Use “Save As” to create a dashboard for the new case
  - A. TherapistLastName\_CaseNickname\_Date
  - B. Cromley\_ScoobyDoo\_2018-01-10
  - c. NOTE: No identifying information



3. Enter your data in the various sheets (NOT YET!)

# Demonstration of Dashboard Menu

- There are a number of different dashboards within your menu
- We can discuss the utility for the other dashboards later this week

# What Is a Sheet?

- A “sheet” is like a sheet of paper in the spreadsheet file
- Each sheet is represented by a tab at the bottom of the Excel screen
- Each sheet of the dashboard is labeled

# Exploring the Dashboard Sheets

- Instructions
- Presentation-Results
- Notes
- Data-Progress
- Data-Practices
- Data-ClientInfo

# Instructions Sheet

- The instructions sheet provides detailed instructions for using the dashboard
- The instructions describe how to
  - ▣ Enter client information
  - ▣ Enter progress data
  - ▣ Enter practice data
  - ▣ View results

# Presentation-Results Sheet

- This sheet provides a snapshot of the progress of the case
- You cannot type into this sheet, it is just for your viewing pleasure
- The sheet summarizes all of the data entered in the remaining three data sheets

# What Are Scales?

- Note that you may have up to two different “scales” represented in the graph (left vs. right display)
- Keep similarly-scaled measures on the same side
  - Examples
    - Measures that range between 1-100 on one side
      - T-scores
      - “Percentage of week that client did \_\_\_\_\_”
    - Measure that range between 1-10 on the other side
      - Mood rating

# Applications

## Assessment and Monitoring

# Assessment vs. Monitoring

## □ Assessment

### ▣ Helps answer two questions:

1. Is the case eligible for care/should we treat the case?
2. How should we treat case? (what is main focus)

### ▣ You will do this before you go to PWEBS

## □ Monitoring

### ▣ Helps answer one question:

1. How is treatment working?

# Some Guidelines for Both

- Assess multiple informants
  - Child
  - Caregiver
  - Teacher
  
- Assess multiple domains
  - Main symptoms
  - Comorbid symptoms
  - Functioning
  - Education
  - Ecology
  
- Focus on observable constructs

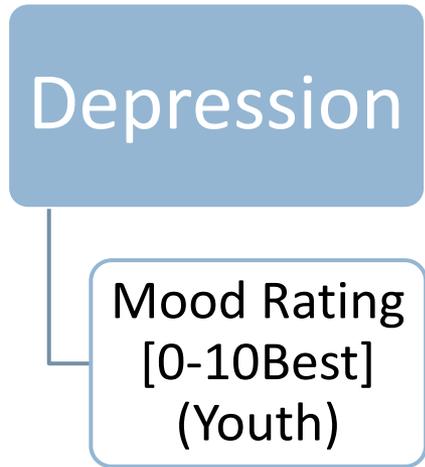
# Assessment Guidance

- Can use diagnostic interviews or checklists
- Can use instruments keyed to referral problem
  - ▣ Depression measure for depression referral
  
- Goal 1 is to identify whether impairment justifies intervention (may already be determined)
- Goal 2 is to select main target for intervention

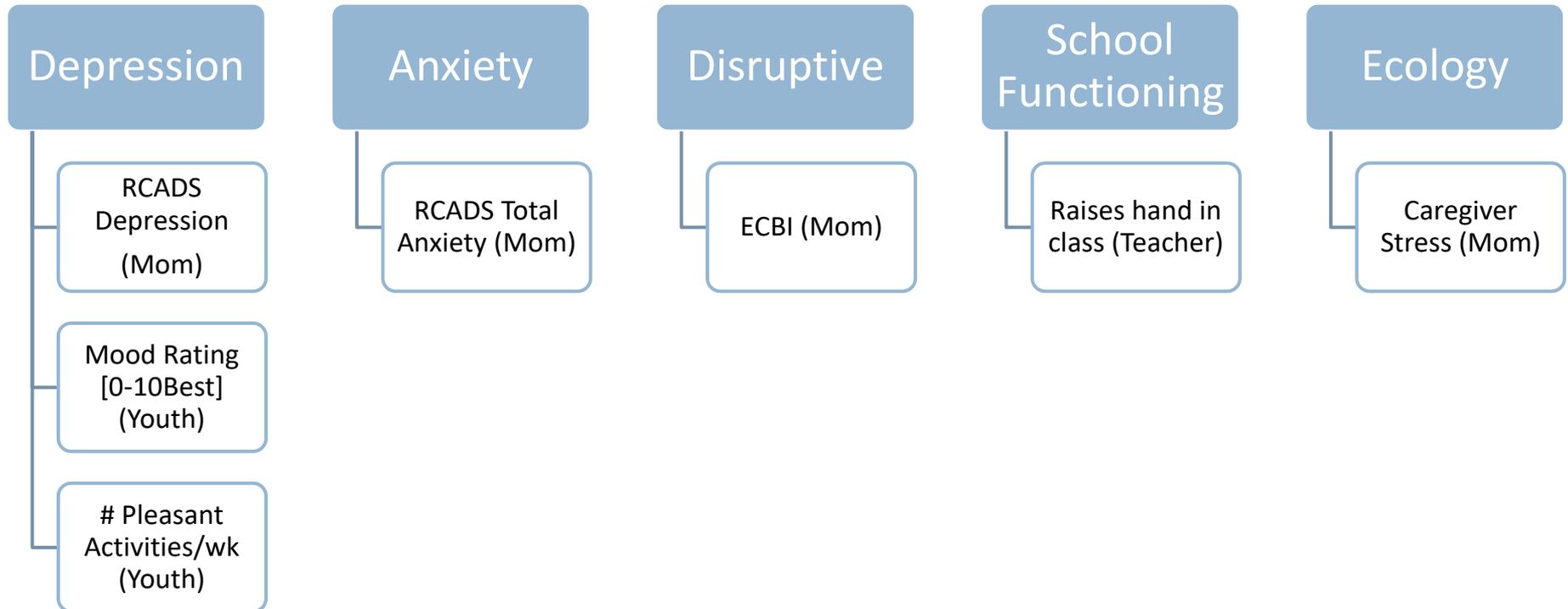
# Assessment Suggestions

- Free measures
  - ▣ Strength and Difficulties Questionnaire (all problems)
- Other measures
  - ▣ ASEBA (CBCL and YSR: all problems)
  - ▣ Children's Depression Inventory (depression)
  - ▣ Connors ADHD Rating Scales (ADHD)
  - ▣ Behavioral Assessment System for Children (all problems)
- We encourage use of standardized measures ~ 3 months

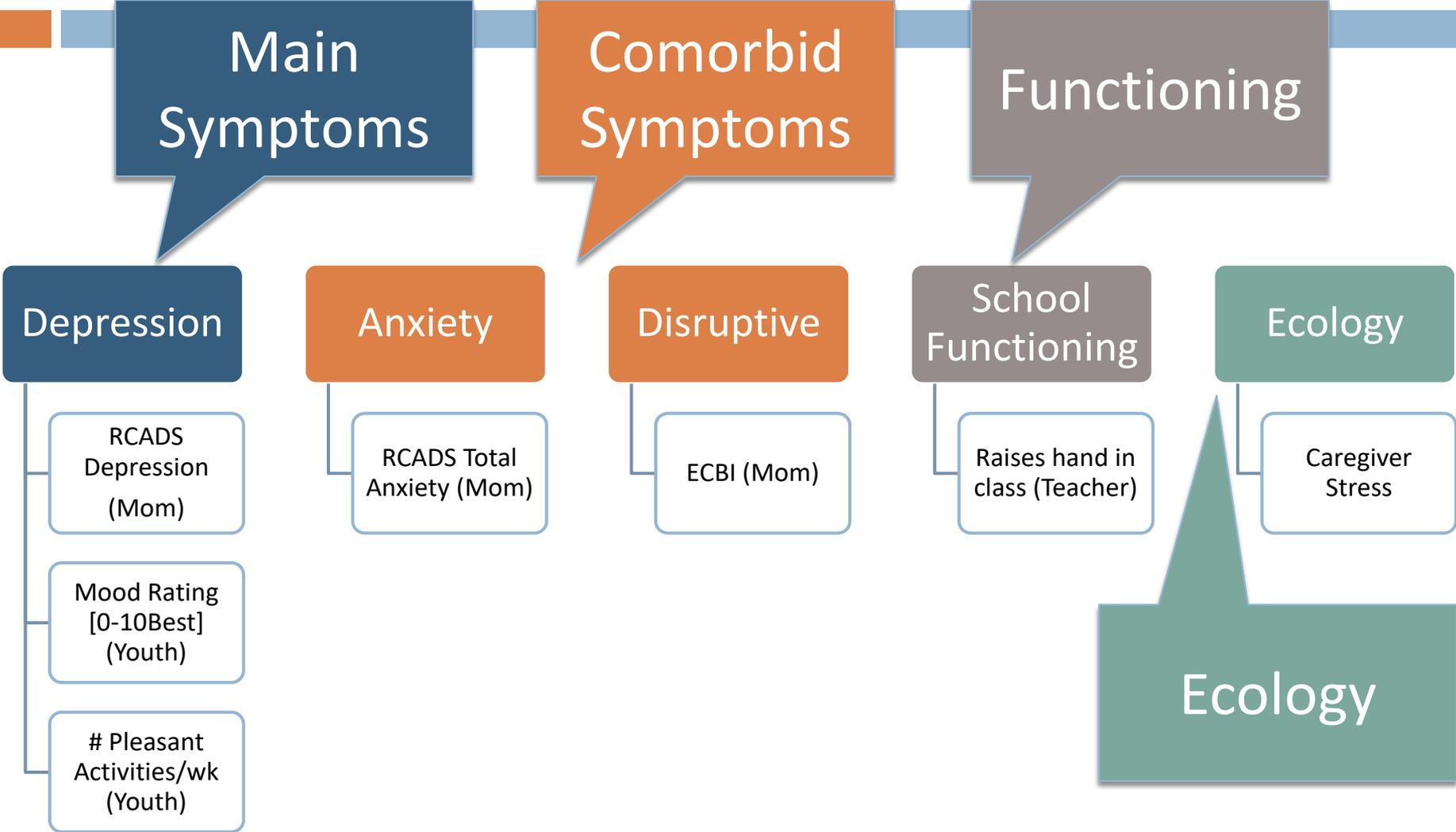
# Lean Example for Depression



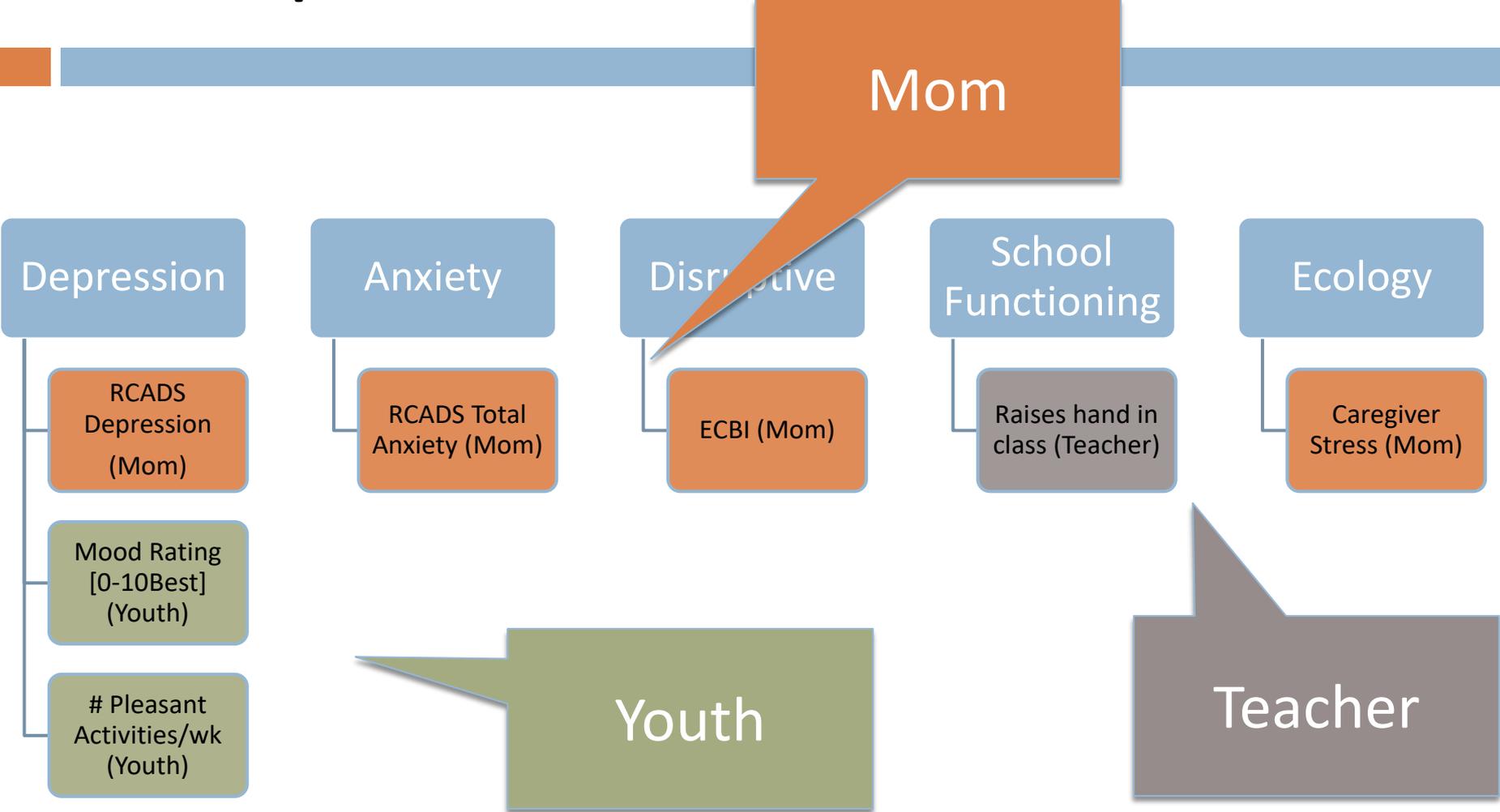
# Rich Example for Depression



# Multiple Domains



# Multiple Informants



# Progress Sheet FAQs

- What should I measure?
- I don't think I can measure anything with my client, what should I do?
- How often do I measure?
- What if I want to add new measures?

# Data-Practices Sheet

- On this sheet, enter session dates and practice elements you used
- To indicate use of a practice element enter “Yes” in the appropriate box
- Use pull-down menu to select “Yes”
- Dates entered in column A

# When Have I Used a Practice?

- Spent most of session on the practice?
  - ▣ YES
  
- Taught and/or rehearsed the practice?
  - ▣ YES
  
- Reviewed the practice for a few minutes?
  - ▣ NO

# When Have I Used a Practice?

- Discussed practice as part of homework?
  - NO
  
- Did the practice myself with the child (e.g., rewards, attending)?
  - NO
  
- Should have done the practice but forgot?
  - NO

# Notes Sheet

- This sheet allows you to enter any notes you may want to enter
- You can use this as a place to jot down critical incidents so you can remember them when reviewing the dashboard
- This is a good place to specify more information about your measures
  - ▣ Who was the reporter?
  - ▣ What was your metric? (Frequency Count, Severity Rating, T-Score, etc.)

# Other Uses for Notes Page

- List of definitions of measures
- Write in Crises of the Week (COWs) with further detail
- Medication information
- Treatment goals

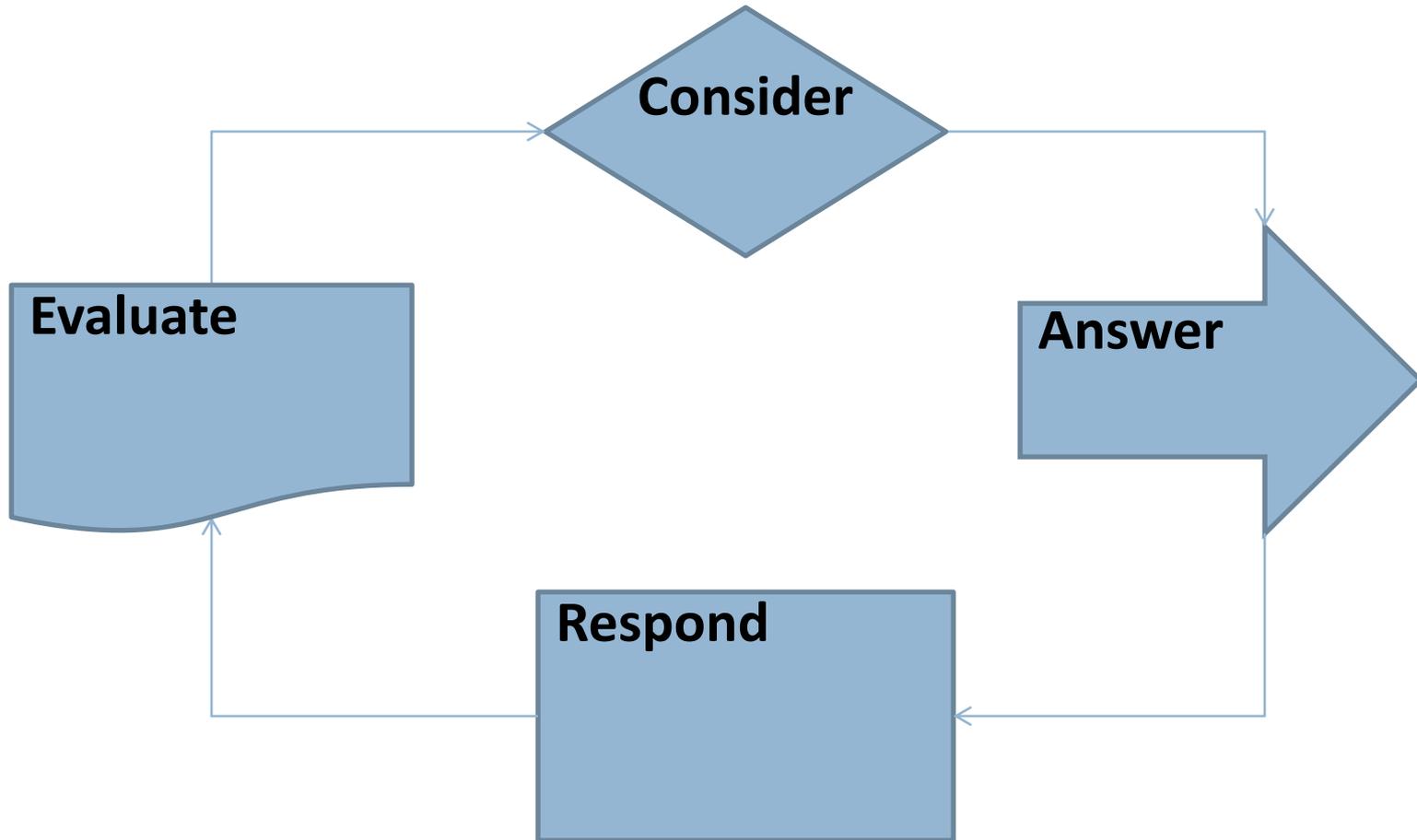
# More Q&A on Dashboards

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# The CARE Process

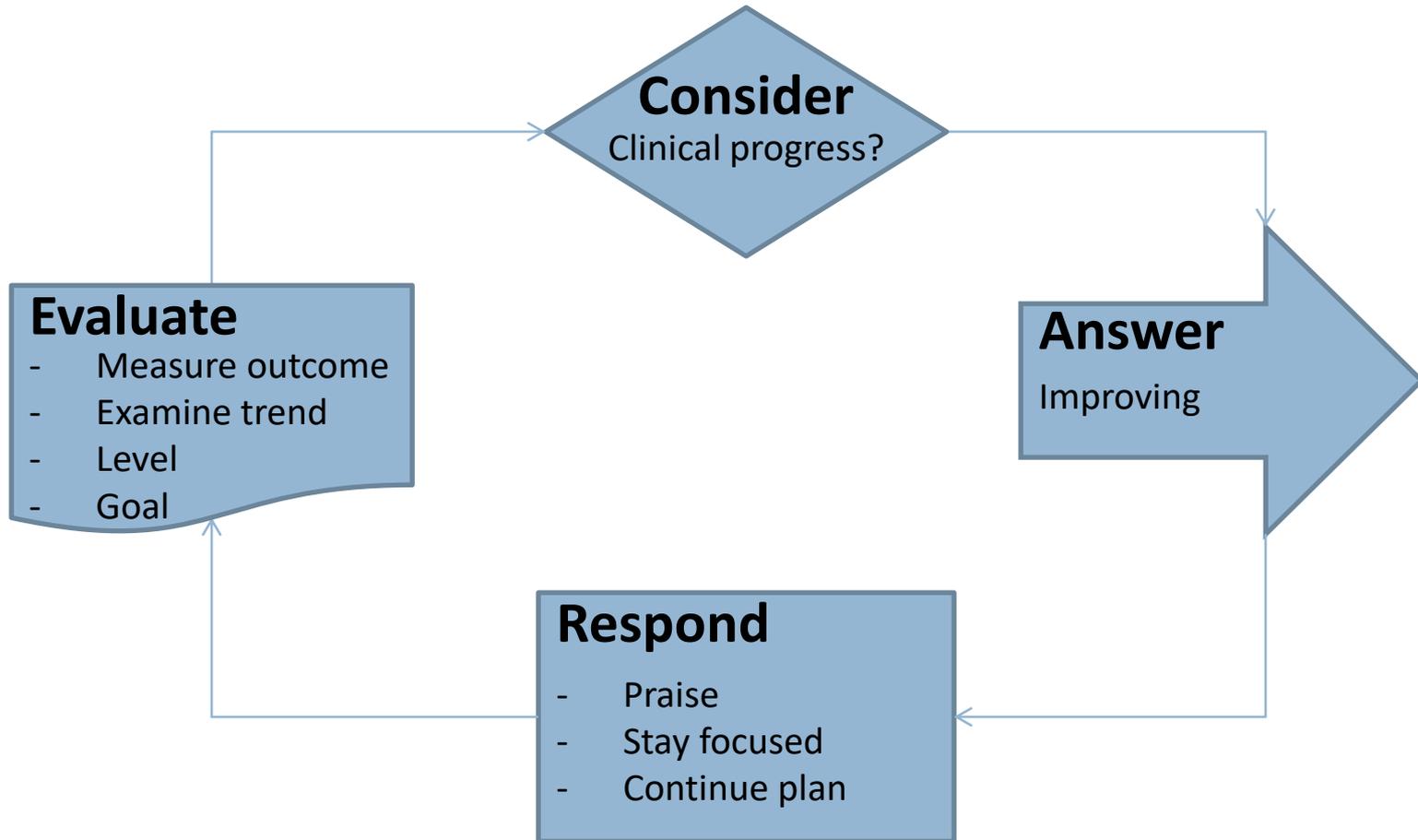
## Clinical Problem Solving

# CARE Process



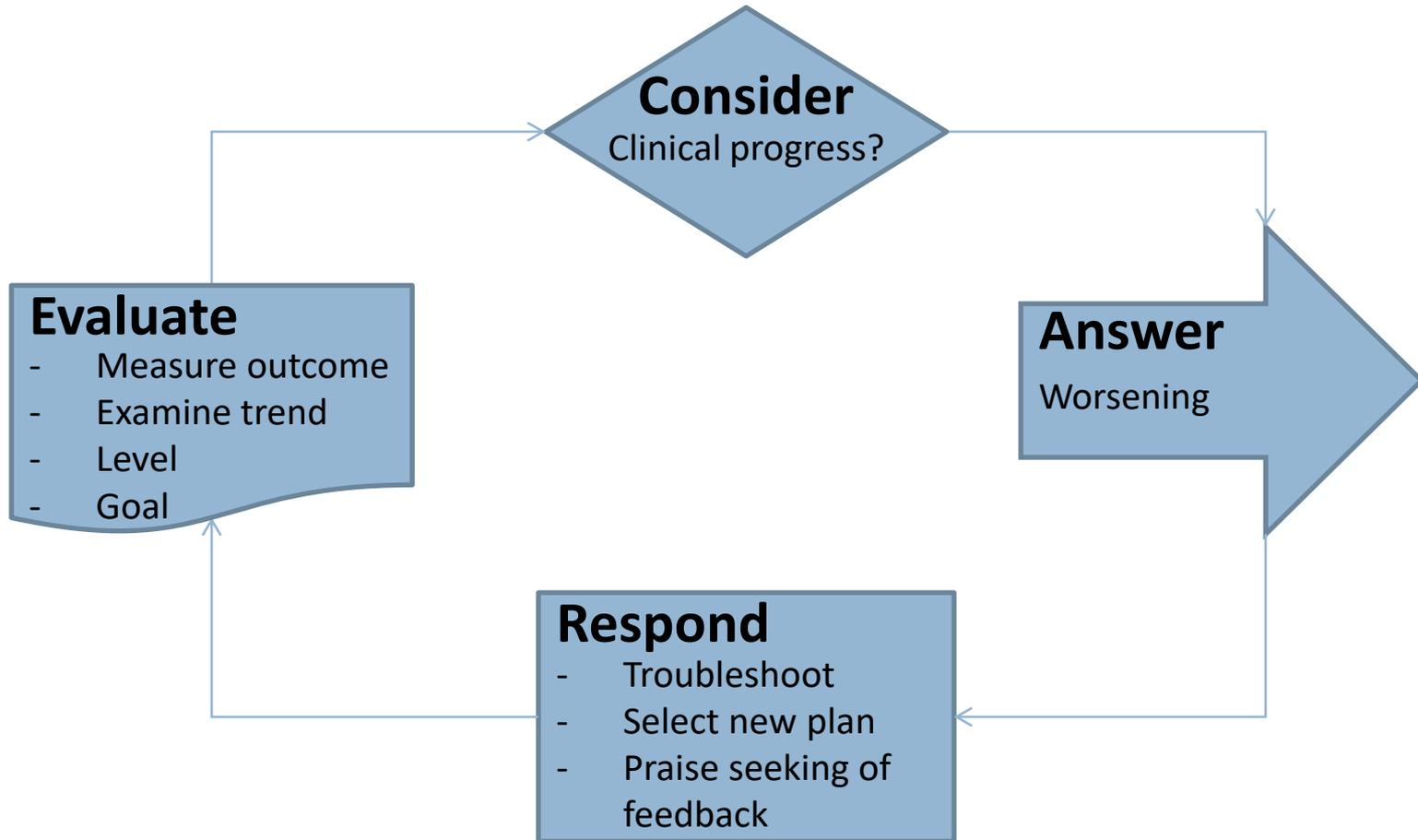
# CARE Process

## Clinical Progress Example 1



# CARE Process

## Clinical Progress Example 2



# The MAP

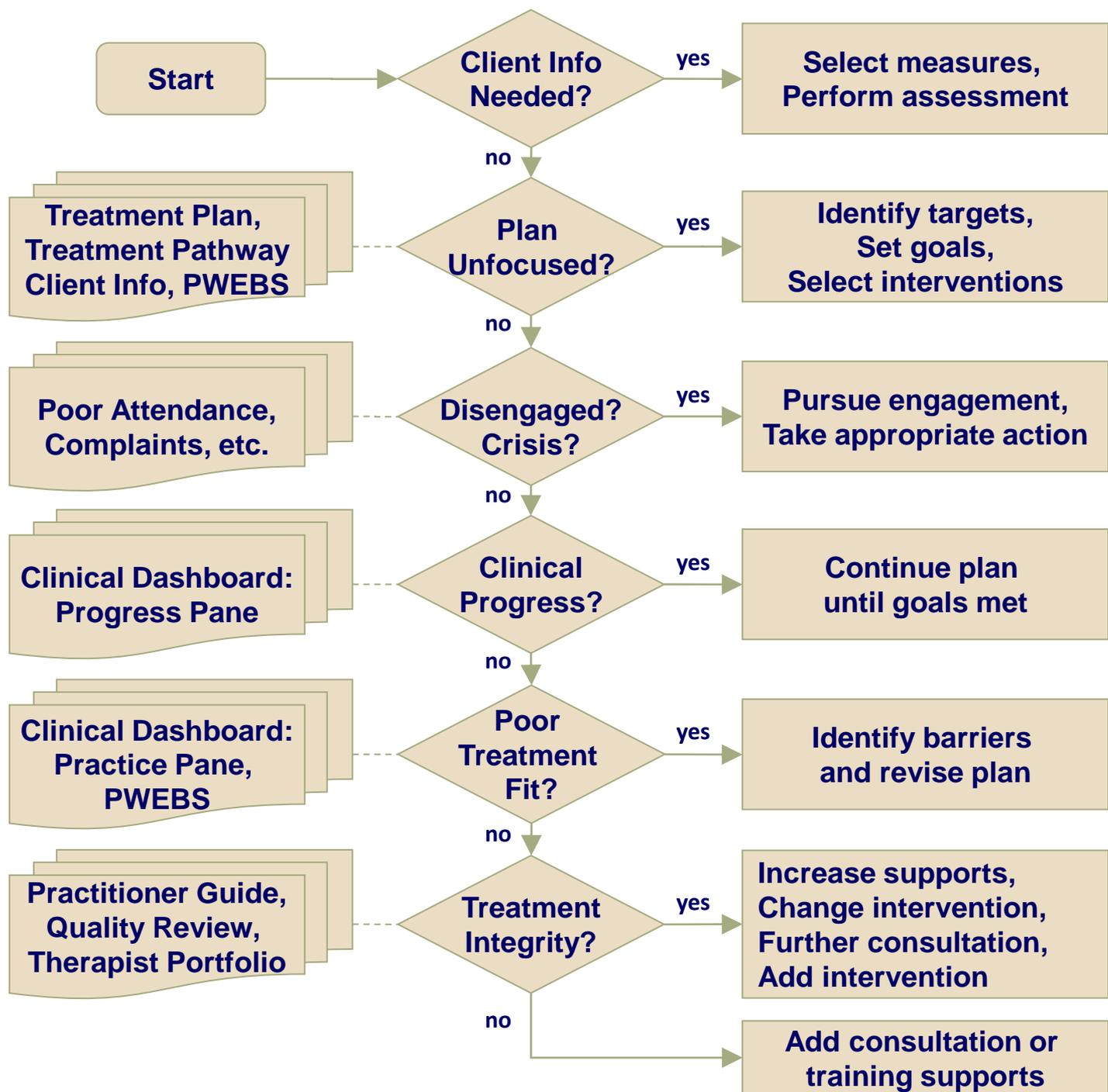
## Putting It All Together



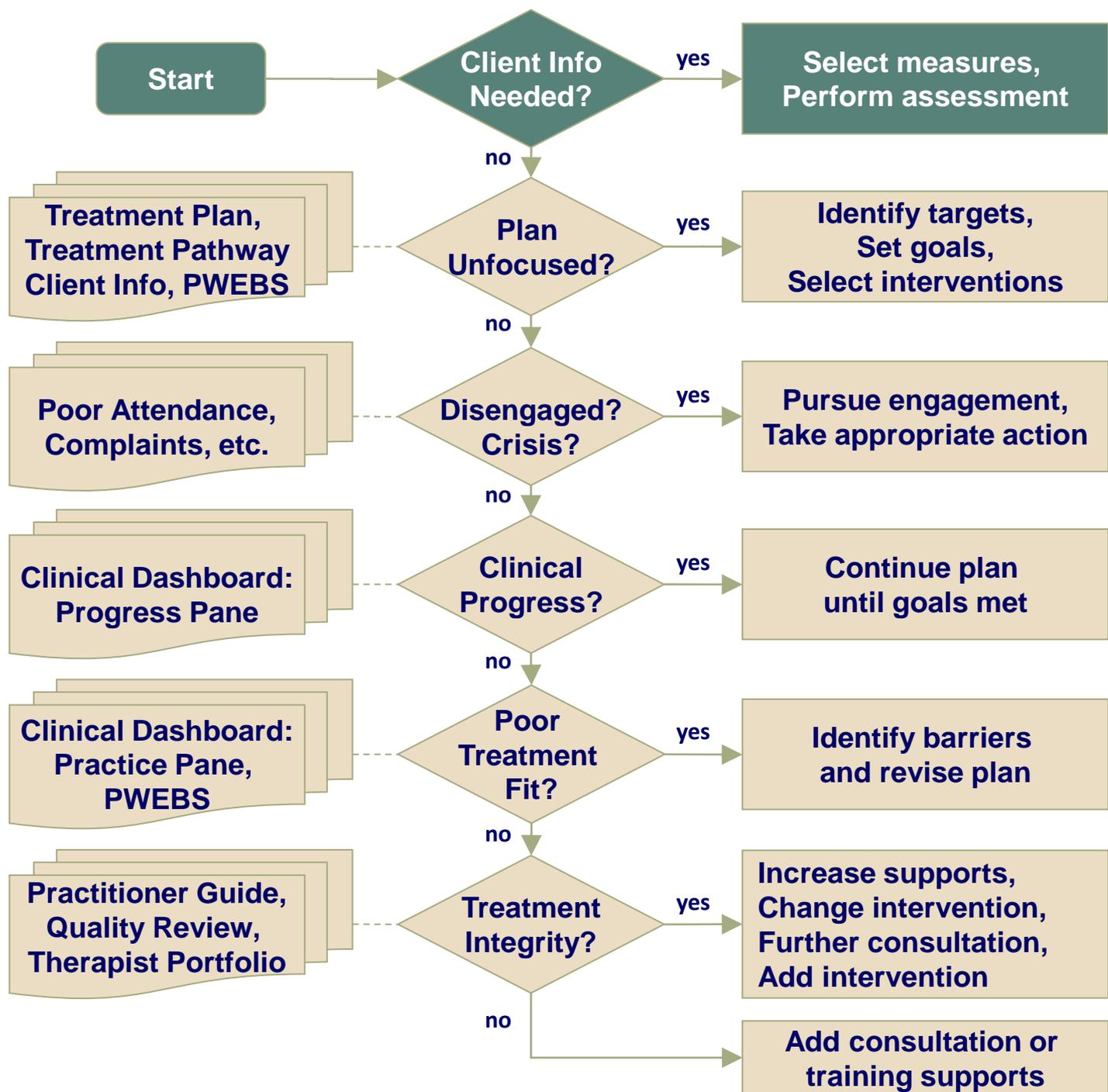
# What is The MAP Process Guide?

- The MAP process guide is an outline of clinical decisions that we make during clinical care
- An important skill is knowing where you are on The MAP

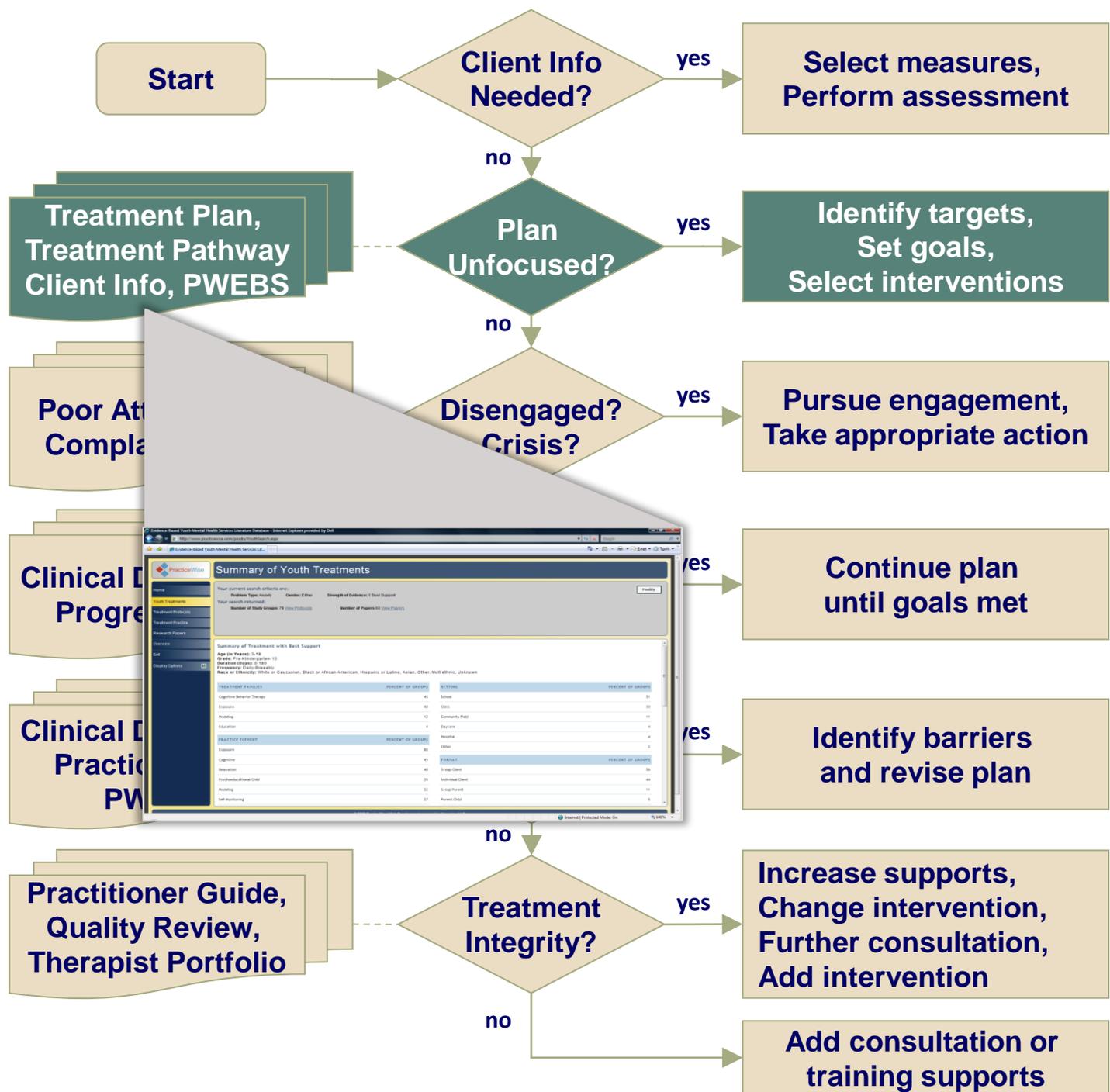
# THE MAP



# THE MAP



# THE MAP



# Sample PWEBS Results

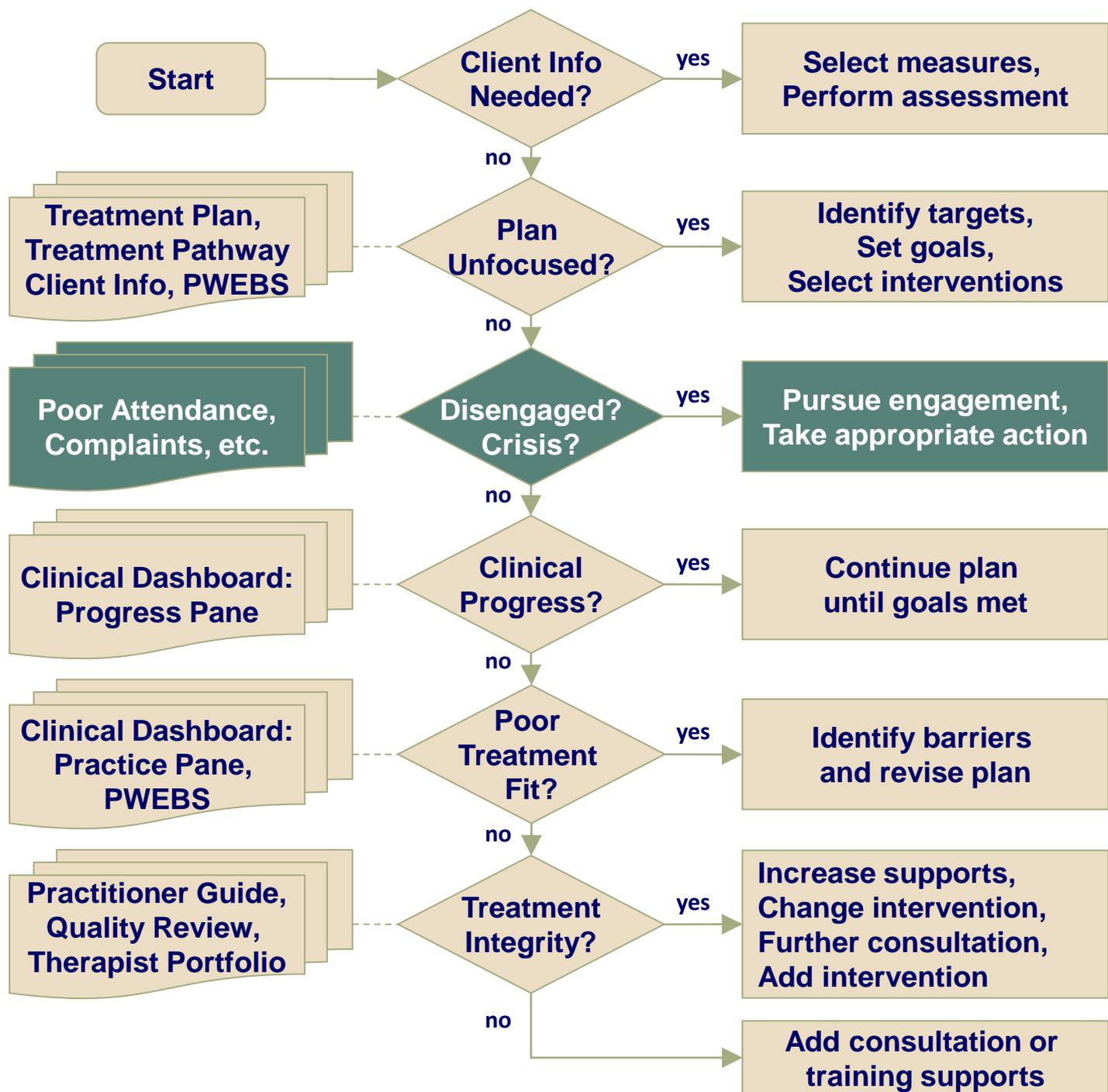
## Practice Elements for Depression

- Psychoeducation
- Relaxation
- Problem Solving

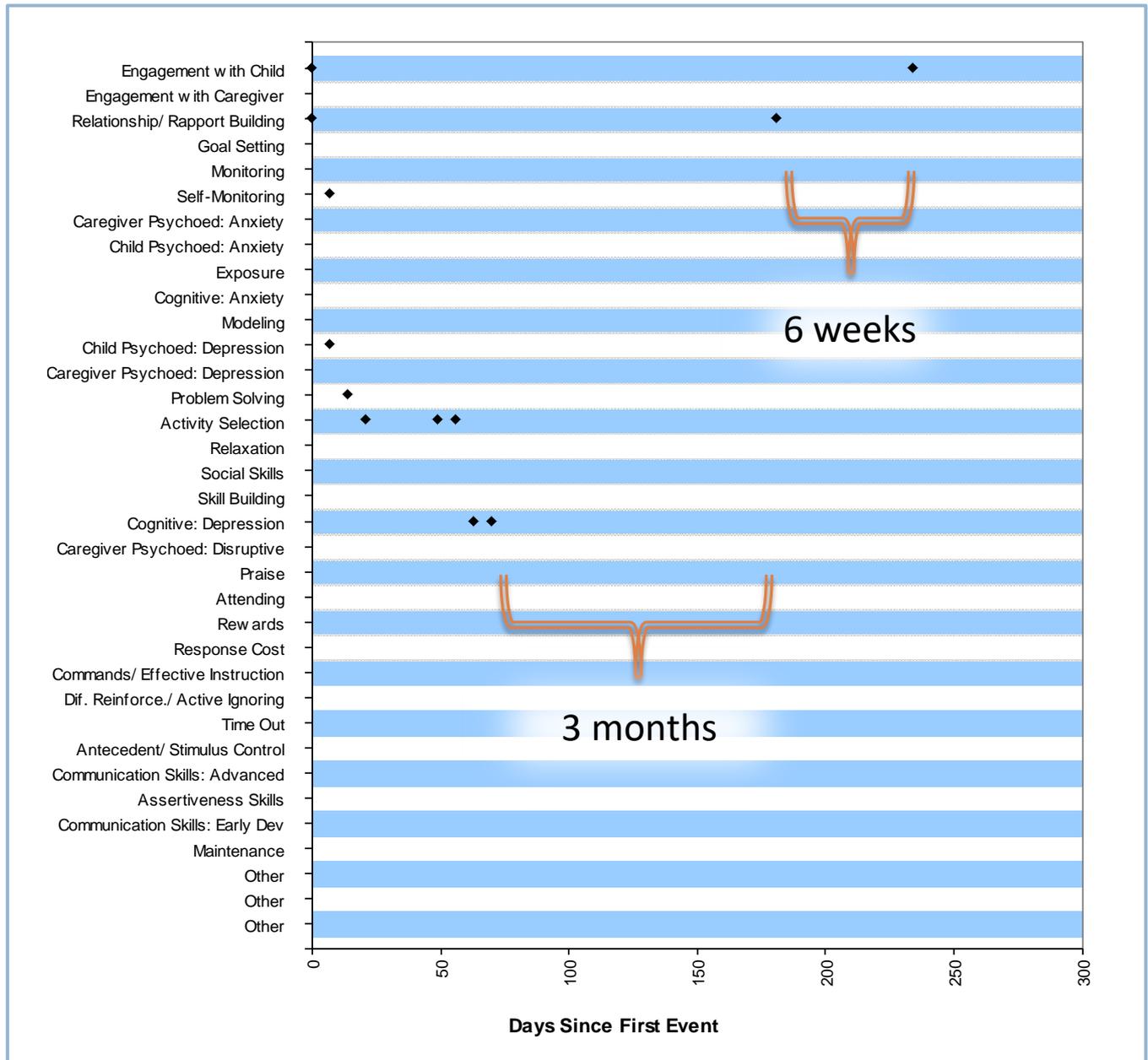
## Practice Elements for Disruptive Behavior

- Praise
- Rewards
- Commands

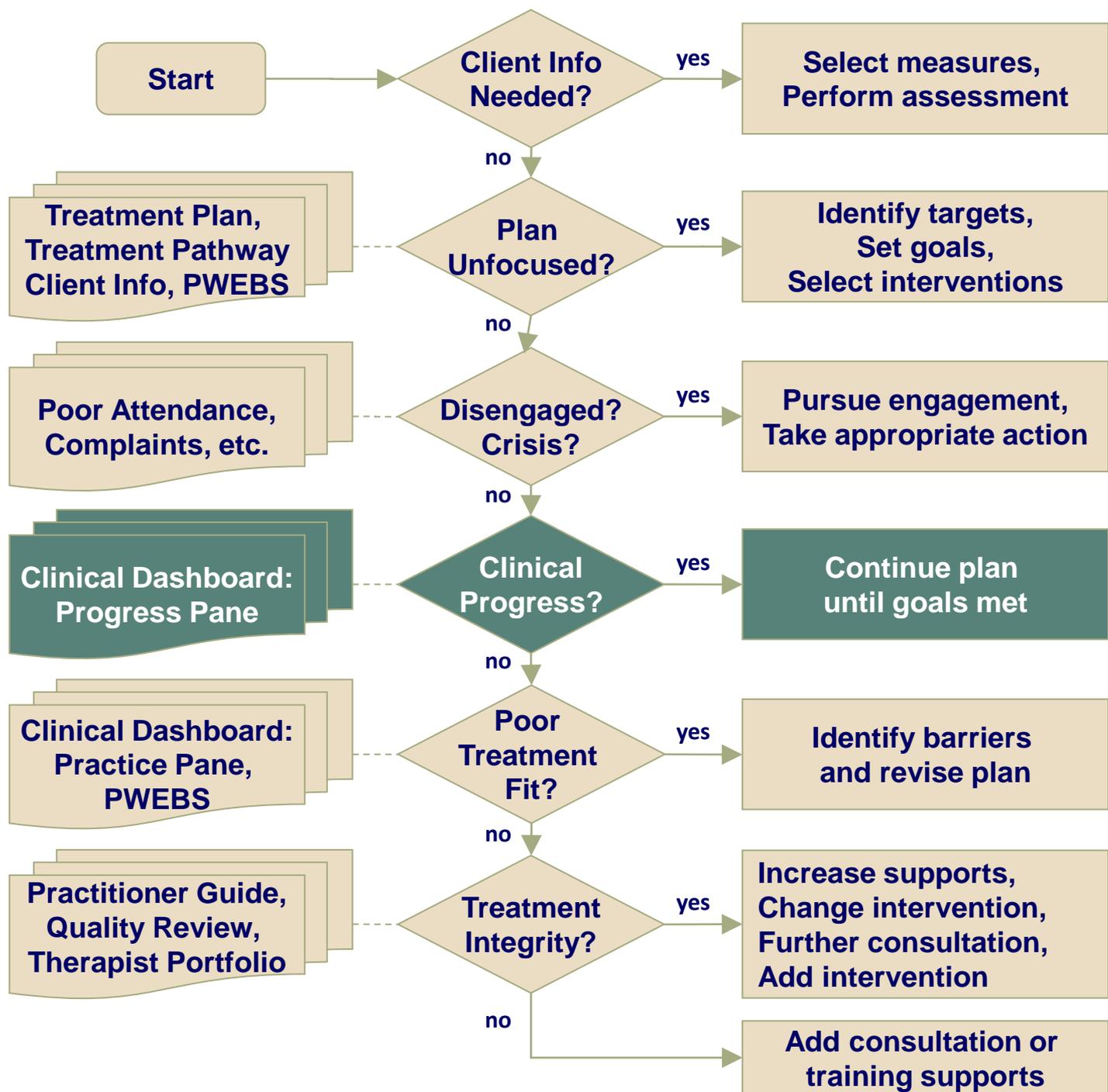
# THE MAP



# Evidence of poor engagement



# THE MAP



Progress is good:  
 Depression scores  
 getting lower

Progress and Practice Monitoring Tool

Case ID: Maggie

Age (in years): 7.1  
 Primary Diagnosis: Depression

Gender: Female  
 Ethnicity: African American

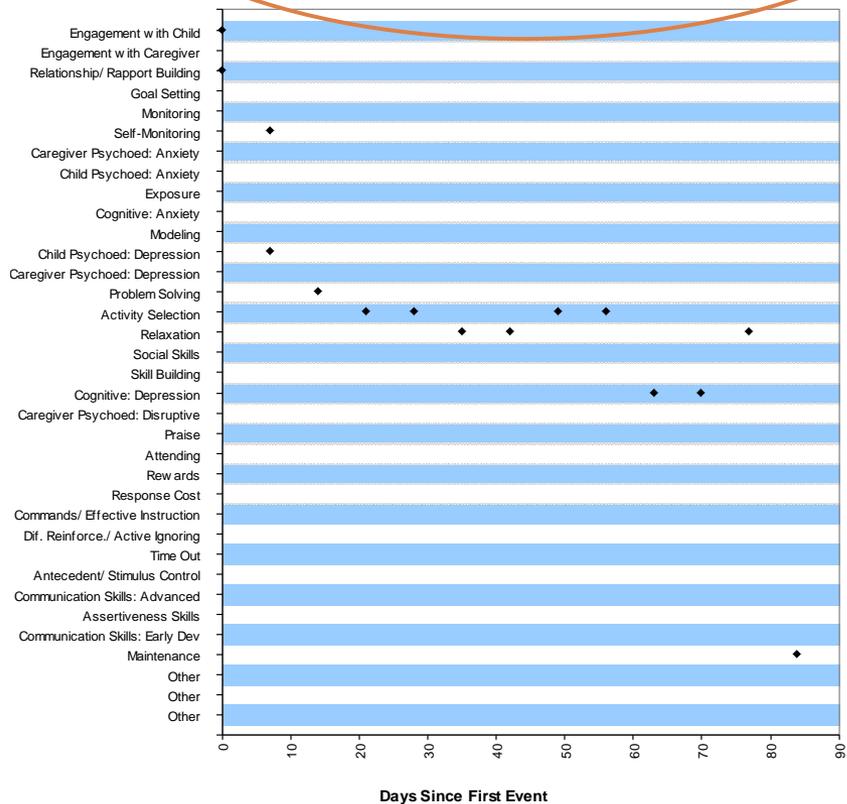
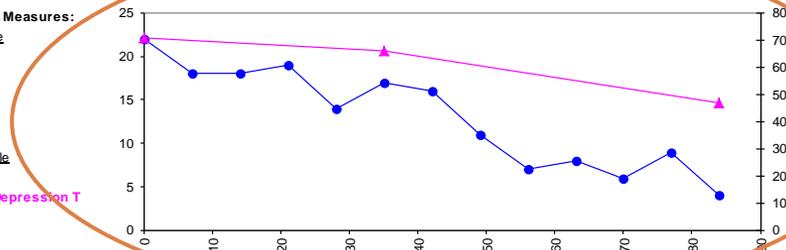
Progress Measures:

Left Scale

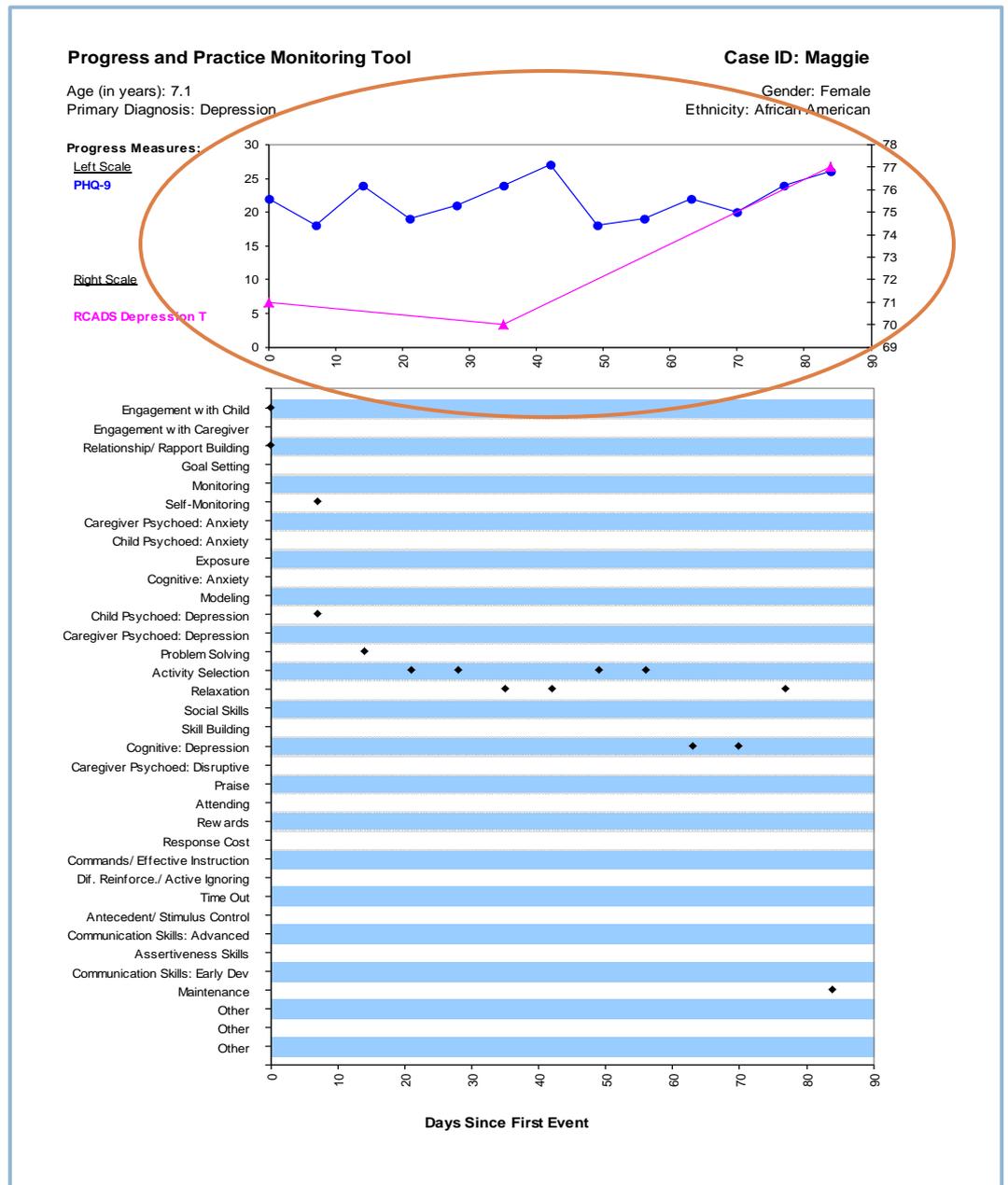
PHQ-9

Right Scale

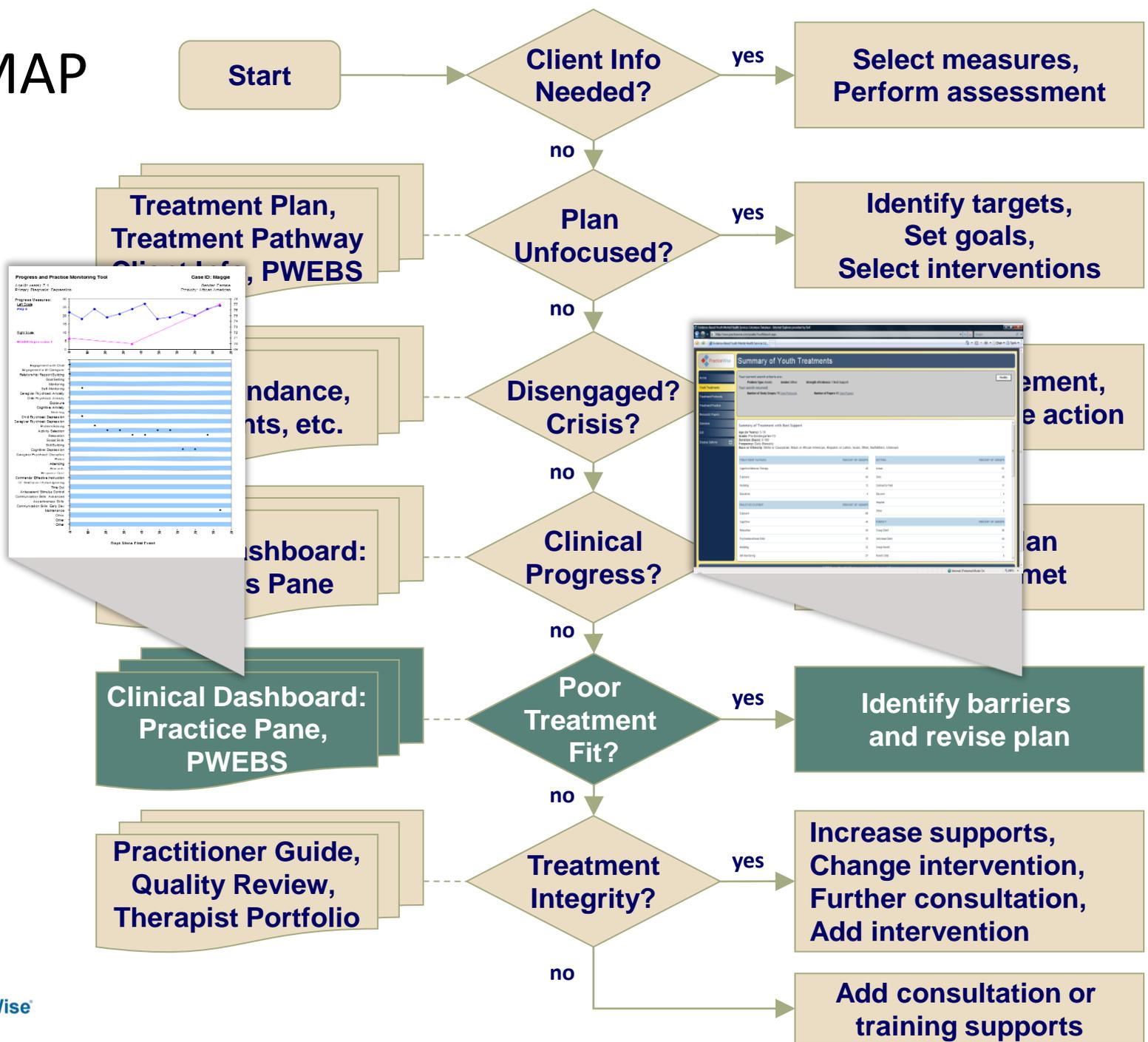
RCADS Depression T



**Progress is poor:**  
**Depression scores**  
**same or getting higher**



# THE MAP



# Do the practices fit the problem?

www.practicewise.com/pwebs6/NoResults.aspx

## Summary of Youth Treatments

Your current search criteria are:  
**Problem Type:** Depression    **Gender:** Female    **Strength of Evidence:** 2 Go

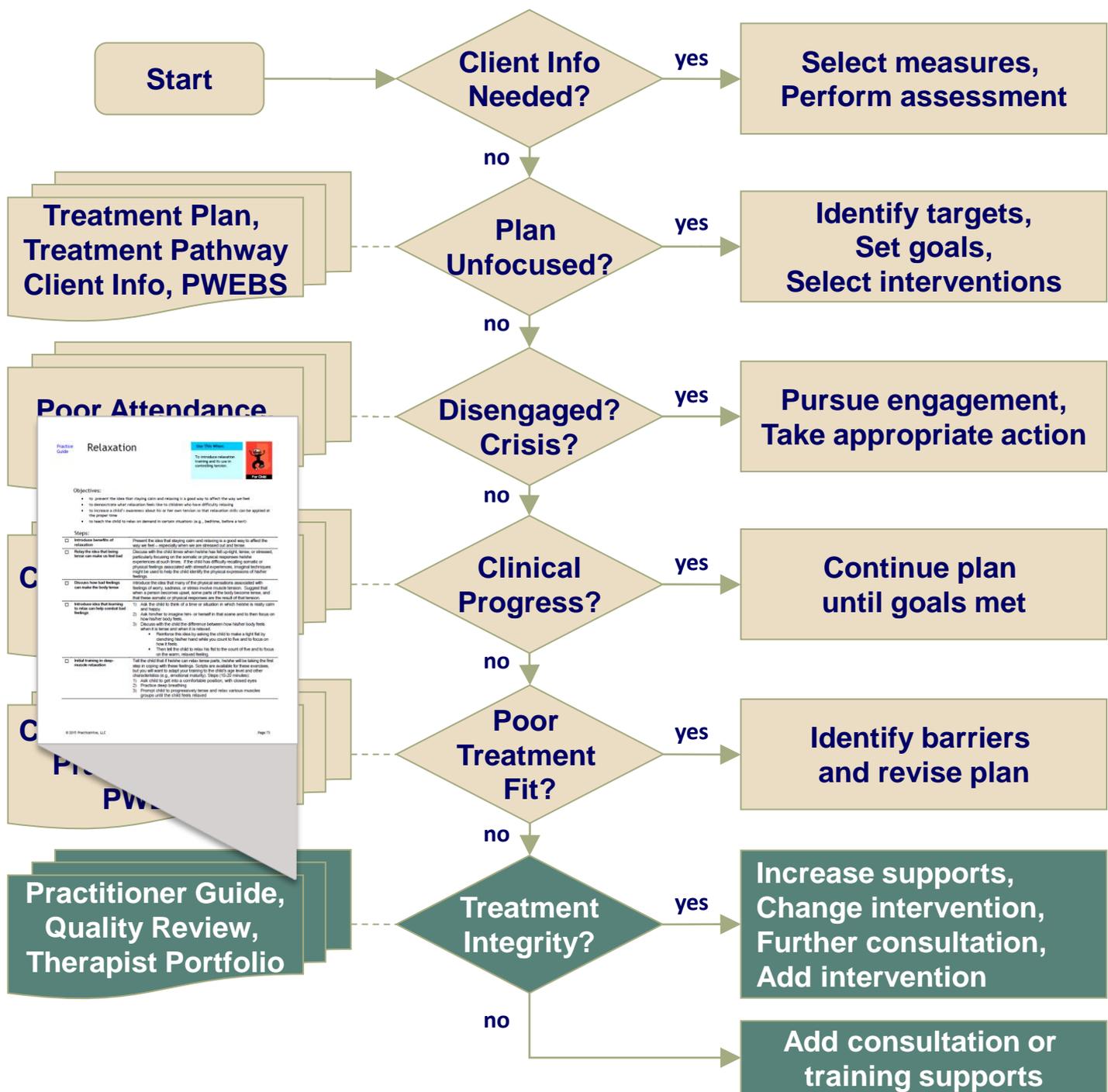
Your search returned:  
**Number of Study Groups:** 34 [View Protocols](#)    **Number of Papers:** 24 [View](#)

PRACTICE ELEMENT	PERCENT OF GROUP	Individual
Cognitive	74	Other
Psychoeducational-Child	68	Other
Activity Selection	62	Other
Maintenance/Relapse Prevention	59	Other
Problem Solving	47	Other
Self-Monitoring	47	Other
Communication Skills	44	Other
Social Skills Training	44	Other
Goal Setting	41	Other
Self-Reward/Self-Praise	35	Other
Psychoeducational-Parent	35	Other
Behavioral Contracting	32	Other
Relaxation	29	Other
Guided Imagery	26	Other
Talent or Skill Building	24	Other

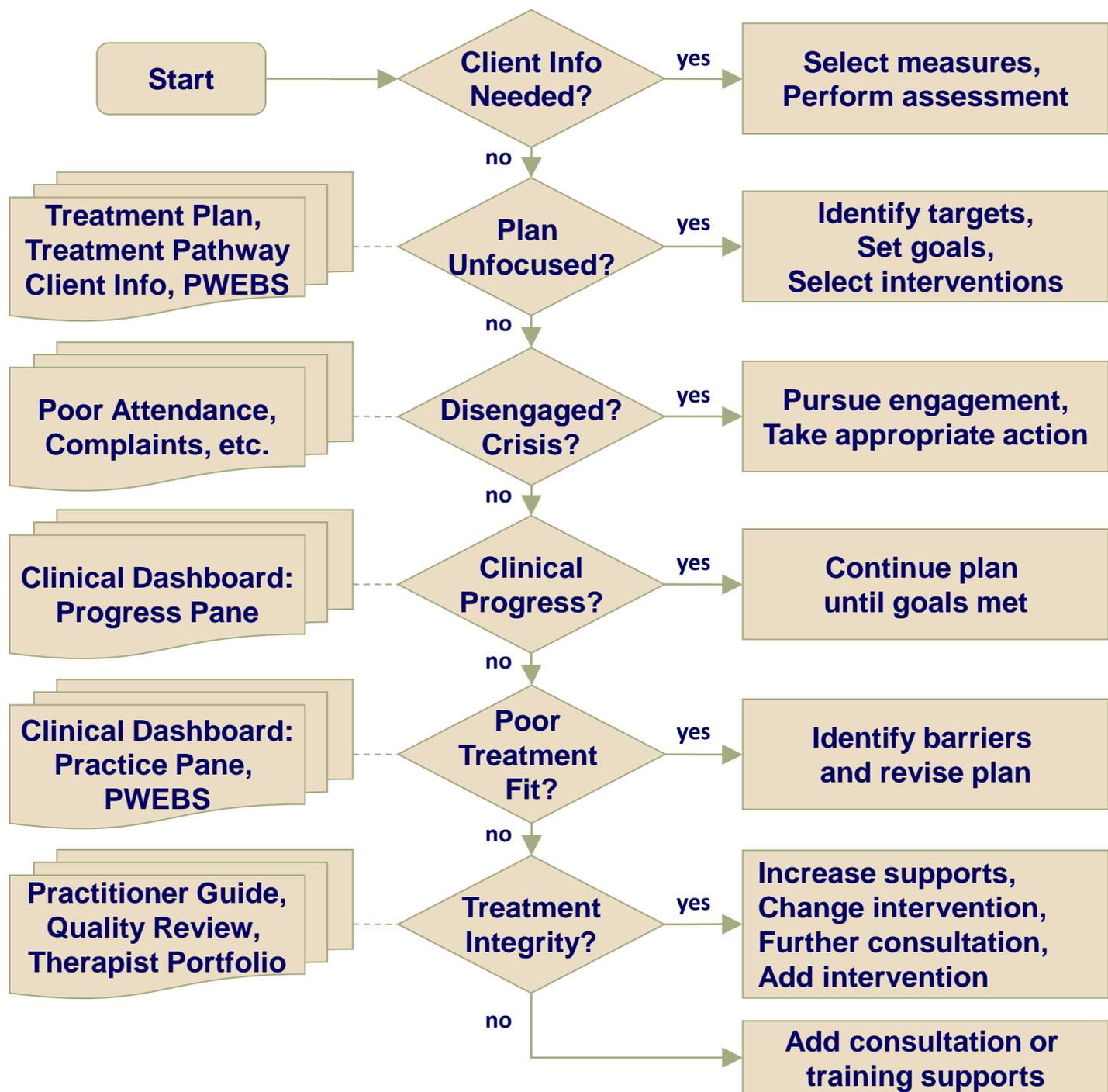
© 2012 PracticeWise, LLC



# THE MAP



# THE MAP



# Embracing Diversity



# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

## Adapt Content

- Conceptualization
- Message
- Procedures

# Embracing Diversity

## Adapt Process

- Style
- Com
- Change Agent

**HOW YOU WORK**  
with the youth  
and family

## Adapt Content

- Conceptualization
- Message
- Procedures

# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

## Adapt Content

- Content
- Message
- Procedures

**WHAT YOU WORK ON**  
with the youth and  
family

# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

**HOW YOU BEHAVE**  
with the youth or  
family (e.g., directive,  
Socratic, eye contact)

## Adapt Content

- Conceptualization
- Message
- Procedures

# Embracing Diversity

## Adapt Processes

- Style
- Communication
- Change Agent

**HOW YOU DELIVER**  
the message (e.g.,  
lesson, story,  
game)

## Adapt Content

- Conceptualization
- Message
- Procedures

# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

**WHO IS INVOLVED**  
(e.g., family member, friend)

## Adapt Content

- Conceptualization
- Message
- Procedures

# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

## Adapt Content

- Conceptualization
- Message
- Procedures

**HOW  
INFORMATION IS  
FRAMED**  
(i.e., the rationale)

# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

## Adapt Content

- Conceptualization
- Message
- Procedures

**WHAT YOU SAY**  
(without  
changing what  
you mean)

# Embracing Diversity

## Adapt Process

- Style
- Communication
- Change Agent

## Adapt Content

- Conceptualization
- Message
- Procedures

WHAT YOU ASK  
the youth or  
family to do (e.g.,  
try something  
else)

# Process Guide

Process  
Guide

## Embracing Diversity

Use This  
When:

To enhance the fit of  
client, context, and  
therapeutic care.



**Adapt  
Process**

- Style
- Communication
- Change Agent

**Adapt  
Content**

- Conceptualization
- Message
- Procedures

# Case Example



- Maggie
  - ▣ 7 years old, female, African American
  - ▣ Presents with
    - Depressive Sxs (irritability, daily crying outbursts, suicidal ideation, lack of interest in play)
    - Disruptive Behavior (“attitude,” non-compliance with adult commands, aggressive behavior towards siblings)
  - ▣ Low-income, hard-working single parent
  - ▣ You are teaching the practice of Rewards to mom with the goal of increasing Maggie’s compliant behaviors
  - ▣ Mom resistant to Rewards because
    - No money
    - Does not want Maggie “spoiled,” Mom says she needs to understand “life is hard”

## Adapt Process

- Style Socratic? \_\_\_\_\_
- Communication \_\_\_\_\_
- Change Agent \_\_\_\_\_

## Adapt Content

- Conceptualization \_\_\_\_\_
- Message \_\_\_\_\_
- Procedures \_\_\_\_\_

## Adapt Process

- Style Socratic?
- Communication Storytelling?
- Change Agent \_\_\_\_\_

## Adapt Content

- Conceptualization \_\_\_\_\_
- Message \_\_\_\_\_
- Procedures \_\_\_\_\_

## Adapt Process

- Style *Socratic?* \_\_\_\_\_
- Communication *Storytelling?* \_\_\_\_\_
- Change Agent *Is there someone who can buy some small things?* \_\_\_\_\_

## Adapt Content

- Conceptualization \_\_\_\_\_
- Message \_\_\_\_\_
- Procedures \_\_\_\_\_

## Adapt Process

- Style Socratic?
- Communication Storytelling?
- Change Agent Is there someone who can buy some small things?

## Adapt Content

- Conceptualization Earning vs getting things for nothing
- Message \_\_\_\_\_
- Procedures \_\_\_\_\_

## Adapt Process

- Style *Socratic?*
- Communication *Storytelling?*
- Change Agent *Is there someone who can buy some small things?*

## Adapt Content

- Conceptualization *Earning vs getting things for nothing*
- Message *How can we make Maggie work harder?*
- Procedures \_\_\_\_\_

## Adapt Process

- Style *Socratic?*
- Communication *Storytelling?*
- Change Agent *Is there someone who can buy some small things?*

## Adapt Content

- Conceptualization *Earning vs getting things for nothing*
- Message *How can we make Maggie work harder?*
- Procedures *Praise?*

# The Role of Culture in Treatment Research

- Not all groups tested for all problems/treatments
- Most evidence is that treatments are robust across different ethnic groups (Huey & Polo, 2008)
- What to do when there is limited/no evidence to guide us with a particular ethnic/cultural group?
  - ▣ Try what's worked for anyone as a starting point
  - ▣ Proceed carefully (i.e., measure how things are going)
  - ▣ Consider thoughtful adaptation of treatments

# About the Embracing Diversity Guide

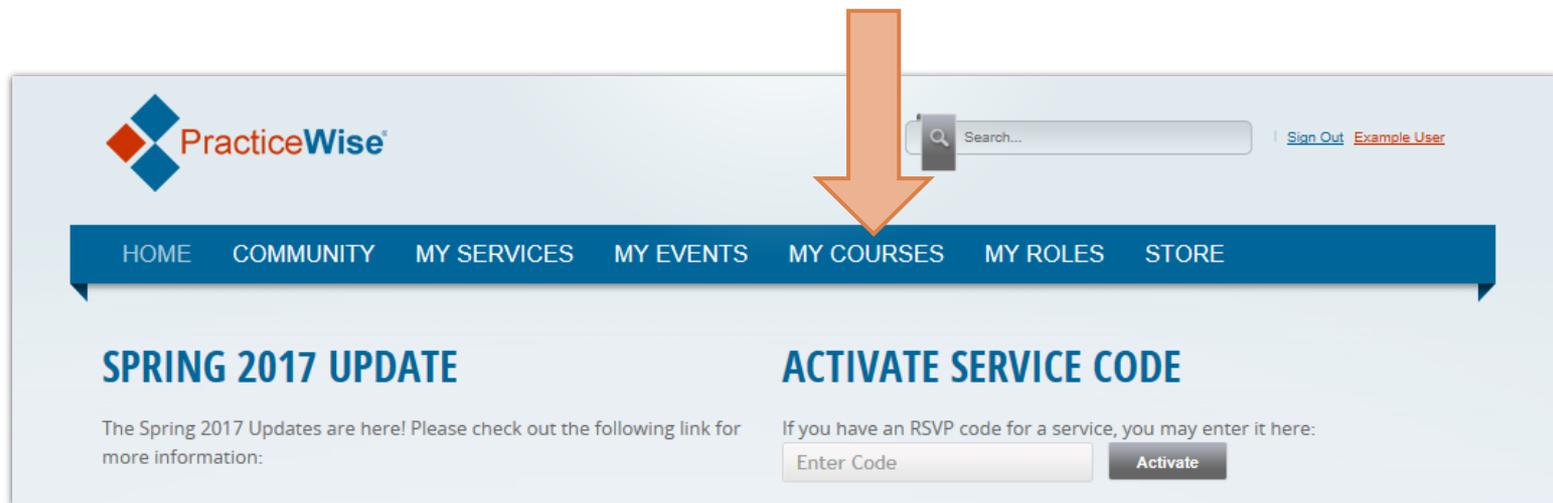
- Remember: the purpose is to slow down and engage in a deliberate reasoning process to elaborate the possible options
- You are trying to improve the fit of the intervention to the family and context
- It is not necessary to classify all of the options into the six categories; they are merely to push you to think of things you might not otherwise come up with

# Free Distance Learning Resources

- PracticeWise offers free online learning videos in the My Courses section of the website
- Course topics include:
  - ▣ Resources
    - PWEBS, Process Guides, Clinical Dashboards, and more
  - ▣ Direct Services
    - EBS System Model, practices, and applications

# Free Distance Learning Resources

- To access the free online learning videos:
  - ▣ Log-in to your PracticeWise user account
  - ▣ Navigate to the My Courses tab



The screenshot displays the PracticeWise user interface. At the top left is the PracticeWise logo. To its right is a search bar with a magnifying glass icon and the text "Search...". Further right are links for "Sign Out" and "Example User". Below these elements is a dark blue navigation bar with white text for "HOME", "COMMUNITY", "MY SERVICES", "MY EVENTS", "MY COURSES", "MY ROLES", and "STORE". A large orange arrow points down to the "MY COURSES" tab. Below the navigation bar, there are two main content areas. The left area is titled "SPRING 2017 UPDATE" and contains the text: "The Spring 2017 Updates are here! Please check out the following link for more information:". The right area is titled "ACTIVATE SERVICE CODE" and contains the text: "If you have an RSVP code for a service, you may enter it here:". Below this text is a text input field labeled "Enter Code" and a dark grey button labeled "Activate".

# Free Assessment/Monitoring Tools

- <https://stressandtrauma.org/monitoring>

# Review of the Day

## □ Concepts

- EBS System Model
- Focus-Interference
- Connect-Cultivate-Consolidate
- Clinical Event Structure
- Embracing Diversity

## □ Resources

- PWEBS Database
- Practitioner Guides
- Clinical Dashboard

## □ Applications

- Assessment
- Monitoring

# Add to your toolbox



THANK  
YOU

The image features the words "THANK YOU" in a bold, sans-serif font, constructed from individual wooden letterpress blocks. The blocks are arranged in two rows: "THANK" on top and "YOU" below it. The wood of the blocks is a light, natural tone, and they are set against a dark, heavily grained wooden background. In the upper right corner, there are several autumn-themed decorations, including acorns and pinecones, adding a seasonal touch to the composition.