

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

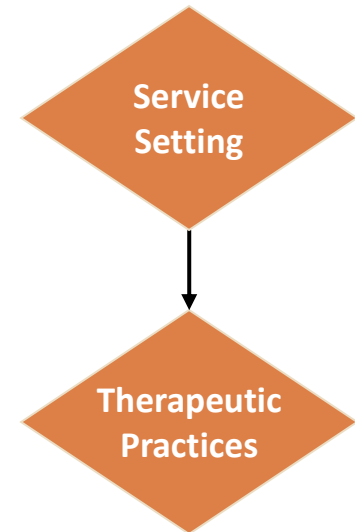
What Are Those Decisions?

Where should we treat the youth?

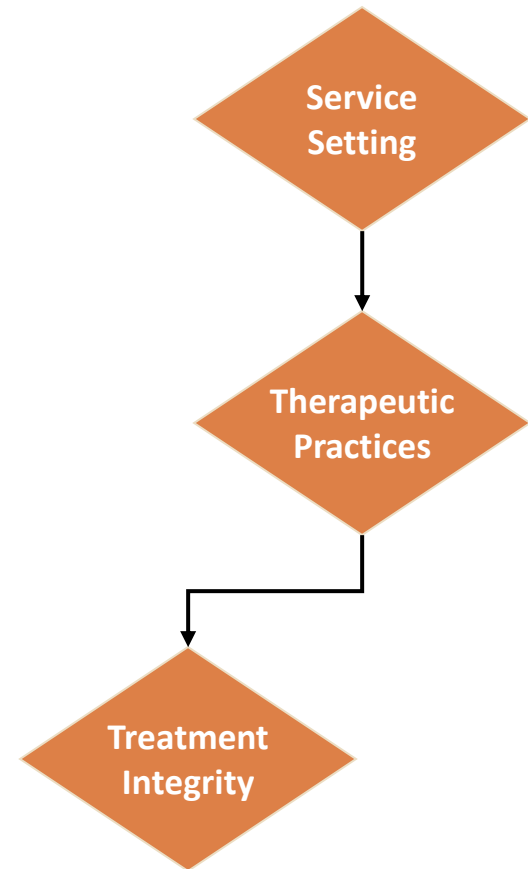


Service
Setting

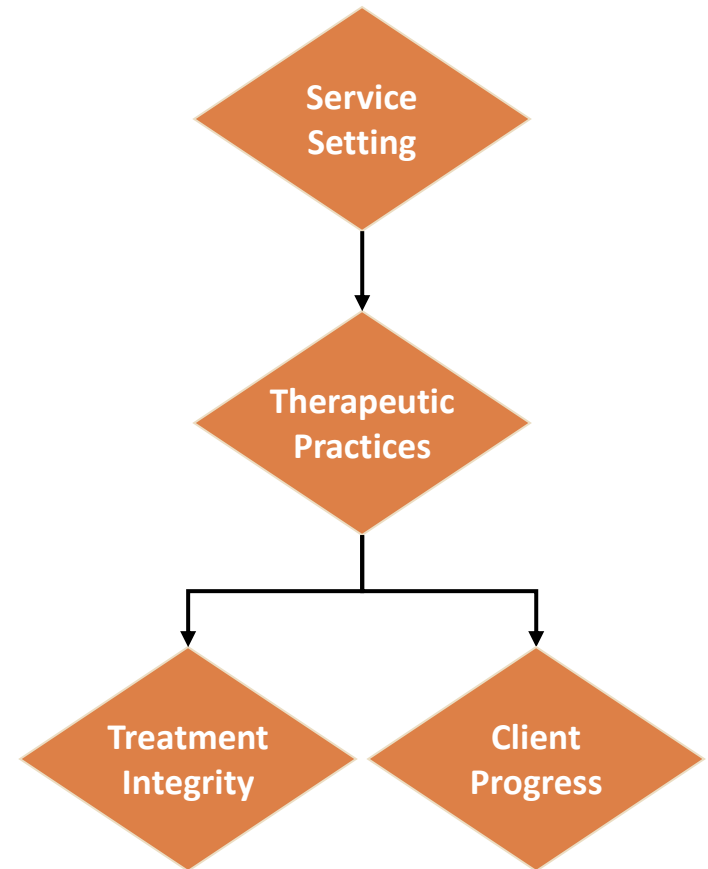
How should we treat the youth?



Are we providing quality services to the youth?



Is the youth getting better?



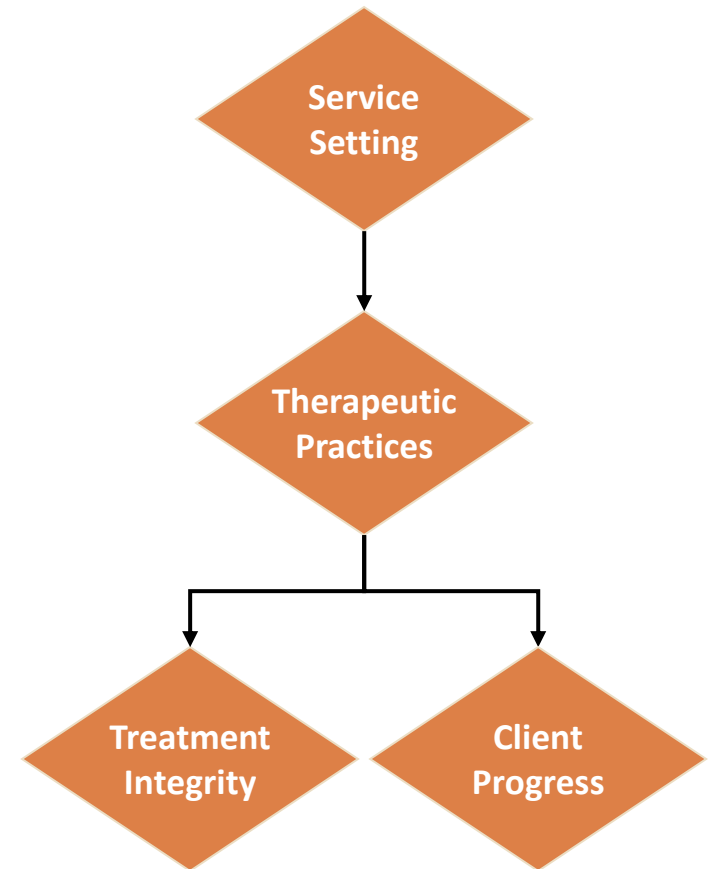


EBS System Model

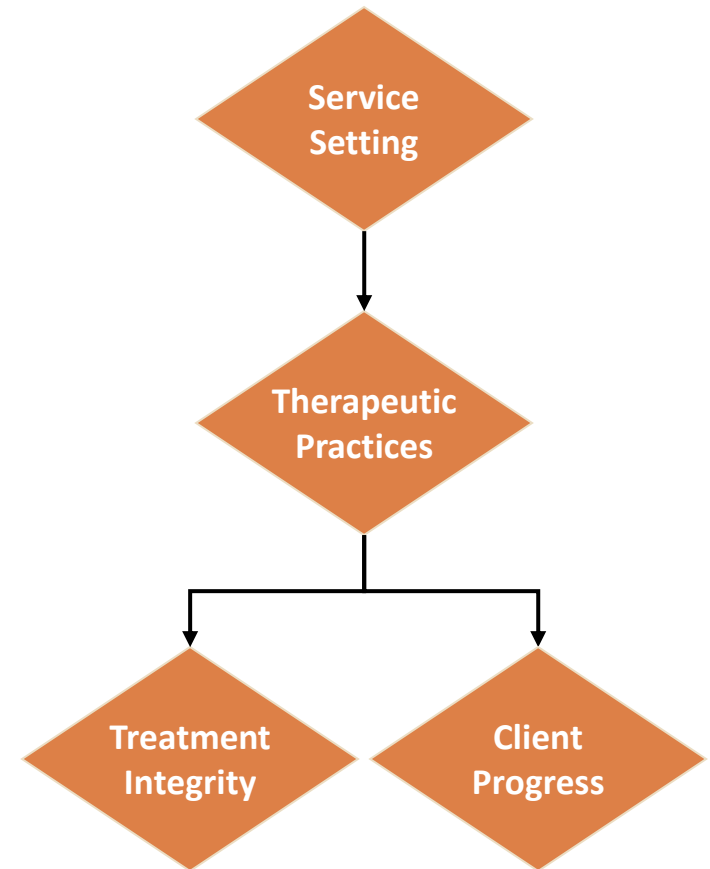
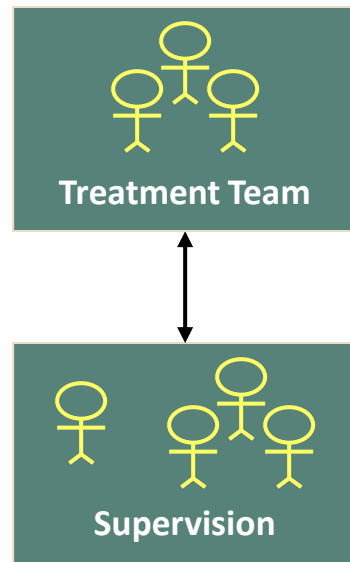
- Targets and Goals
 - ▣ What are the treatment targets/main problem areas?
 - ▣ What are the goals of treatment?
 - ▣ These directly affect the rest of the content/structure!
- Service Setting
 - ▣ Where is treatment provided?
- Treatment Practices
 - ▣ What are the components of this treatment?
 - ▣ 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?

Who should treat the client?



How should we manage the treatment?



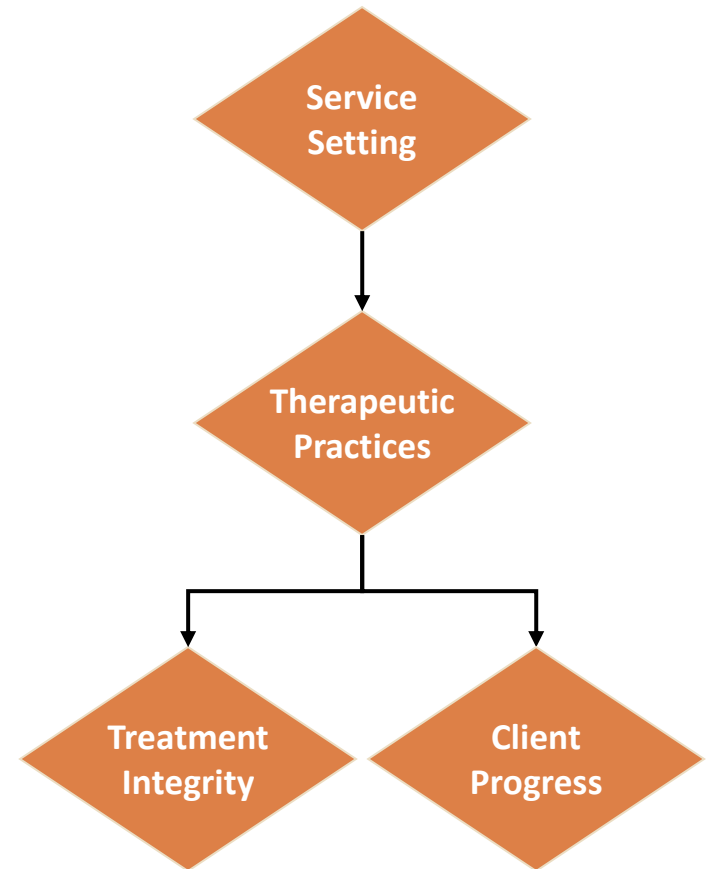
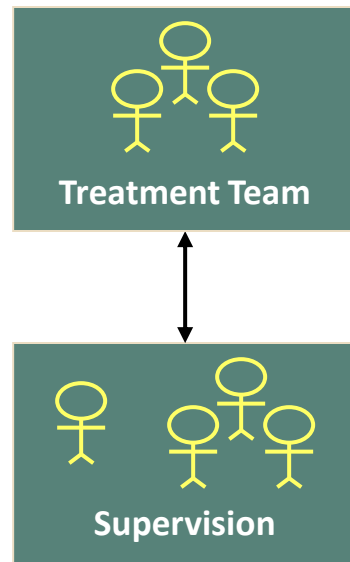
EBS System Model

People

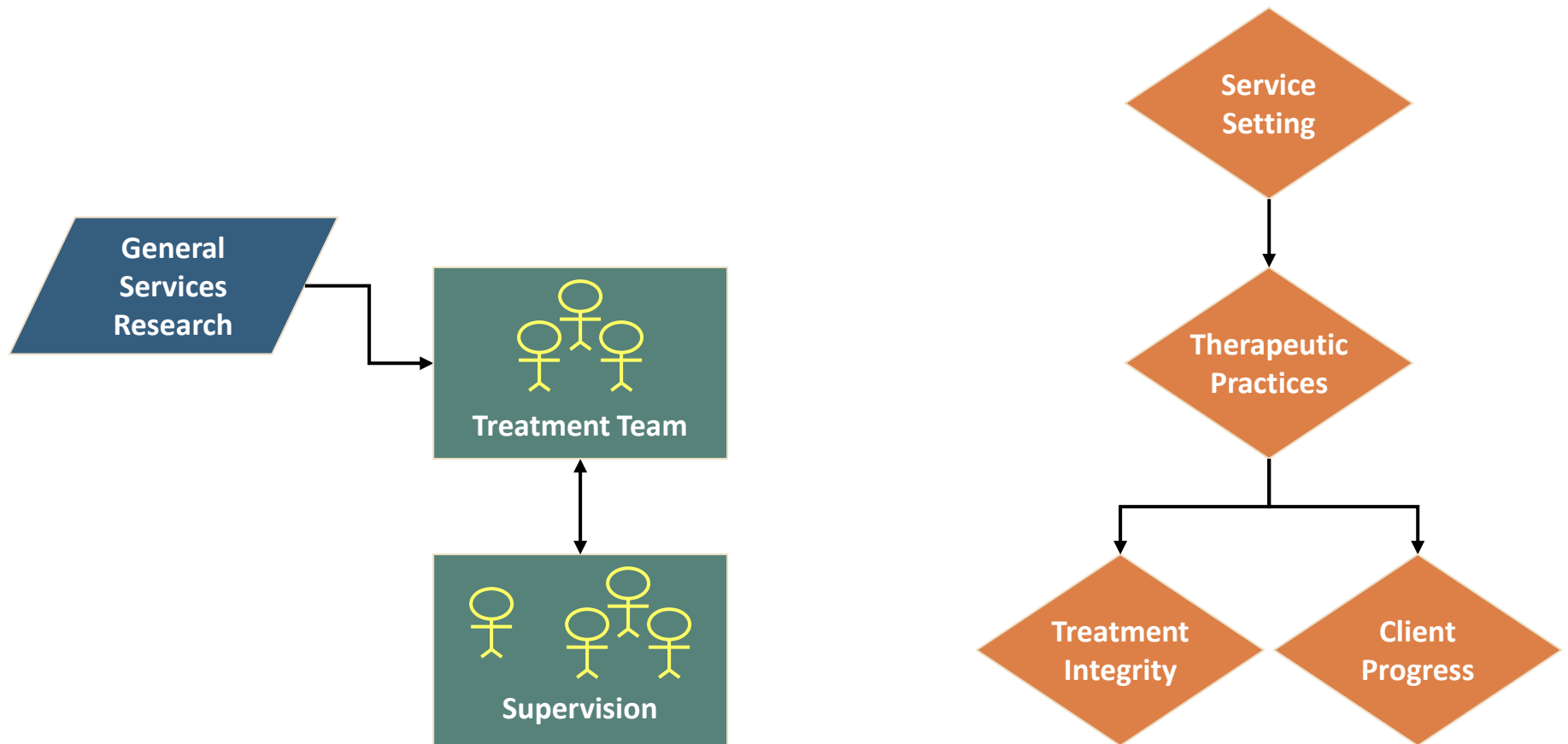
- Treatment Team
 - ▣ Who is involved in the treatment of the youth?
- Supervision
 - ▣ What does supervision look like for this EBP or type of organization?

What Drives Decision-Making?

What evidence drives decisions?

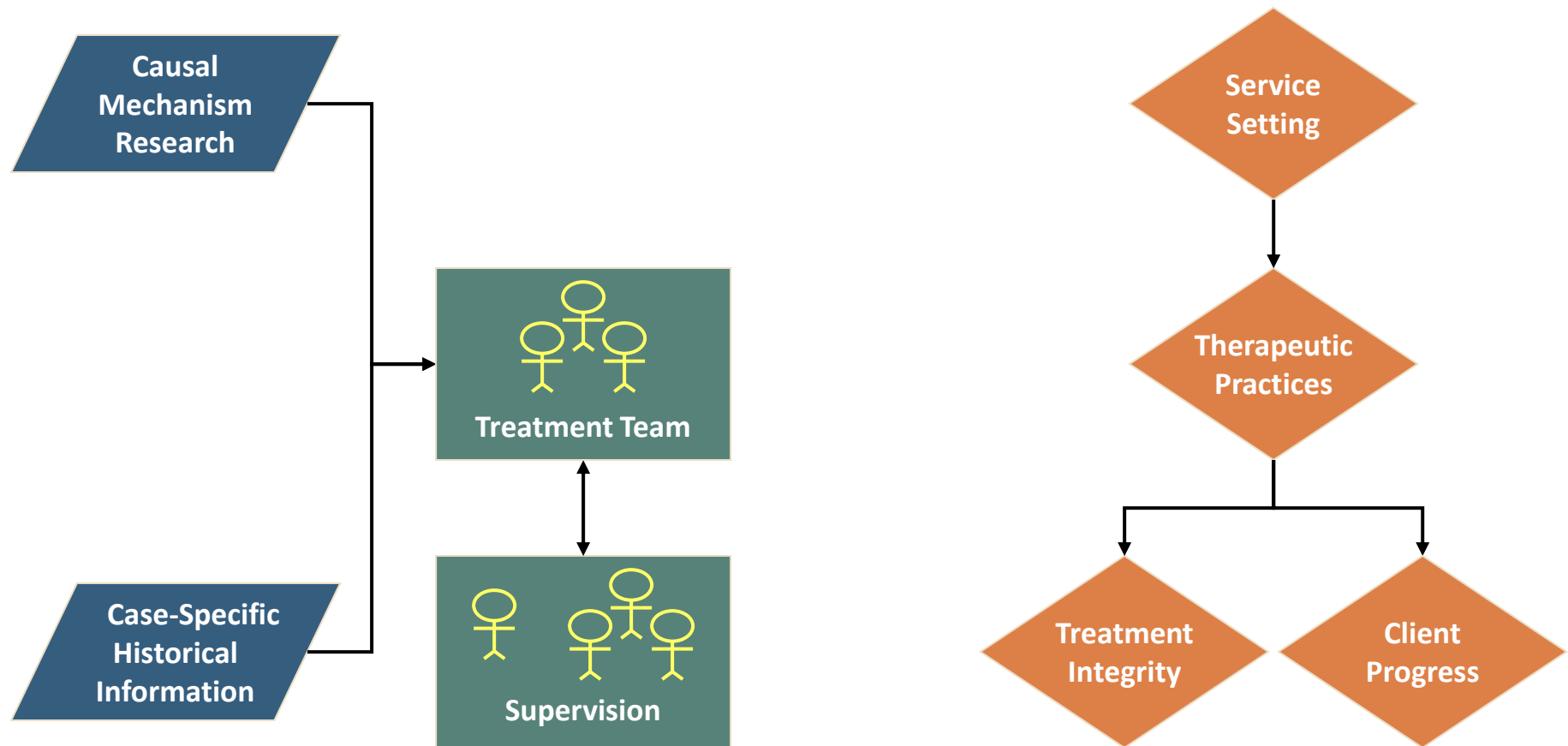


What evidence drives decisions?



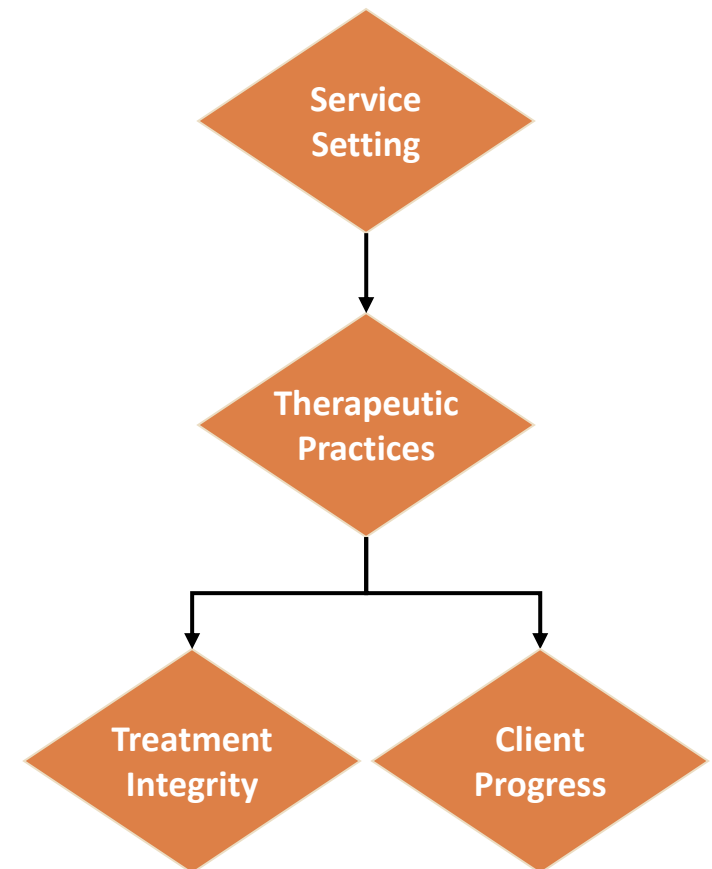
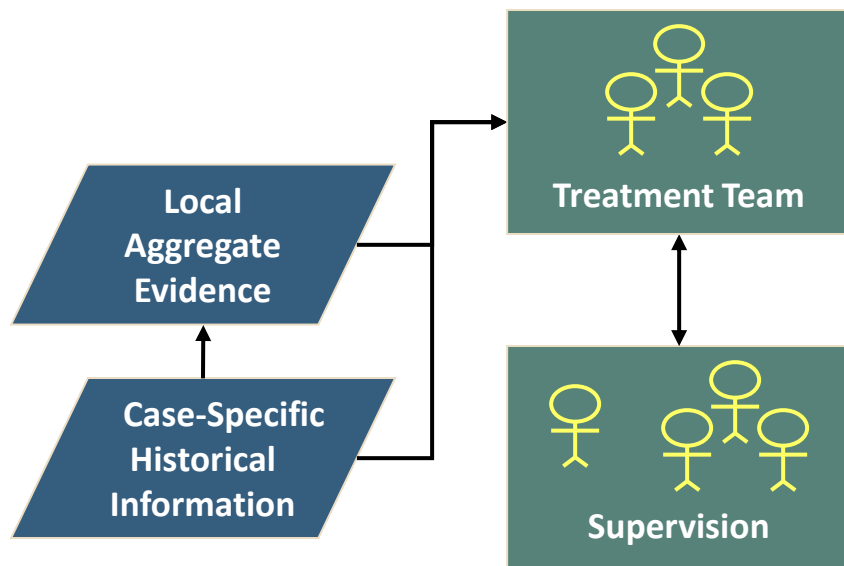
Evidence Based Treatment (EBT) Model

What evidence drives decisions?



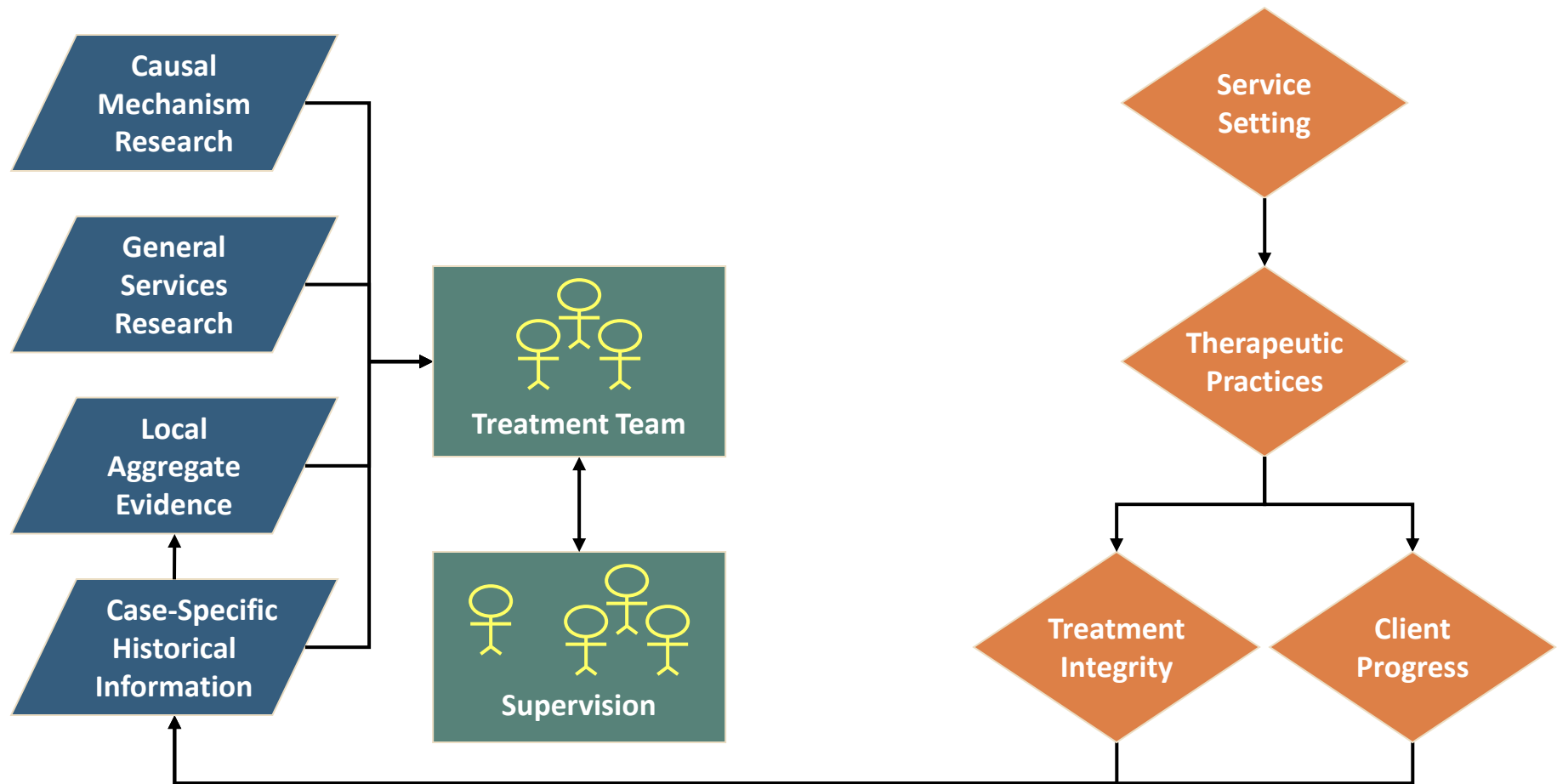
Individualized Case Conceptualization Model

What evidence drives decisions?



Practice-Based Evidence Model

Best to use all the evidence to drive decisions



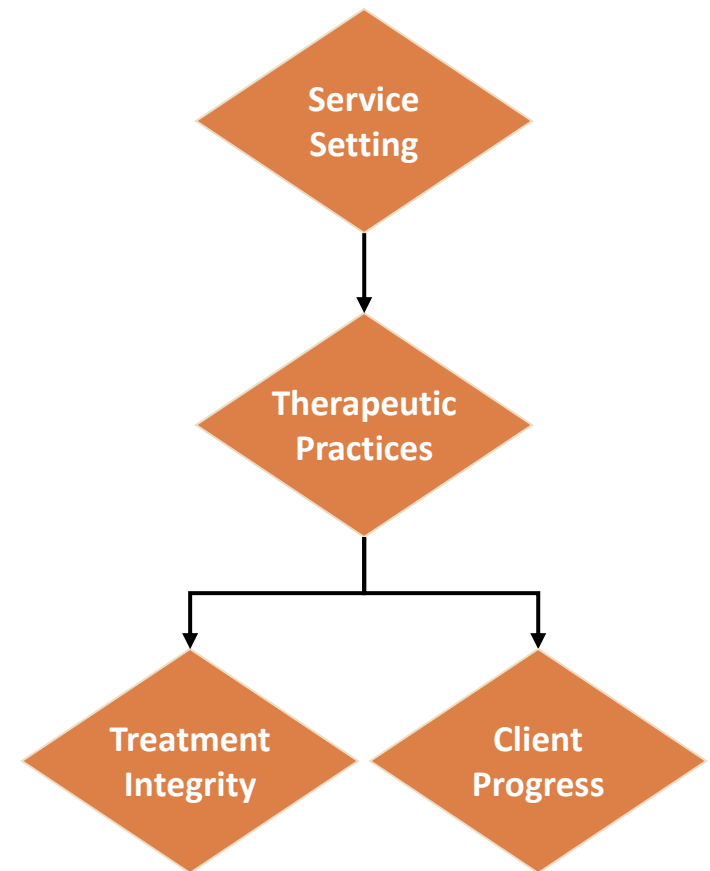
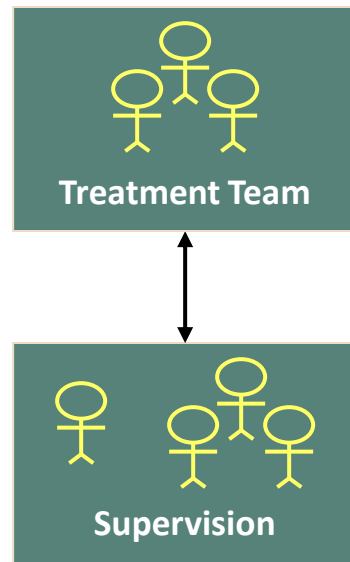
EBS System Model

Sources of
Information

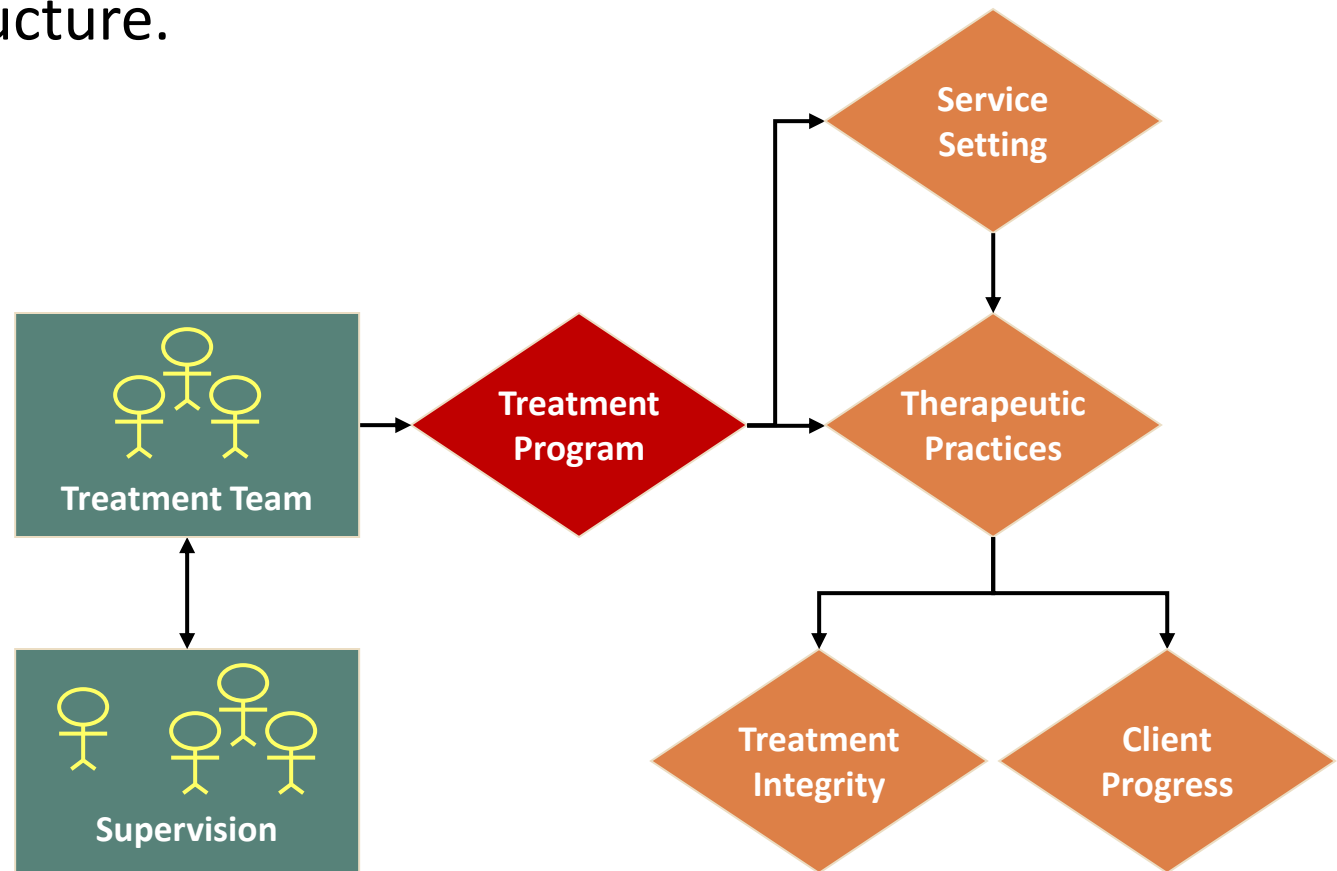
- Causal Mechanism Research
 - ▣ Theory on psychopathology; information on the etiology and development of mental health problems in youth and families; basic knowledge about development, emotions, and behaviors
- General Services Research
 - ▣ Knowledge represented by all the studies of treatments that 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?

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

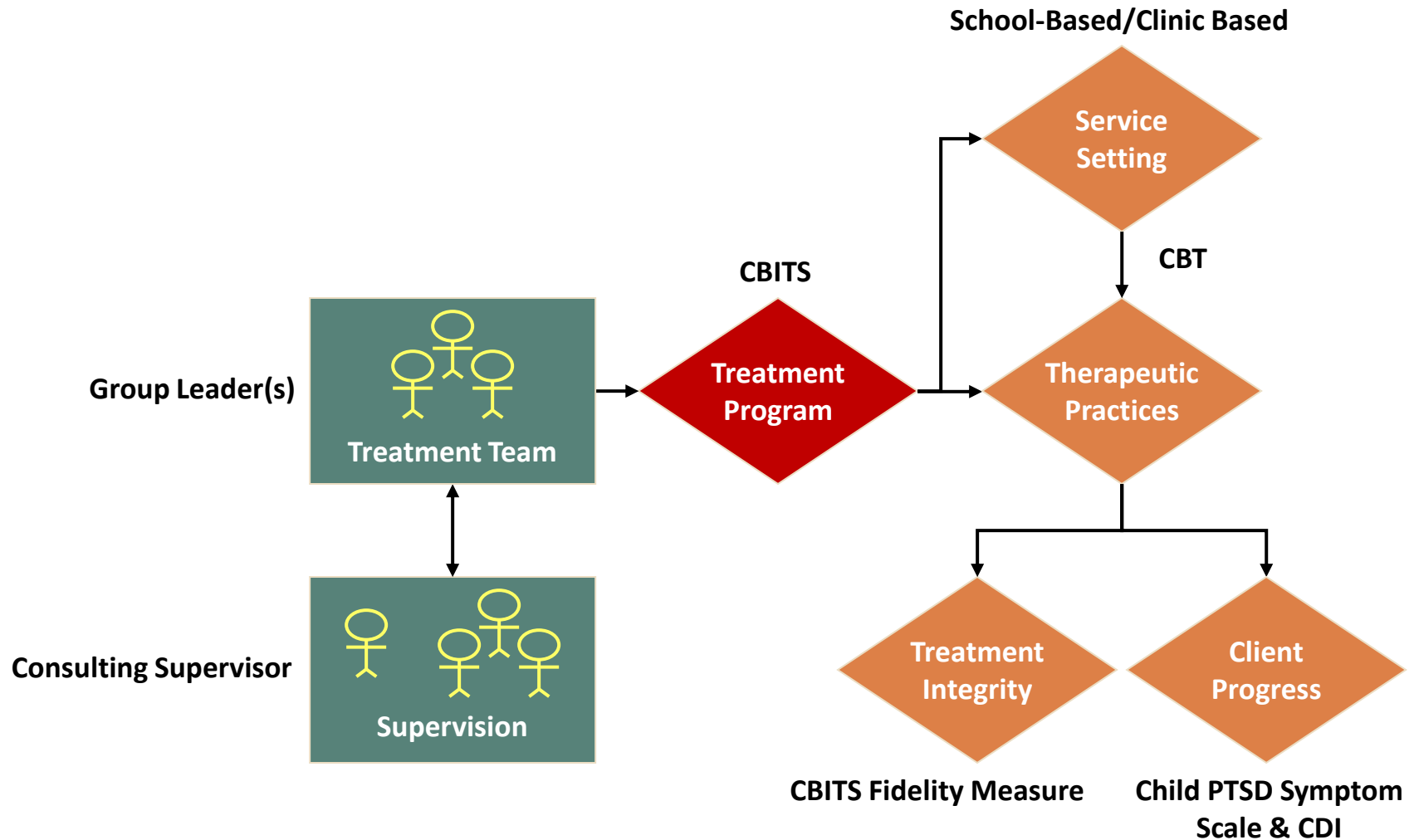


Selecting a treatment program will often dictate the setting, practices, integrity measures, progress measures, and even treatment team and supervision structure.

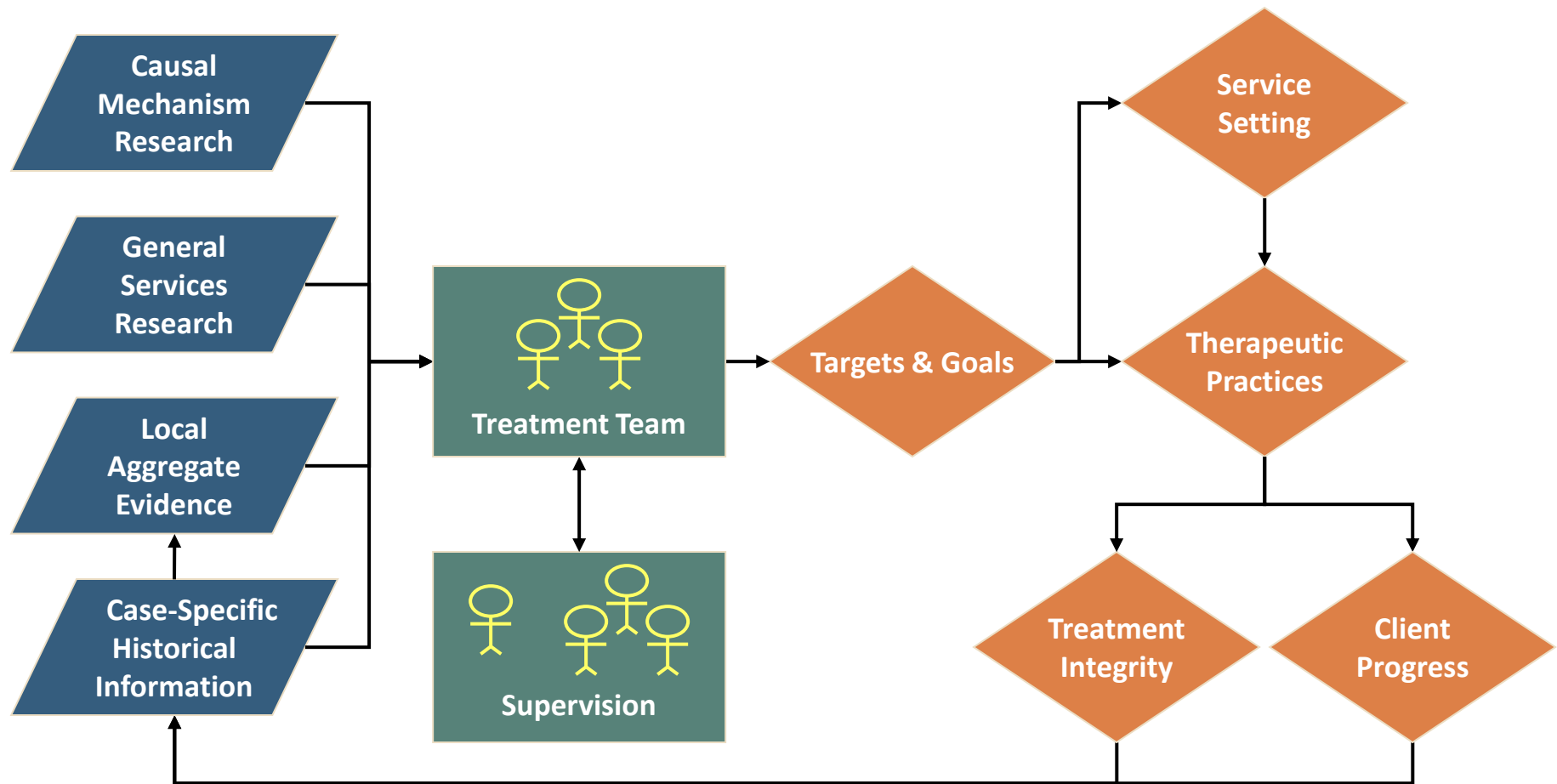


Example

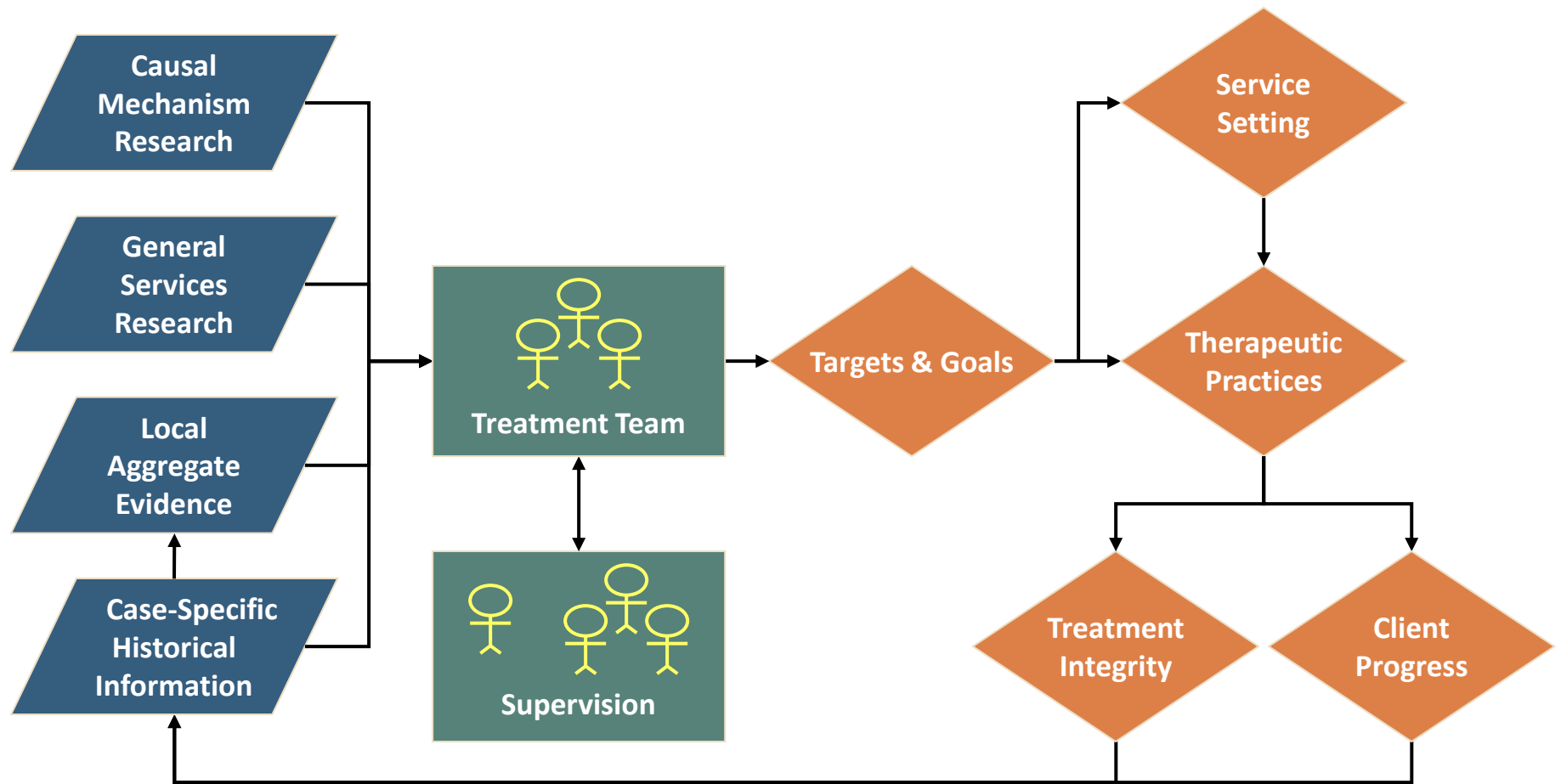
CBITS: Cognitive Behavioral Intervention for Trauma in Schools



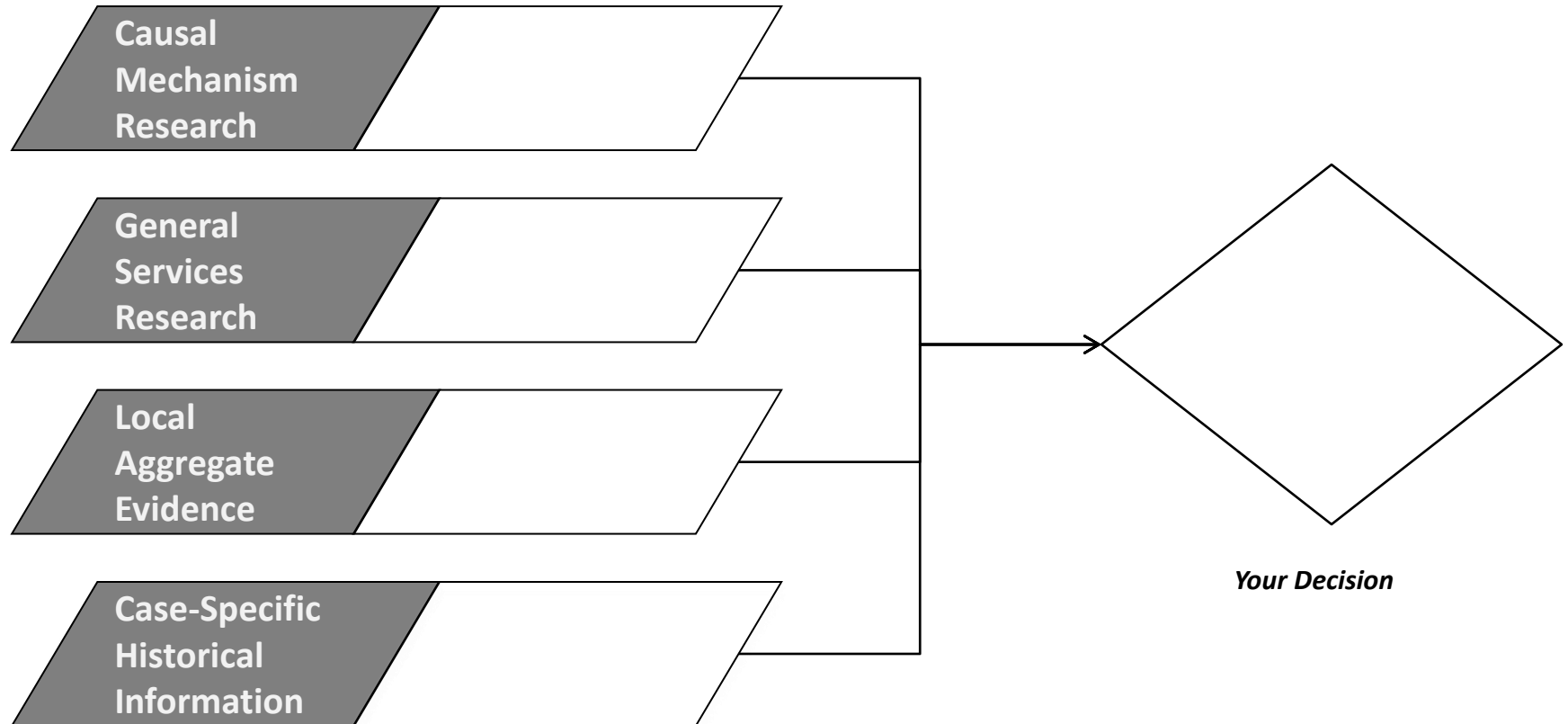
But these decisions can be “unbundled” by selecting ***targets and goals*** first and making other decisions in turn.



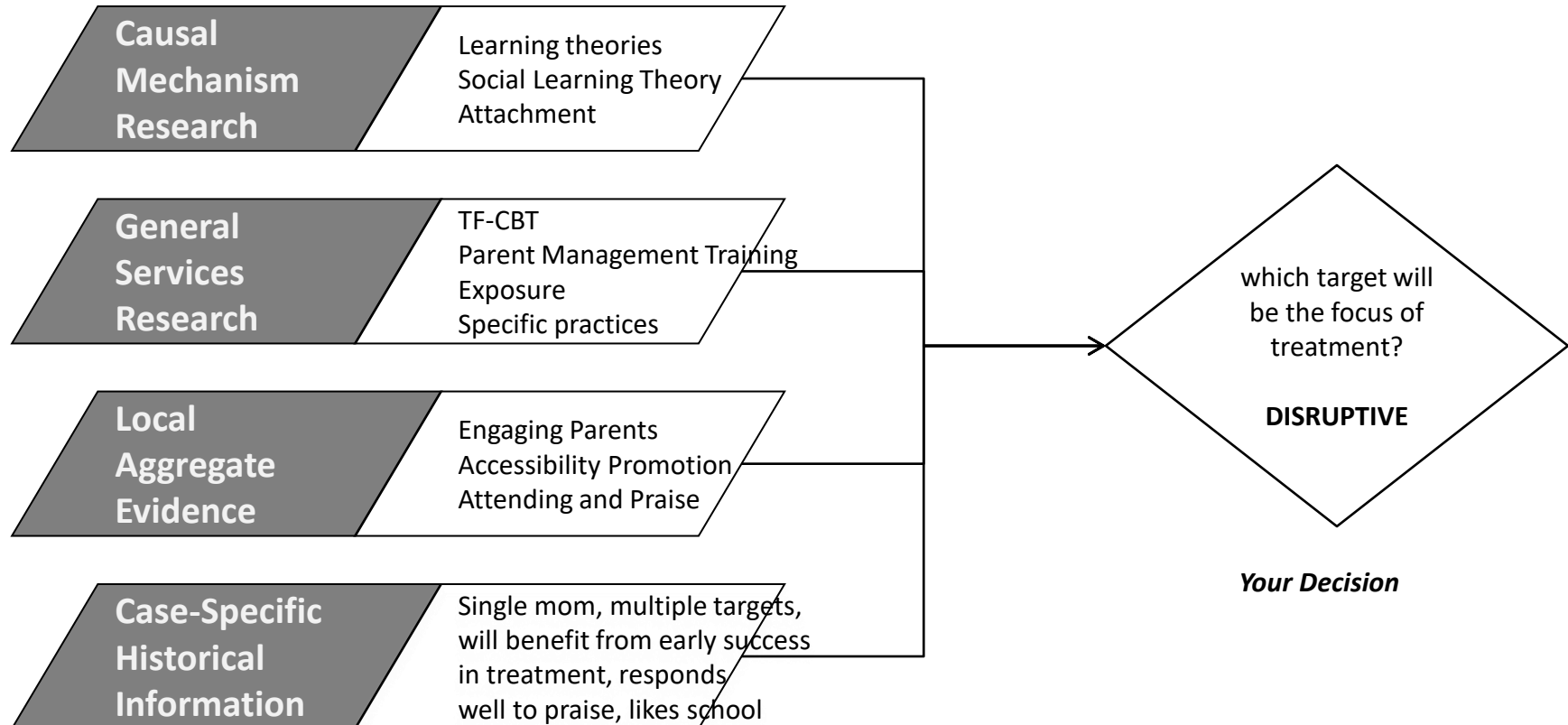
The EBS System Model



The Evidence-Based Services System Model



The Evidence-Based Services System Model



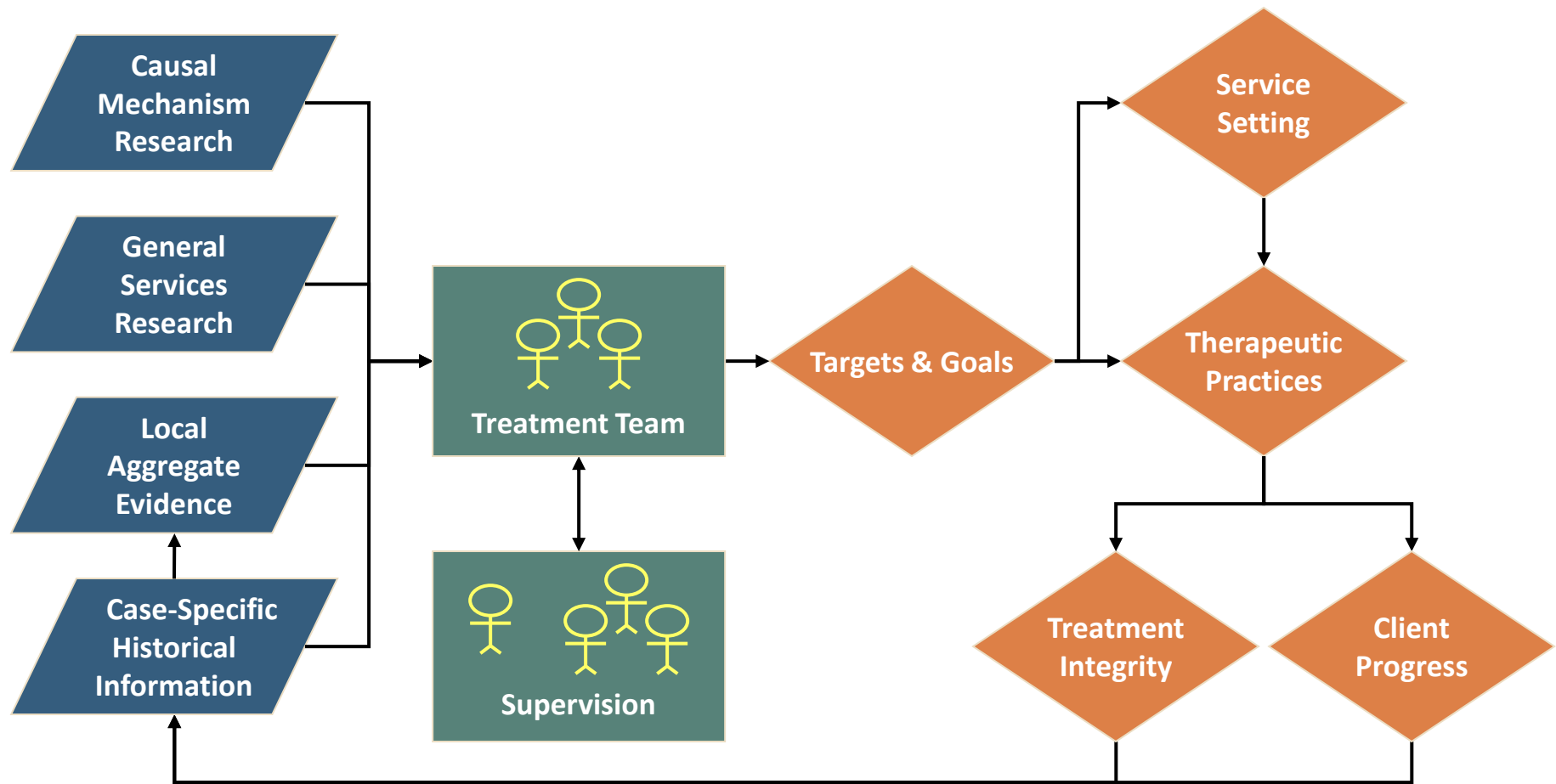
EBS System Model: Process Guide

- 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 and menu bar (File, Edit, View, Favorites, Tools, Help) are visible. The website itself has a dark blue header with the PracticeWise logo on the left and a 'Welcome' message on the right. A left sidebar contains a navigation menu with items: Home, Youth Treatments, Treatment Protocols, Treatment Practice, Research Papers, Overview, Exit, and Display Options (with a +/- icon). The main content area is divided into sections: a grey box for the 'Evidence-Based Youth Mental Health Services Literature Database' with a welcome message; a white box with a 'Welcome to the Evidence-Based Youth Mental Health Services Literature Database' message and a brief description; and a list of search categories: 'Search Youth Treatments', 'Treatment Protocols', 'Treatment Practice', and 'Research Papers', each with a brief description of what can be found. At the bottom, a dark blue footer 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

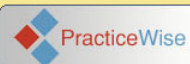
Problem Types Reviewed

- ▣ 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](#)

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

Summary of Treatment with Good Support or Better

Age (in Years): 5-18

Grade: 1-10

Duration (Days): 1-180

Frequency: Daily-Biweekly

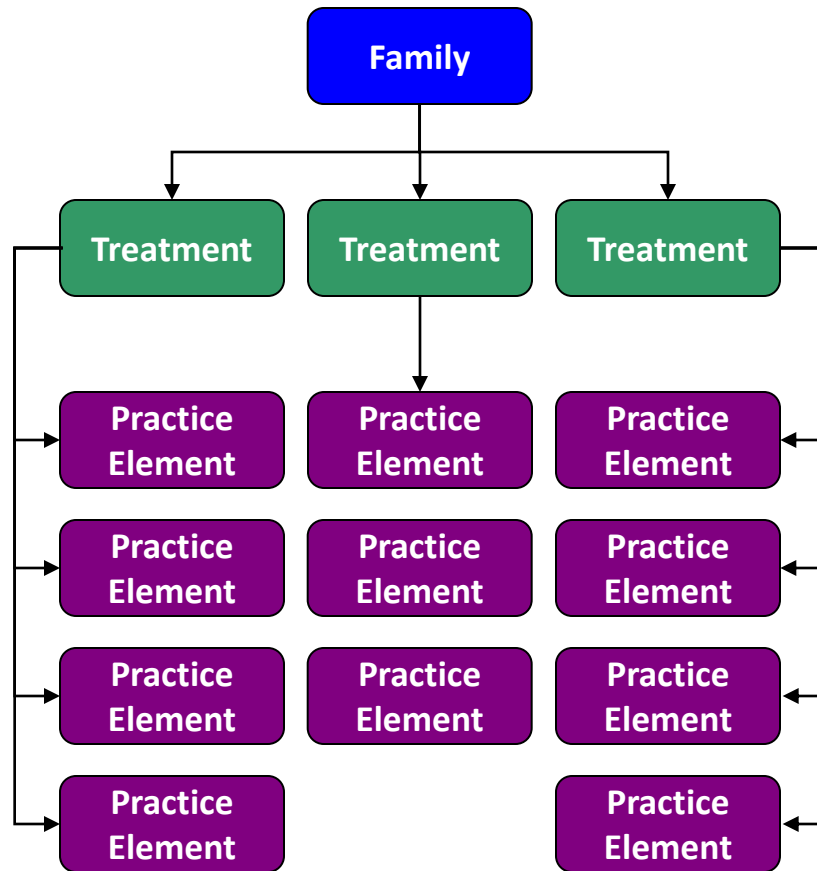
Race or Ethnicity: White or Caucasian, Black or African American, Hispanic or Latino, Asian, Other, Multiethnic

TREATMENT FAMILIES		PERCENT OF GROUPS	SETTING		PERCENT OF GROUPS
Cognitive Behavior Therapy		50	Clinic		57
Exposure		23	School		33
Cognitive Behavior Therapy with Parents		7	Other		5
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	FORMAT		PERCENT OF GROUPS
Exposure		90	Group Client		50
Relaxation		67	Individual Client		50
			Group Parent		13
			Individual Parent		13
			Parent Child		10
			Multiple Family		7
			Family		3

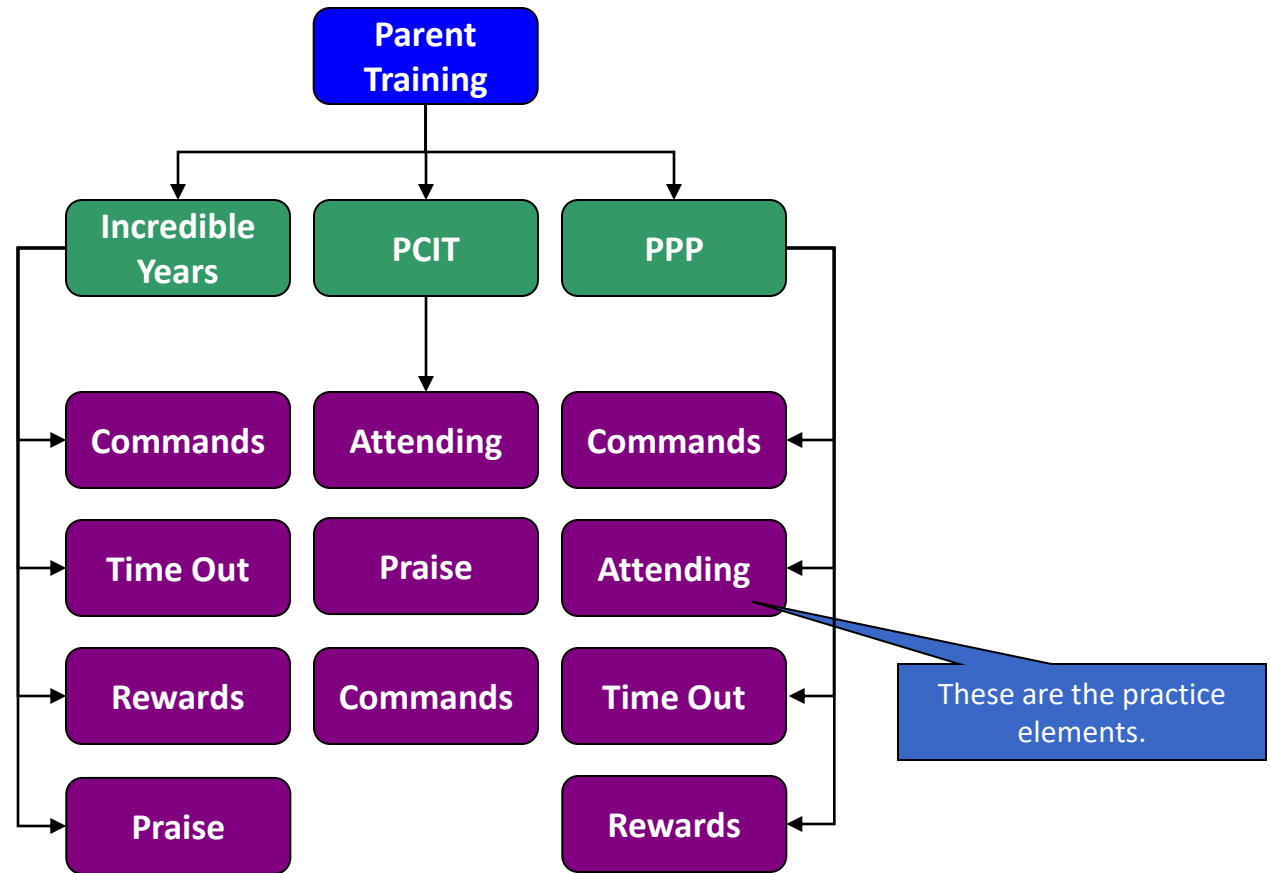
But What if You Wanted to Know More?

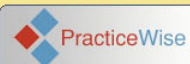
- How exactly does one do these treatments?

Practice Elements Are the Parts of Treatments



Practice Elements Are the Parts of Treatments





Summary of Youth Treatments

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Problem Type: Anxiety

Age: 12

Gender: Male

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PRACTICE ELEMENT

PERCENT OF GROUPS

Exposure	
Relaxation	67
Cognitive	63
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
Behavioral Dravention	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

Google Calendar Evidence-Based Youth ... X

PracticeWise

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Internet | Protected Mode: On 100%

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!

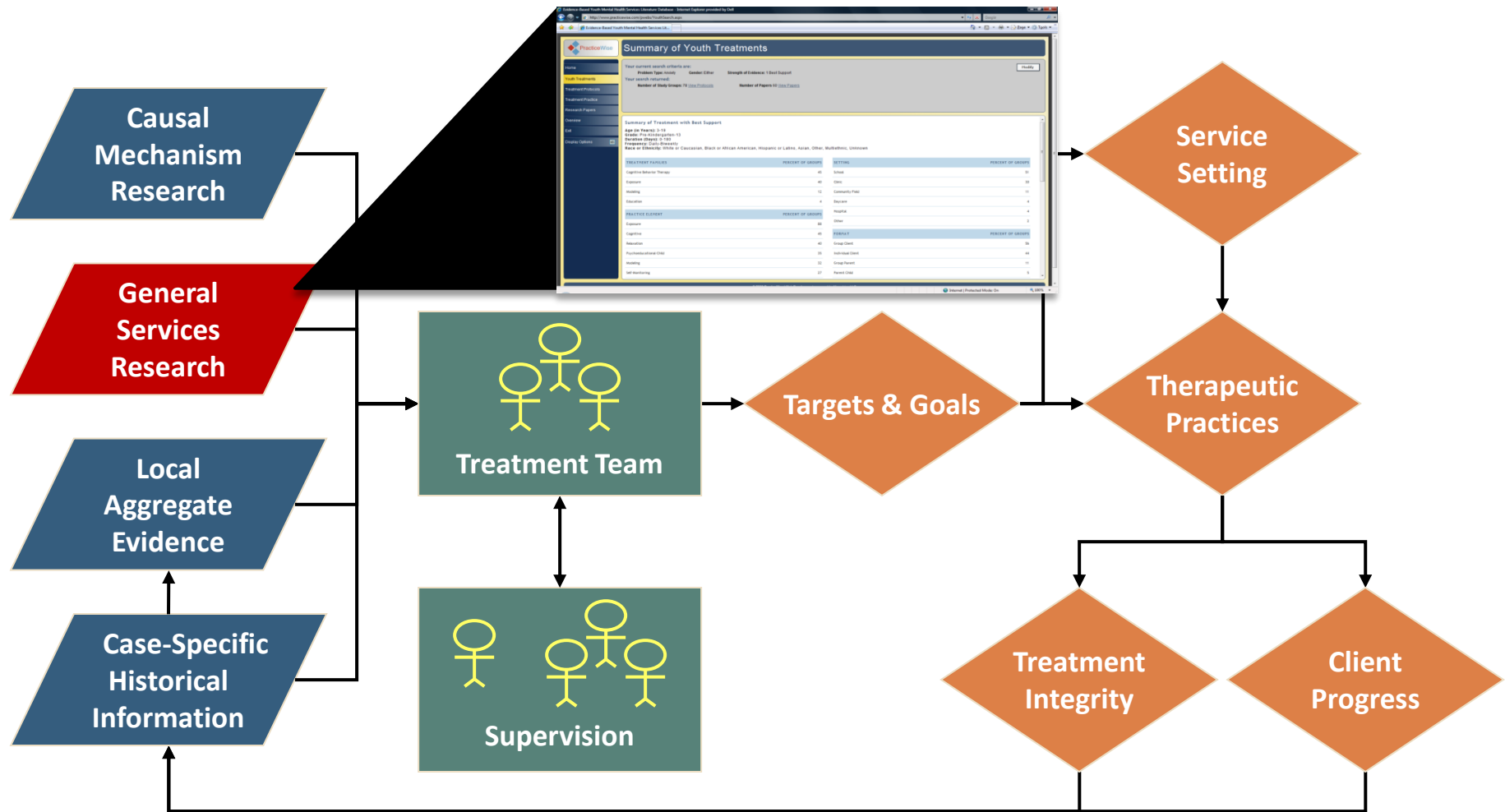
- Example search criteria
 - ▣ Level 2 Support
 - ▣ Depression
 - ▣ African American

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.

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

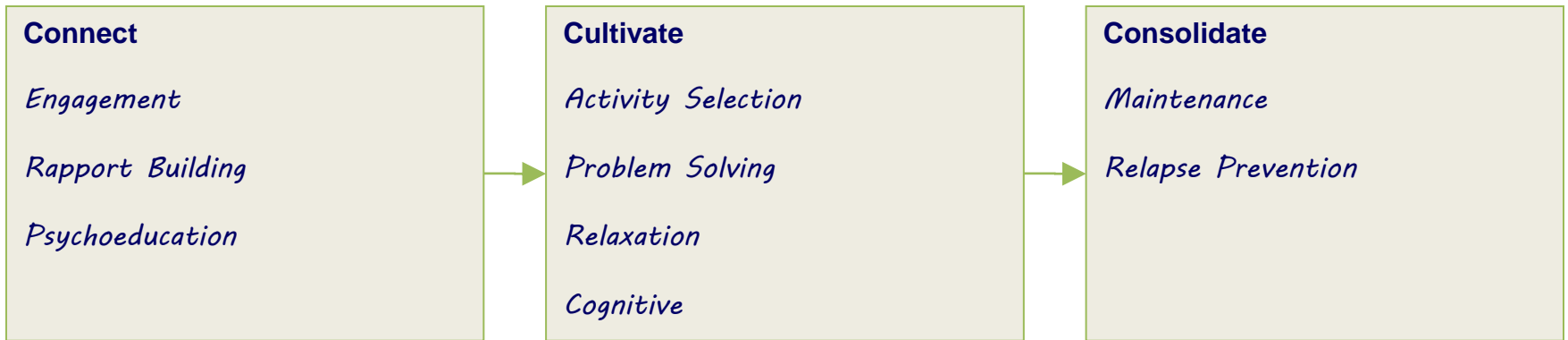
- Build new skills
- Teaching
- Rehearsal



Consolidate

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

Example for Depression

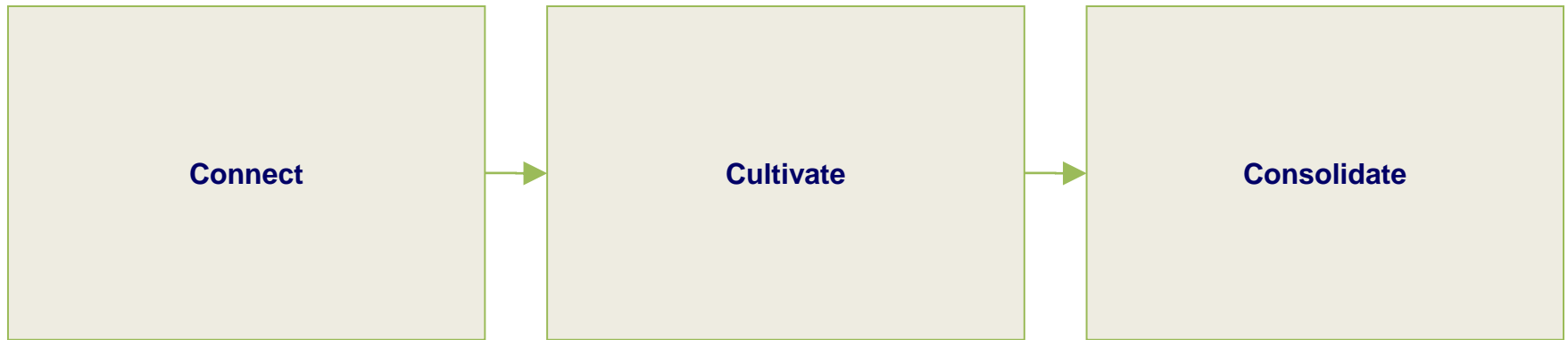


The Treatment Planner

(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)

Focus Target: _____ Practices: _____		
Connect 	→	Cultivate
	→	Consolidate
Interference 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

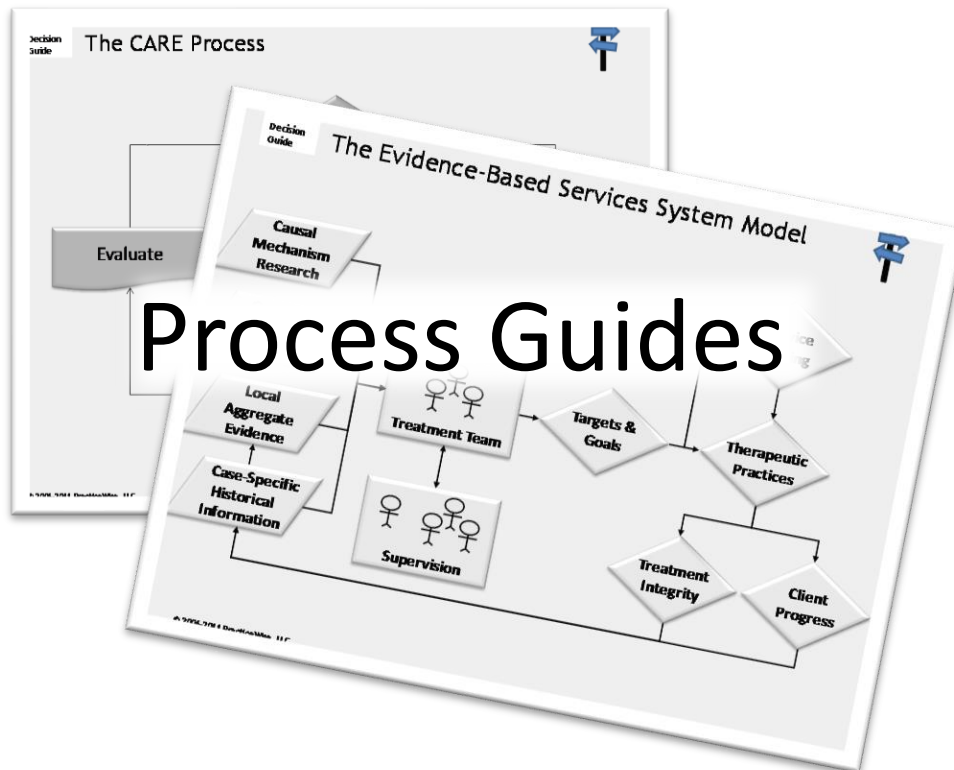
CONCEPTS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
EBS System Model				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus-Interference				<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 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">• How important is it for you to achieve these goals? Why?• What would it take for you to reach your goals?• Have you ever done something like this before?• What did it take for you to achieve your goals in the past? 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	
Helpful Tips: <ul style="list-style-type: none">• Remember the imposing spec increase resist• Remember the	

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:

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.").
<input type="checkbox"/> 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?).
<input type="checkbox"/> 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: <ul style="list-style-type: none">• 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?).

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...

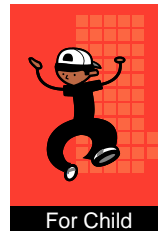
Anatomy of a Practice Guide

Practice
Guide

Problem Solving

Use This When:

To provide children with a systematic way to negotiate problems and to consider alternative solutions to situations.



What it is

When to
use it

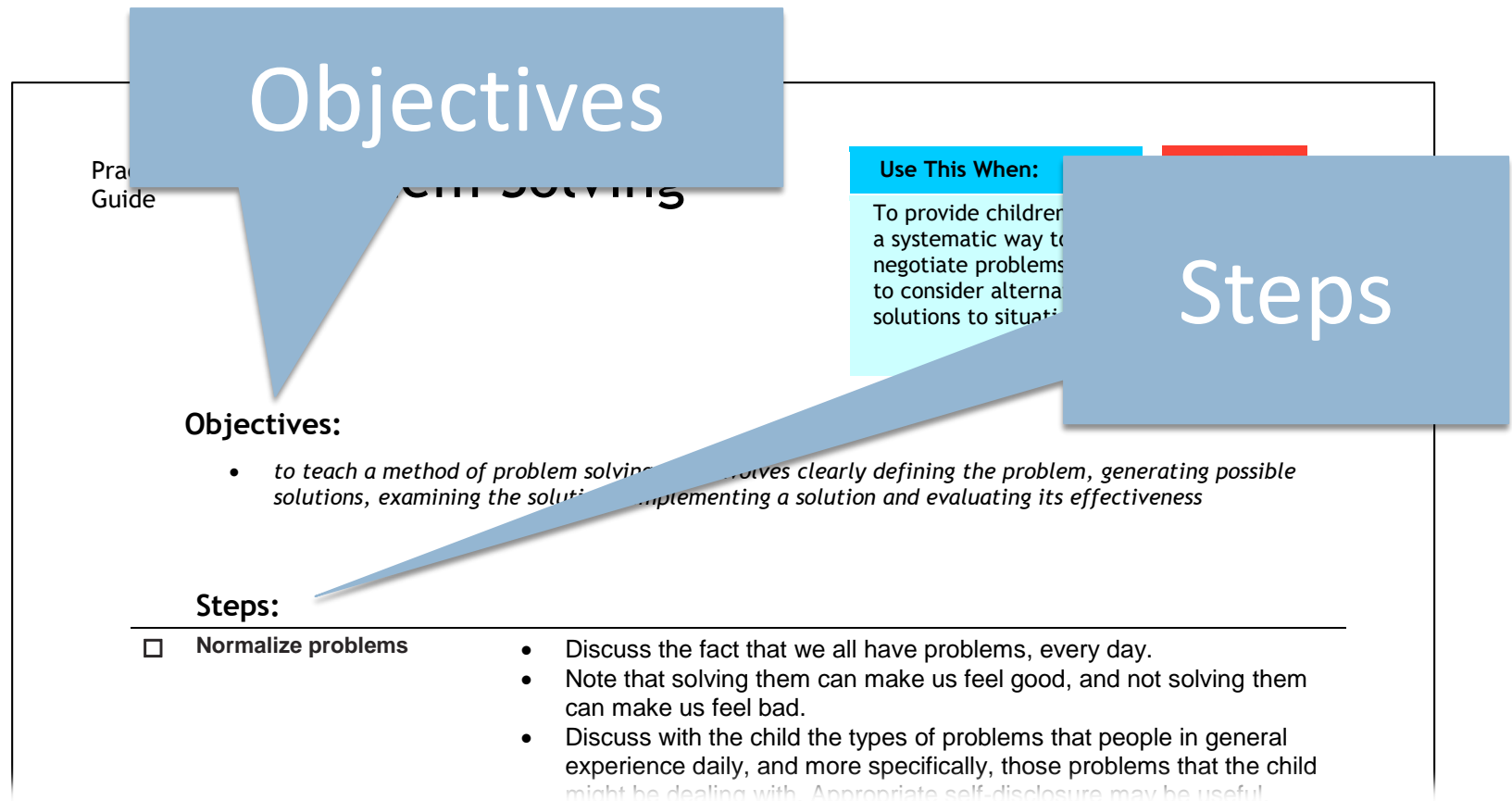
Who it's
for

Steps.

- ☐ Normalize problems

- Discuss with the child the types of experiences they have experienced daily, and more specifically, what they might be dealing with. Appropriate

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?

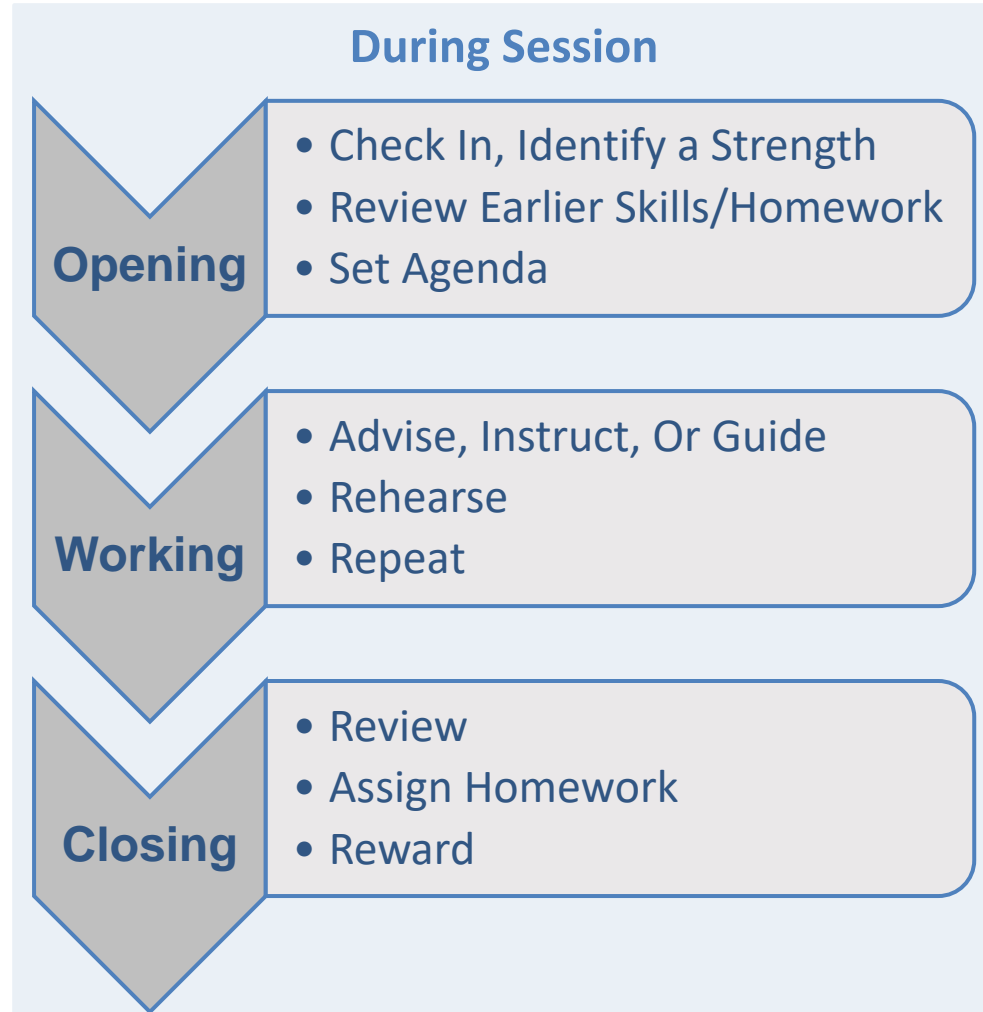
The Session Planner

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

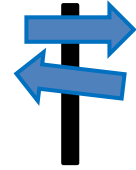
- ☐ Record progress ratings and practice(s) performed
- ☐ Review Practice Guide(s) to determine if any steps were missed that should be covered next time
- ☐ Note any homework that was assigned
- ☐ Note any new stressors or obstacles
- ☐ Check in with supervisor if needed

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

Opening

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

Working

- Advise, Instruct, Or Guide
- Rehearse
- Repeat

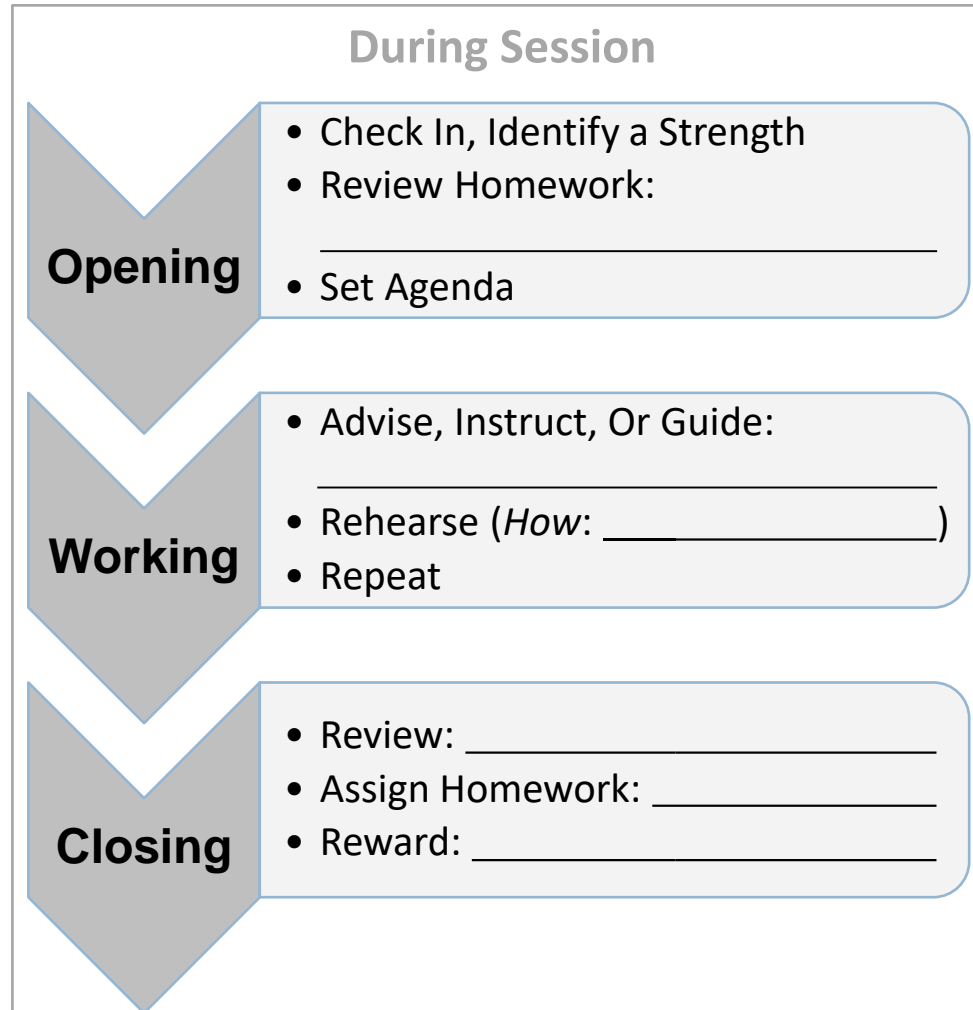
Closing

- Review
- Assign Homework
- Reward

After Session

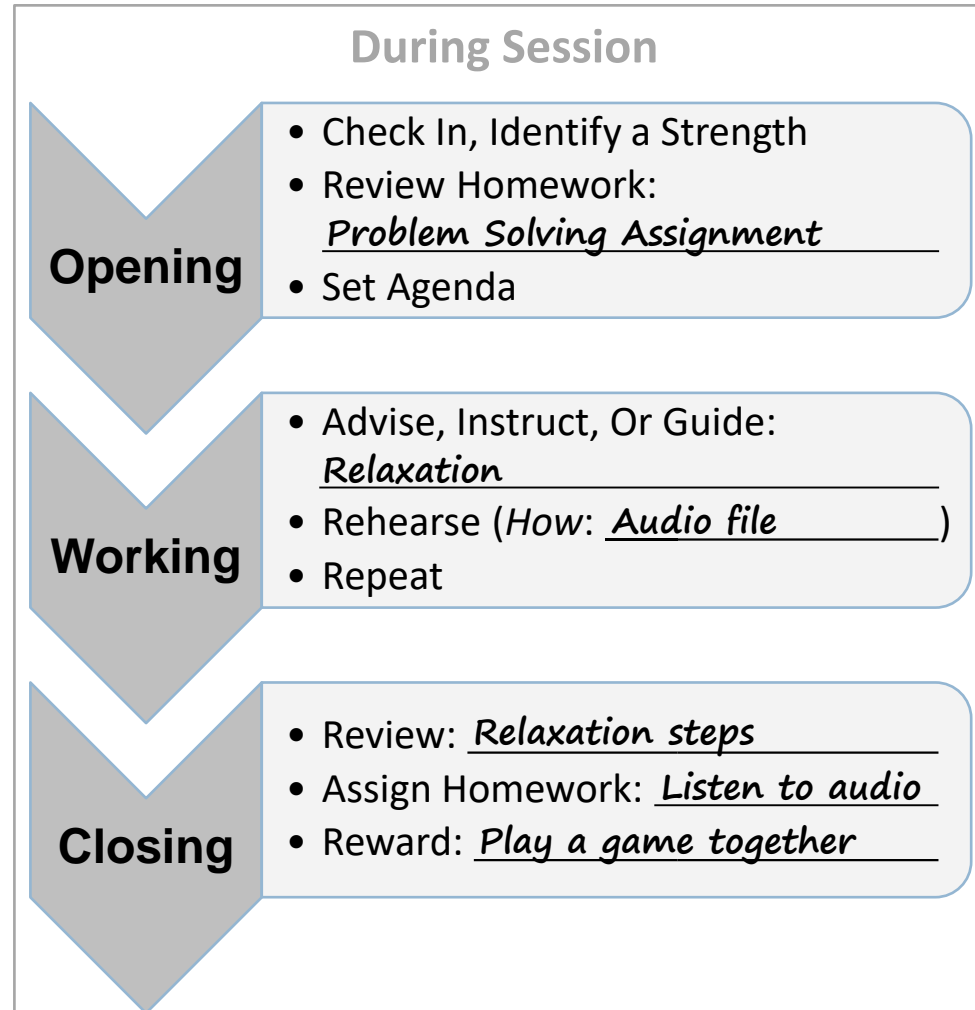
- ☐ Record progress ratings and practice(s) performed
- ☐ Review Practice Guide(s) to determine if any steps were missed that should be covered next time
- ☐ Note any homework that was assigned
- ☐ Note any new stressors or obstacles
- ☐ Check in with supervisor if needed

The Session Planner *(Clinical Event Structure)*



The Session Planner *(Clinical Event Structure)*

Example



Let's Role Play Part of It

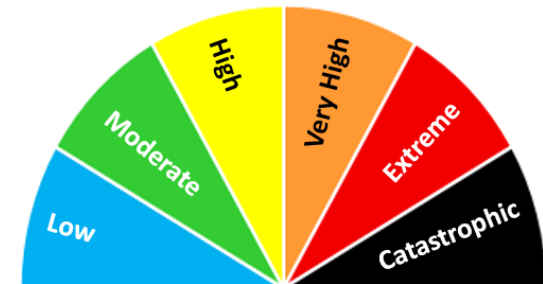
Opening

- 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!

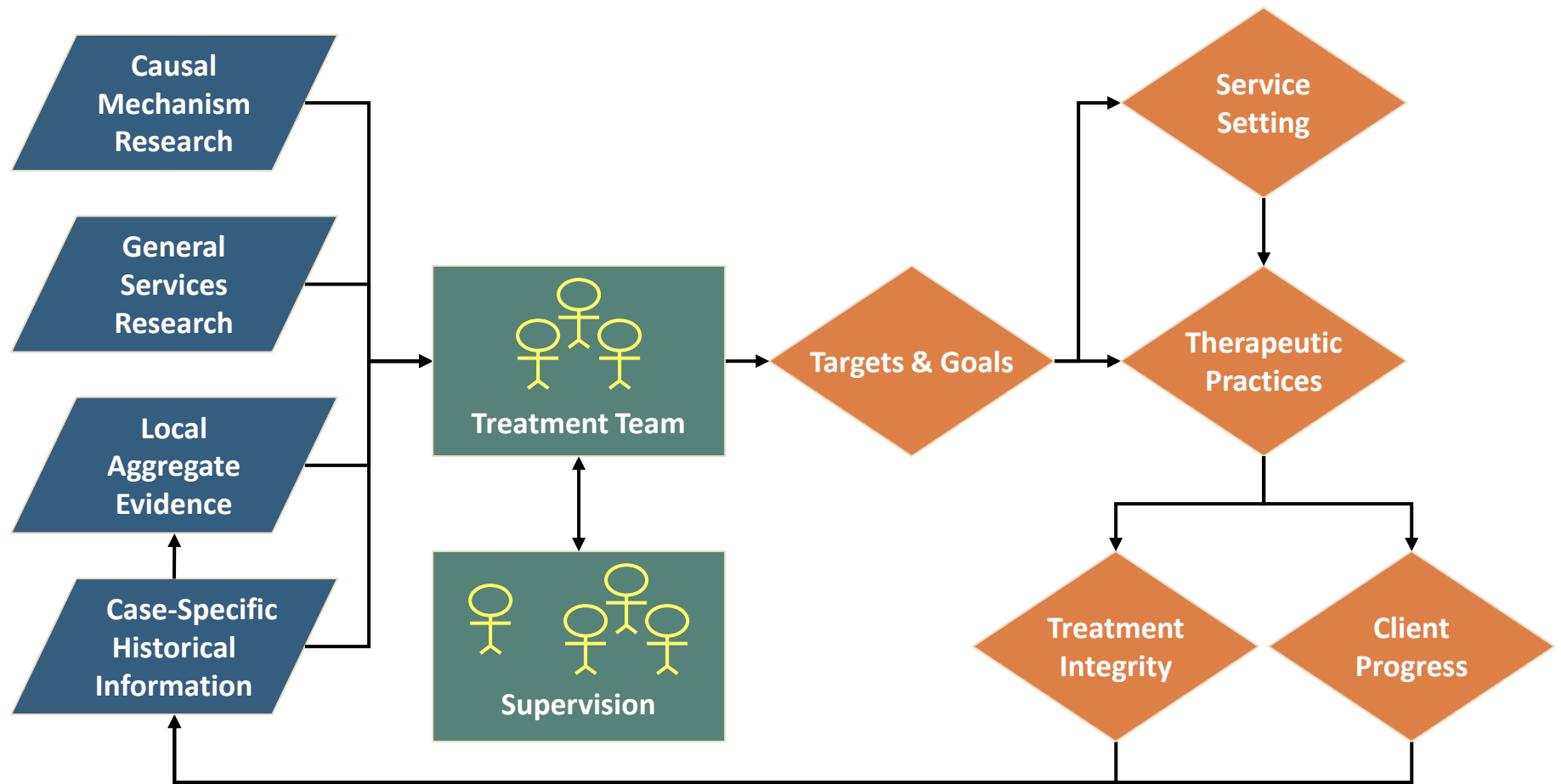
Other Questions About Sessions

- 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

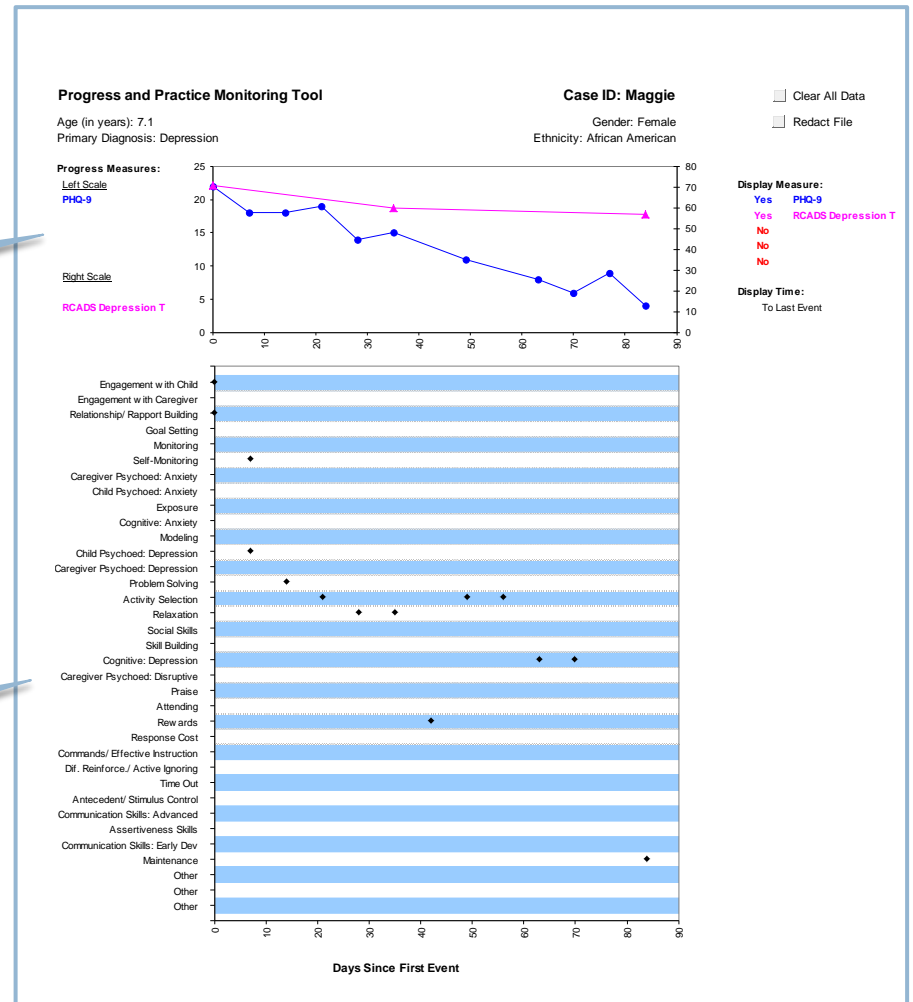
Treatment
Integrity

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
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.
[Download](#)

MATCH Dashboard
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.
[Download](#)

Advanced Dashboard
Best for any customized applications. Provides a "toolbox" that allows the user to configure up to 100 practices and 100 progress measures.
[Download](#)

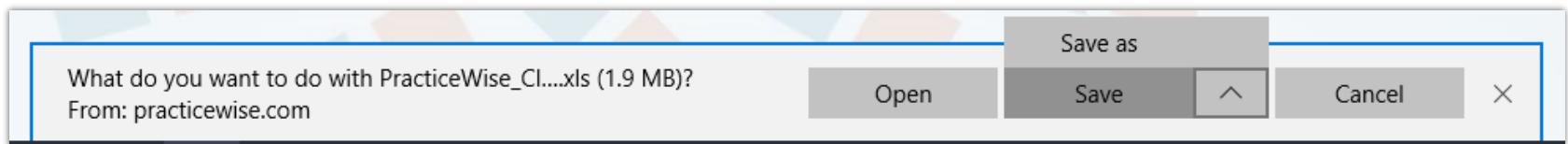
Clinical Dashboard Library
The full collection of our different versions and examples, including community contributions, instructional examples, and those for older versions of Excel™.
[Find More](#)

Dashboard Integration
PracticeWise encourages service systems to integrate the functionality of the dashboards into local information systems, such as outcome management or electronic health record systems.
[More Info](#)

Instructional Video
Includes everything from how to get started to advanced examples.
[Learn More](#)
[Watch](#)

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

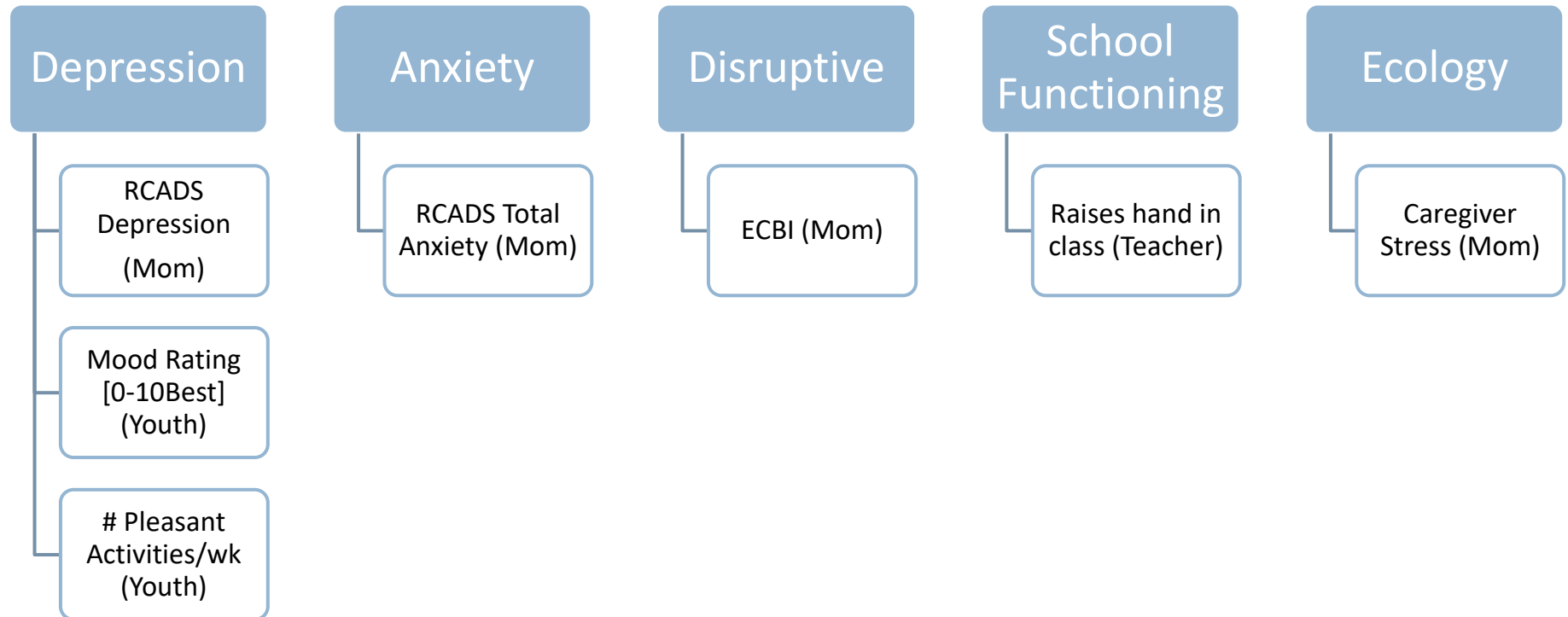
- Free measures
 - ▣ Strength and Difficulties Questionnaire (all problems)
- Other measures
 - ▣ ASEBA (CBCL and YSR: all problems)
 - ▣ Children's Depression Inventory (depression)
 - ▣ Connors ADHD Rating Scales (ADHD)
 - ▣ Behavioral Assessment System for Children (all problems)
- We encourage use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

Lean Example for Depression

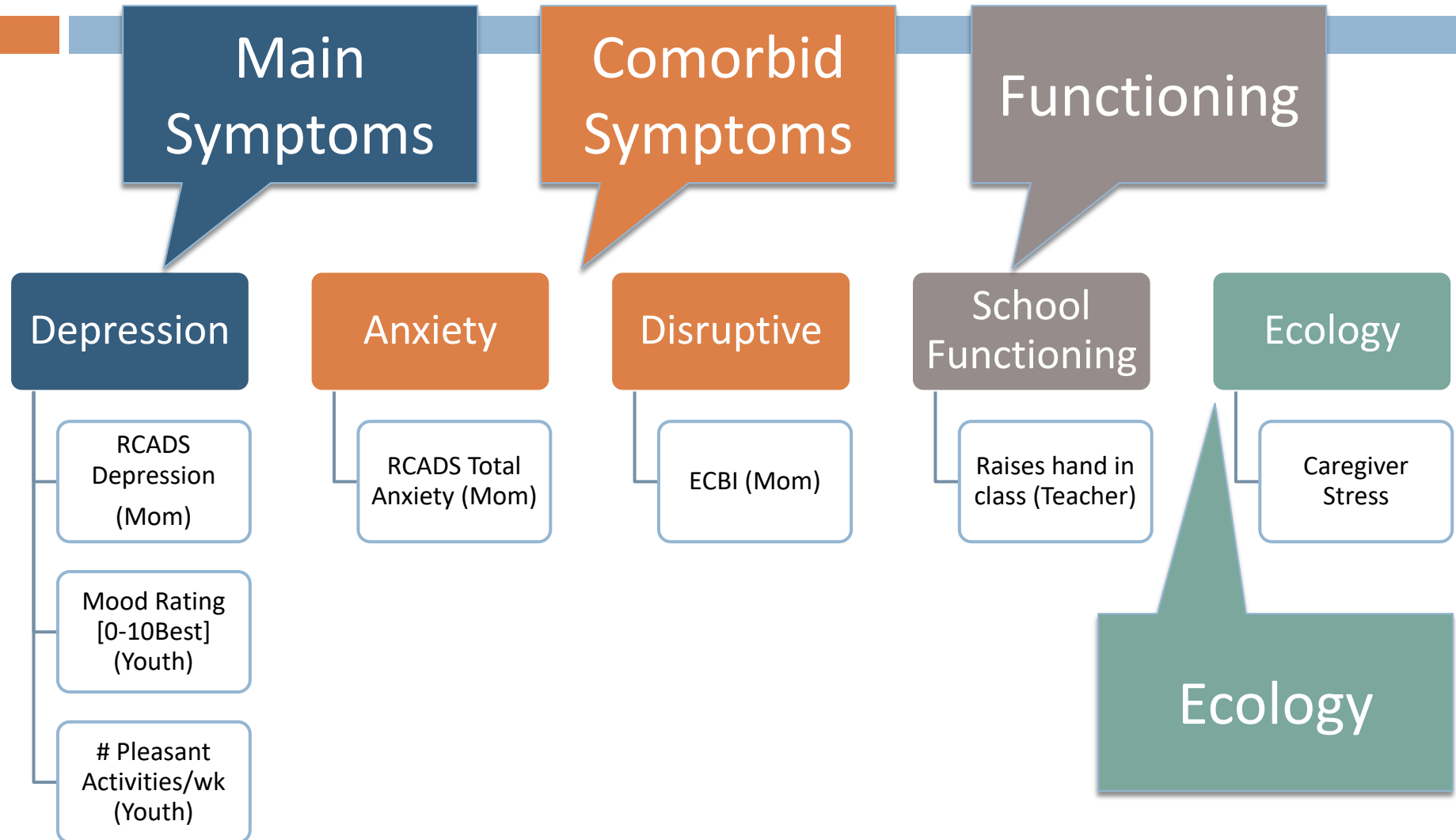
Depression

Mood Rating
[0-10Best]
(Youth)

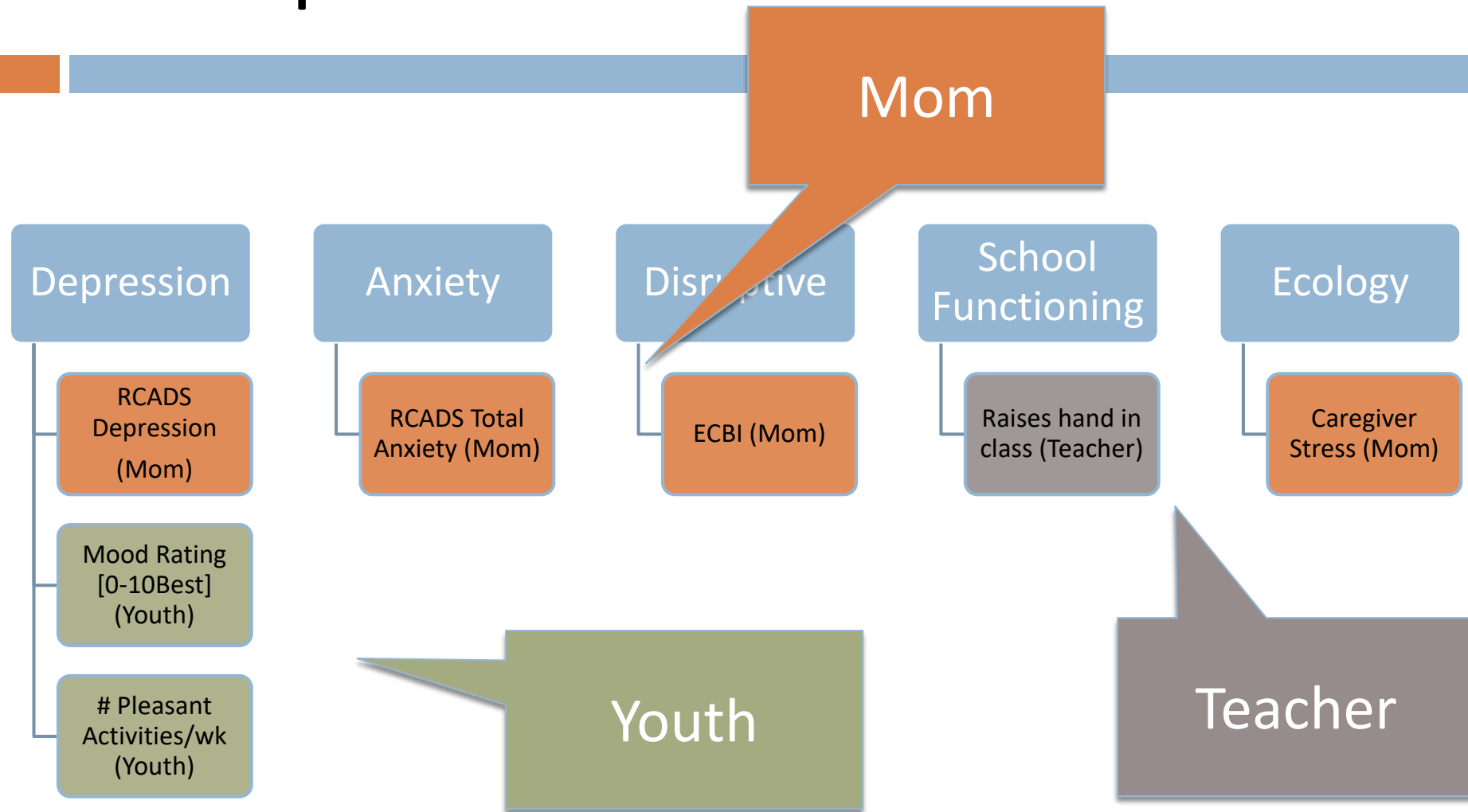
Rich Example for Depression



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

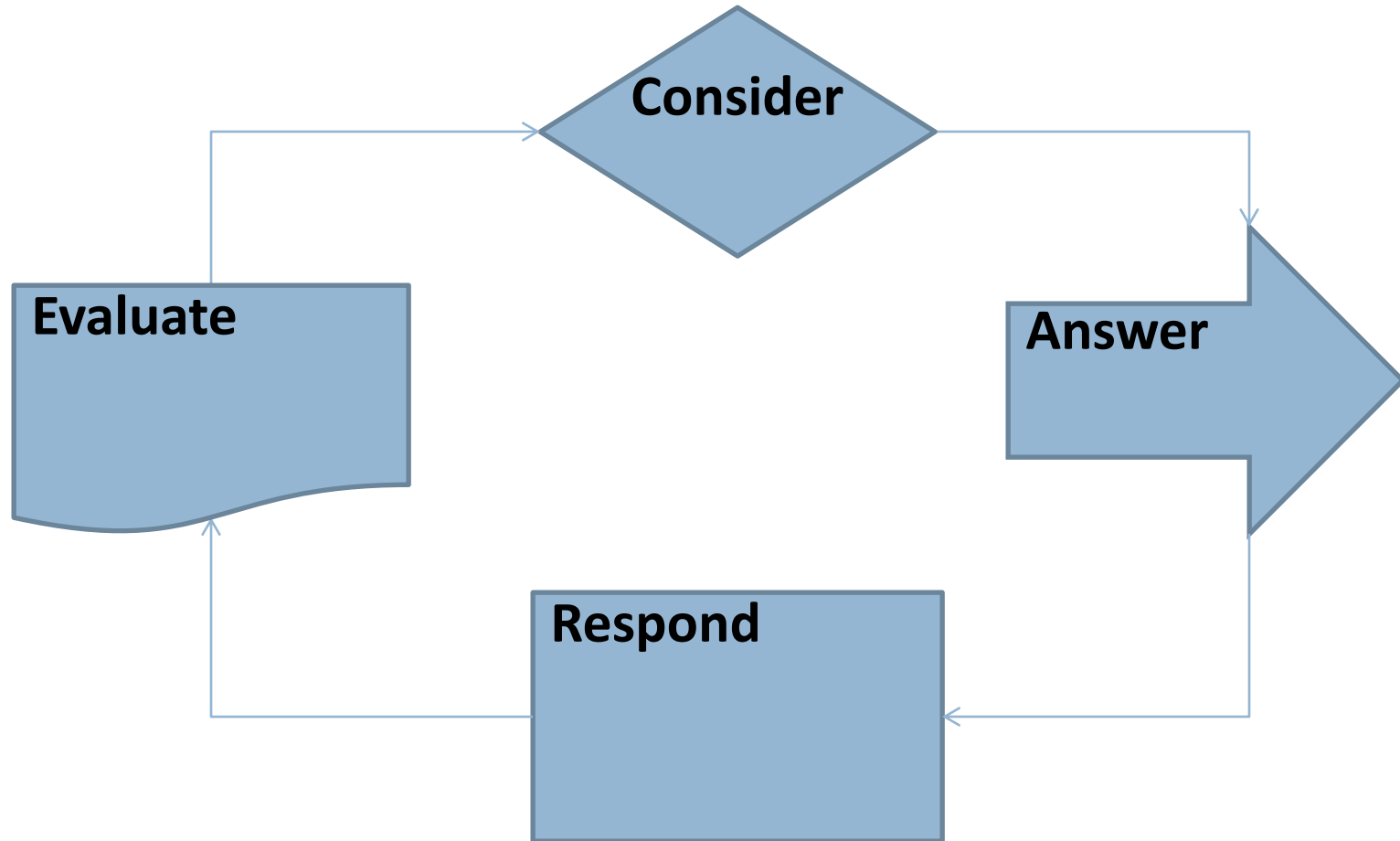
- List of definitions of measures
- Write in Crises of the Week (COWs) with further detail
- Medication information
- Treatment goals

More Q&A on Dashboards

The CARE Process

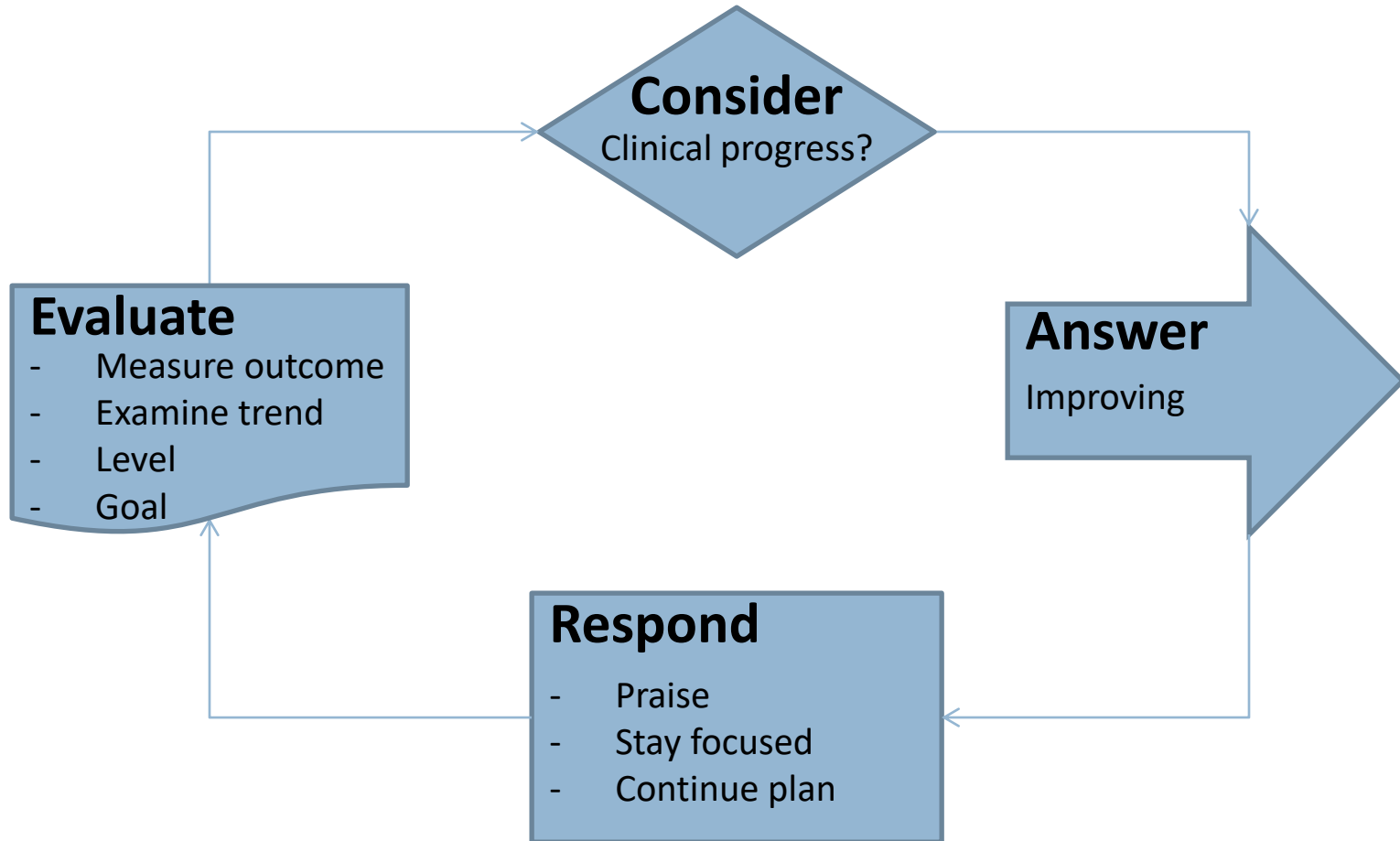
Clinical Problem Solving

CARE Process



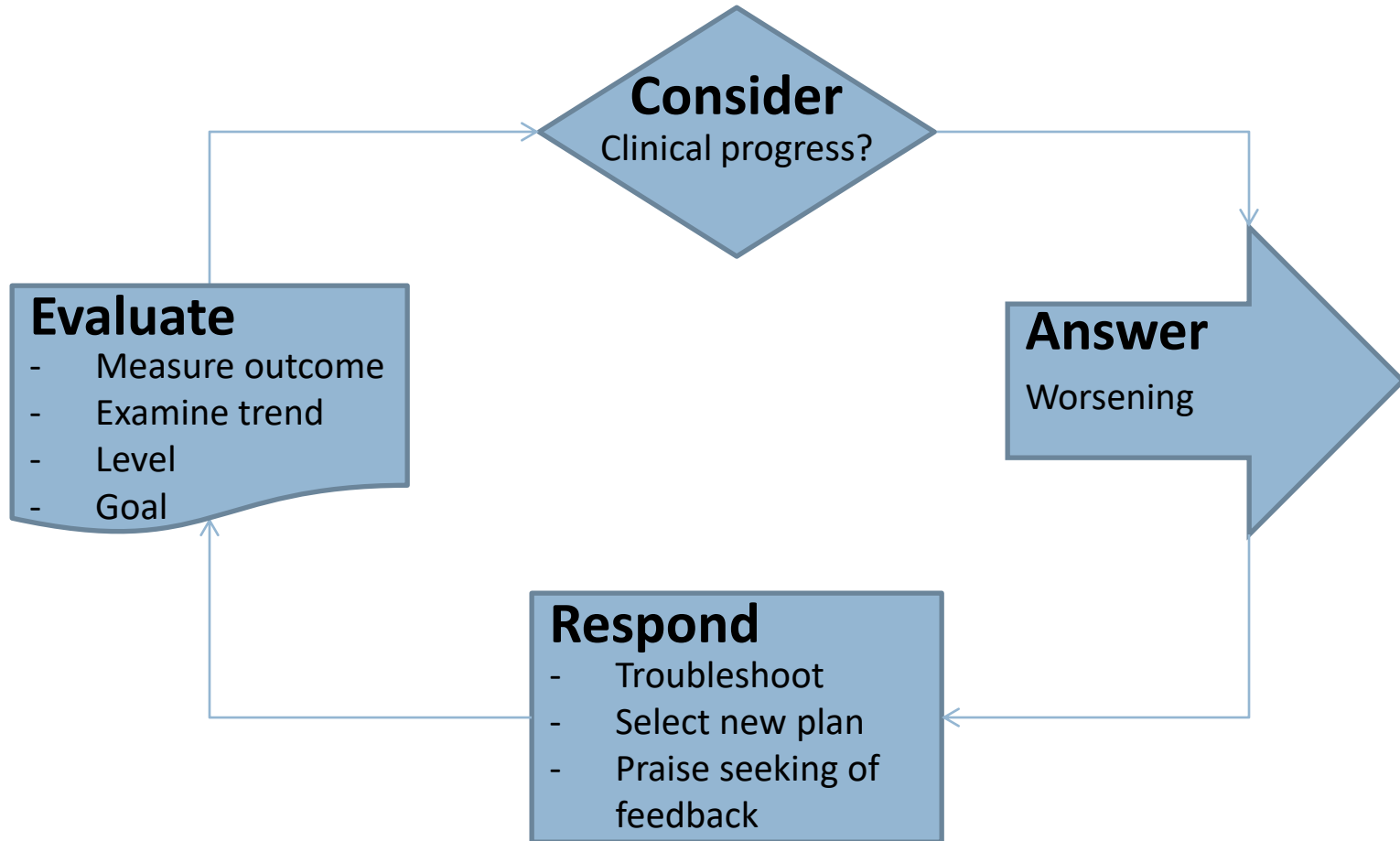
CARE Process

Clinical Progress Example 1



CARE Process

Clinical Progress Example 2



The MAP

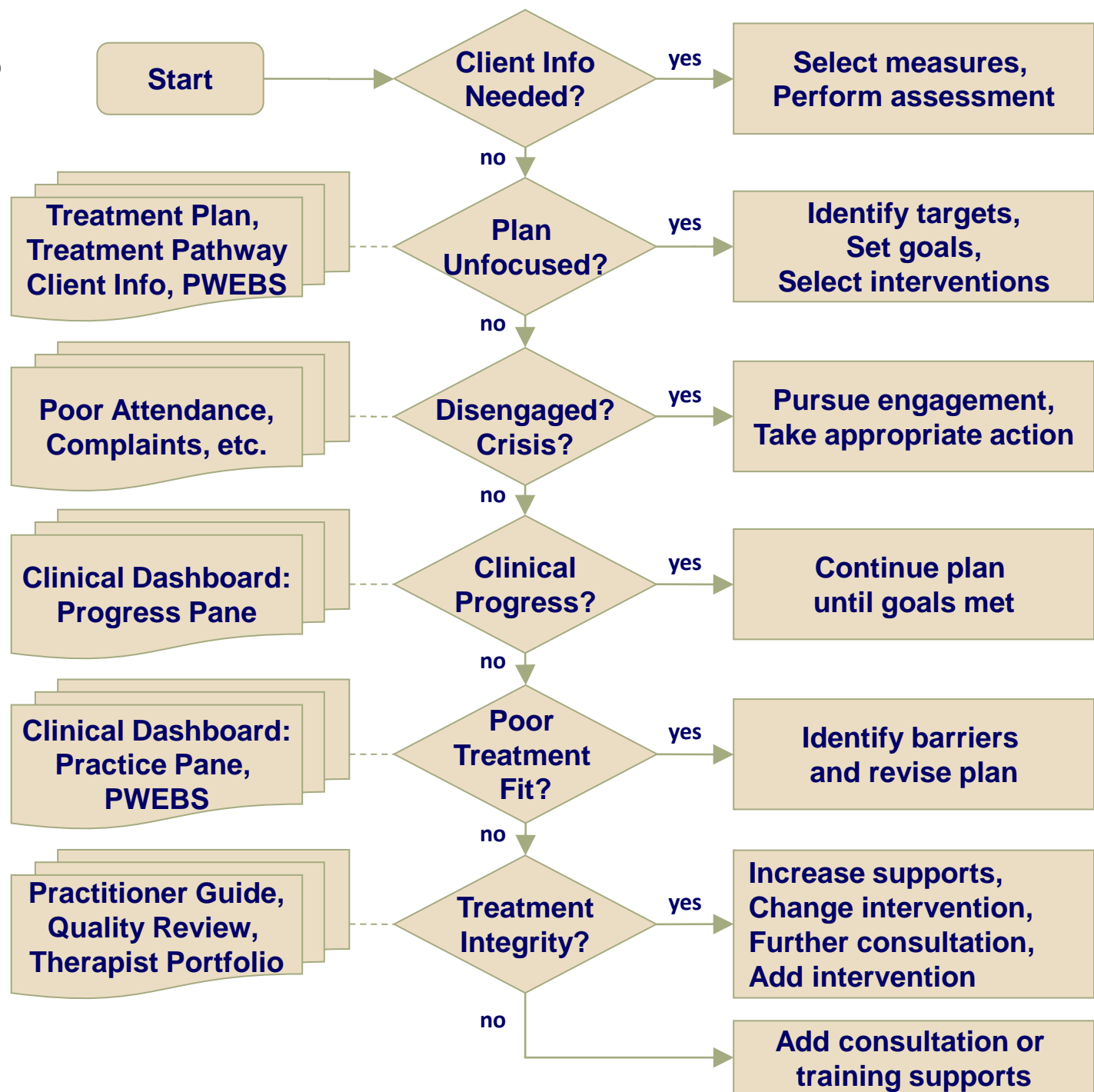
Putting It All Together



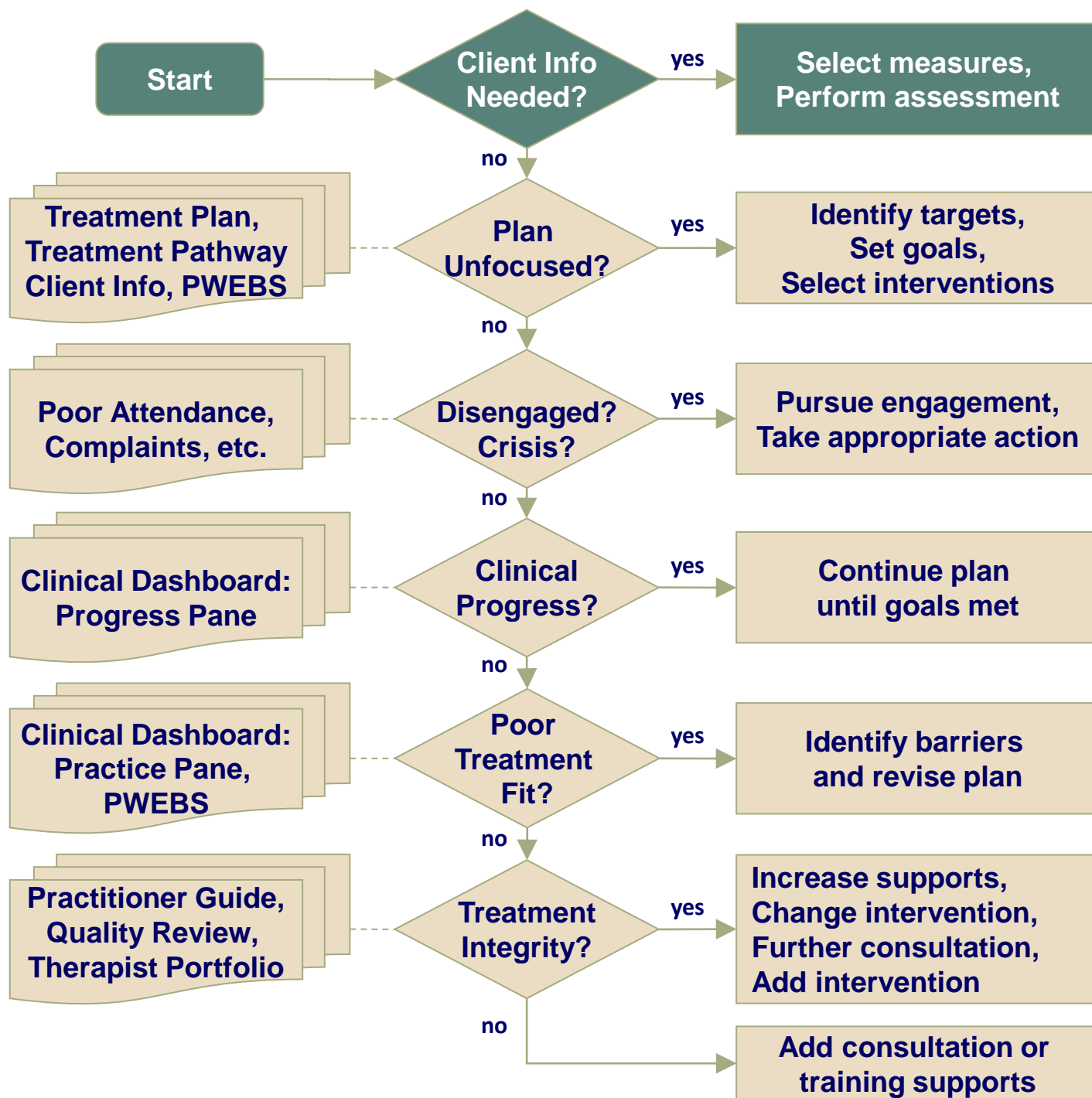
What is The MAP Process Guide?

- 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

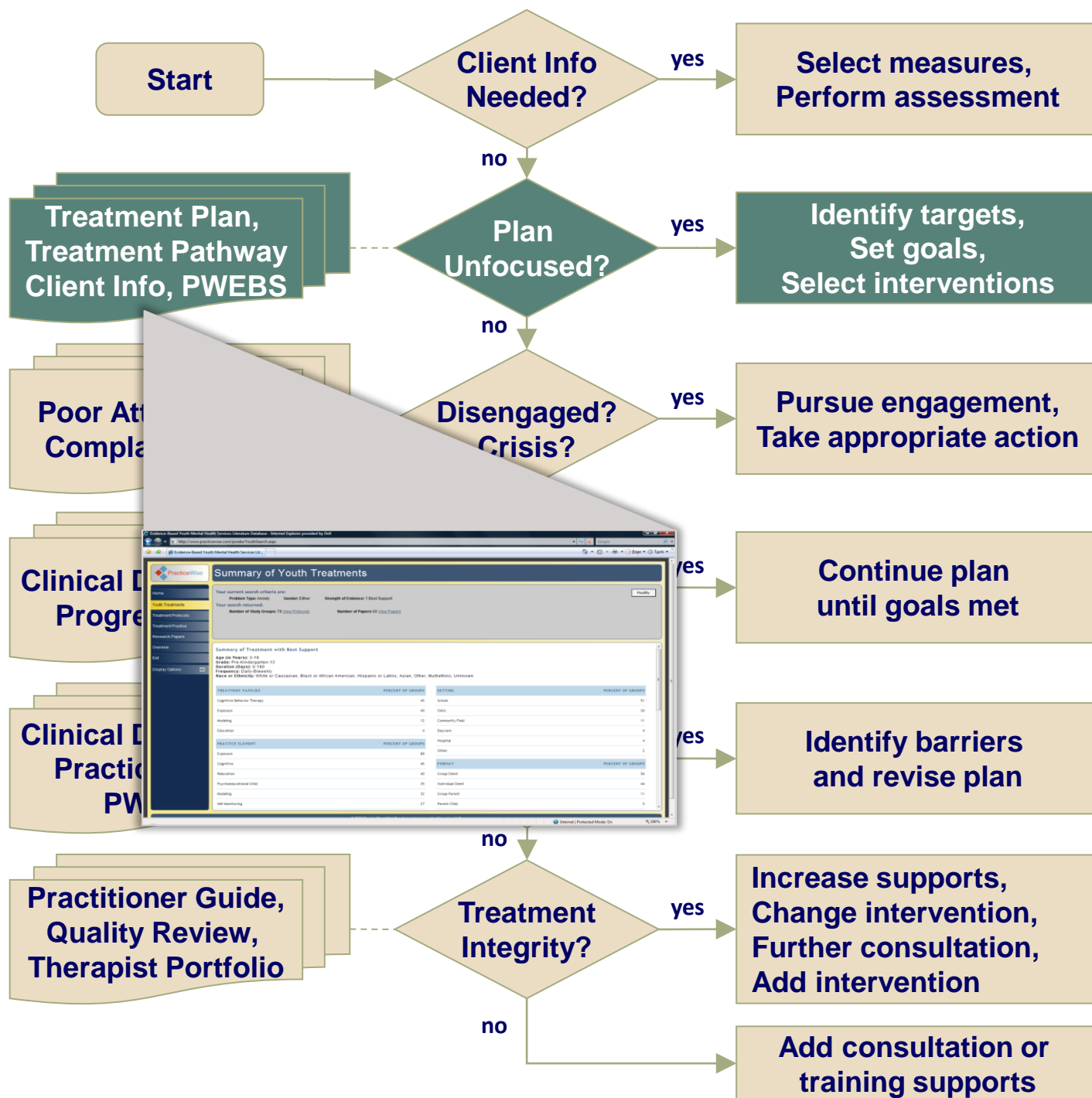
THE MAP



THE MAP



THE MAP



Sample PWEBS Results

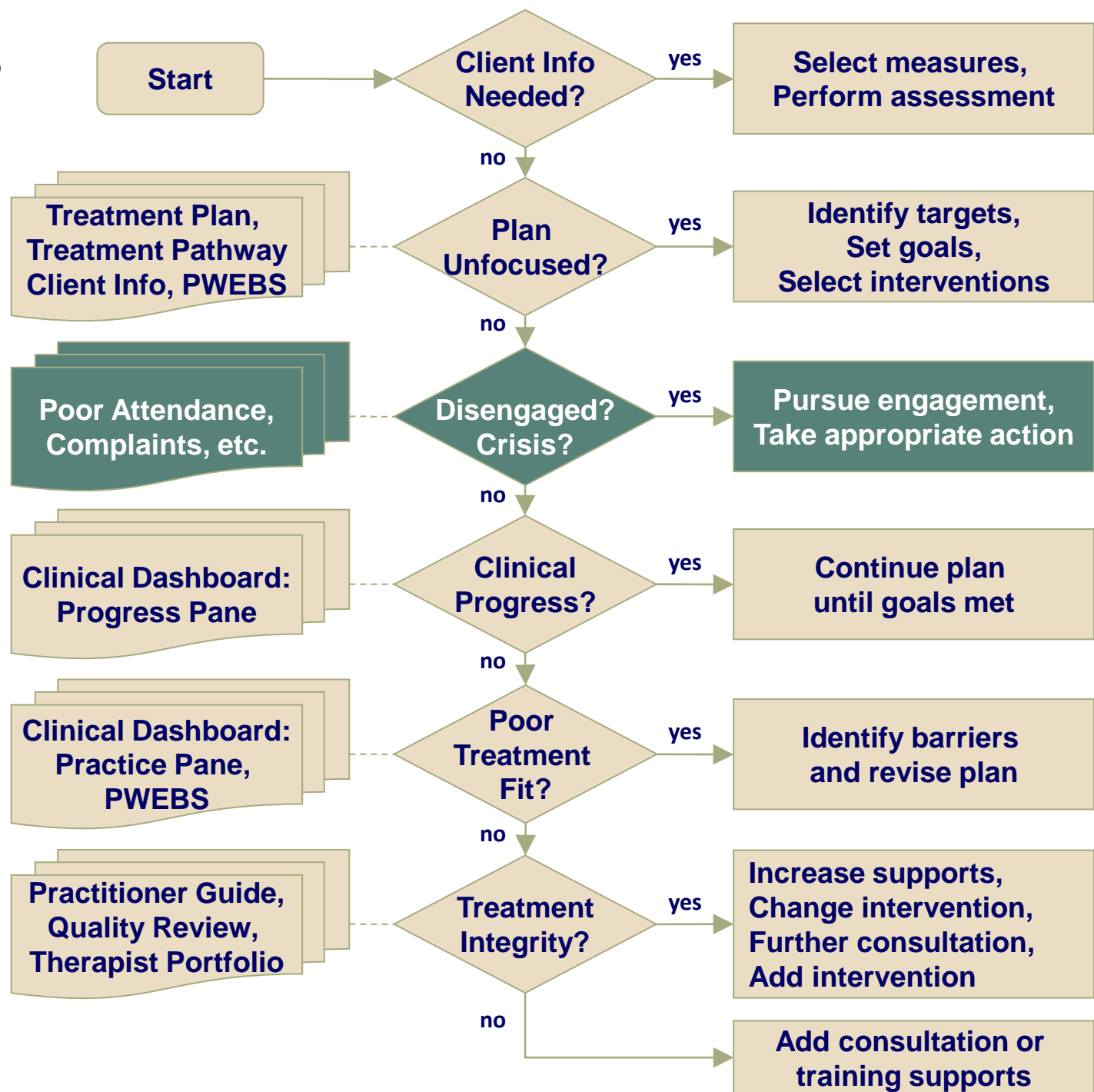
Practice Elements for Depression

- ☐ Psychoeducation
- ☐ Relaxation
- ☐ Problem Solving

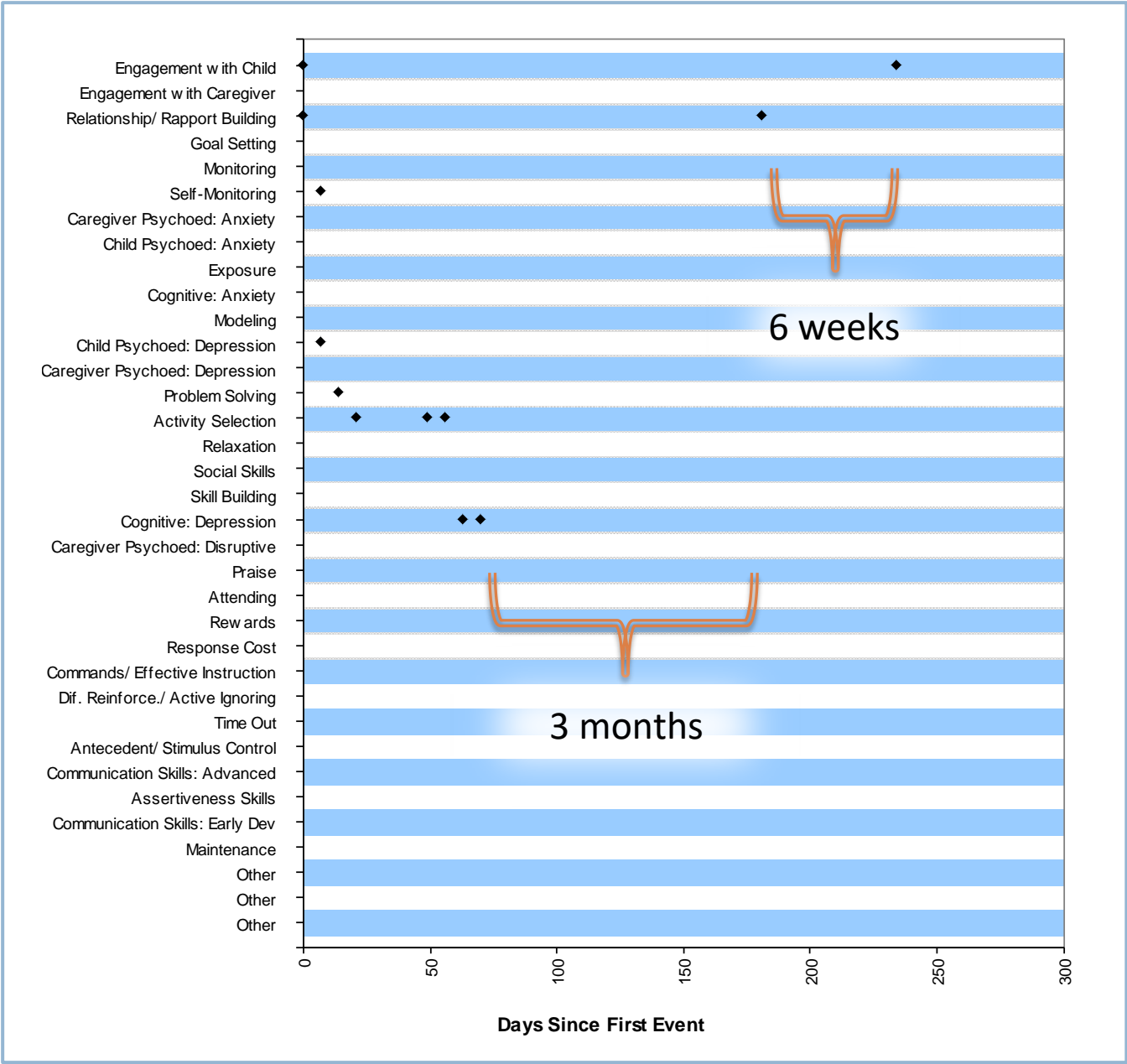
Practice Elements for Disruptive Behavior

- ☐ Praise
- ☐ Rewards
- ☐ Commands

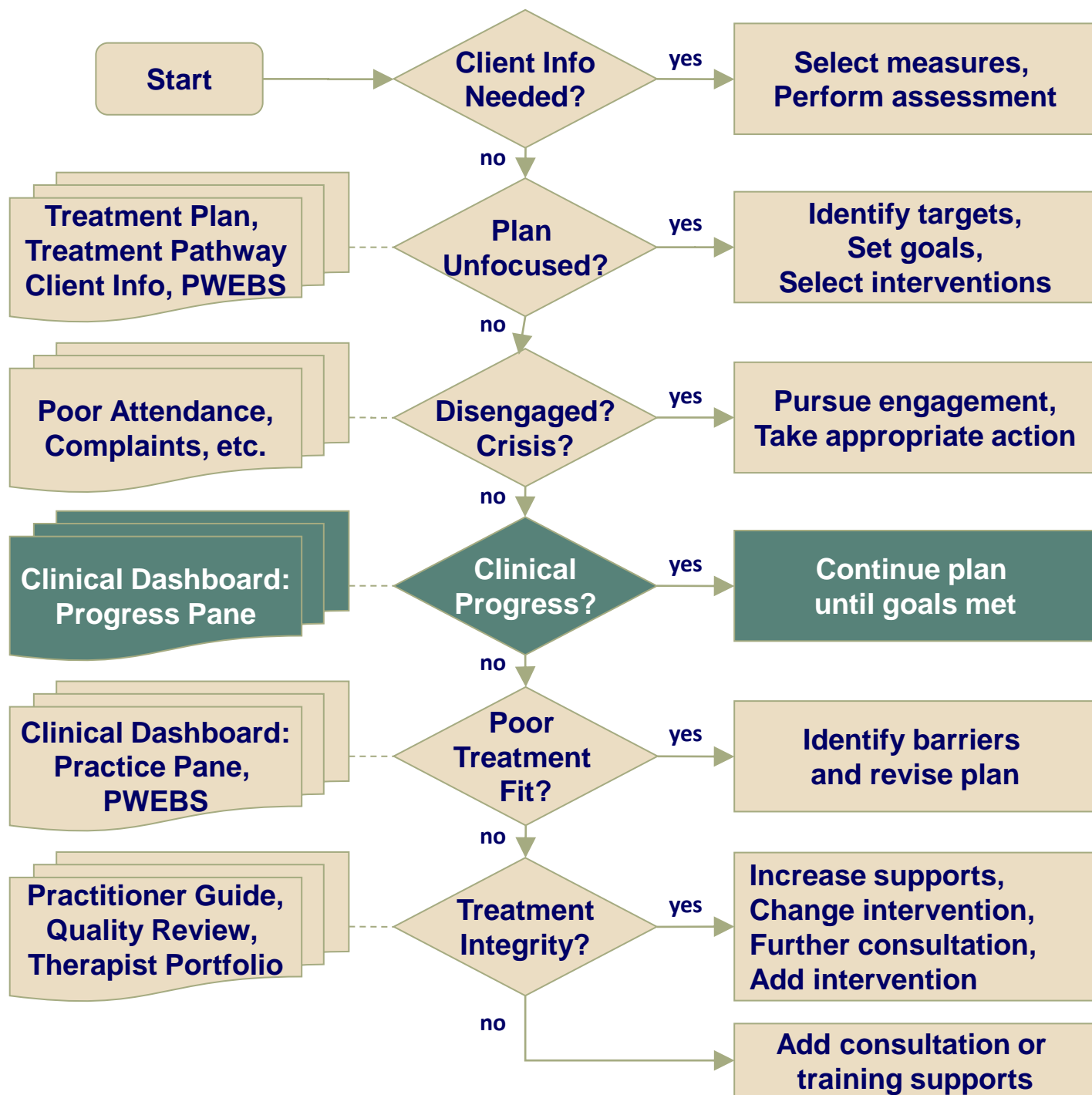
THE MAP



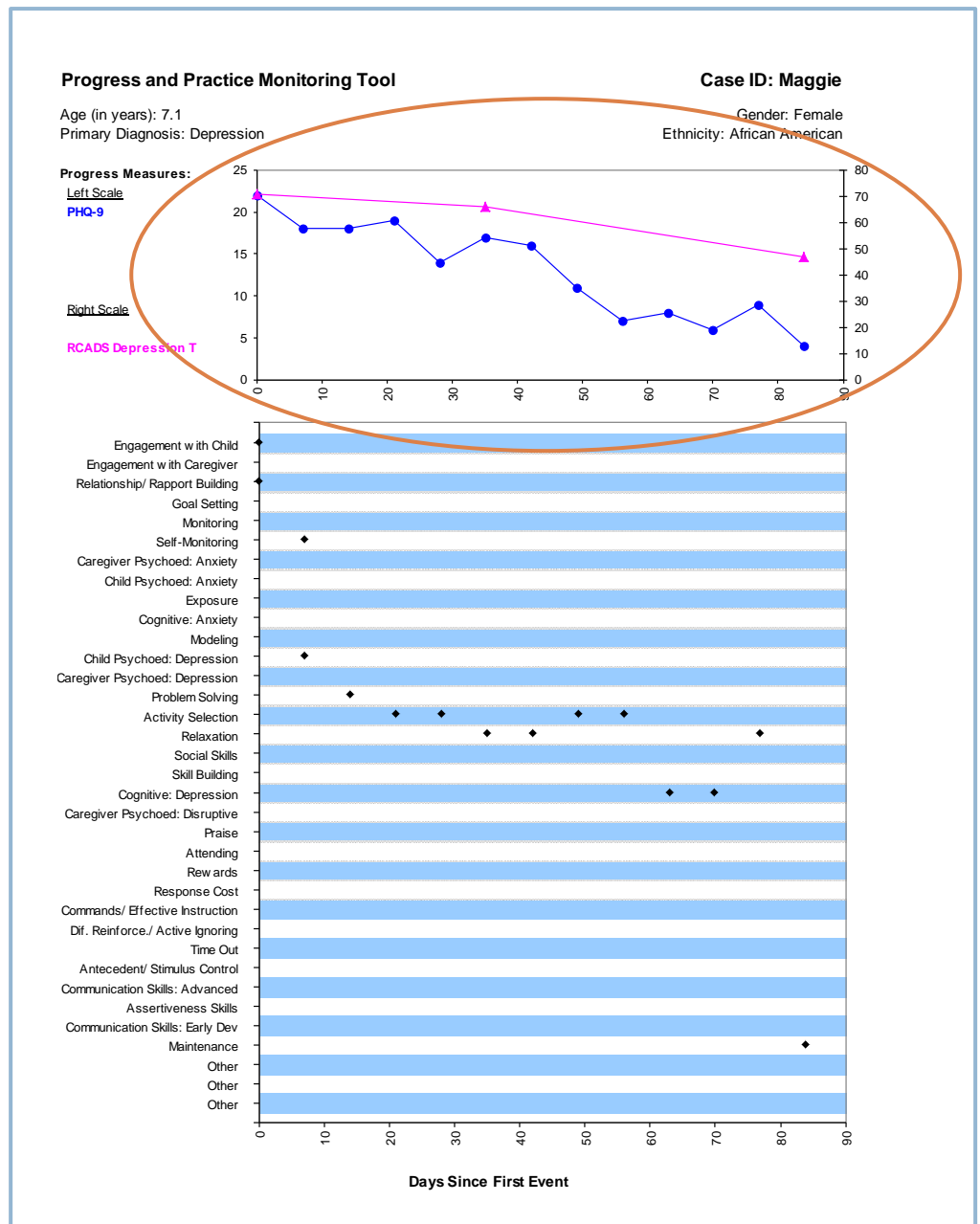
Evidence of poor engagement



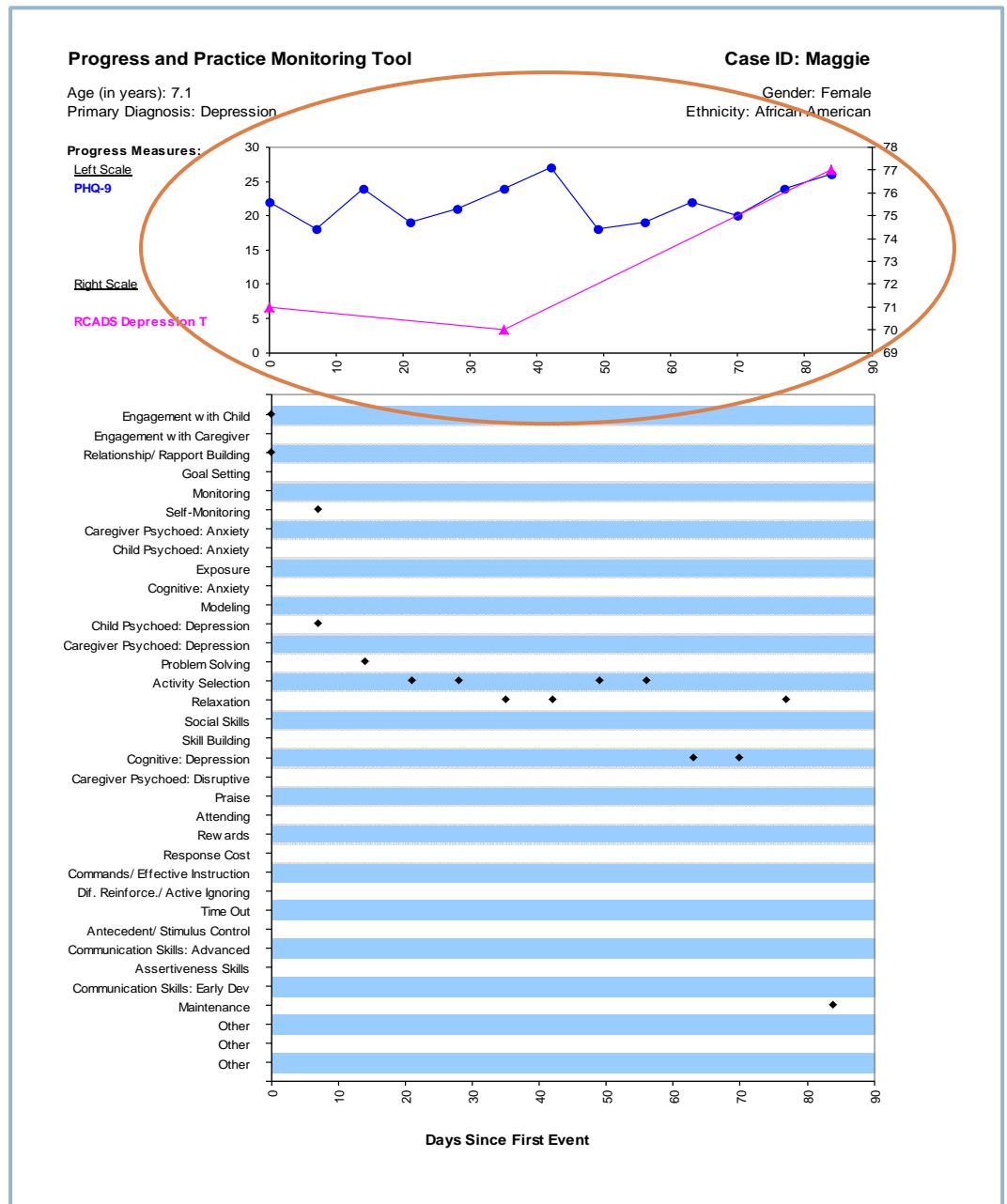
THE MAP



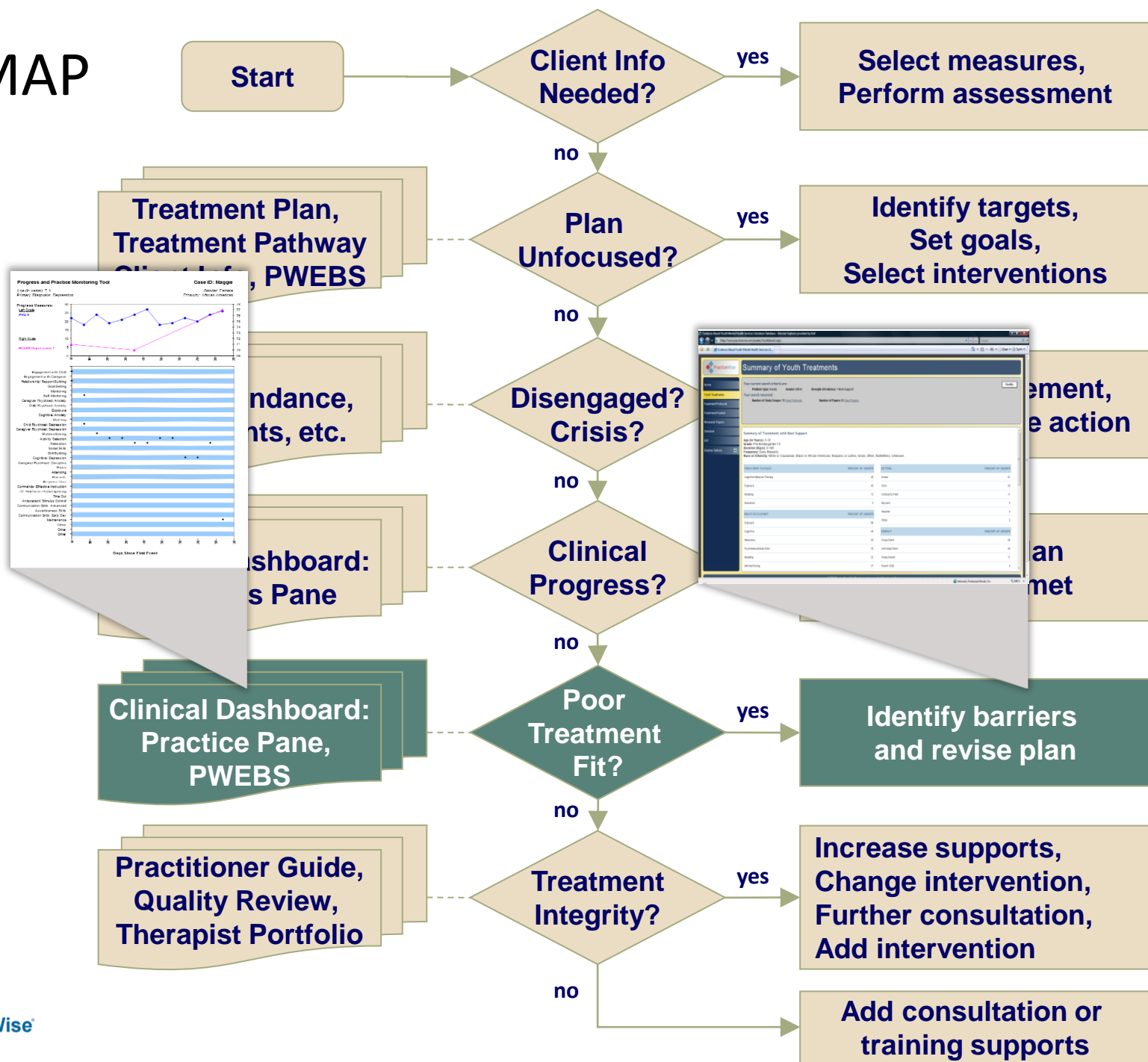
Progress is good:
Depression scores
getting lower



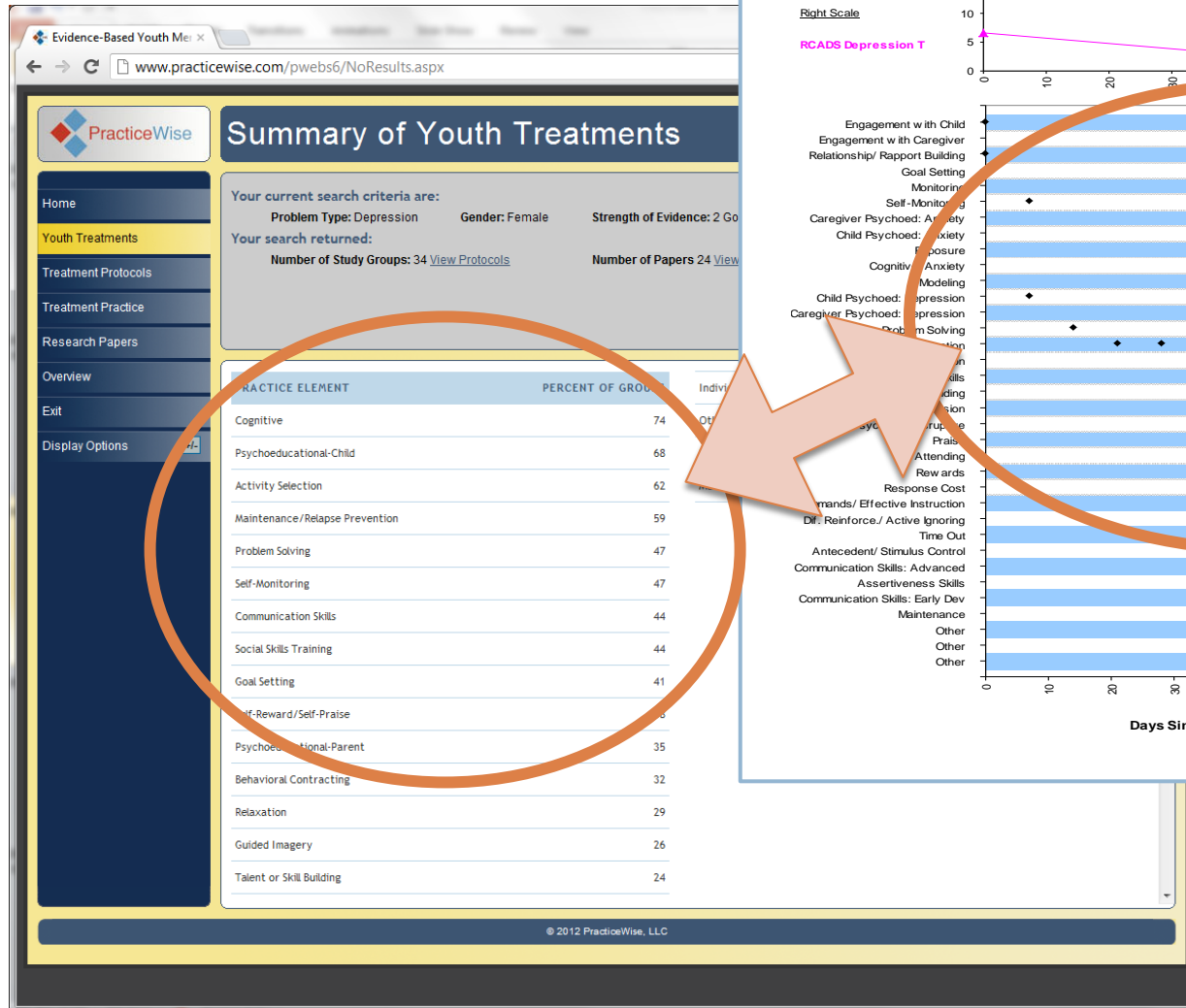
Progress is poor:
Depression scores
same or getting higher



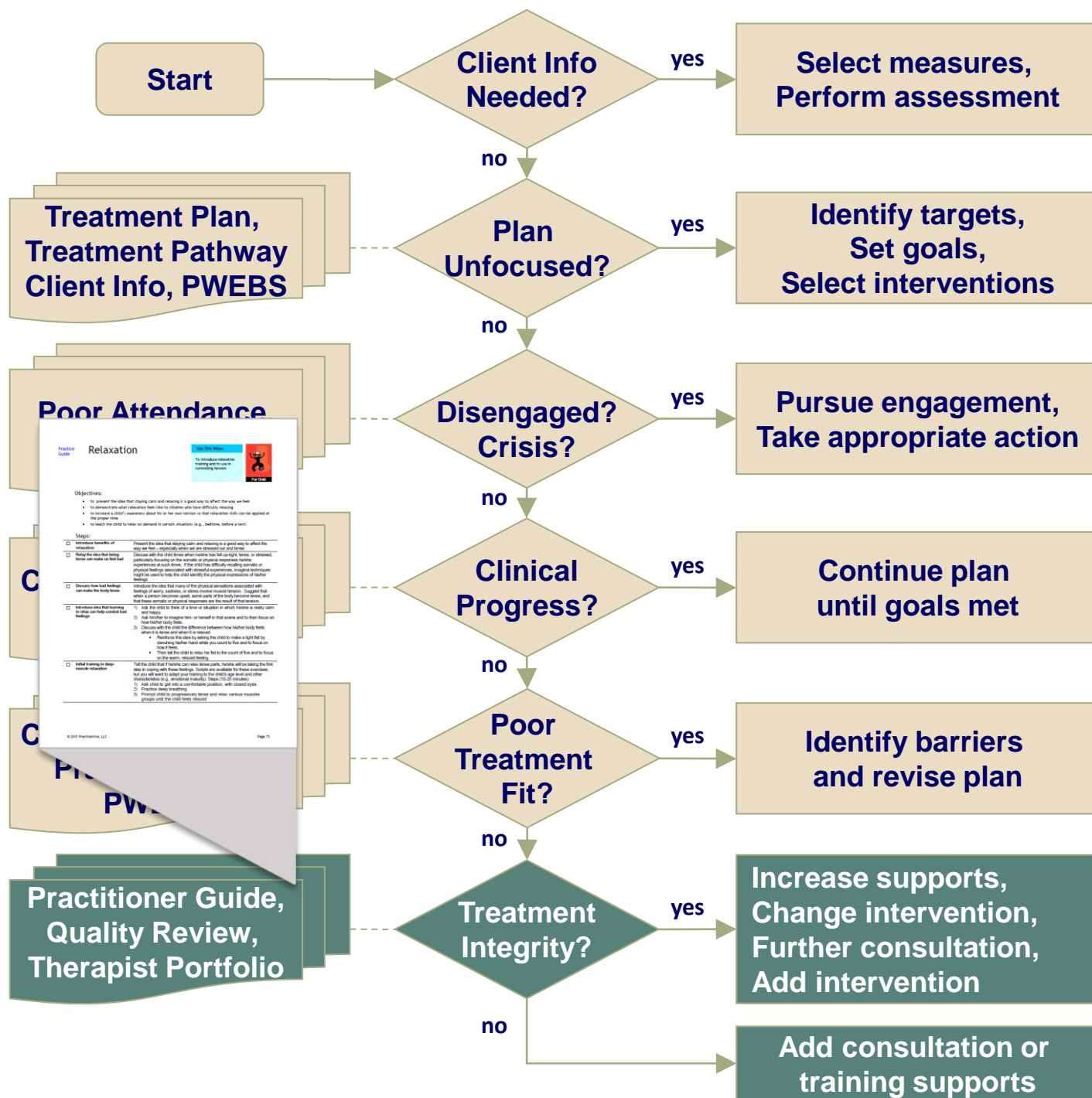
THE MAP



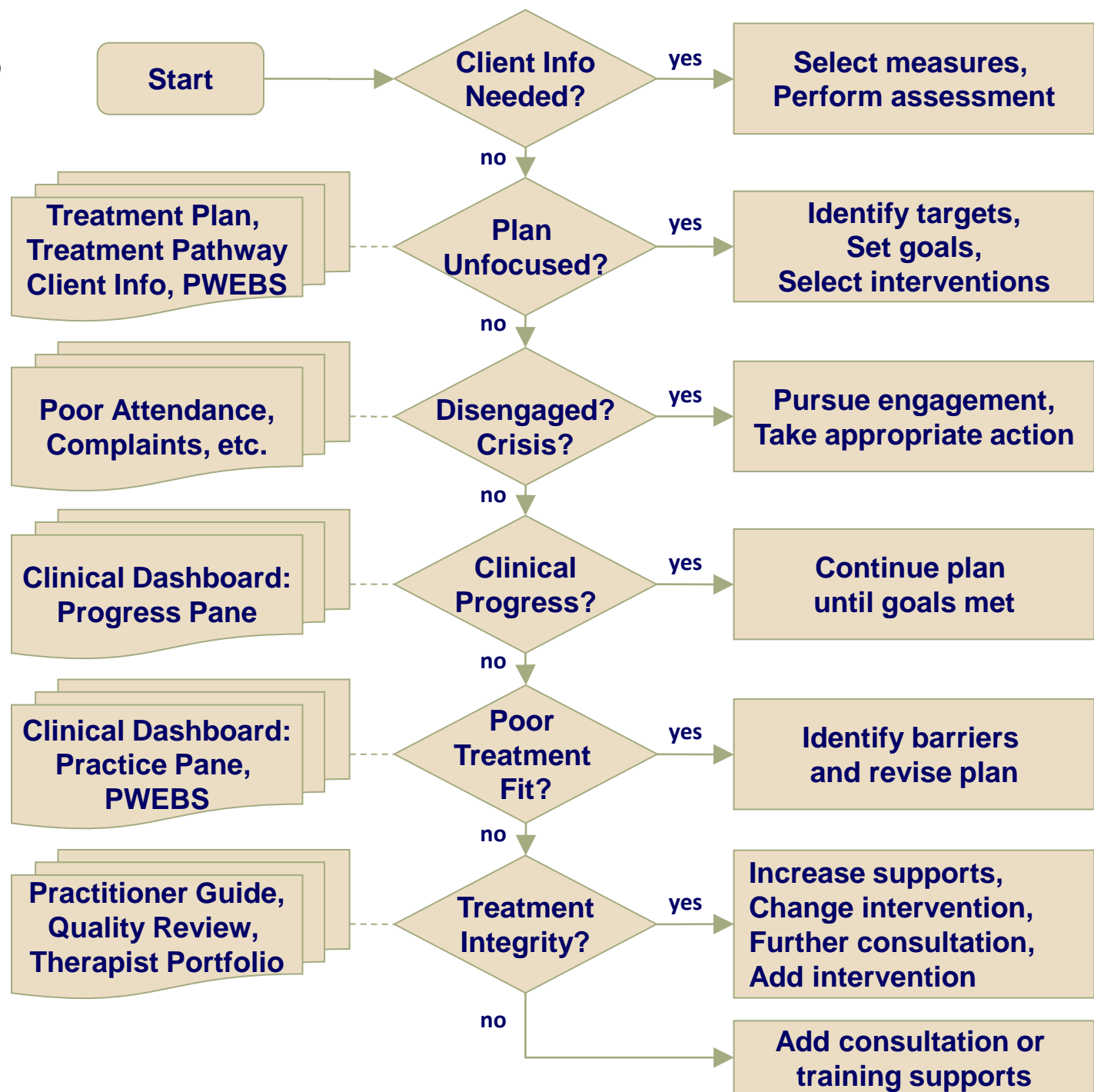
Do the practices fit the problem?



THE MAP



THE MAP



Embracing Diversity



Embracing Diversity

Adapt Process

- Style
- Communication
- Change Agent

Adapt Content

- Conceptualization
- Message
- Procedures

Embracing Diversity

Adapt Process

- Study
- Community
- 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

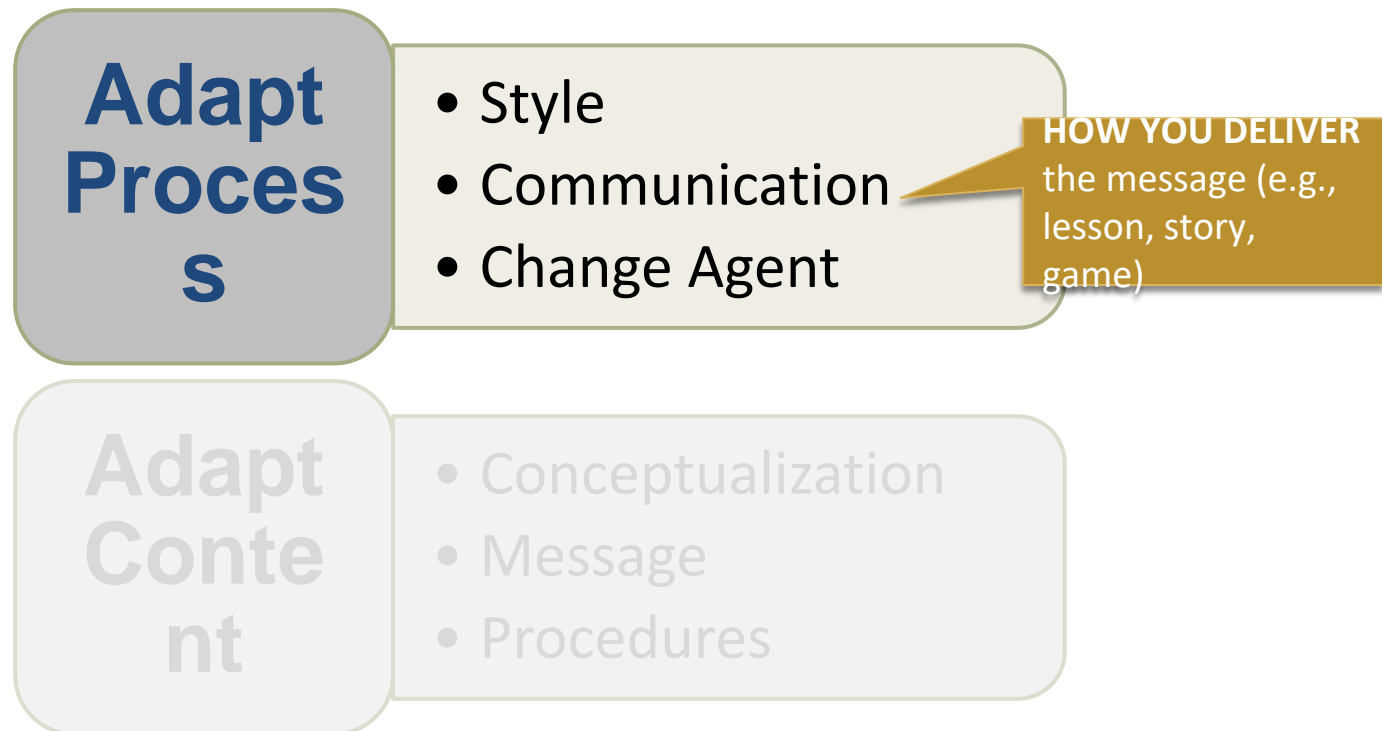
- Style
- Communication
- Change Agent

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

Adapt Content

- Conceptualization
- Message
- Procedures

Embracing Diversity



Embracing Diversity

Adapt Process

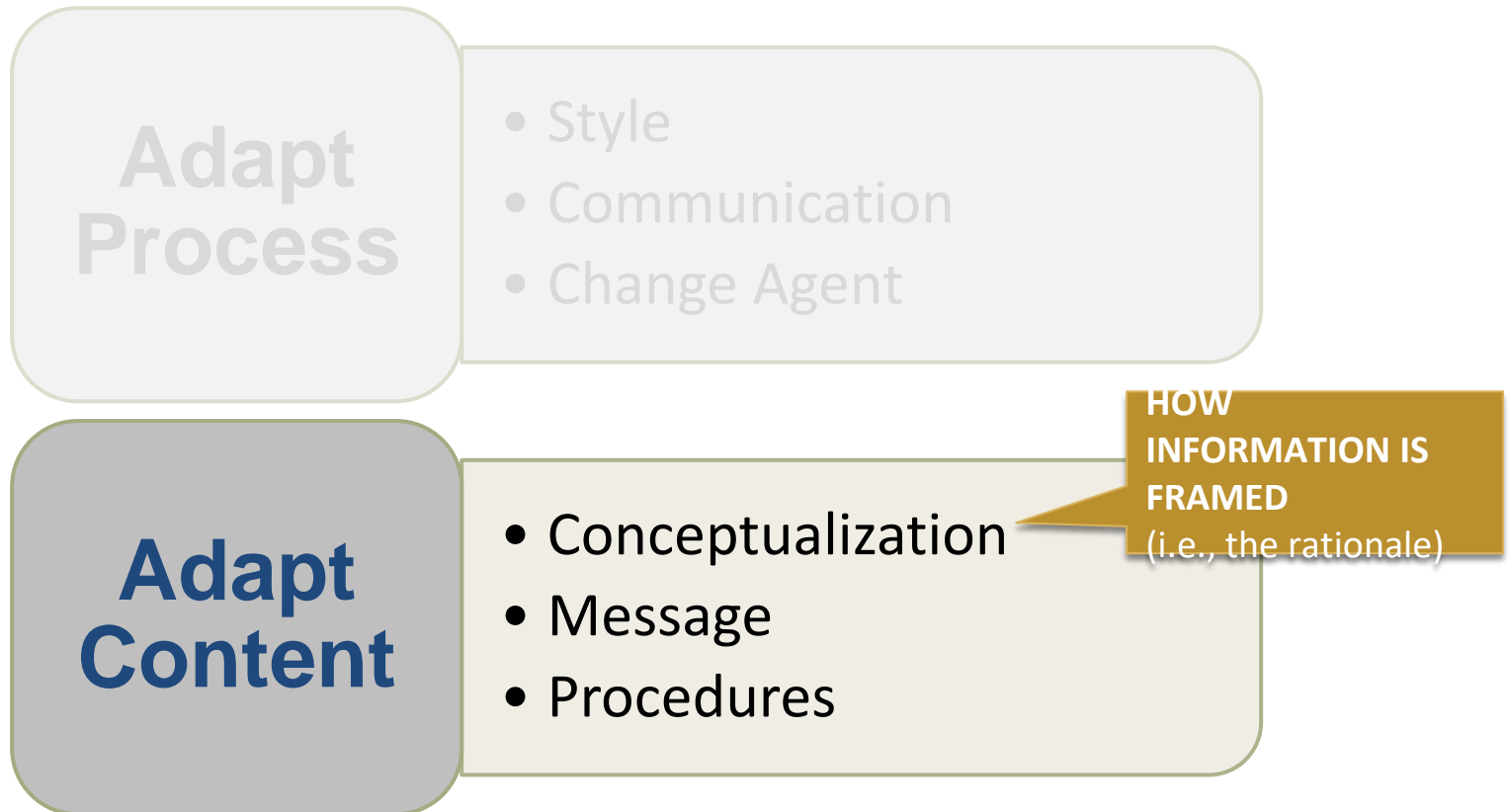
- Style
- Communication
- Change Agent

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

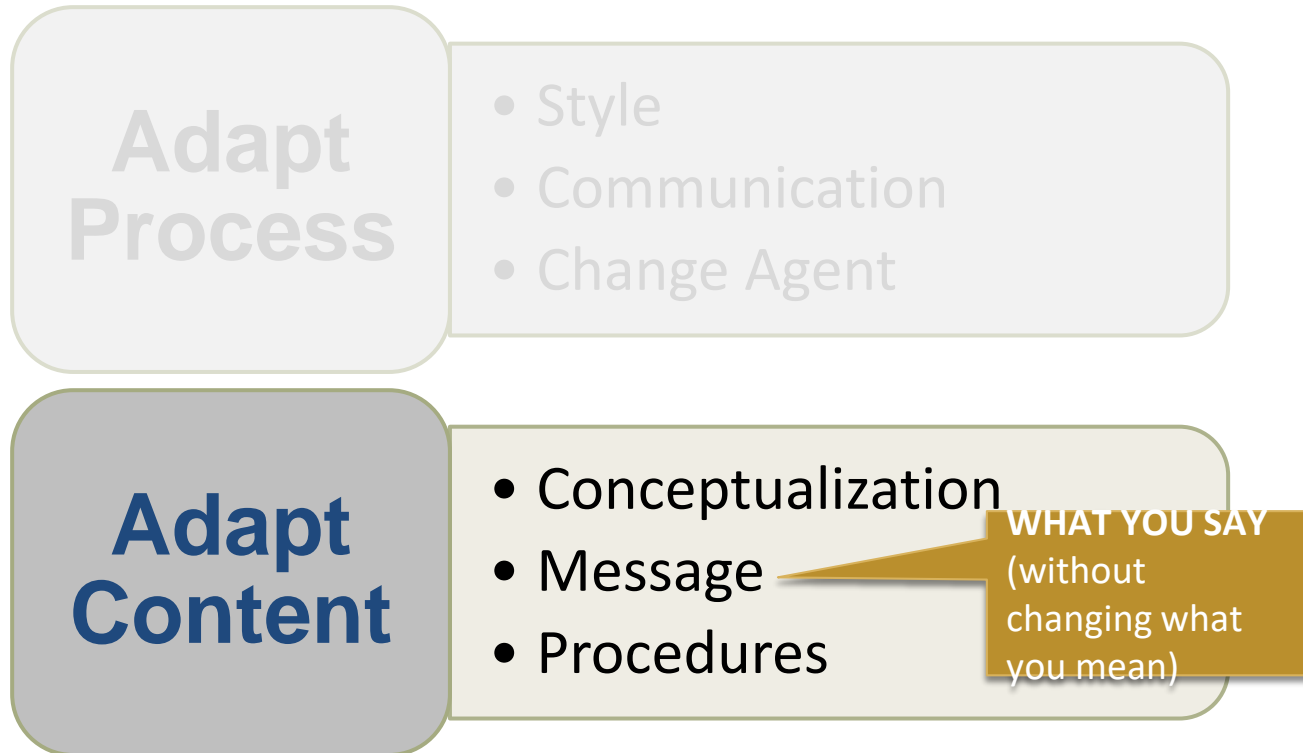
Adapt Content

- Conceptualization
- Message
- Procedures

Embracing Diversity



Embracing Diversity



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

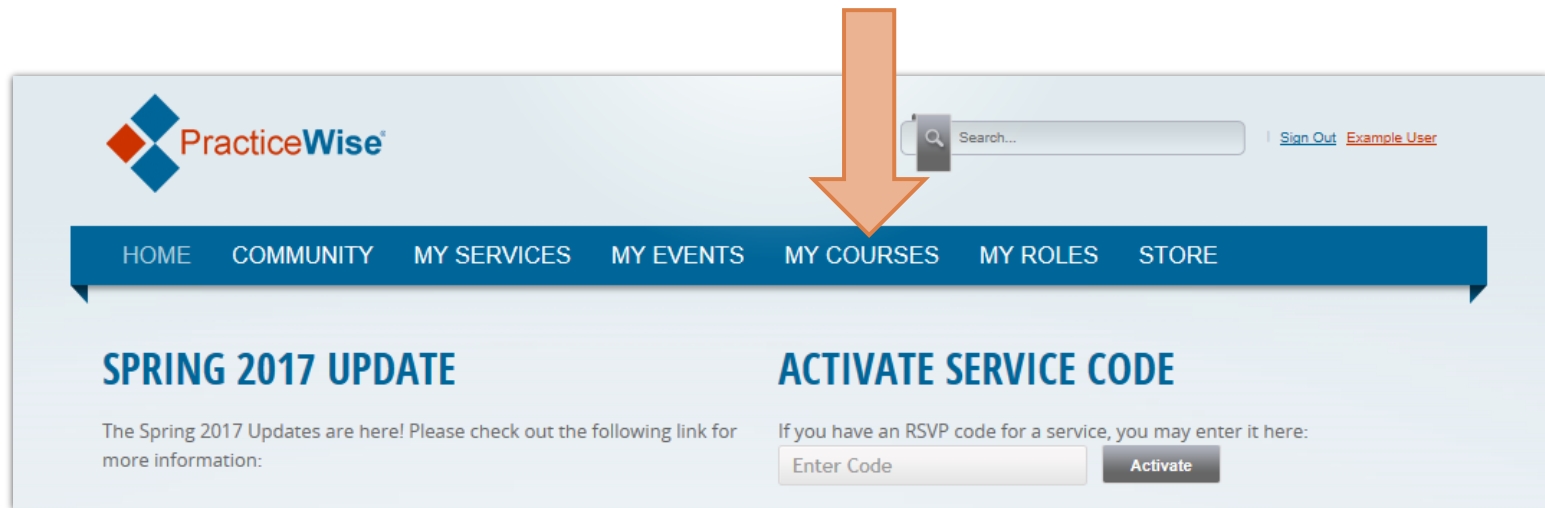
- Remember: the purpose is to slow down and engage in a deliberate reasoning process to elaborate the possible options
- You are trying to improve the fit of the intervention to the family and context
- It is not necessary to classify all of the options into the six categories; they are merely to push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



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