MAP Direct Services Training Series

Workshop Day 2

The MAP System: Managing and Adapting Practice

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Q&A and Homework Review

- PWEBS searches
- Questions?

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WELCOME BACK!

Practice Delivery: Anxiety Focus

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Agenda

- Discuss the role of alliance, style, and diversity issues in MAP
- Day 1 Review
- Practice delivery: Anxiety focus
  - Introduce and rehearse practice elements
  - Practice clinical dashboard skills

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Thinking About Style

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A Word on Alliance

- Unconditional positive regard, collaborative, agreement on goals and plans to reach goals
- No experimental evidence to support the causal role of alliance
  - No one has ever randomly assigned children to “mean” and “nice” therapists
- Correlational studies show a modest relation (ES ≈ .20) between child-therapist alliance and positive outcomes

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Socratic Questioning

- Simple yet strong method for exploring ideas or statements in depth and breadth through the use of carefully formulated questions
- Emphasis on exploration versus explanation

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Types of Socratic Questions

- Reasons/evidence probing
  - What is your evidence?
  - What led you to that belief?
  - How often has that happened?
- Viewpoints/perspectives
  - What would someone who disagrees say?
  - What would you tell someone you wanted to help?

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Types of Socratic Questions

- Implications/consequences
  - What effect would this have?
  - What is the worst thing that could happen?
  - What is the best thing that could happen?

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Activity

Modeling Therapist Style

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Therapist Style

- Client: Monique, single mother of 5 children
  - Therapist is attempting to explain Attending intervention
  - They are about two sessions into treatment
  - Rapport is already established, client is relatively engaged
- Watch the therapist for Socratic and non-Socratic actions

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Embracing Diversity

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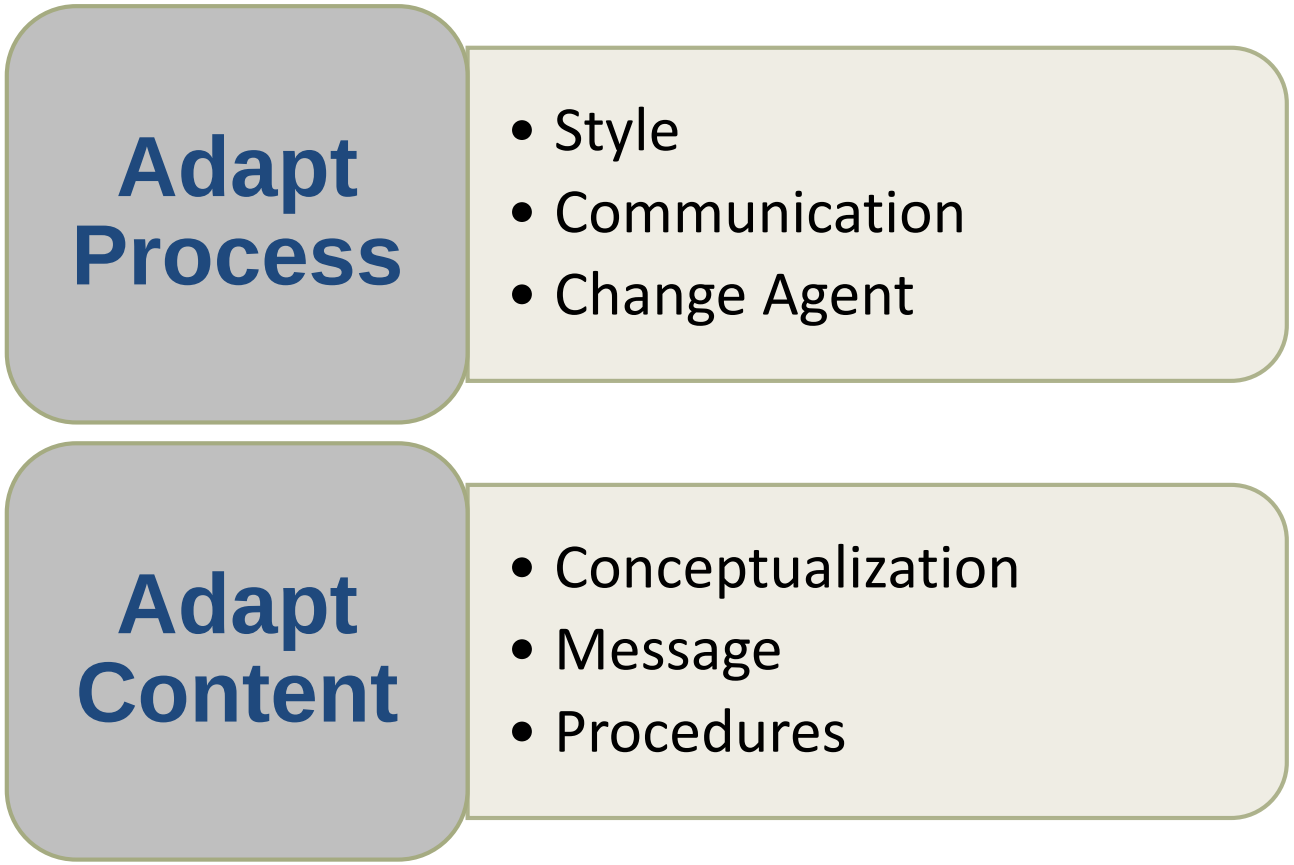
Embracing Diversity



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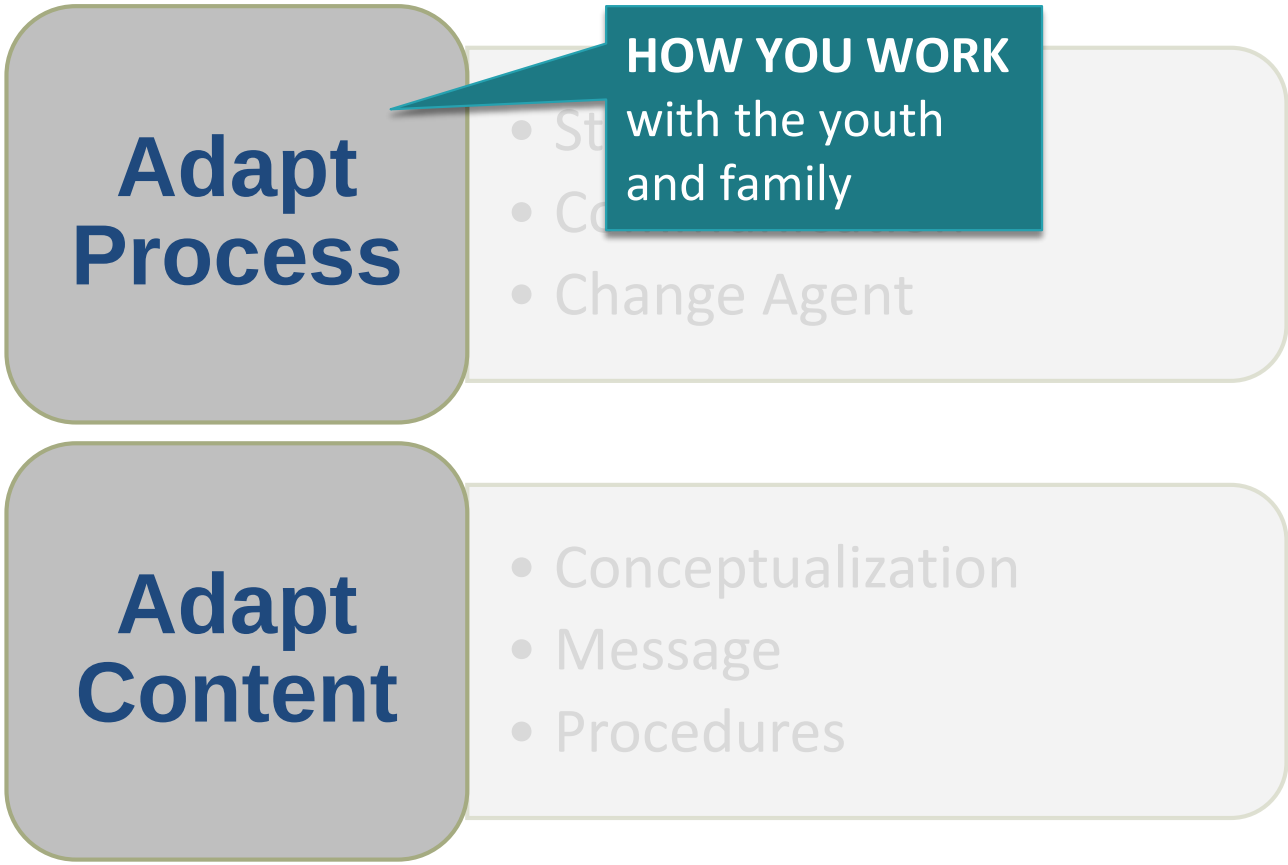

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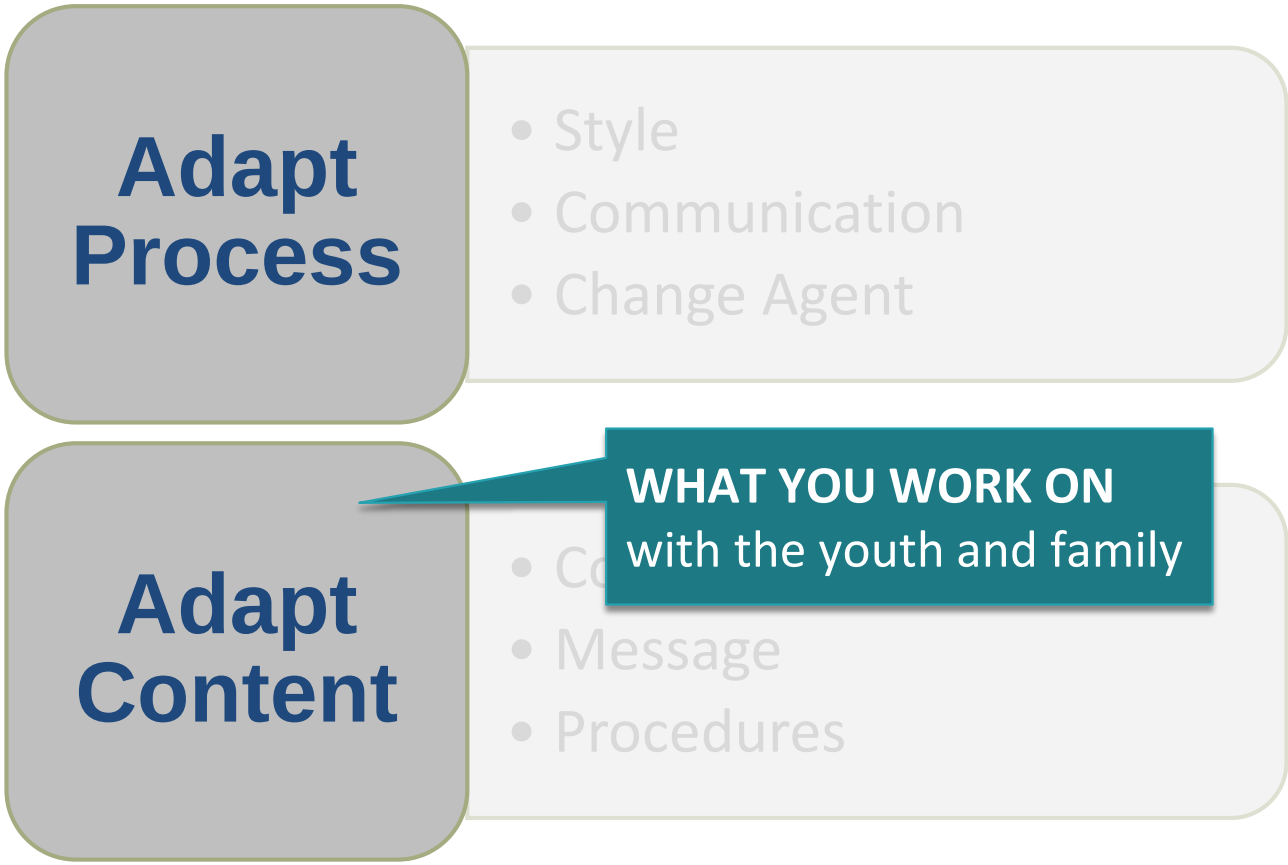

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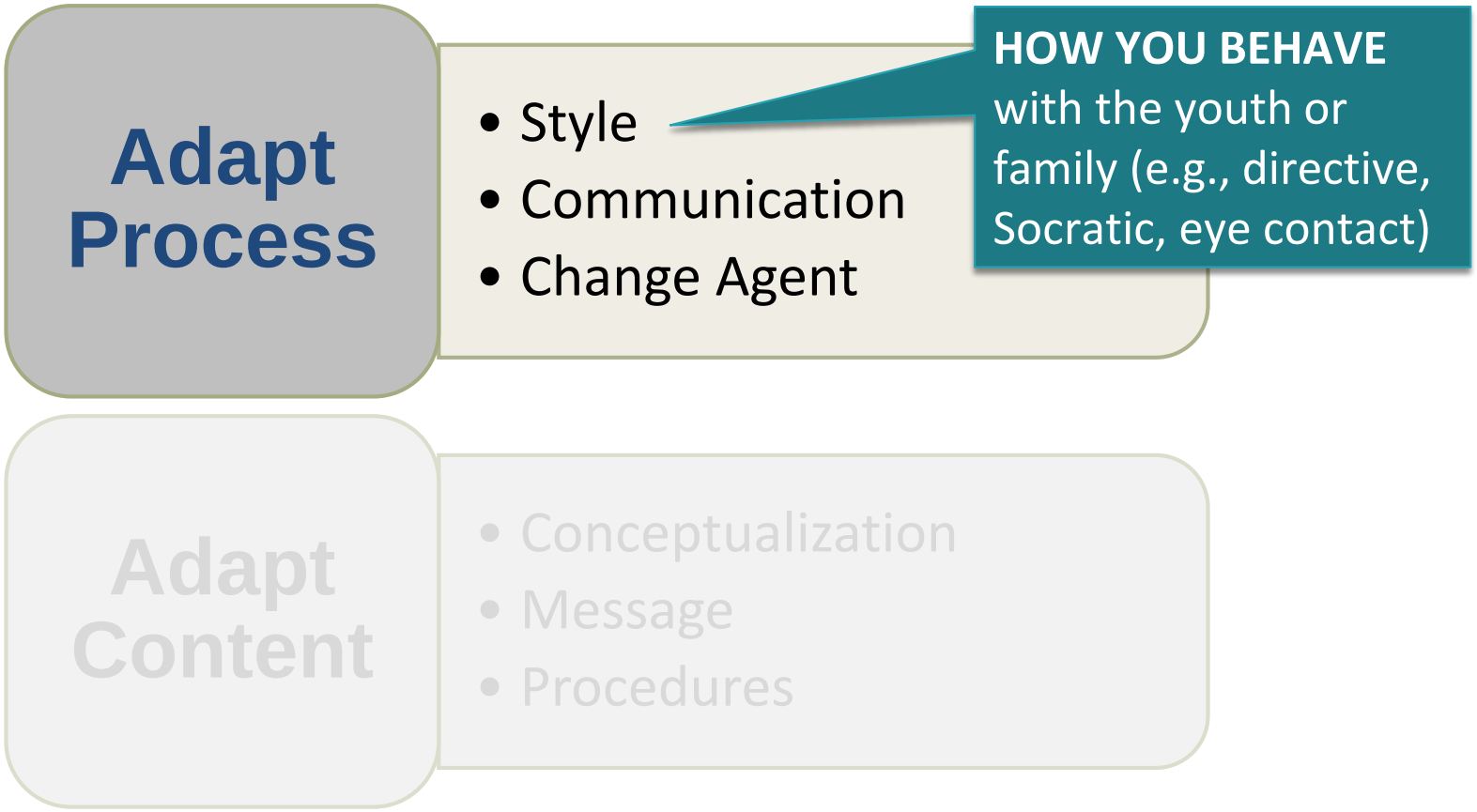

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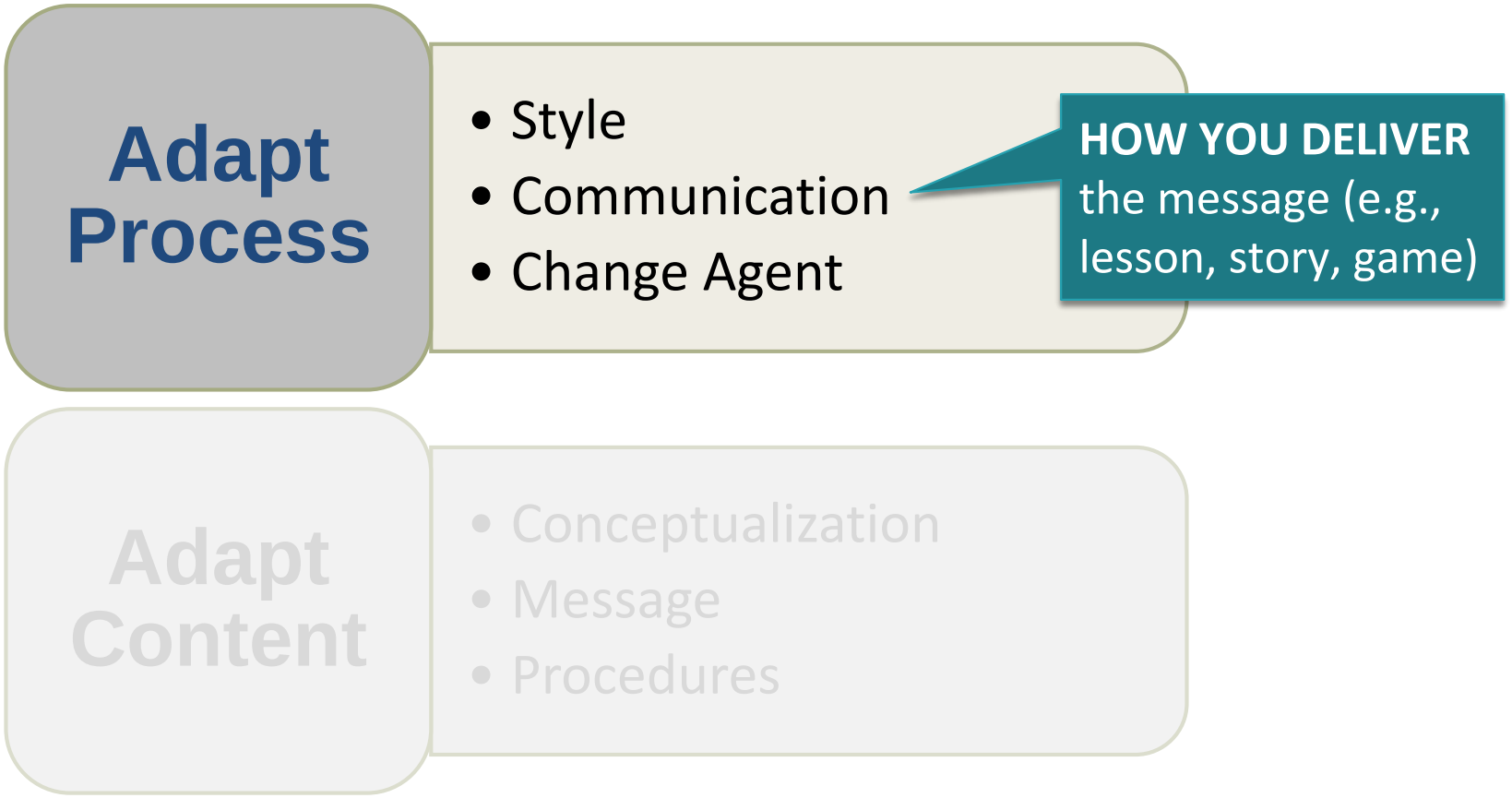

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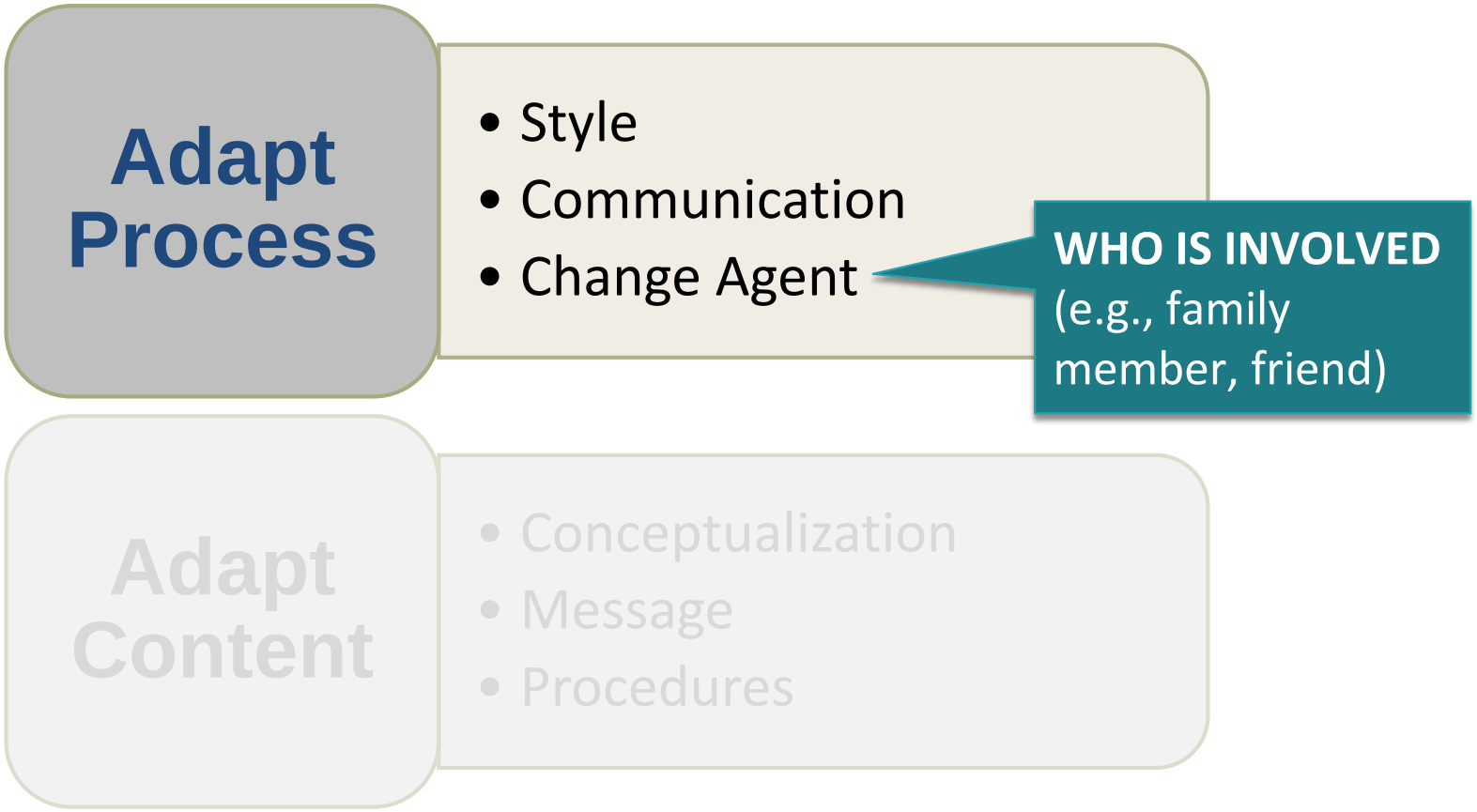

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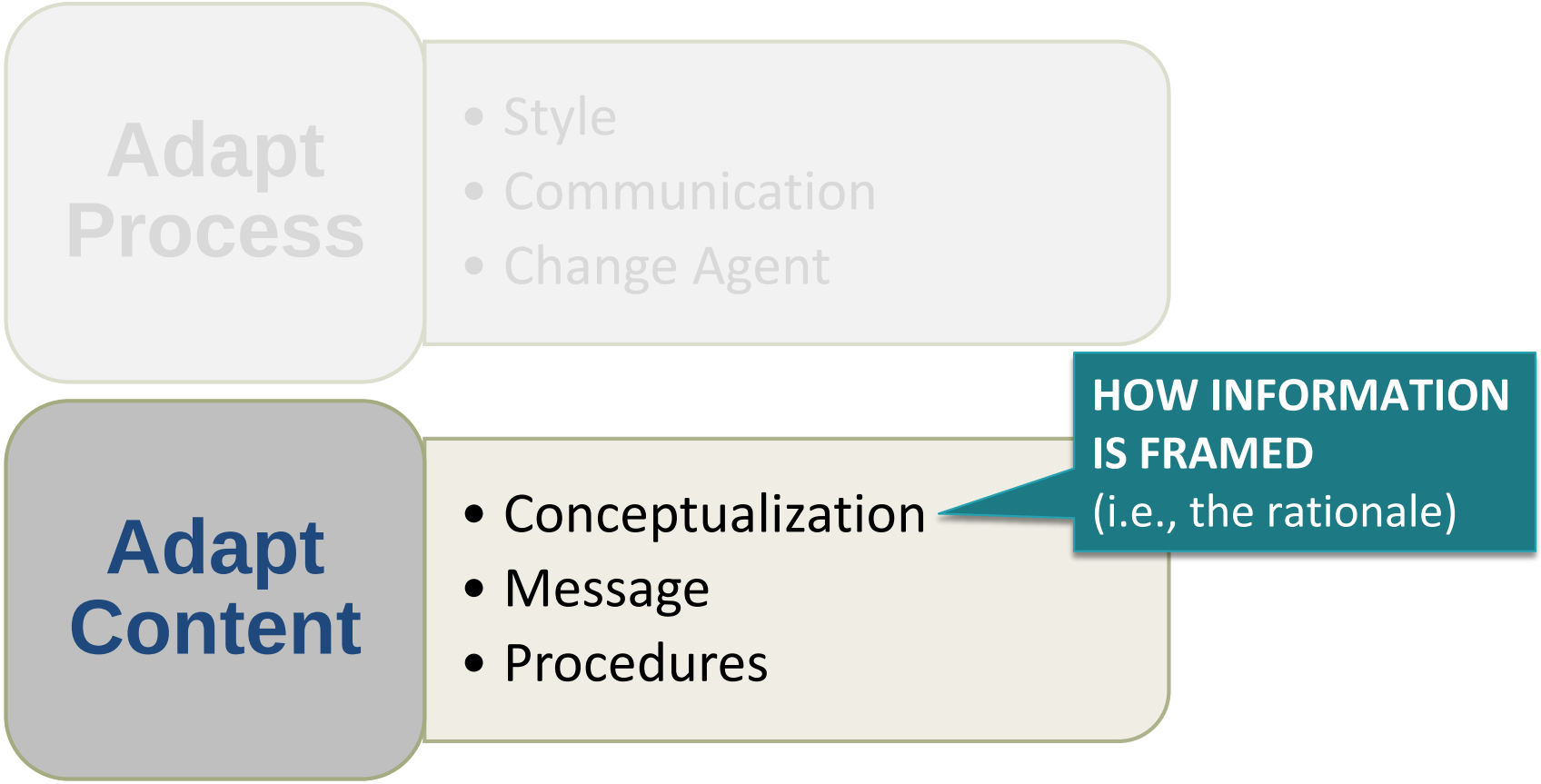

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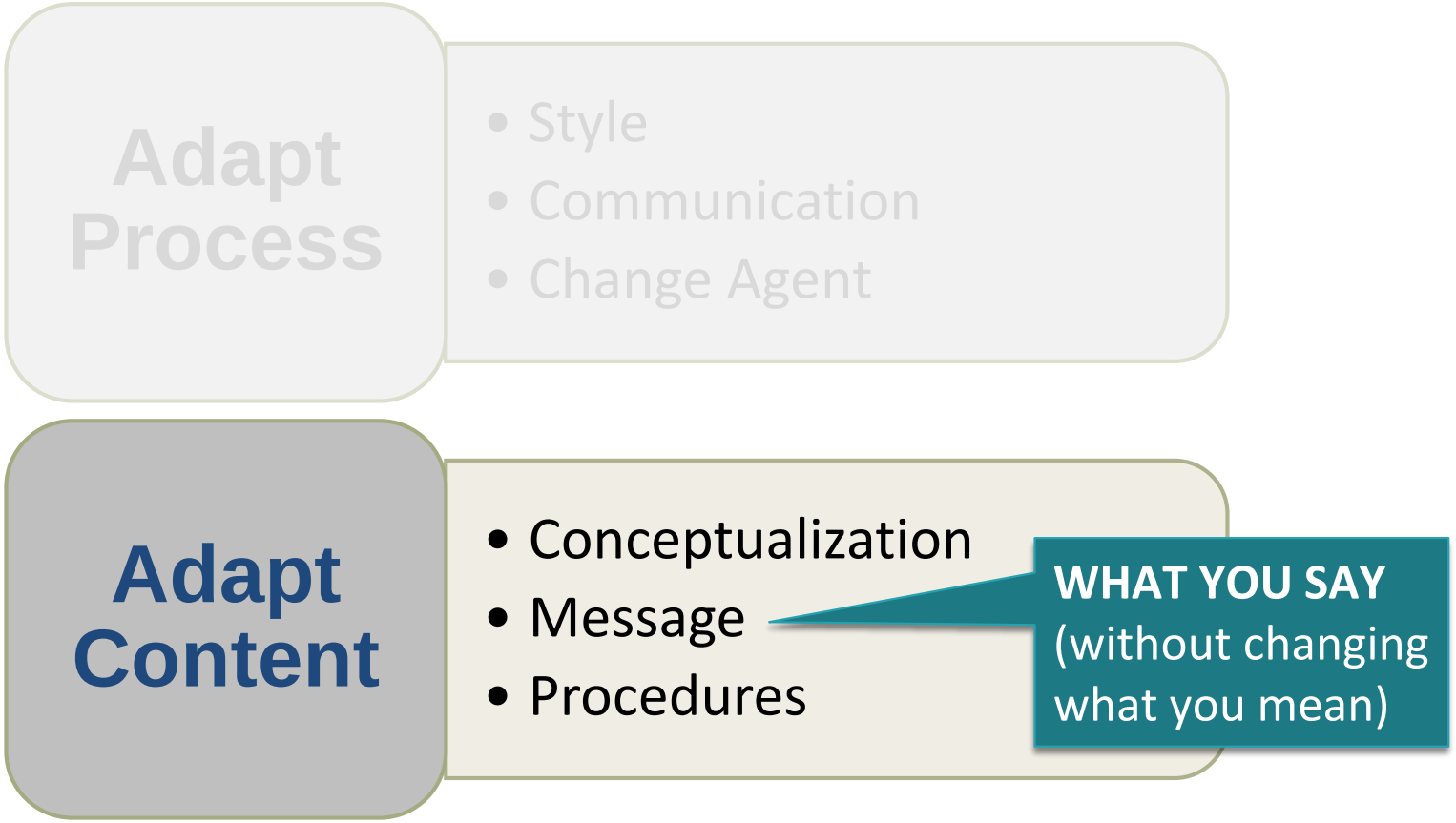

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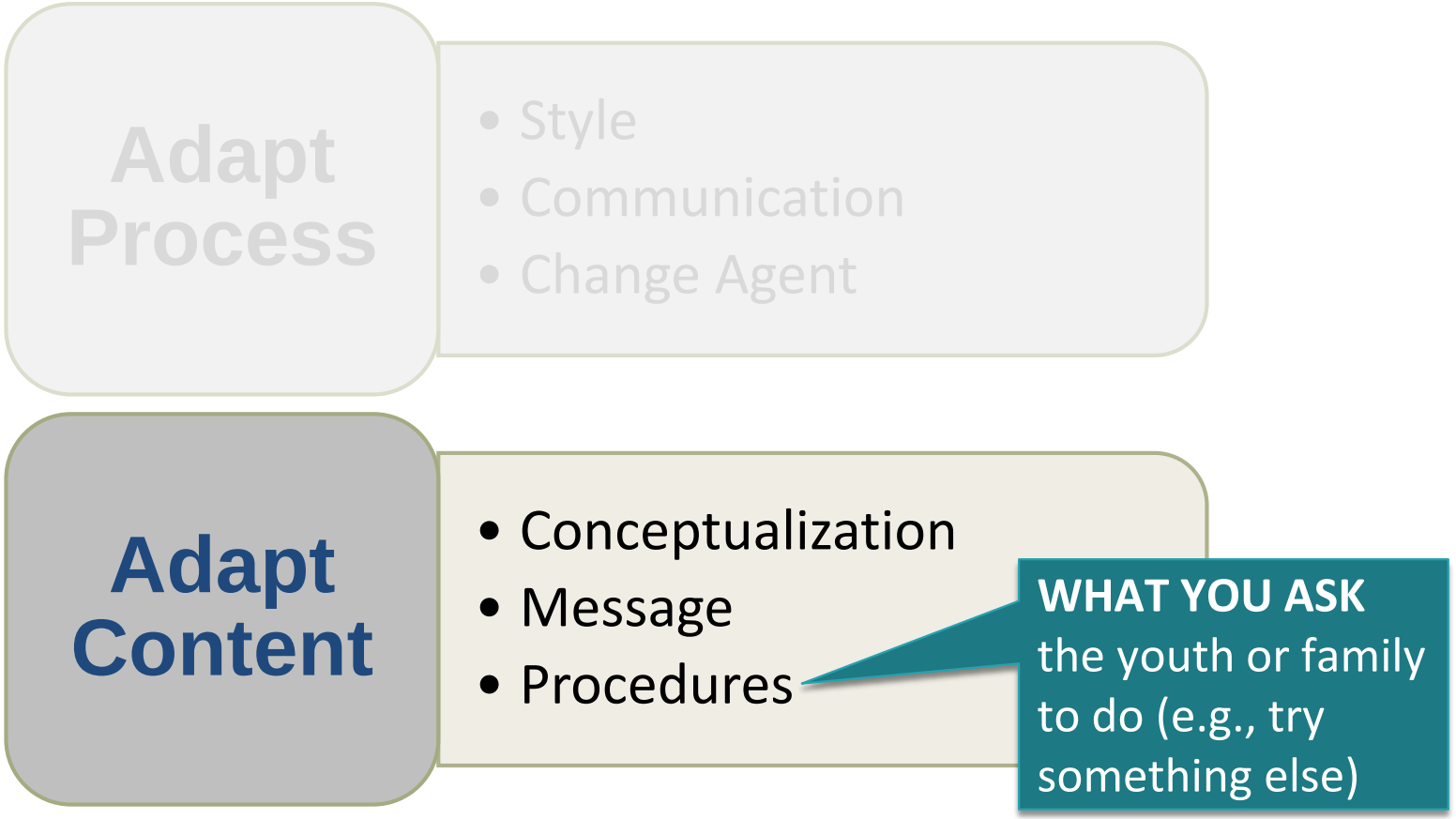

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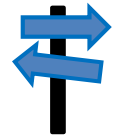
Process Guide

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

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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"

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Embracing Diversity: Maggie's Example

Adapt Process

- Style *Socratic?* _____
- Communication _____
- Change Agent _____

Adapt Content

- Conceptualization _____
- Message _____
- Procedures _____

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Embracing Diversity: Maggie's Example

Adapt Process

- Style *Socratic?* _____
- Communication *Storytelling?* _____
- Change Agent _____

Adapt Content

- Conceptualization _____
- Message _____
- Procedures _____

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Embracing Diversity: Maggie's Example

Adapt Process

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

Adapt Content

- Conceptualization
- Message
- Procedures

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Embracing Diversity: Maggie's Example

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

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Embracing Diversity: Maggie's Example

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

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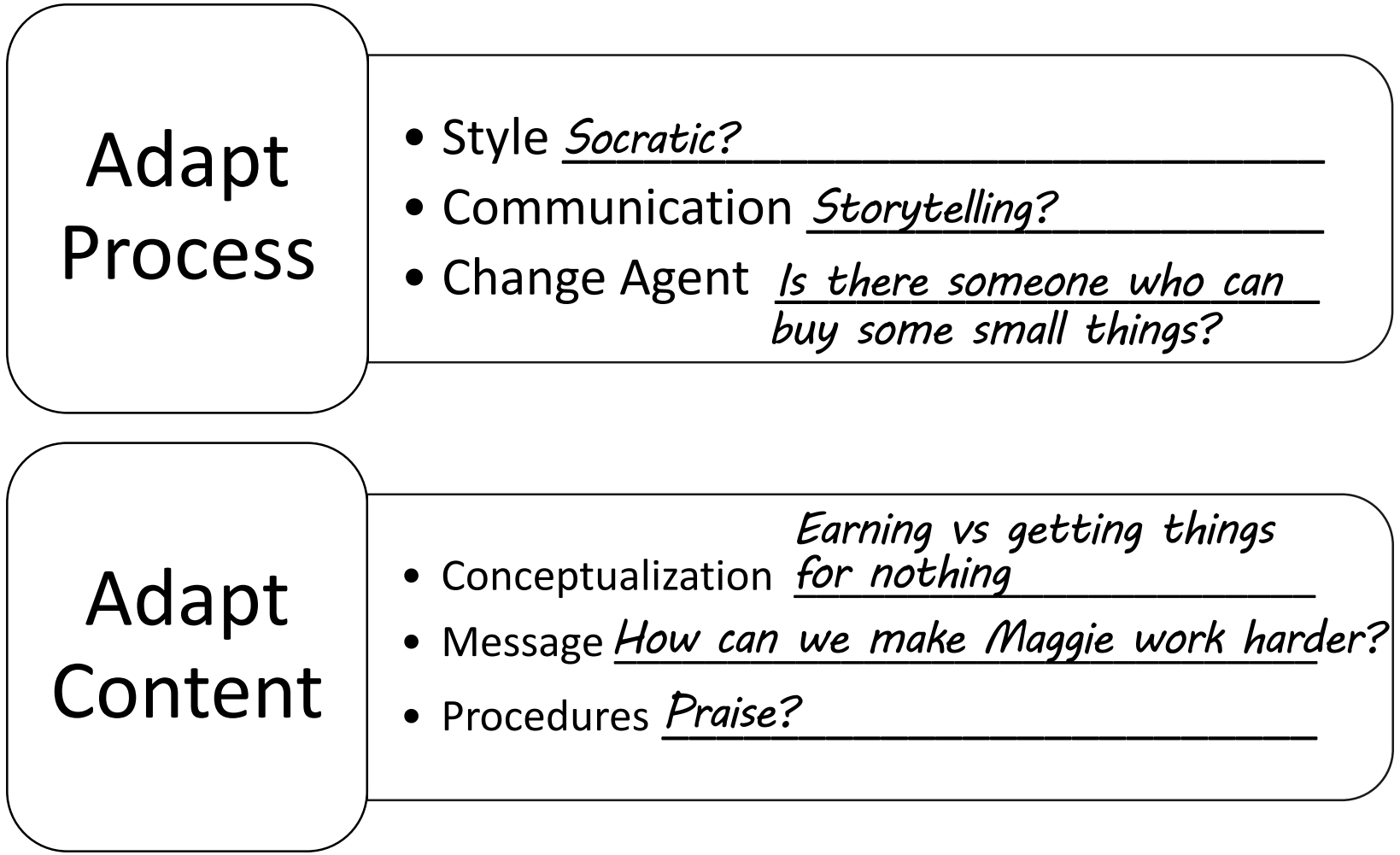
Embracing Diversity: Maggie's Example



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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

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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

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Learning Record Update

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MAP Therapist Portfolio

Direct Service Learning Record

Check off:

	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Embracing Diversity	✓	✓	✓			

DIRECT SERVICE LEARNING RECORD

CONCEPTS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
EBS System Model	☐	☐	☐	☐	☐	☐
CARE Process	☐	☐	☐	☐	☐	☐
The MAP	☐	☐	☐	☐	☐	☐
Connect-Cultivate-Consolidate	☐	☐	☐	☐	☐	☐
Focus-Interference	☐	☐	☐	☐	☐	☐
Clinical Event Structure	☐	☐	☐	☐	☐	☐
Embracing Diversity	☐	☐	☐	☐	☐	☐

RESOURCES	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
PWEBS	☐	☐	☐	☐	☐	☐
Practitioner Guides	☐	☐	☐	☐	☐	☐
Clinical Dashboard	☐	☐	☐	☐	☐	☐
Treatment Pathways						
Focus Area 1: _____	☐	☐	☐	☐	☐	☐
Focus Area 2: _____	☐	☐	☐	☐	☐	☐

APPLICATIONS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Assessment	☐	☐	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐	☐	☐
Planning	☐	☐	☐	☐	☐	☐
Practice Delivery						
Practice 1: _____	☐	☐	☐	☐	☐	☐
Practice 2: _____	☐	☐	☐	☐	☐	☐
Practice 3: _____	☐	☐	☐	☐	☐	☐
Practice 4: _____	☐	☐	☐	☐	☐	☐
Practice 5: _____	☐	☐	☐	☐	☐	☐
Practice 6: _____	☐	☐	☐	☐	☐	☐
Practice 7: _____	☐	☐	☐	☐	☐	☐
Practice 8: _____	☐	☐	☐	☐	☐	☐
Practice 9: _____	☐	☐	☐	☐	☐	☐
Practice 10: _____	☐	☐	☐	☐	☐	☐
Practice 11: _____	☐	☐	☐	☐	☐	☐
Practice 12: _____	☐	☐	☐	☐	☐	☐
Practice 13: _____	☐	☐	☐	☐	☐	☐
Practice 14: _____	☐	☐	☐	☐	☐	☐
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Day 1 Process Guide Review

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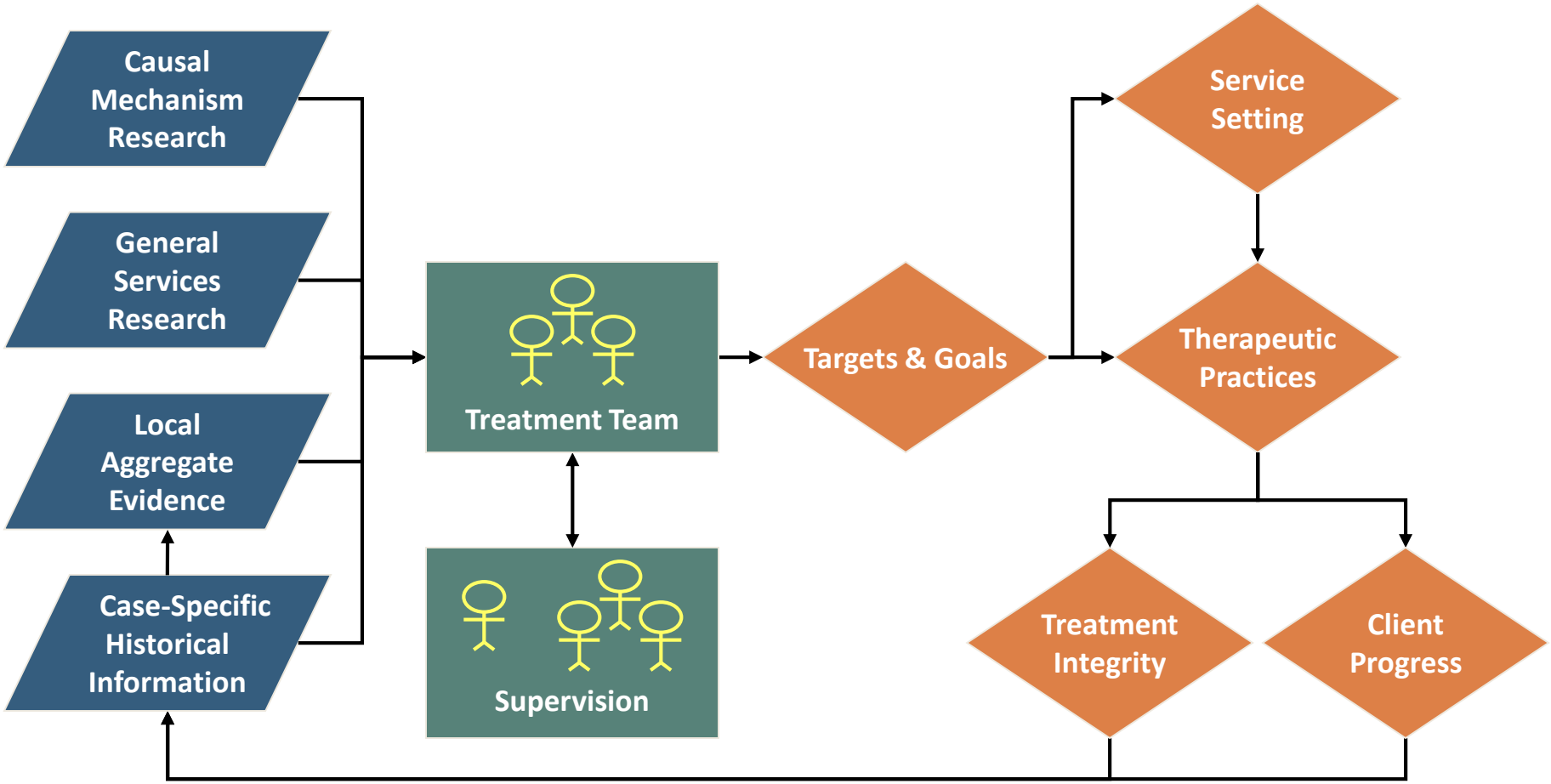
EBS System Model



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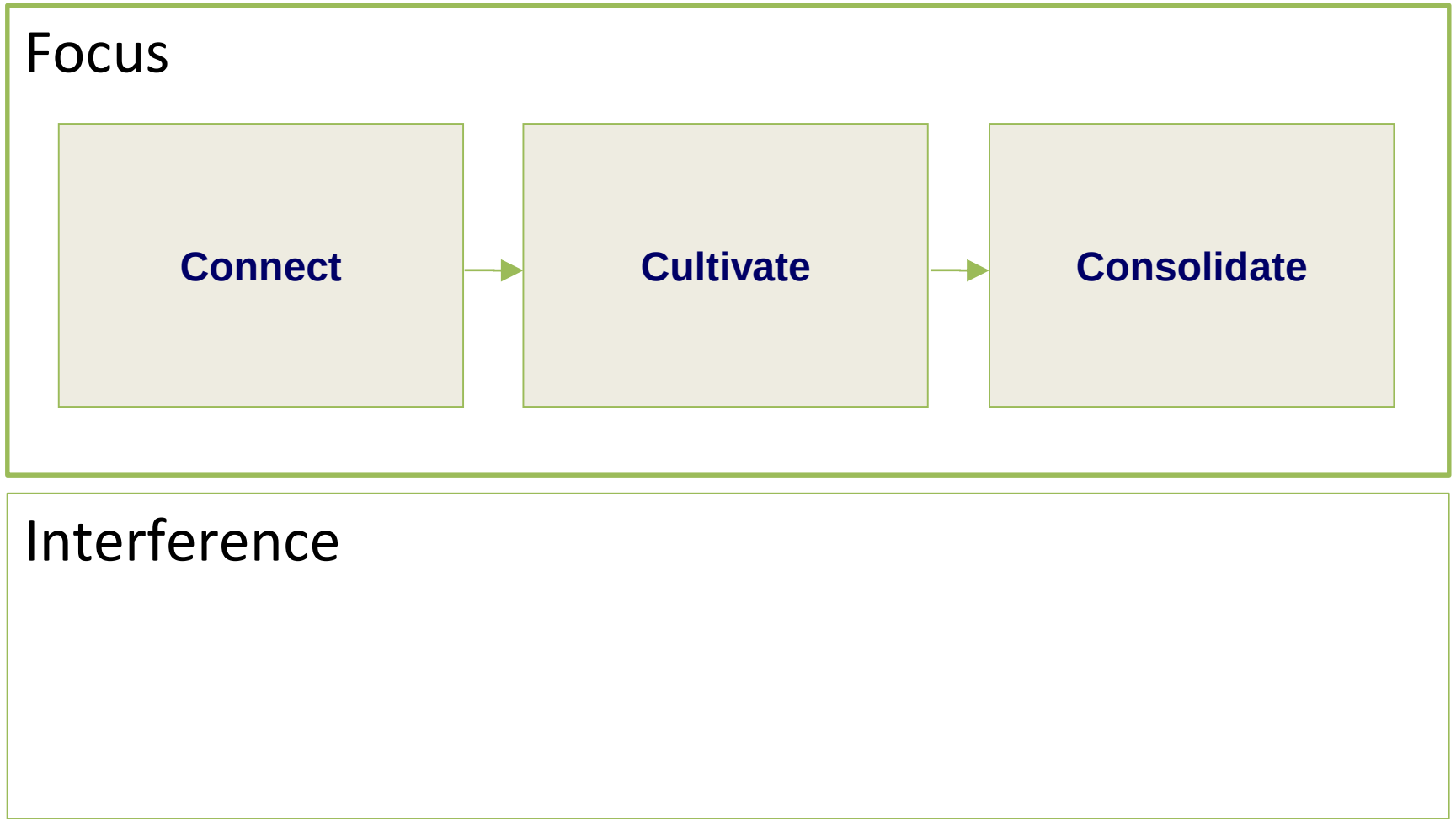
Treatment Planner



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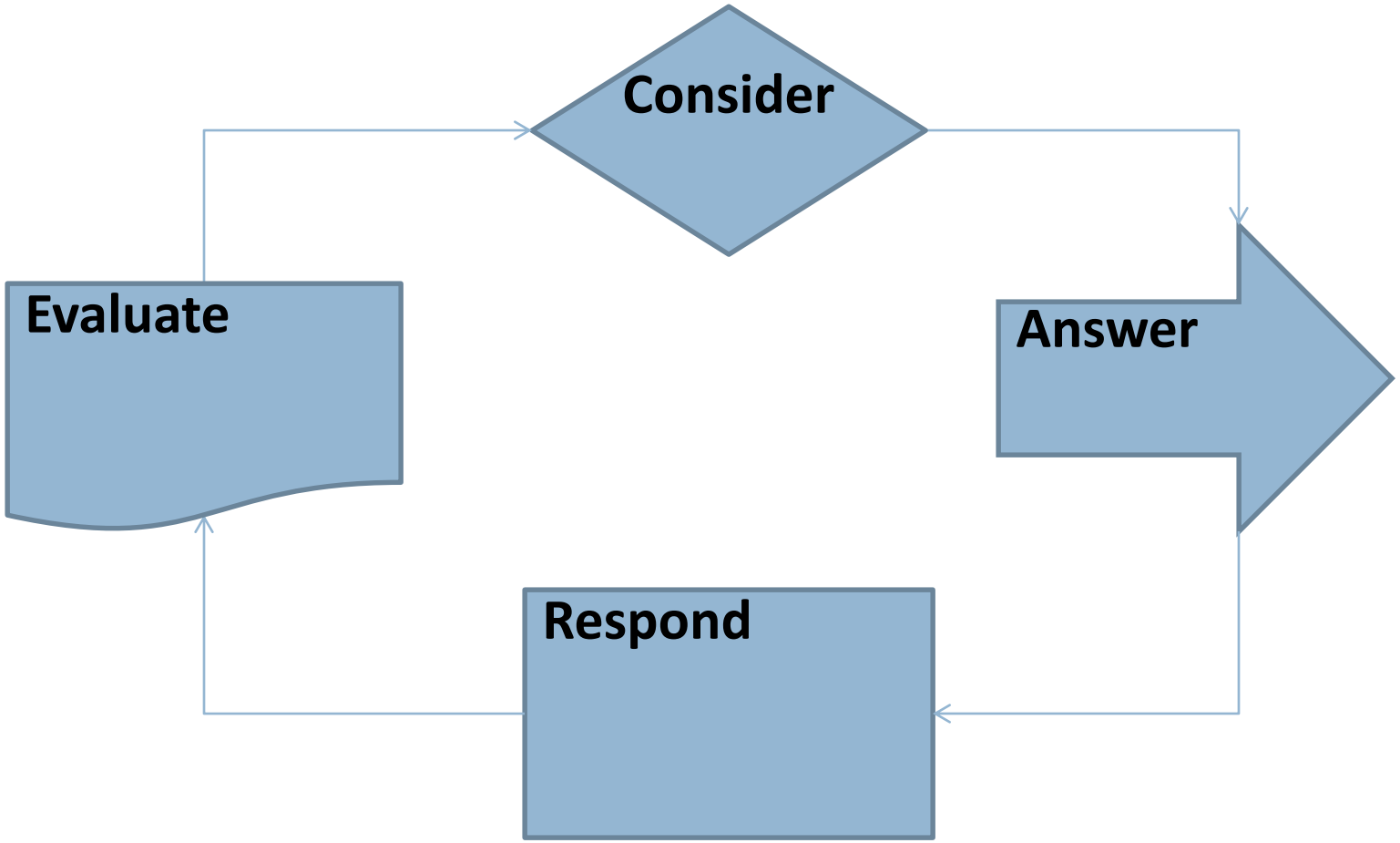
CARE Process



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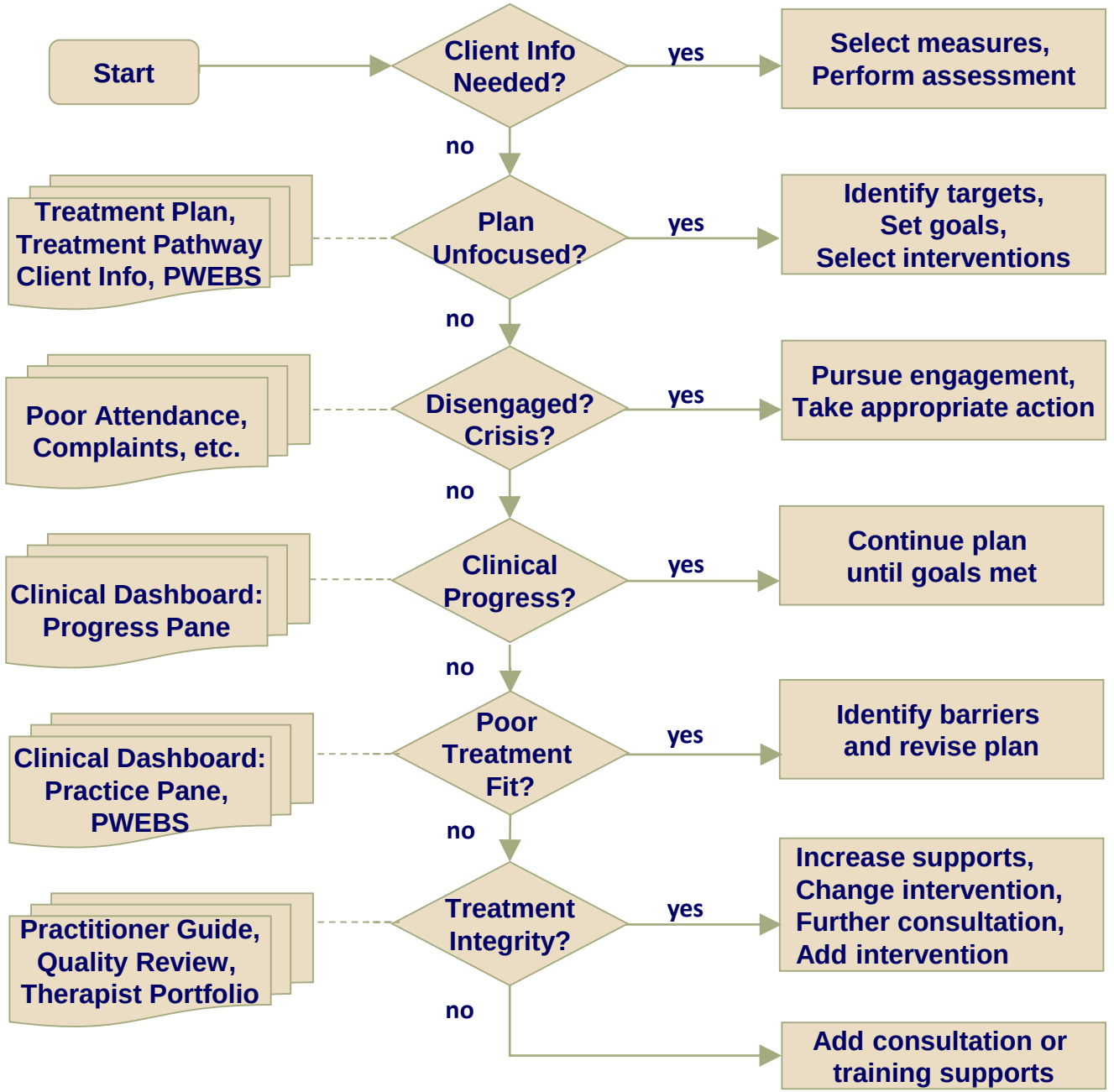
The MAP



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Practice Delivery: Anxiety Focus

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Check Your Learning

- Go to your training event page
- Click on the Knowledge Tests link in the upper left corner
- Scroll down to Exposure True-False **PRE**-Test

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Group Discussion

- Youth you see who have experienced anxiety
  - Age
  - Gender
  - Presenting symptoms
  - Anything that could get in the way of treatment? Possible interferences?

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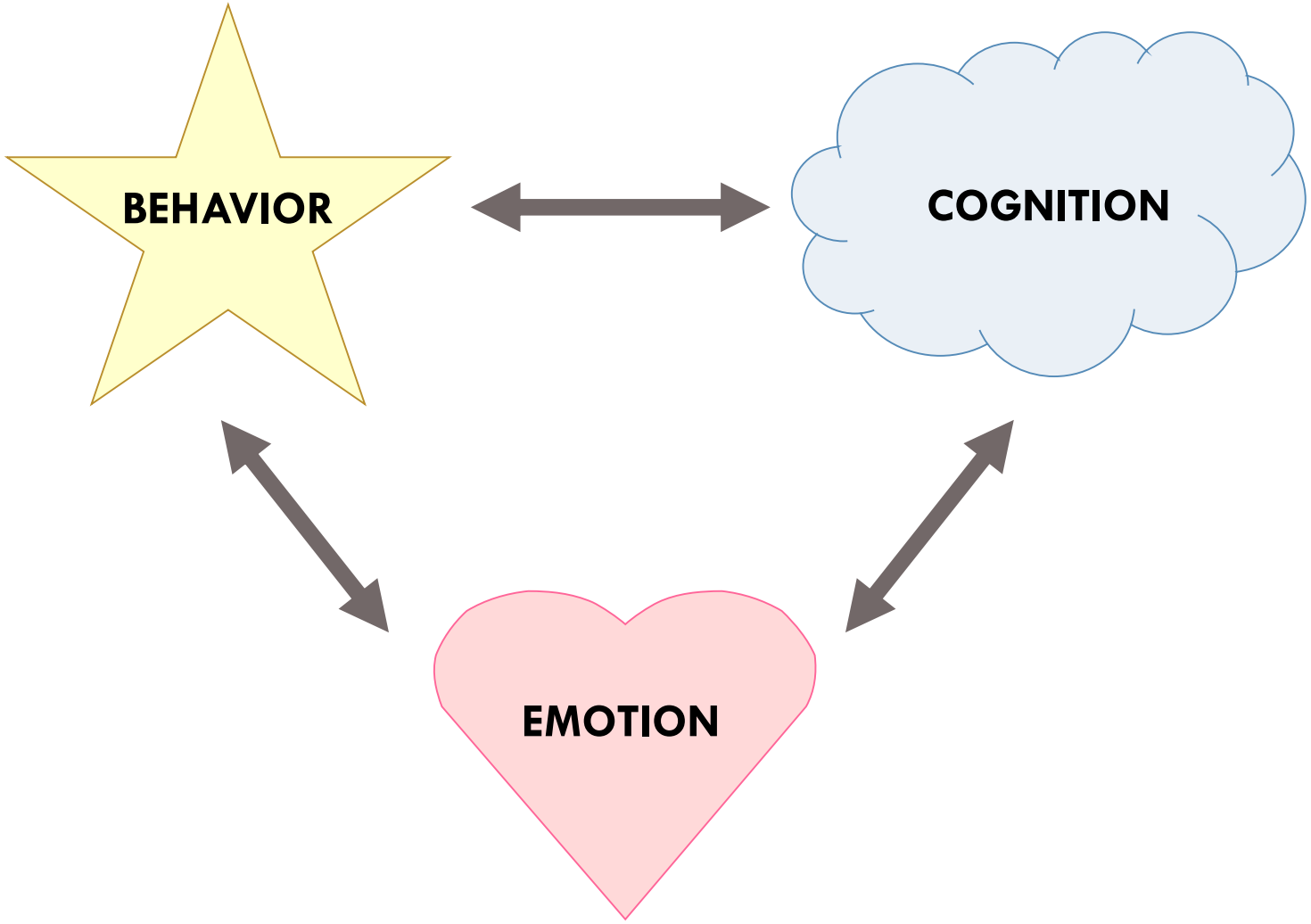
The CBT Model



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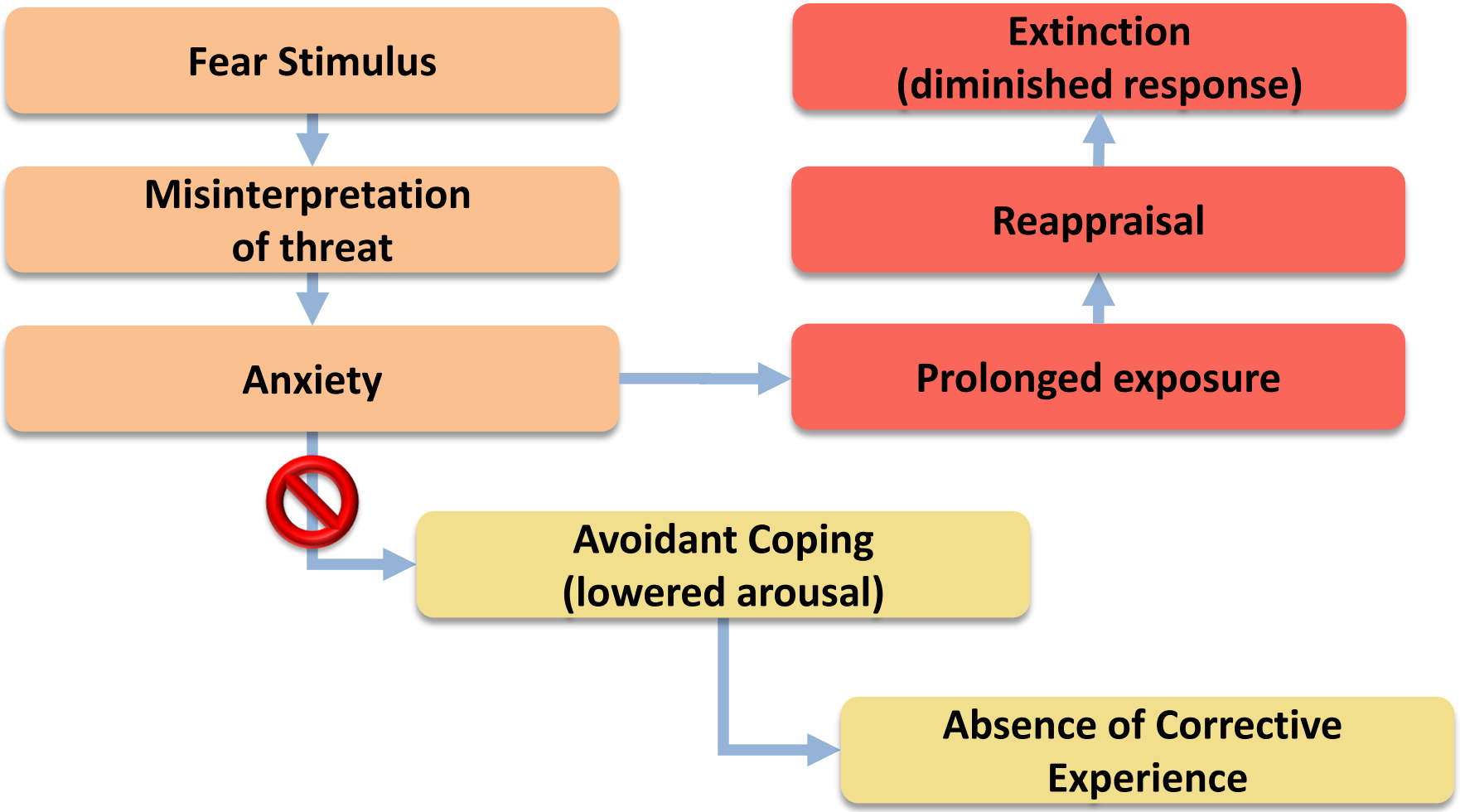
Basic Anxiety Treatment Model



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Basic CBT Approach to Anxiety

- Education about anxiety
  - Correct myths and normalize anxiety
  - Show how thoughts/feelings/behaviors are related
  - False vs. true alarm
- Monitoring
  - Learn how to make fear ratings
  - Build hierarchy
- Exposure
  - Non-harmful, anxiety-provoking stimuli
- Anxiety management skills
  - Relaxation
  - Cognitive skills
  - Problem solving

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Anxiety Practice Elements

- Let's look in PWEBS to find the most common practice elements for anxiety problems

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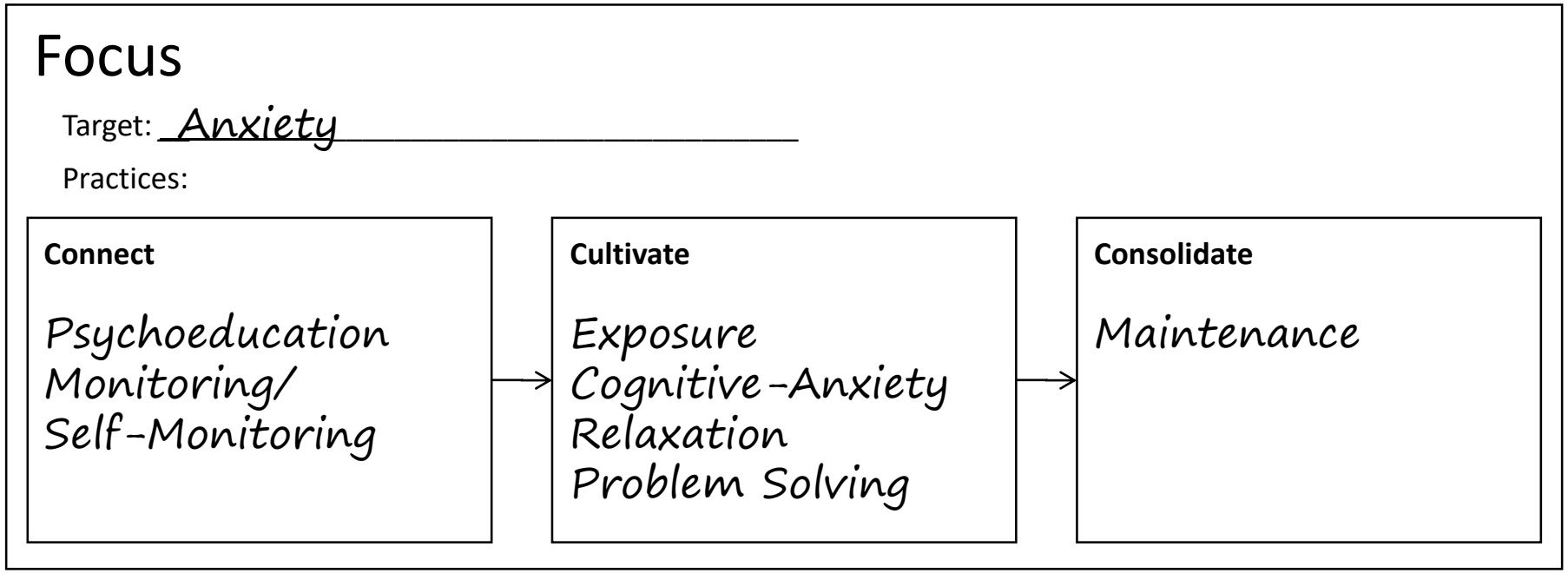
Anxiety Practice Elements



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Psychoeducation: Anxiety

Caregiver and Child

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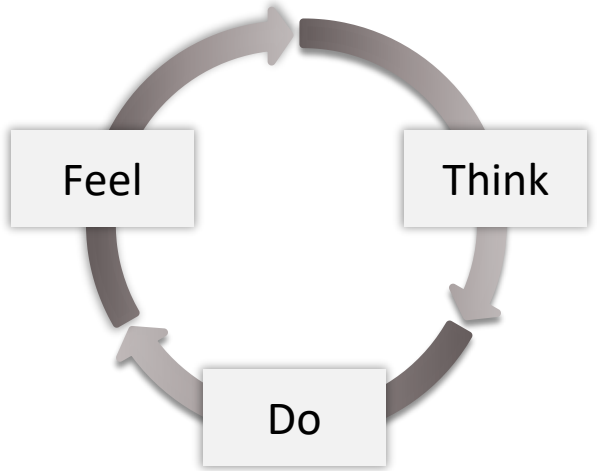
Psychoeducation: Anxiety

- What is anxiety?
  - There are 3 parts:
    - What we FEEL!
    - What we THINK!
    - What we DO!
- Anxiety is normal and can be helpful
  - Built in alarm system
  - Helps motivate us to do something
  - Sometimes, there is real danger!



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Distinguish Between True and False Alarms

- True alarm = real danger (being shot, being abused)
  - ***Memories*** of real dangers can be focus of exposure treatment (e.g., trauma narrative)
  - Exposure is not the treatment of choice for real dangers
    - Problem Solving
    - Personal Safety Skills
    - Crisis Management

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Distinguish Between True and False Alarms

- False alarm = no real danger
  - Some “threat” may be present (it does hurt to have someone tease you)
- Body does not know the difference once the alarm goes off…
- Knowing the difference is helpful with managing anxiety successfully

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False Alarm Detection!

- Sometimes, our alarms can be too sensitive
- Treatment will focus on…
  - Looking for clues for true vs. false alarms
  - Testing out situations--Is this a real threat and true alarm?
  - Practicing, small steps…
    - “We can go slow, but we will always be moving forward.”

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Distinguishing Between Anticipatory and Acute Alarms

- Yellow light: anticipatory alarm
  - Something bad might happen
  - Worry, obsessional thoughts
- Red light: acute alarm
  - Something bad is happening right now!!!
  - Panic symptoms, PTSD re-experiencing, mind going "blank," etc.

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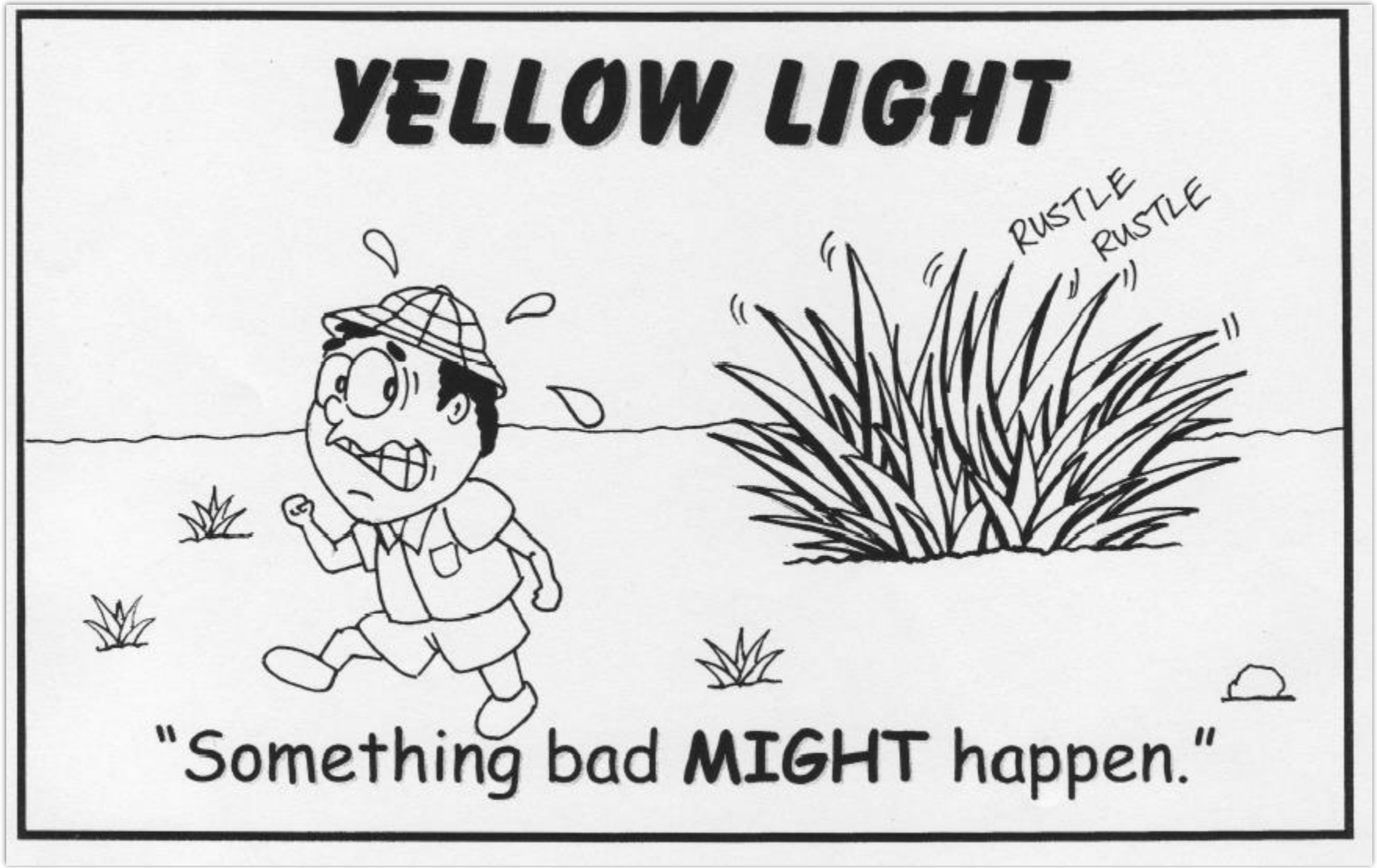

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Rationale for Exposure

- Present the what, how, and why of exposure
  - What
    - Doing things you are afraid to do, in a gradual way, with your help and input and at a pace that we negotiate
  - How
    - Setting up real and simulated situations here and outside of here
  - Why
    - To help you learn you can cope with these situations; to feel more calm and in control over time

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Information About Treatment Process

- Describe structure and flow of treatment
  - How many sessions?
  - What will meetings be like?
- Emphasize importance of practice use of skills
  - Homework
- Discuss caregiver involvement

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Model: Psychoeducation

- Session 3 with a 13 year old girl with generalized anxiety disorder and symptoms of panic
- Goal:
  - Present true/false alarm metaphor to client

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Role Play: Psychoeducation

- Session with caregiver of the 13 year old from the model
- Your task:
  - Explain the anxiety “alarm analogy”
  - Use praise with the caregiver
  - Use Socratic questions in discussion

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Learning Record Update

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MAP Therapist Portfolio

Direct Service Learning Record

Check off:

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Psychoed: Anxiety-Child	✓	✓	✓			

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Clinical Event Structure	☐	☐	☐	☐	☐	☐
Embracing Diversity	☐	☐	☐	☐	☐	☐
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Practice 17: _____	☐	☐	☐	☐	☐	☐
Practice 18: _____	☐	☐	☐	☐	☐	☐

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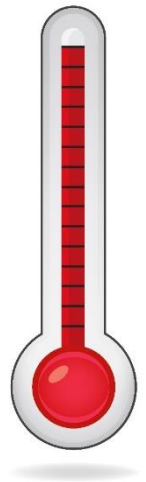
Self-Monitoring and Monitoring



← Yikes! I can't handle this!

← This is tough, but I can do it.

← No problem!

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Monitoring Essentials

Identify Target

- What will be measured?

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Monitoring Essentials

Identify Target	• What will be measured?
Establish Rating Scale	• What scale will you use to measure the target behavior or emotion?

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Anxiety-Relevant Monitoring Examples

- Fear rating
  - Weekly average/daily rating
- Time spent worrying
  - Actual minutes/hours or percentage of day/week
- How many days/hours of avoidance of stimulus X
  - Or the opposite: How much practice performed each week in minutes
- Fear Ladder (stay tuned)

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Monitoring Essentials

Identify Target	• What will be measured?
Establish Rating Scale	• What scale will you use to measure the target behavior or emotion?
Develop Recording Procedure	• *What* will be recorded? • *When* will it be observed? • *How often* will recording happen?

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Rating Scales and Individual Differences

Fitting the Rating Scale for…

- Age/developmental level
- Facility with language

Troubleshooting

- The client always says “4”
- No ratings are given; “I’m okay.”

Ideas to Try

- Use understandable range of scores
- Use drawings of faces
- Use hand gestures (thumbs-up?)
- Obtain ratings from others

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Learning Record Update

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MAP Therapist Portfolio

Direct Service Learning Record

Check off:

	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Self-Monitoring	✓	✓	✓			

DIRECT SERVICE LEARNING RECORD

CONCEPTS	Experience		Expertise Achieved			
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CARE Process	☐	☐	☐	☐	☐	☐
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Connect-Cultivate-Consolidate	☐	☐	☐	☐	☐	☐
Focus-Interference	☐	☐	☐	☐	☐	☐
Clinical Event Structure	☐	☐	☐	☐	☐	☐
Embracing Diversity	☐	☐	☐	☐	☐	☐
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Treatment Pathways						
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APPLICATIONS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Assessment	☐	☐	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐	☐	☐
Planning	☐	☐	☐	☐	☐	☐
Practice Delivery						
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Practice 2: _____	☐	☐	☐	☐	☐	☐
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Practice 17: _____	☐	☐	☐	☐	☐	☐
Practice 18: _____	☐	☐	☐	☐	☐	☐

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Exposure

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Exposure

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Case Application

- Consider examples of how exposure can be used for the youth you see with anxiety

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Exposure: Overview

- If you are afraid of something
  - AND
- It is NOT dangerous
  - AND
- It may be good for you (or necessary)
- Then approaching and engaging with the stimuli will…
  - Get easier the more you do it
  - Get easier the longer you do it
  - Be good for you

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Top 10 Reasons Therapists Give for Not Using Exposure

1. It's going to hurt the youth.
2. You can't do exposure on my client's kind of worries/fears.
3. It's uncomfortable.
4. It's too hard and complicated.
5. It didn't work before.
6. We don't have the right tools/settings.
7. Time consuming.
8. The youth doesn't want to do this.
9. I can't make the youth do what I say.
10. It seems too simple.

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Basics of Exposure

Identify and rank anxiety provoking situations

Pick a situation and practice it

Fear reduction and habituation

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Types of Exposure

Real Exposure (In Vivo)

- Public Speaking
- Playing with dogs
- Role playing teasing

Imaginal Exposure

- Writing a story about getting a disease
- Simulate a storm
- Visualize teasing

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Basics of Exposure

Identify and rank anxiety-provoking situations

- Create fear ladder

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Fear Ladder: Rationale

- Identifying and ordering feared stimuli makes planning exposure easier and allows client to see progress

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Building a Fear Ladder

- Create a list of the youth's fears using the Fear Thermometer to give a fear rating
  - Rank items from the least (0) to the most feared (10)
  - Have some items in the low, middle, and high range
- Choose items that the youth will actually be able to practice (with you or at home)

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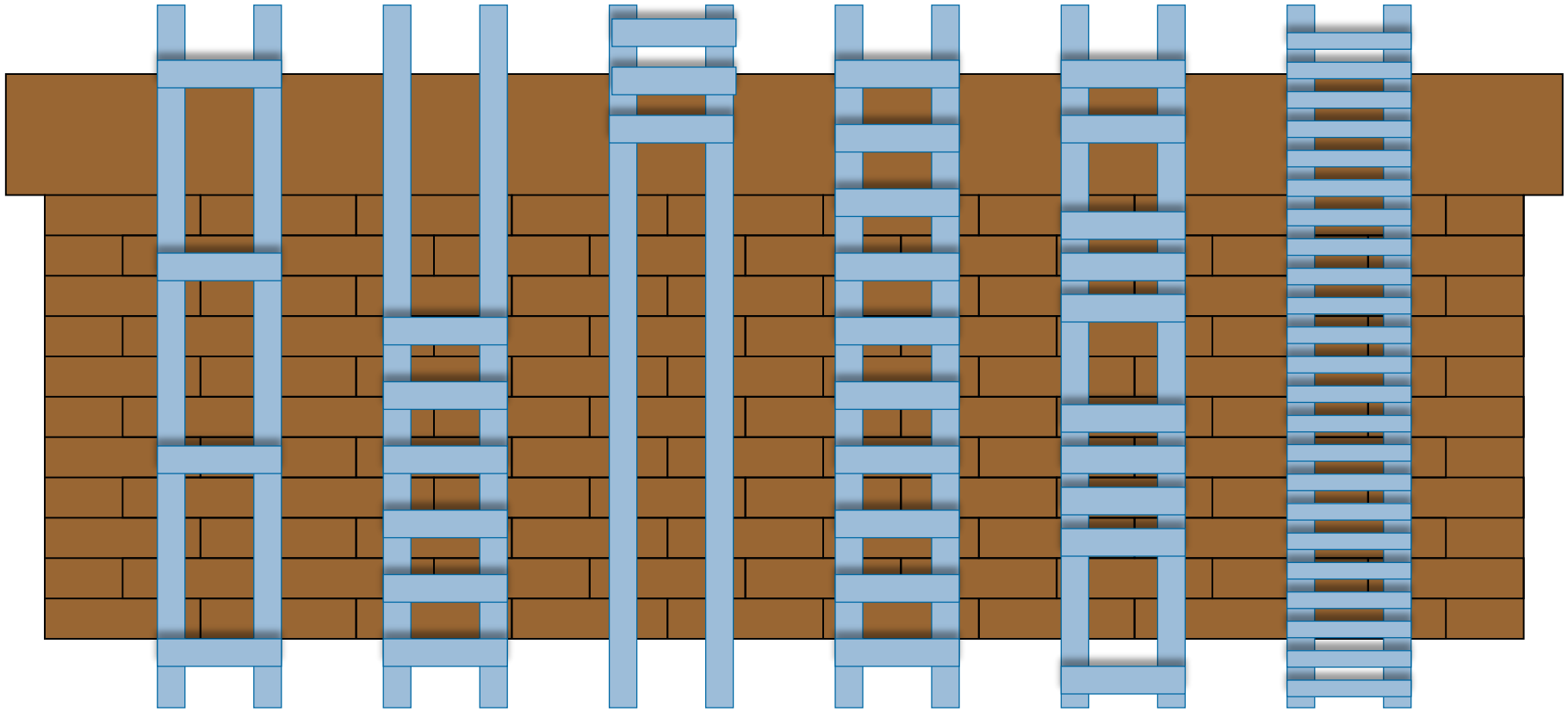
Which Ladder Would You Climb?



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Building a Fear Ladder

- Break the fear stimulus into as many possible scenarios as possible
  - Create a range of feared situations
- Therapist elicits ratings by varying stimulus across relevant dimensions, including:
  - Number
  - Gender
  - Location
  - Age
  - Intensity
  - Proximity

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Social Anxiety Variations

- Age or gender of person you are engaging (adults vs. youth, girls vs. boys)
- Size of group (big vs. small)
- Social setting (school vs. recreation vs. community vs. unfamiliar place)
- Type of interaction (greetings, requests, conversations, placing orders/making purchases)

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Social Anxiety Example

Rating	Item
10	Organizing game among group of peers on playground
9	Asking unfamiliar peer to play game
8	Asking familiar peer to play game
7	Ordering food from unfamiliar teenager at familiar restaurant
6	Ordering food from familiar teenager at familiar restaurant
5	Approaching unfamiliar adult and asking 3 questions
4	Approaching familiar adult and asking 3 questions
3	Approaching unfamiliar peer and asking 3 questions
2	Approaching familiar peer and asking 3 questions
1	Waving with eye contact at unfamiliar peer

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Group Exercise: Building a Fear Ladder

- 8 year old boy with separation anxiety and school refusal
  - In treatment now for 3 sessions
  - First, you'll work with the youth to generate a list of at least 10 items that would be on a list of things he fears related to the problems listed below

Problems
Slow to get ready for school
Asks over and over if he can stay home with caregiver
Asks what time she's going to pick up him after school
Worries about bad things happening while they are apart
At school, he cries and refuses to get out of the car
Similar problems when it's time to go to soccer practice and refuses to be left with a babysitter

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Group Exercise: Building a Fear Ladder

- 8 year old boy with separation anxiety and school refusal
  - In treatment now for 3 sessions
  - You have generated the list
  - Now as a group you'll guide the youth to provide ratings for each item

Problems
Slow to get ready for school
Asks over and over if he can stay home with caregiver
Asks what time she's going to pick up him after school
Worries about bad things happening while they are apart
At school, he cries and refuses to get out of the car
Similar problems when it's time to go to soccer practice and refuses to be left with a babysitter

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Getting Started

10	Going to school all day long, all by myself
9	
8	
7	
6	
5	Going to school, going into class, Mom comes along, we leave together after 1 hour
4	
3	
2	
1	Thinking and talking about school with therapist

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Basics of Exposure

Identify and rank anxiety-provoking situations	• Create fear ladder
Pick a situation and practice it	• Choose situation from fear ladder with the youth • Plan exposure and do exposure
Fear reduction and habituation	• Get ratings throughout • Continue until habituation • Praise effort • Encourage threat reappraisal

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How Exposure Works

- Let’s graph it!

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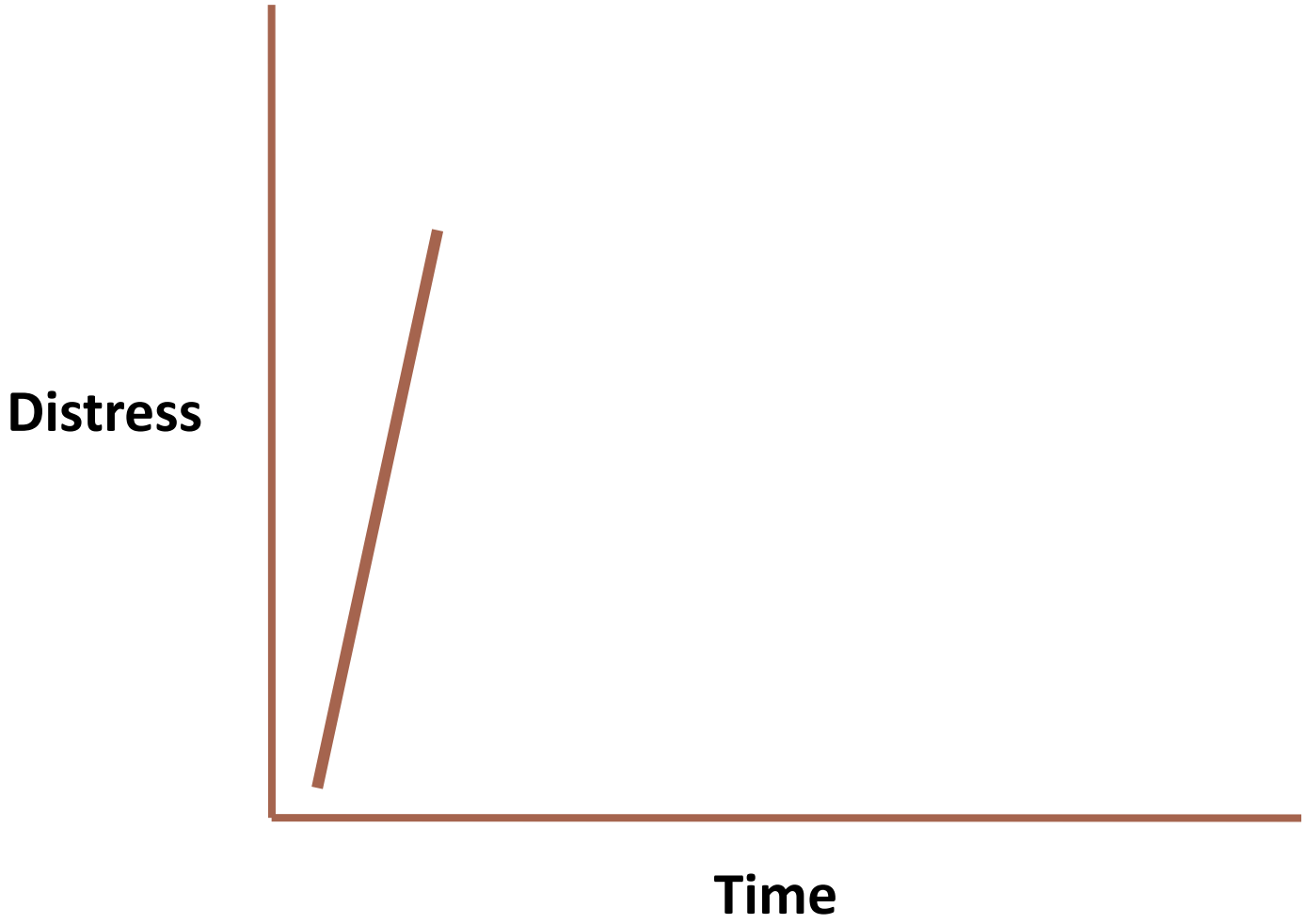
Fear Activation



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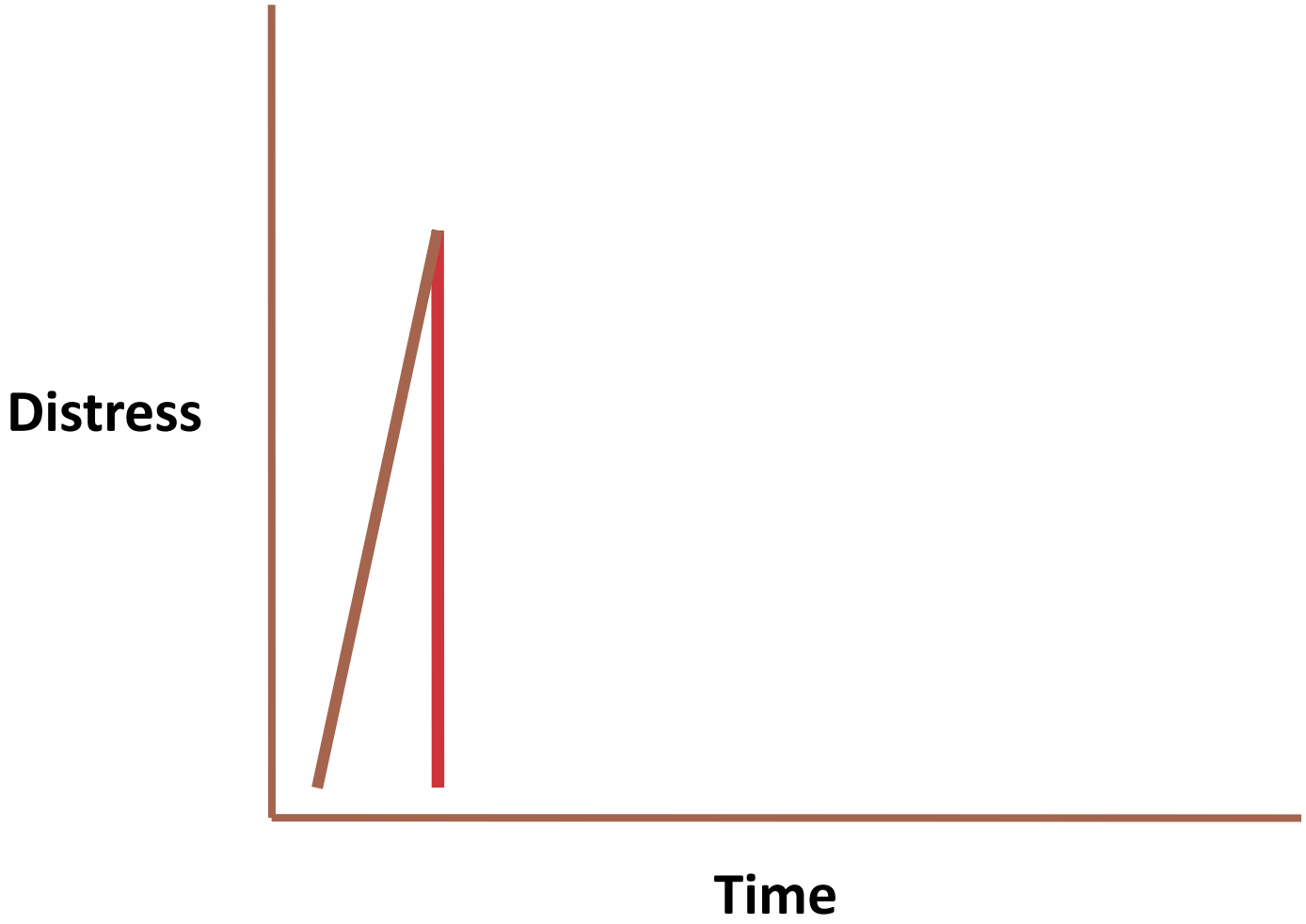
Avoidance



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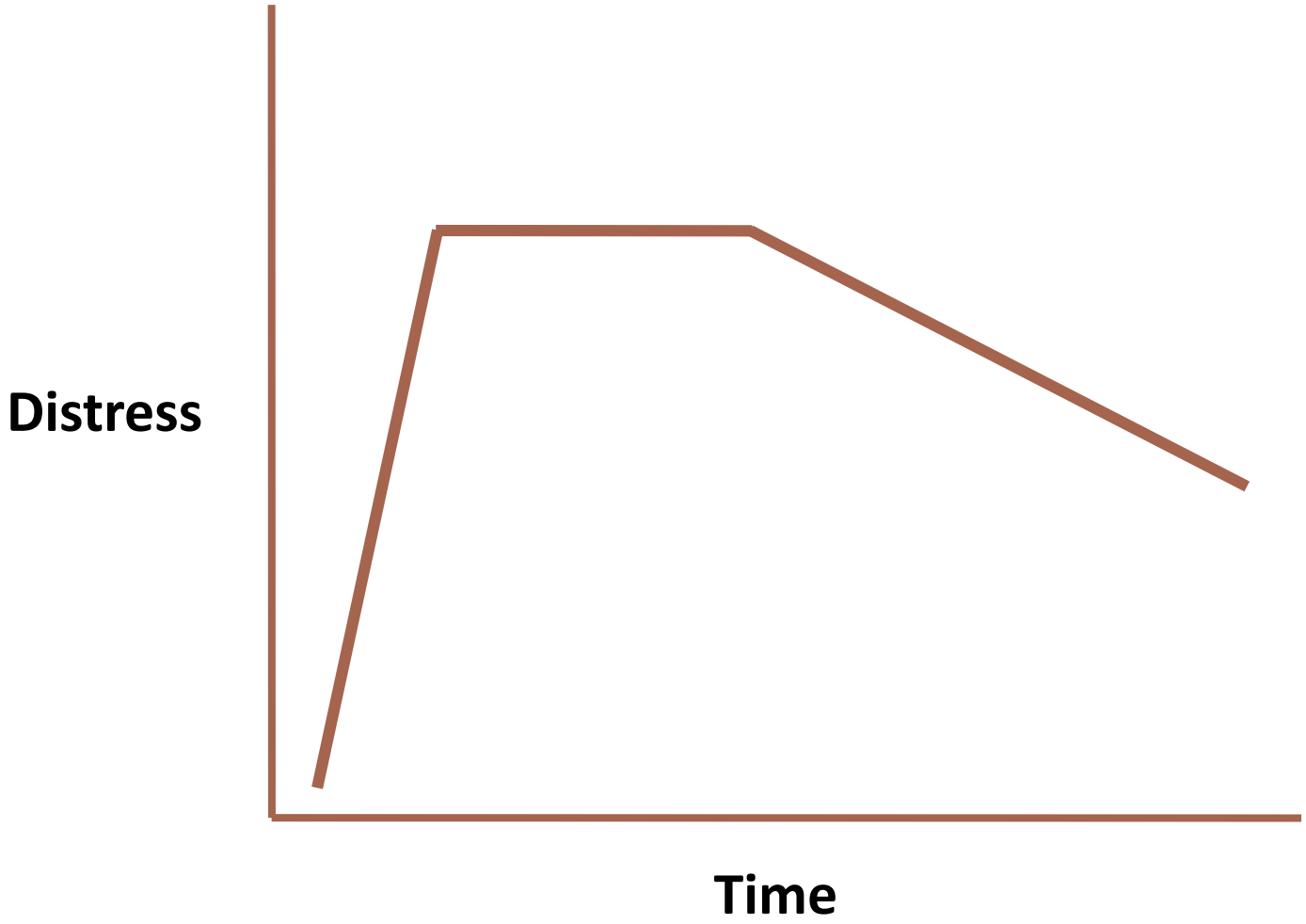
Exposure



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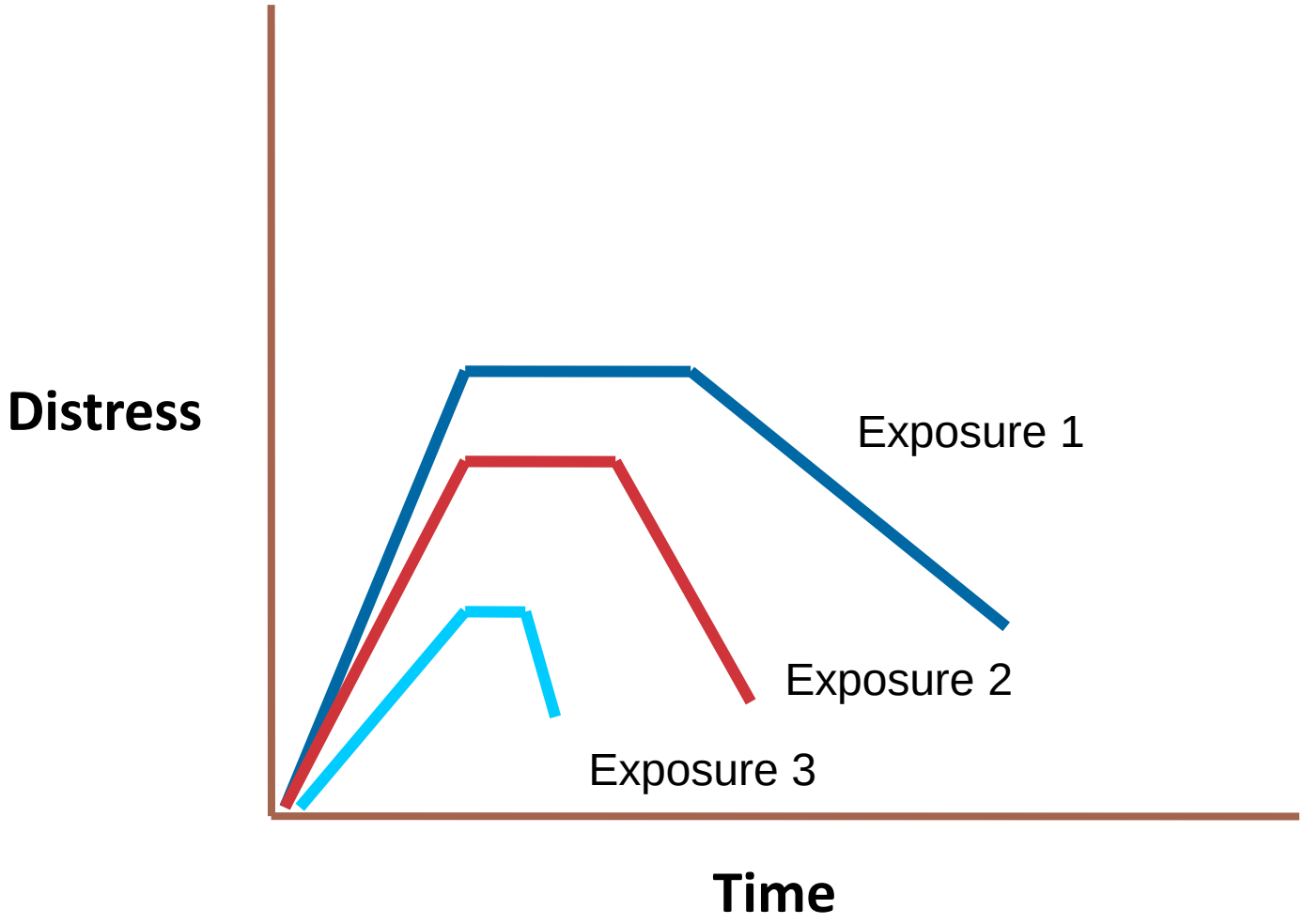
Exposure for Three Trials



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Exposure: Guidelines

- Set the occasion for success
- Adequate preparation with child
- Situation must be anxiety-provoking
- Take ratings
- Pay attention to behavior cues
- Habituation
- Debrief

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Exposure: What It Looks Like in Session

- Start low and go slow
- Therapist exudes confidence in child
- Talk about it
- Do it
- Talk about it
- Do it some more!

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Two Varieties of Habituation

- Within practice habituation
  - Anxiety ratings drop down during each exposure (or set of trials)
- Between practice habituation
  - Anxiety ratings at the start are lower across trials (i.e., across time)
- Both are your goal!

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Two Practice Types

- “Before-and-After Practice Record”
  - Discrete trials of behaviors (e.g., asking someone a question)
  - Rate fear before and after each trial
- “Start-and-Stop Practice Record”
  - Extended or continuous behaviors (e.g., standing in a dark room, touching a feared object, giving a speech)
  - Rate fear when you start and then at one minute intervals during the exercise

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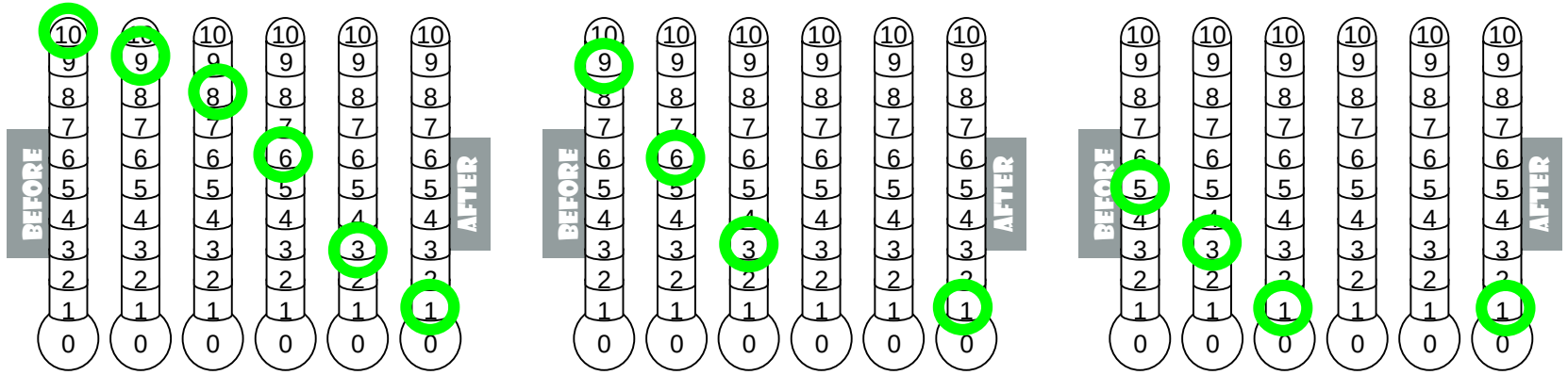
Practice Record

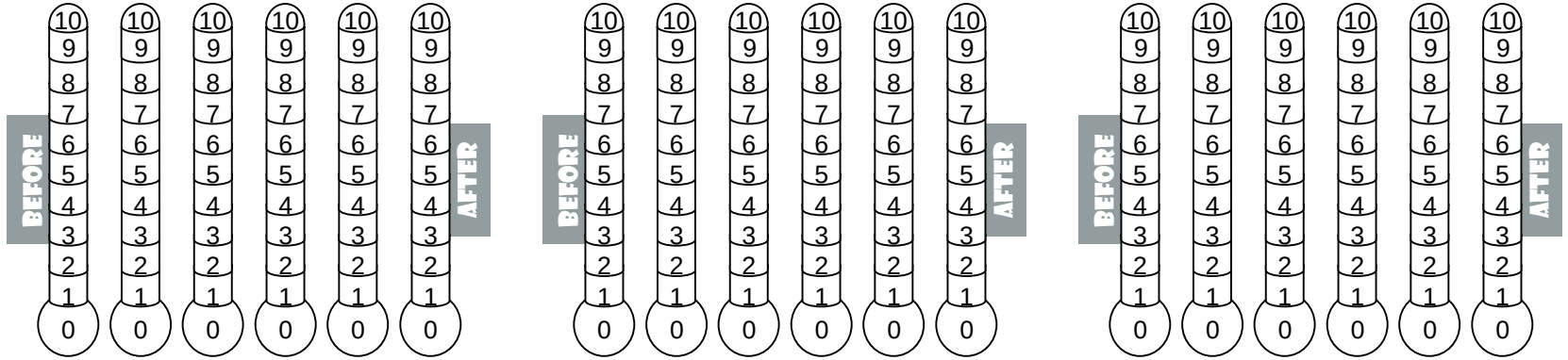
Goal: Each time you practice, take ratings every ____ minutes. Stop after ____ minutes or when your rating comes down to a ____.

Start Date: August 7

Day	Tuesday	Wednesday	Friday
Item	Speech	Speech	Speech



Day			
Item			



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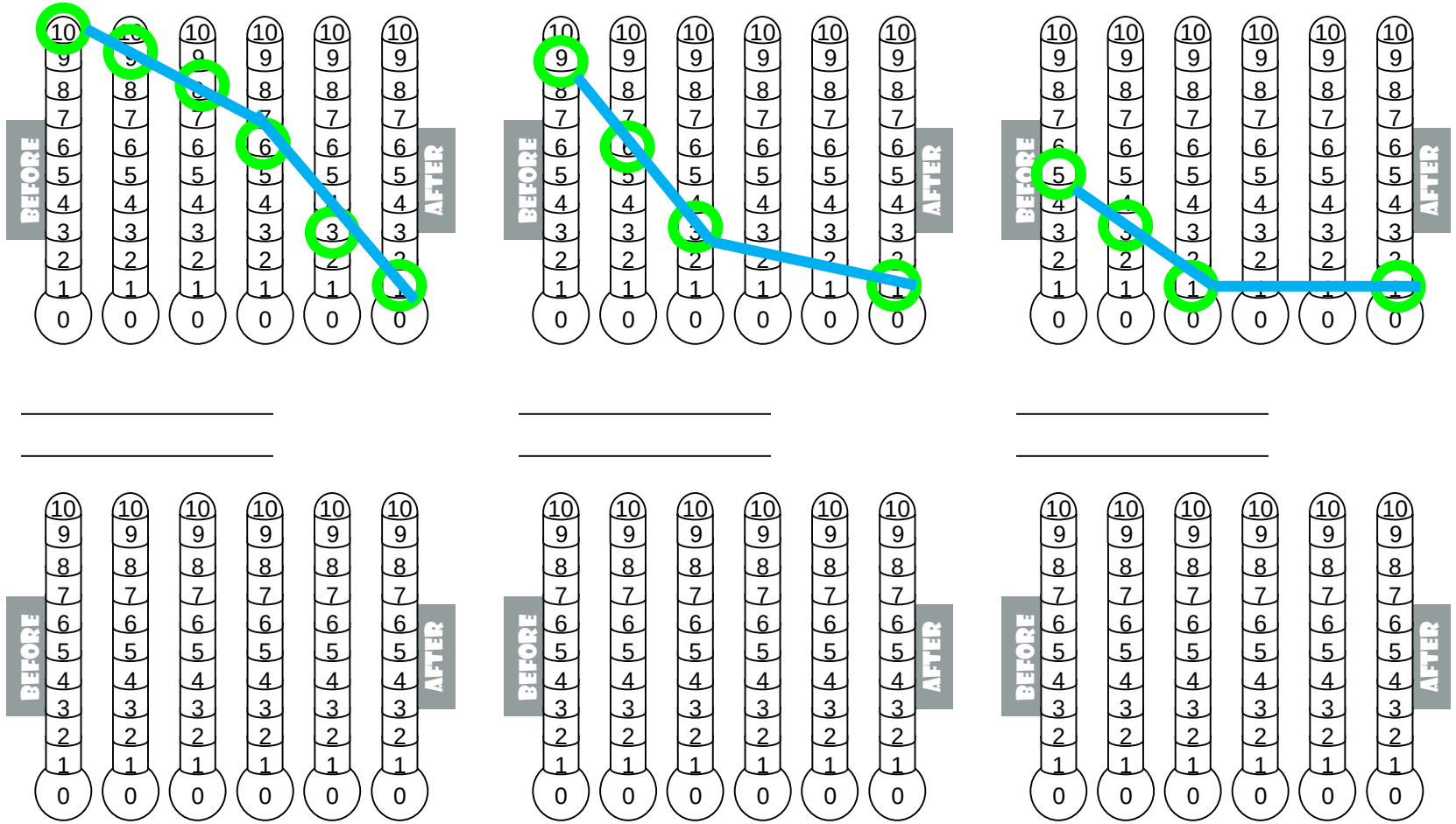

Day			
Item			

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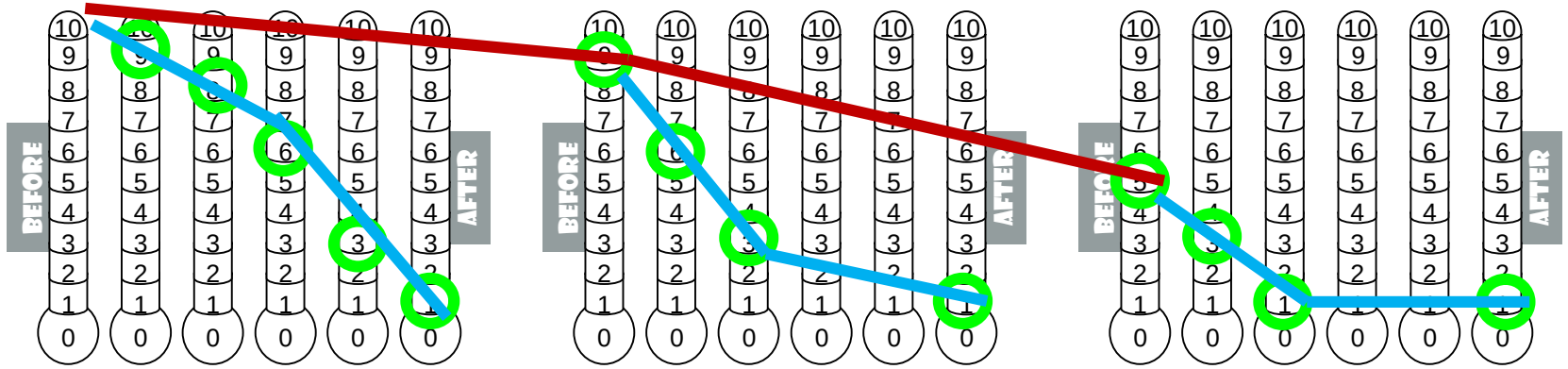
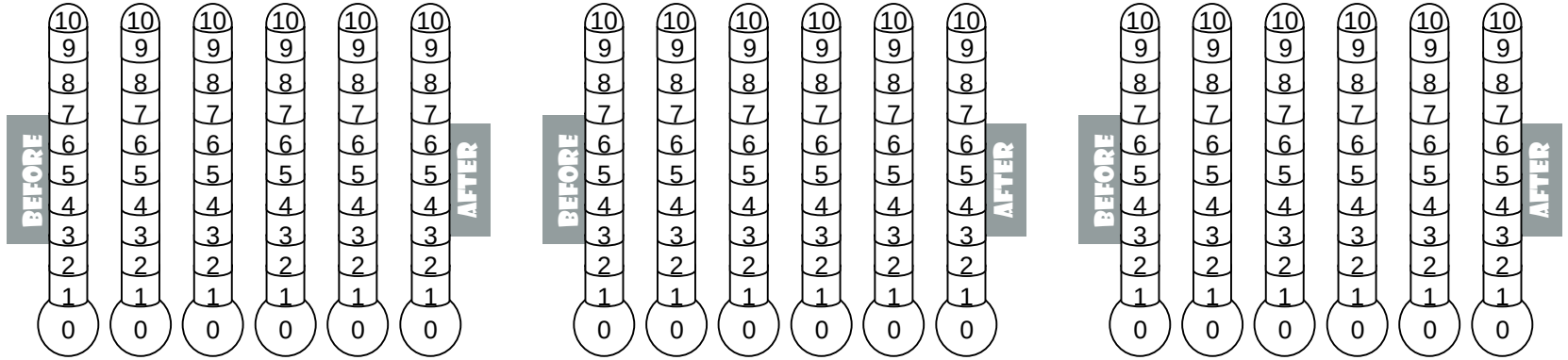


Day			
Item			



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Model: Exposure

- 12 year old male with social anxiety, especially meeting new people and social performance
- Fear ladder includes:
  - 10: Talking to a cute girl I don't know; asking her to a dance
  - 8: Talking with kids I don't know in class about class
  - 6: Making a purchase in a store
  - 4: Ordering in a restaurant
  - 2: Greeting someone I don't know

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Role Play: Exposure

- 12 year old male with social anxiety, especially meeting new people and social performance
- Fear ladder includes:
  - 10: Talking to a cute girl I don’t know; asking her to a dance
  - 8: Talking with kids I don’t know in class about class
  - 6: Making a purchase in a store
  - 4: Ordering in a restaurant
  - 2: Greeting someone I don’t know
- Pick a new exposure to practice
- Take ratings, complete exposure, debrief

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Exposure: Common Pitfalls

- Ending too soon
  - Child bargains
  - Therapist gets scared
- Going too fast
  - “I’m at zero”
  - “White knuckling” it
- Too intense
- Distractions
  - Talking too much
  - Other distractions
- My fear was not what I thought it was…
  - Afraid of something else

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Common Challenges 1

"I tried to get her to do exposure but she was just too scared to do it…"

- Is the target too difficult for her?
- Is there a middle step she could take before trying this exposure?
- Could rewards be helpful?
- Is she being praised for her effort?

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Common Challenges 2

"We practiced asking questions but his ratings didn't come down…"

- Did the exposure last long enough?
- Could the youth have been using distraction?
- Is there something about this behavior that is harder for the youth than you thought?

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Common Challenges 3

"I had Lucy introduce herself to another child and it went horribly…"

- Could cognitive coping be helpful here?
- Is there another way to see what happened?
- Can she praise herself for surviving something so awful?

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Common Challenges 4

"My client has worries that shift and change regularly and that are not really concrete (e.g., diseases he doesn't have, future). How do I do exposure for his worries?"

- Exposure to the worry process itself… follow worries out to their extreme and avoid distraction
- Engage in cognitive coping, can the client short-circuit the worries before they snowball?
- Long-term goal is to help client triage the worries
  - Some require problem solving
  - Others are better off being ignored

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Stepping Back Without Backing Down

- Exposure begins, the youth is very upset and you decide exposure was too intense
- What to do
  - Comment on observed difficulty to the youth
  - Two choices:
    - Take a break and then get back to planned exposure
      - Use coping skills (e.g., relaxation, problem-solving, cognitive)
    - Choose a less difficult but related exposure
  - Do something! Avoid avoidance!
- Re-engage in revised exposure
- Praise effort

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Model: Stepping Back Without Backing Down

- 12 year old boy with social and performance fears
  - Four exposures so far
  - Saying “hi” to therapist in different public places
  - Just last week did a set of phone calls to businesses
- Planned exposure was to walk to a 7-Eleven and buy something
- He suddenly balks at the idea because he heard that someone was robbed there
- Step back without backing down!

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Special Cases

- Panic disorder
  - Fear ladder includes interoceptive exposure
- OCD
  - Fear ladder includes focus on ratings without the compulsions
- GAD
  - Exposure to worry itself
  - Helping youth to gain control over worry cycle

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Learning Record Update

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MAP Therapist Portfolio

Direct Service Learning Record

Check off:

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Practice 17: _____	☐	☐	☐	☐	☐	☐
Practice 18: _____	☐	☐	☐	☐	☐	☐

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Check Your Learning

- Go to your training event page
- Click on the Knowledge Tests link in the upper left corner
- Scroll down to Exposure True-False **POST**-Test

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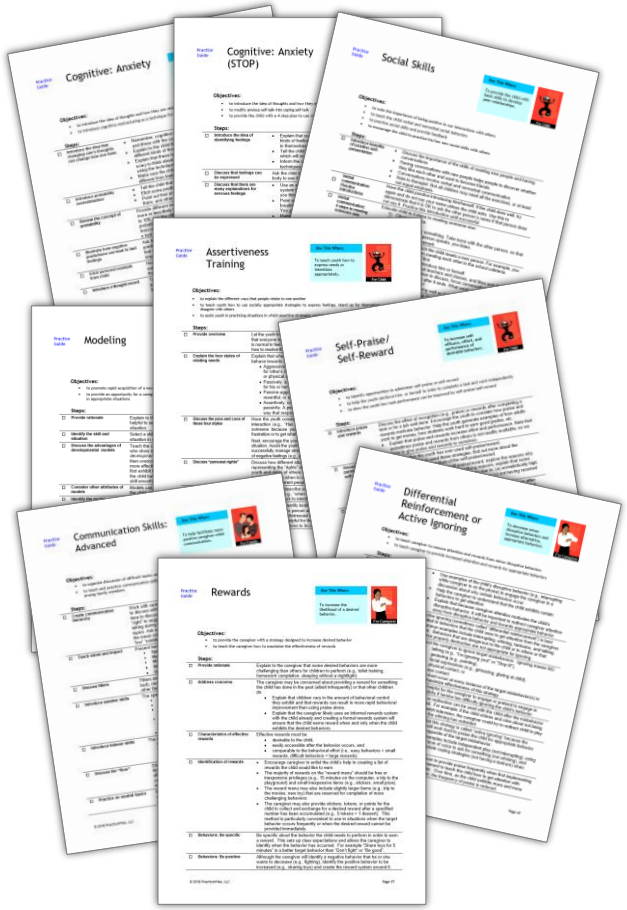
Related Practices

PWEBS	Practice Guide
Cognitive	Cognitive: Anxiety Cognitive: Anxiety (STOP)
Modeling	Modeling
Assertiveness Training	Assertiveness Training
Social Skills Training	Social Skills
Tangible Rewards	Rewards Self-Praise/Self-Reward
Differential Reinforcement of Other Behavior	Differential Reinforcement or Active Ignoring
Communication Skills	Communication Skills: Advanced



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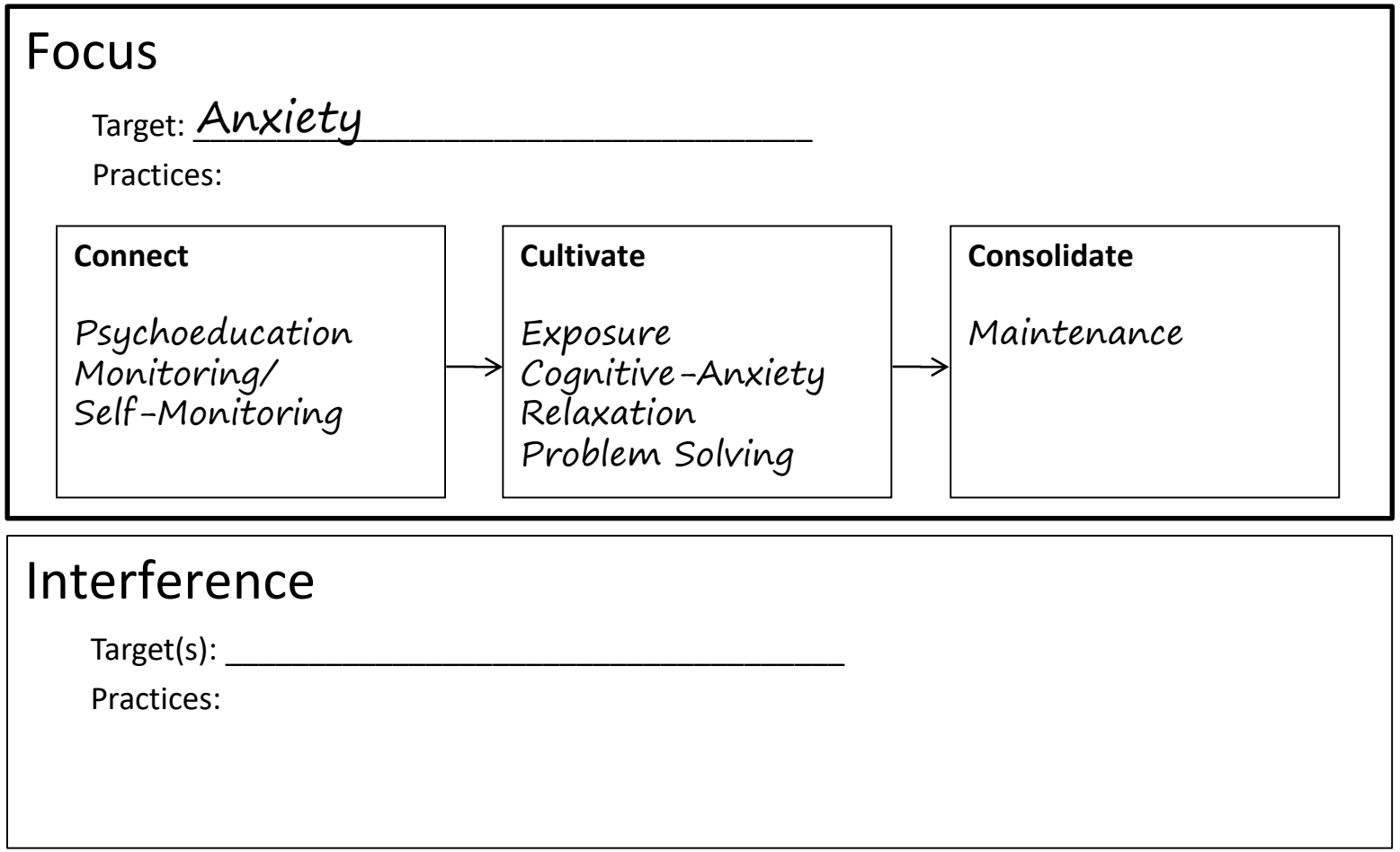
Treatment Planner



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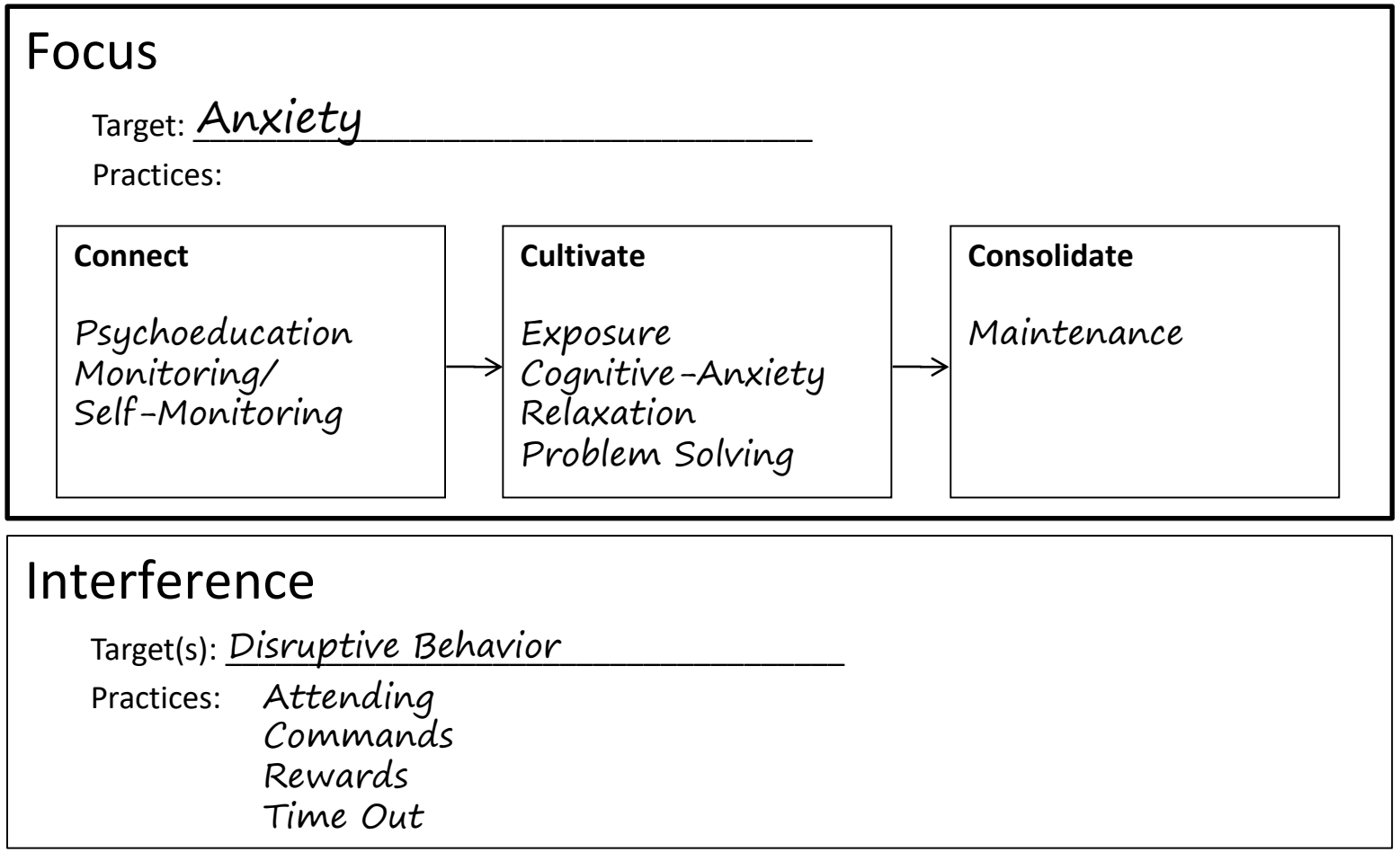
Treatment Planner



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Treatment Pathways

- Templates for putting together practices
- Based on typical sequencing in evidence-based programs
  - Connect, Cultivate, Consolidate
- A good place to start in treatment planning, but you do not have to follow precisely

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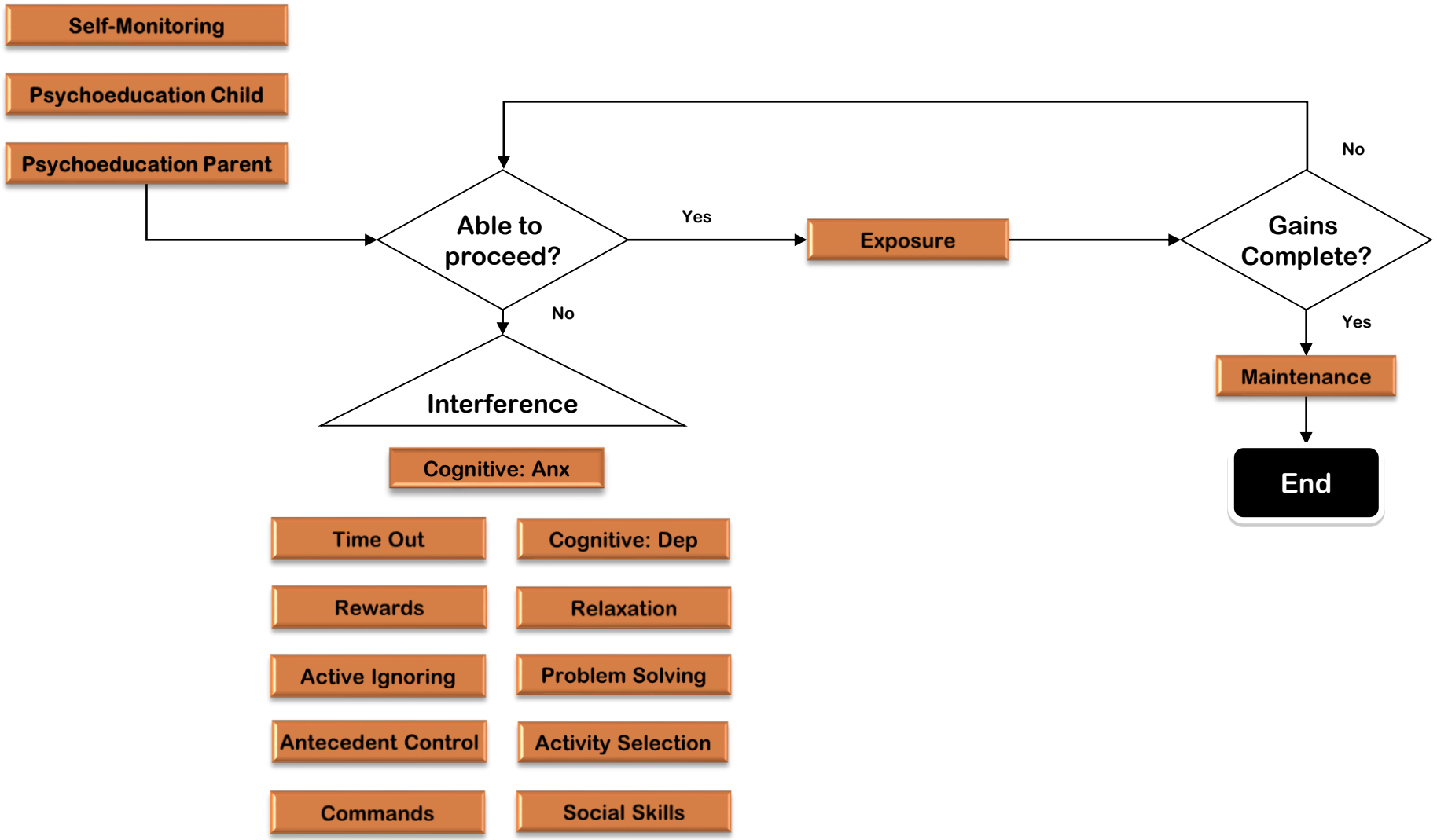
Treatment Pathway: Anxiety

Process Guide



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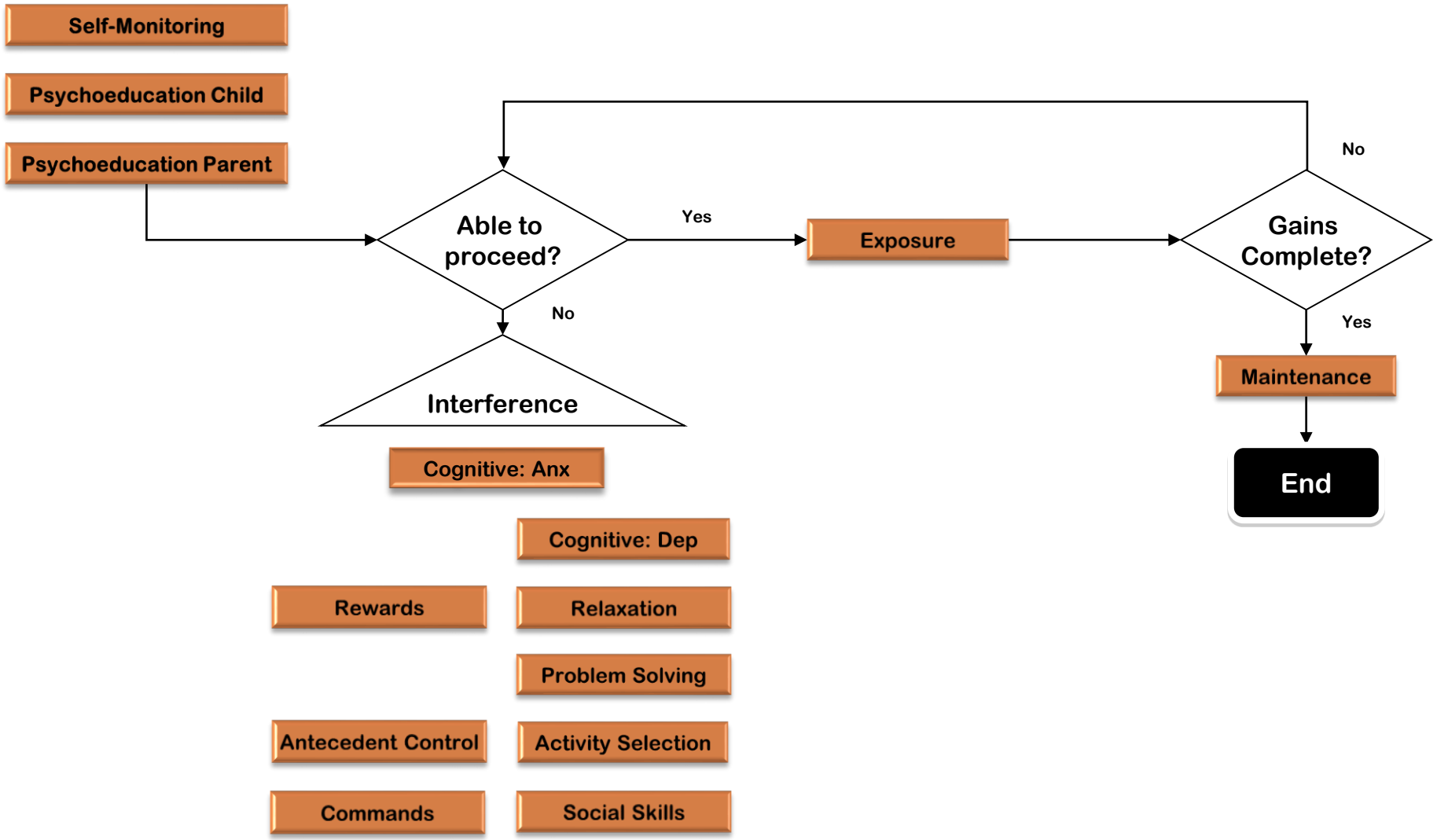
Treatment Pathway: Anxiety (Older)

Process Guide



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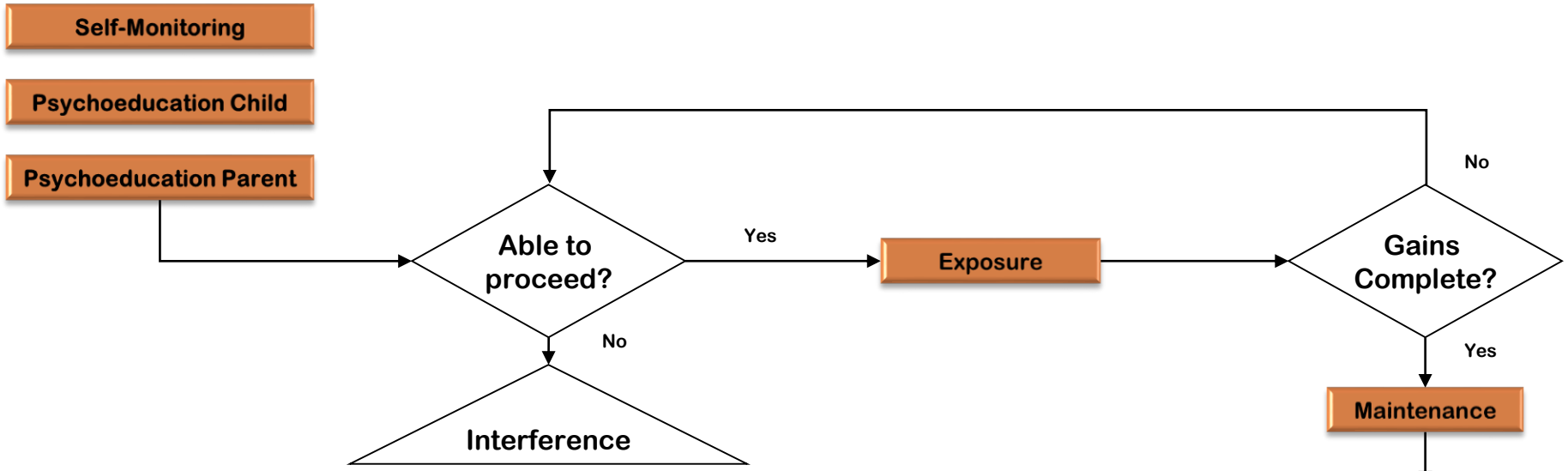
Treatment Pathway: Anxiety (Younger)

Process Guide



- Time Out
- Rewards
- Relaxation
- Active Ignoring
- Problem Solving
- Antecedent Control
- Activity Selection
- Commands
- Social Skills

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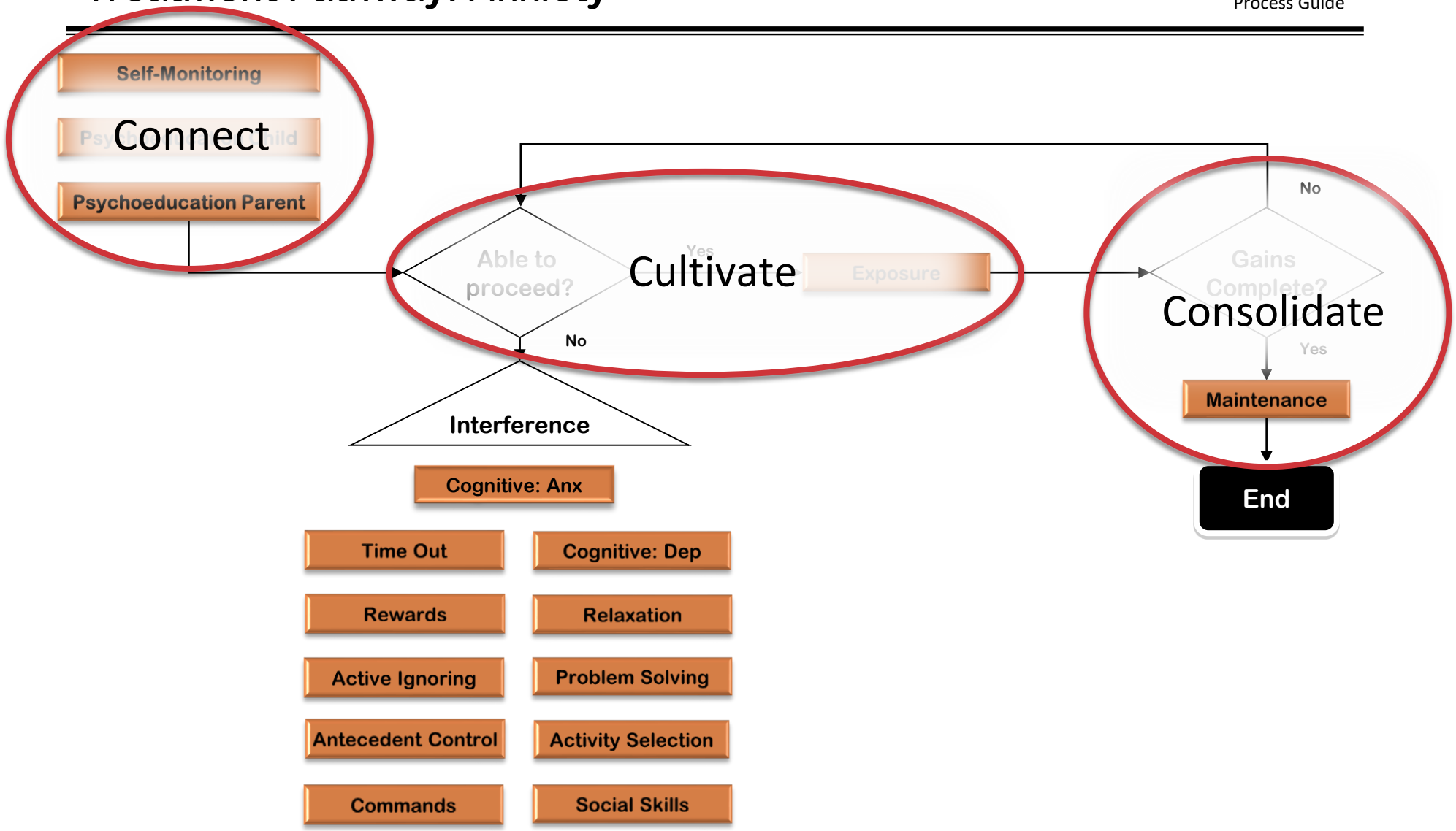
Treatment Pathway: Anxiety

Process Guide



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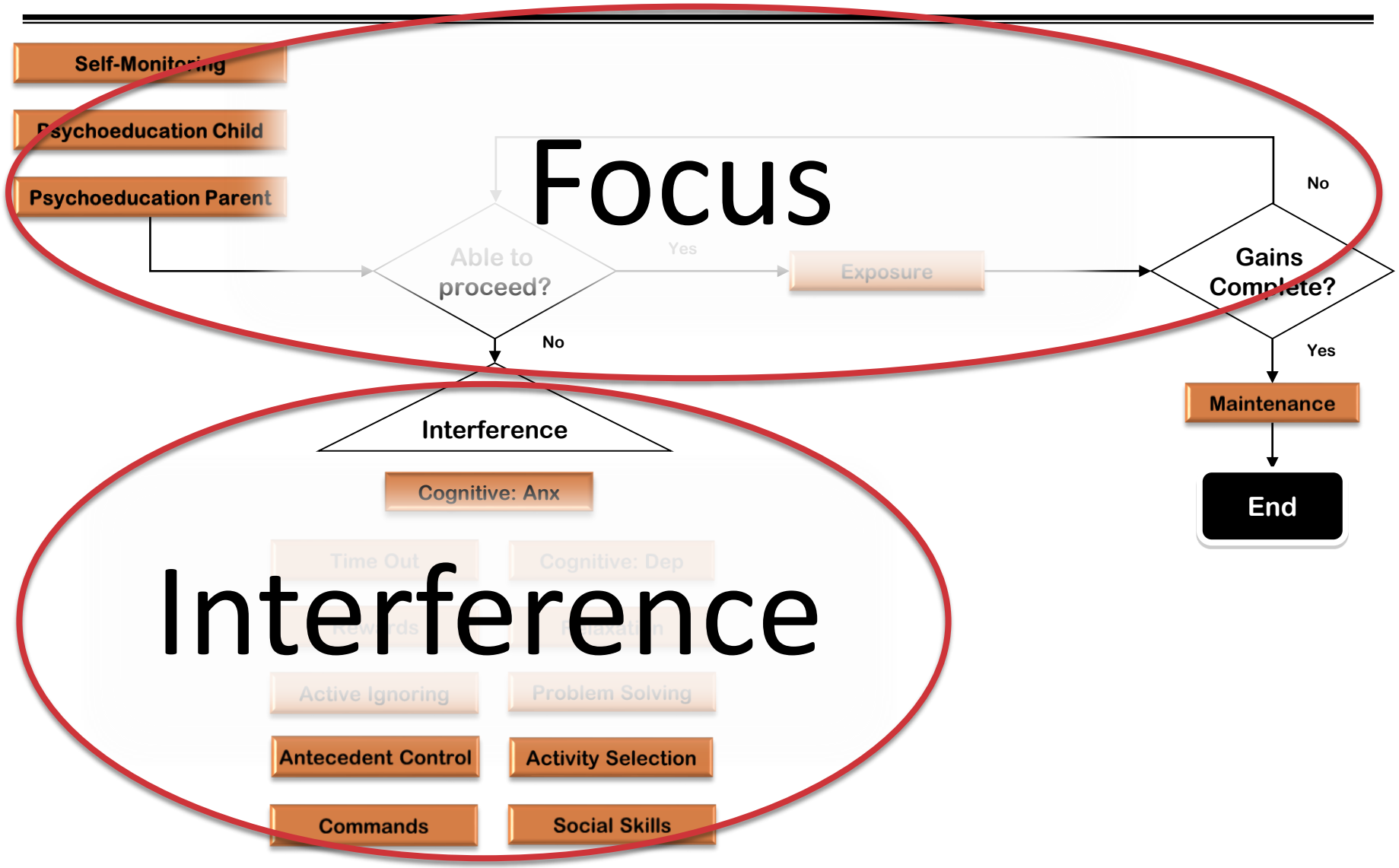
Treatment Pathway: Anxiety

Process Guide



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Learning Record Update

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MAP Therapist Portfolio

Direct Service Learning Record

Check off:

	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Anxiety	✓		✓			

DIRECT SERVICE LEARNING RECORD

CONCEPTS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
EBS System Model	☐	☐	☐	☐	☐	☐
CARE Process	☐	☐	☐	☐	☐	☐
The MAP	☐	☐	☐	☐	☐	☐
Connect-Cultivate-Consolidate	☐	☐	☐	☐	☐	☐
Focus-Interference	☐	☐	☐	☐	☐	☐
Clinical Event Structure	☐	☐	☐	☐	☐	☐
Embracing Diversity	☐	☐	☐	☐	☐	☐
RESOURCES	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
PWEBS	☐	☐	☐	☐	☐	☐
Practitioner Guides	☐	☐	☐	☐	☐	☐
Clinical Dashboard	☐	☐	☐	☐	☐	☐
Treatment Pathways						
Focus Area 1: _____	☐	☐	☐	☐	☐	☐
Focus Area 2: _____	☐	☐	☐	☐	☐	☐
APPLICATIONS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Assessment	☐	☐	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐	☐	☐
Planning	☐	☐	☐	☐	☐	☐
Practice Delivery						
Practice 1: _____	☐	☐	☐	☐	☐	☐
Practice 2: _____	☐	☐	☐	☐	☐	☐
Practice 3: _____	☐	☐	☐	☐	☐	☐
Practice 4: _____	☐	☐	☐	☐	☐	☐
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Practice 14: _____	☐	☐	☐	☐	☐	☐
Practice 15: _____	☐	☐	☐	☐	☐	☐
Practice 16: _____	☐	☐	☐	☐	☐	☐
Practice 17: _____	☐	☐	☐	☐	☐	☐
Practice 18: _____	☐	☐	☐	☐	☐	☐

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Dashboard Example: Anxiety

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Anxiety Dashboard Example

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RCADS Overview

- Revised Child Anxiety and Depression Scales (RCADS)
  - Used for youths ages 6-18 years
  - Includes Caregiver and Self reports
  - Scoring program generates T-scores; enter grade into scoring program to generate T-score
    - Except when younger than grade 3; use raw score instead

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RCADS Overview Continued

- Scales included in RCADS
  - Total Anxiety
  - Total Anxiety and Depression
  - Separation Anxiety
  - Generalized Anxiety
  - Panic
  - Social Phobia
  - Obsessions/Compulsions
  - Depression

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RCADS Demonstration

- Follow along while we demonstrate administration and scoring of the Revised Child Anxiety and Depression Scales
- RCADS questionnaires for caregiver and youth and scoring programs located on your training event page
- Questionnaires in English and Spanish

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Activity: MAP in Action

Small Group Exercise

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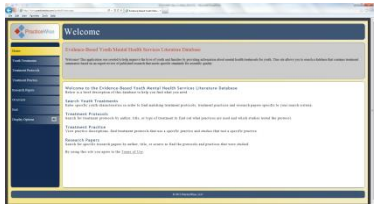
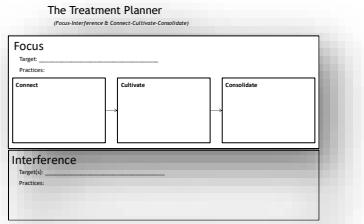
MAP Quick Start Guide

1 PWEBS Search



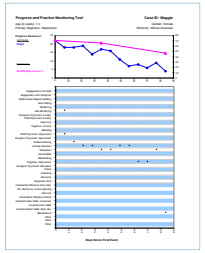
Use PWEBS to identify practices that match your case.

2 Treatment Planner



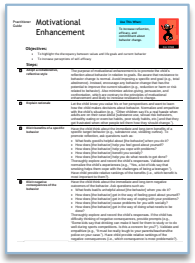
Use the Treatment Planner to arrange the practices.

3 Clinical Dashboard



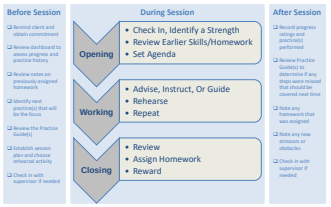
Pick measures and goals and set up your Dashboard.

4 Practice Guide



Consult the Practice Guide you will use for your next session.

5 Session Planner



Use the Session Planner to structure your session.

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Think of a Case (5 minutes)

- Identify a case from one of your current or former caseloads that has a focus problem of Anxiety
- Discuss case history with group
- Write down:
  - Client “fake name”
  - Age, gender, ethnicity
  - Diagnoses/presenting problem(s)
  - Psychosocial/family history

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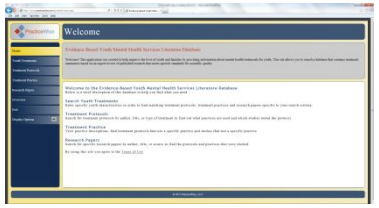
MAP Quick Start Guide

1 PWEBS Search



Use PWEBS to identify practices that match your case.

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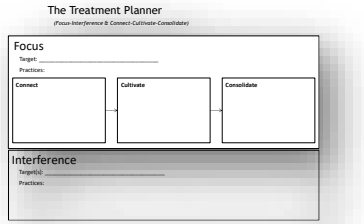
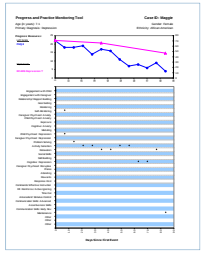


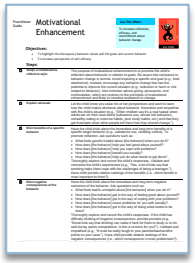
Use the Treatment Planner to arrange the practices.

3 Clinical Dashboard



Pick measures and goals and set up your Dashboard.

4 Practice Guide



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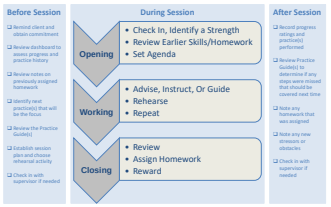
5 Session Planner



Use the Session Planner to structure your session.

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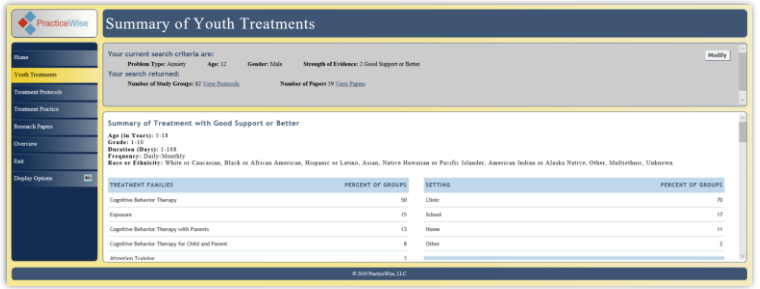
Quick Start Guide Step 1: PWEBS Search (15 minutes)

- Conduct a PWEBS search for your client
  - Start with the focus problem: Anxiety
    - Level 2 Support
    - Start with least restrictive search (maybe just age and problem area)
    - Remember to search one problem area at a time
    - Add in more demographics to see how the results change
  - Now search for interference problems
    - Depression? Disruptive Behavior? Trauma?



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MAP Quick Start Guide

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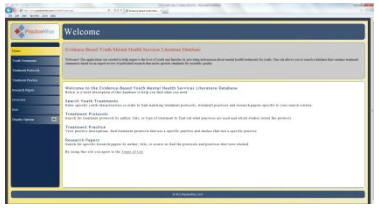
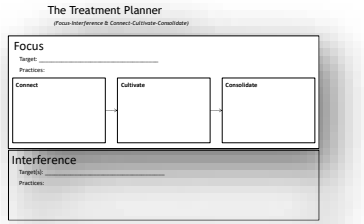


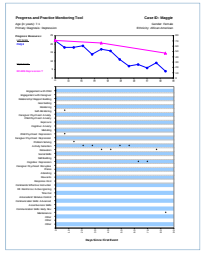
Use PWEBS to identify practices that match your case.

2 Treatment Planner



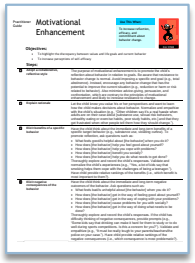
Use the Treatment Planner to arrange the practices.

3 Clinical Dashboard



Pick measures and goals and set up your Dashboard.

4 Practice Guide



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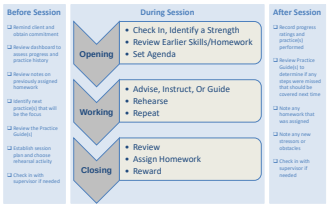

Use the Session Planner to structure your session.

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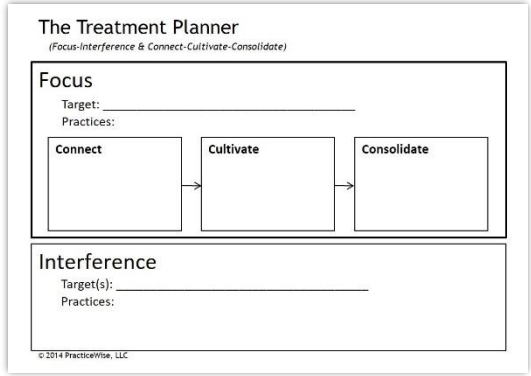
Step 2: Treatment Planner (10 minutes)

- Look at the Treatment Pathway for Anxiety
- Complete a Treatment Planner for your case
  - What Practice Elements will you use to Connect?
  - What Practice Elements will you use in Cultivate?
  - What Practice Elements fit into Consolidate?
  - What other practices might you use to target the Interference problem?


The Treatment Planner
(Focus-Interference & Connect-Cultivate-Consolidate)
Focus
Target: _____
Practices:
Connect
Cultivate
Consolidate
Interference
Target(s): _____
Practices:
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Homework

- Step 3: Create a dashboard for the case you just worked on with a focus of Anxiety
- Enter client info into Data-ClientInfo sheet
  - Come up with
    - 2 standardized measures to be given 3-4 months
    - 1 idiographic measure (personalized) that lines up with a treatment goal
    - For example:
      - Treatment goal: Increase social interactions from 0 to 3x per day
      - Dashboard measure: Average # social interactions/day

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Learning Record Update

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MAP Therapist Portfolio

Direct Service Learning Record

Check off:

	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
Anxiety	✓	✓	✓			

DIRECT SERVICE LEARNING RECORD

CONCEPTS	Experience		Expertise Achieved			
	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
EBS System Model	☐	☐	☐	☐	☐	☐
CARE Process	☐	☐	☐	☐	☐	☐
The MAP	☐	☐	☐	☐	☐	☐
Connect-Cultivate-Consolidate	☐	☐	☐	☐	☐	☐
Focus-Interference	☐	☐	☐	☐	☐	☐
Clinical Event Structure	☐	☐	☐	☐	☐	☐
Embracing Diversity	☐	☐	☐	☐	☐	☐
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Practitioner Guides	☐	☐	☐	☐	☐	☐
Clinical Dashboard	☐	☐	☐	☐	☐	☐
Treatment Pathways						
Focus Area 1: _____	☐	☐	☐	☐	☐	☐
Focus Area 2: _____	☐	☐	☐	☐	☐	☐
APPLICATIONS	Experience		Expertise Achieved			
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Assessment	☐	☐	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐	☐	☐
Planning	☐	☐	☐	☐	☐	☐
Practice Delivery						
Practice 1: _____	☐	☐	☐	☐	☐	☐
Practice 2: _____	☐	☐	☐	☐	☐	☐
Practice 3: _____	☐	☐	☐	☐	☐	☐
Practice 4: _____	☐	☐	☐	☐	☐	☐
Practice 5: _____	☐	☐	☐	☐	☐	☐
Practice 6: _____	☐	☐	☐	☐	☐	☐
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Practice 17: _____	☐	☐	☐	☐	☐	☐
Practice 18: _____	☐	☐	☐	☐	☐	☐

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Agenda Recap

- Discussed therapeutic style and the Embracing Diversity process guide
- Reviewed and rehearsed Anxiety practice elements
- Began your first clinical dashboard!

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Feedback Request

- What's working?
- What's not?
- What went too fast?
- Too slow?

Please let us know or use the question bag.

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