MAP & Practice wise 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 EventStructure

- Resources
 - PWEBS Database
 - Practitioner Guides
- Applications
 - Monitoring



Training Progression





Questions in Chat Box

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





Getting to Know You

- Name
- 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?

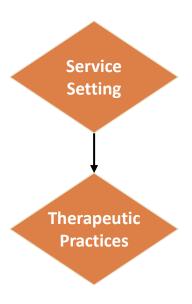


Where should we treat the youth?



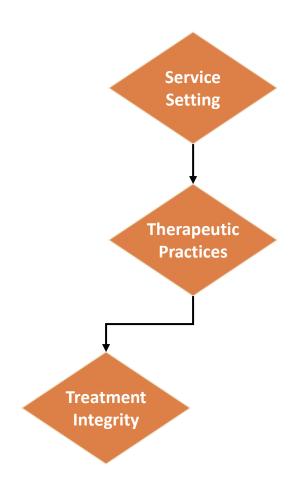


How should we treat the youth?



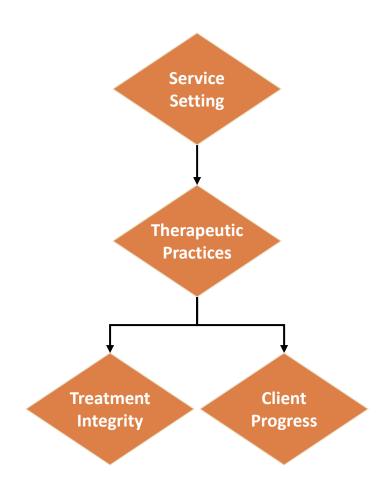


Are we providing quality services to the youth?





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?

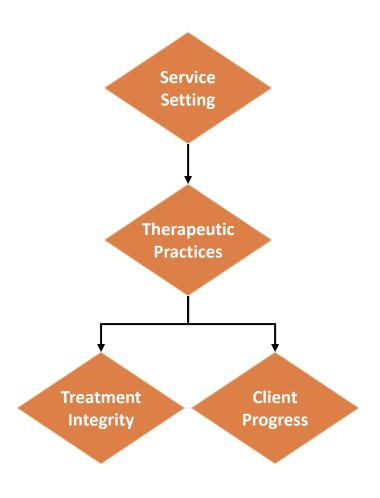


Who Are the Decision-Makers?



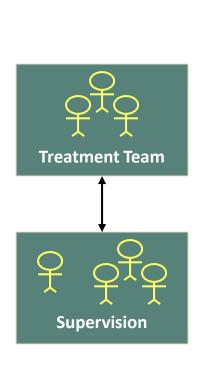
Who should treat the client?

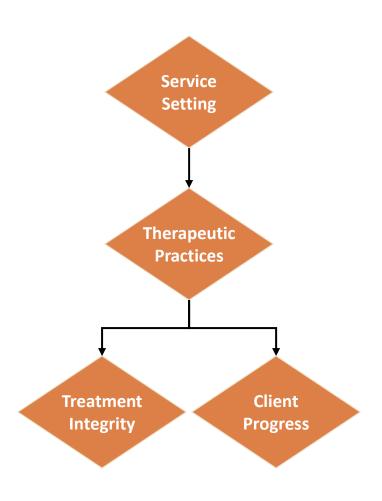






How should we manage the treatment?







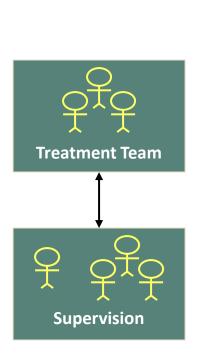
EBS System Model

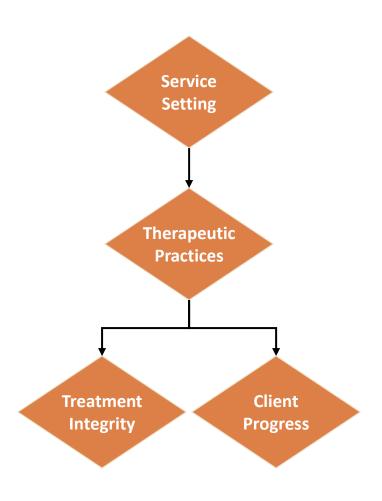
- Treatment Team
 - Who is involved in the treatment of the youth?
- Supervision
 - What does supervision look like for this EBP or type of organization?



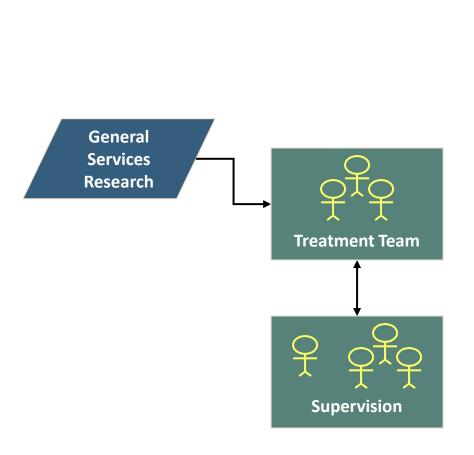
What Drives Decision-Making?

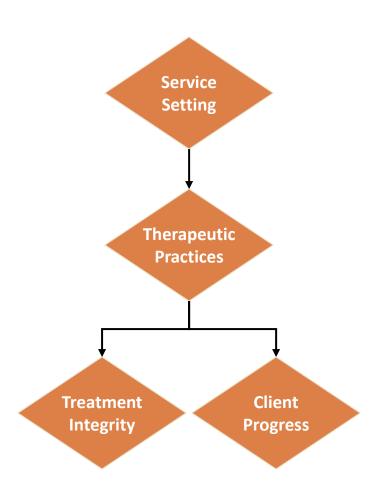






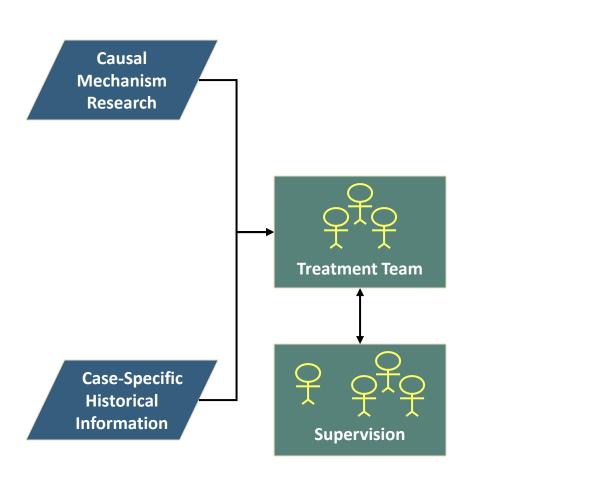


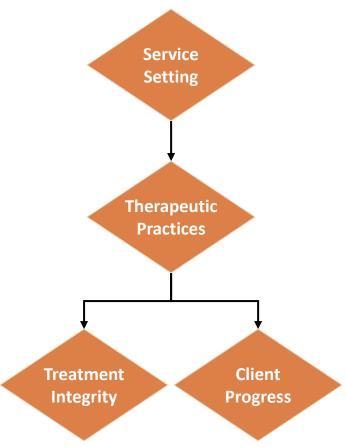




Evidence Based Treatment (EBT) Model

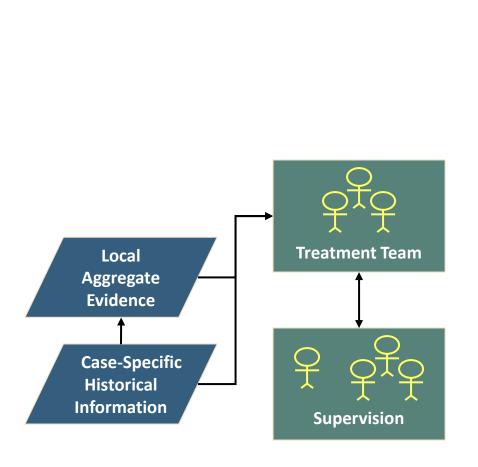


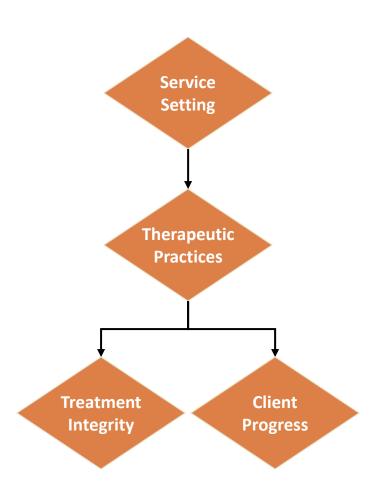




Individualized Case Conceptualization Model



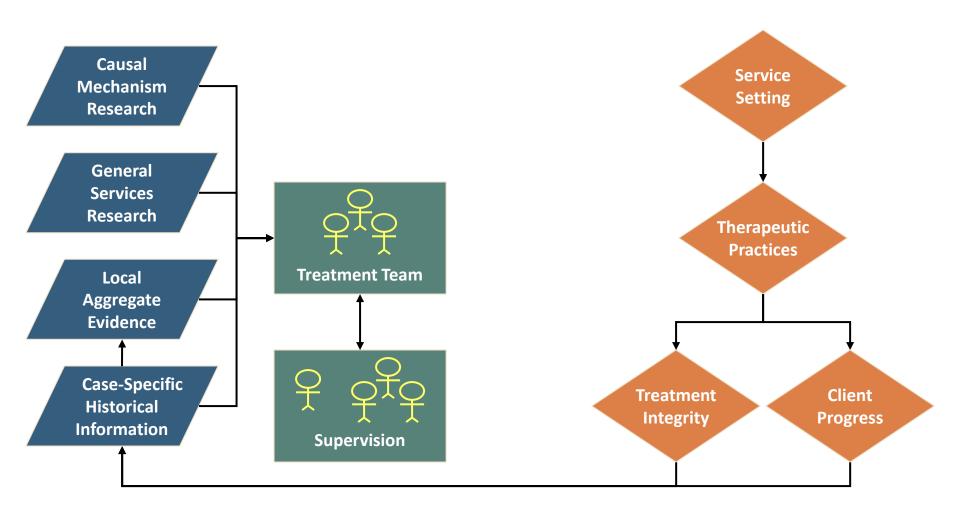




Practice-Based Evidence Model



Best to use all the evidence to drive decisions





EBS System Model

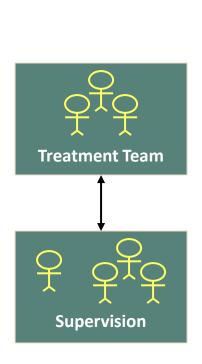
- Causal Mechanism Research
 - Theory on psychopathology; information on the etiology and development of mental health problems in youth and families; basic knowledge about development, emotions, and behaviors
- General Services Research
 - Knowledge represented by all the studies of treatments that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

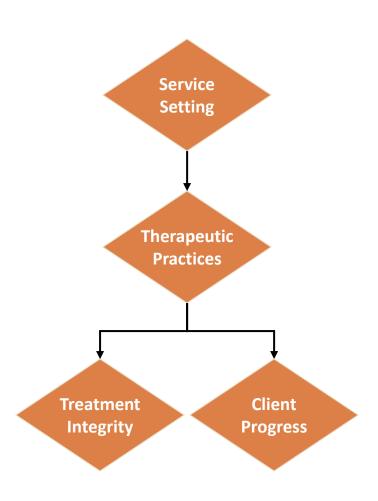


How Are the Decisions Related?



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







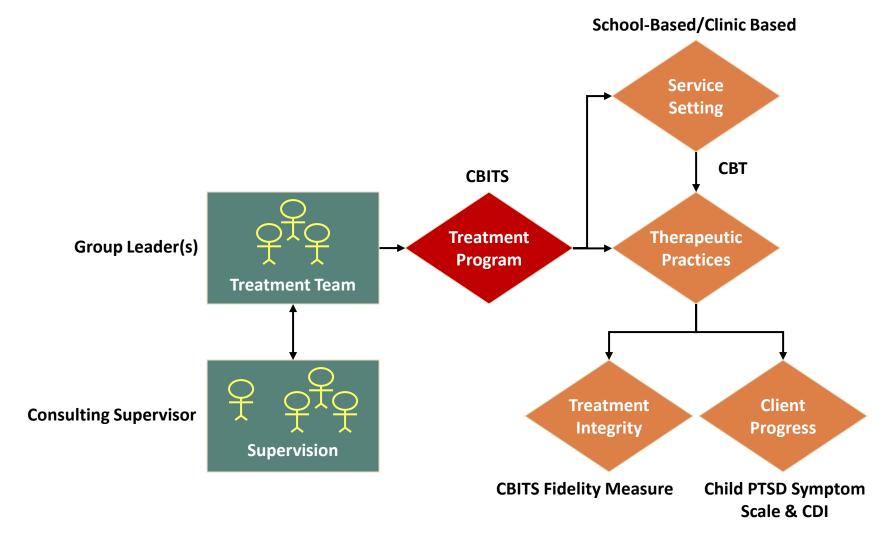
Selecting a treatment program will often dictate the setting, practices, integrity measures, progress measures, and even treatment team and

supervision structure. **Service** Setting **Treatment Therapeutic Practices Program Treatment Team Treatment** Client Integrity **Progress Supervision**



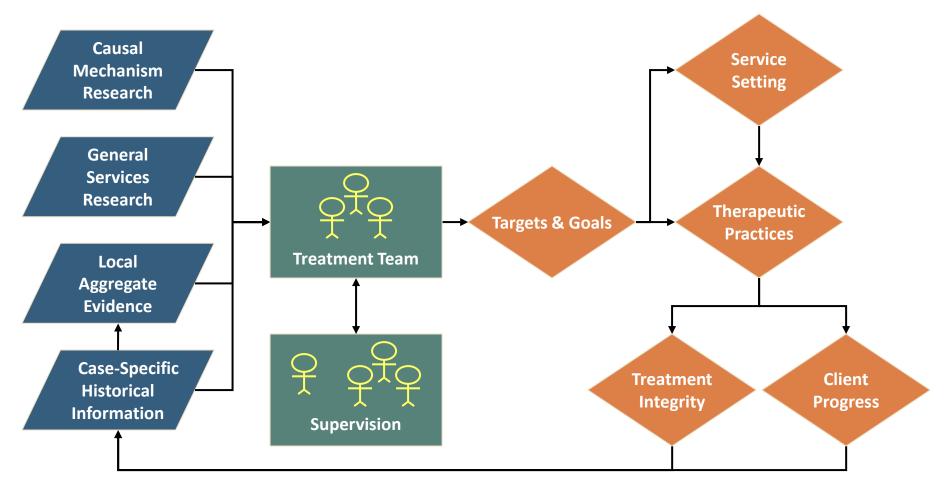
Example

CBITS: Cognitive Behavioral Intervention for Trauma in Schools



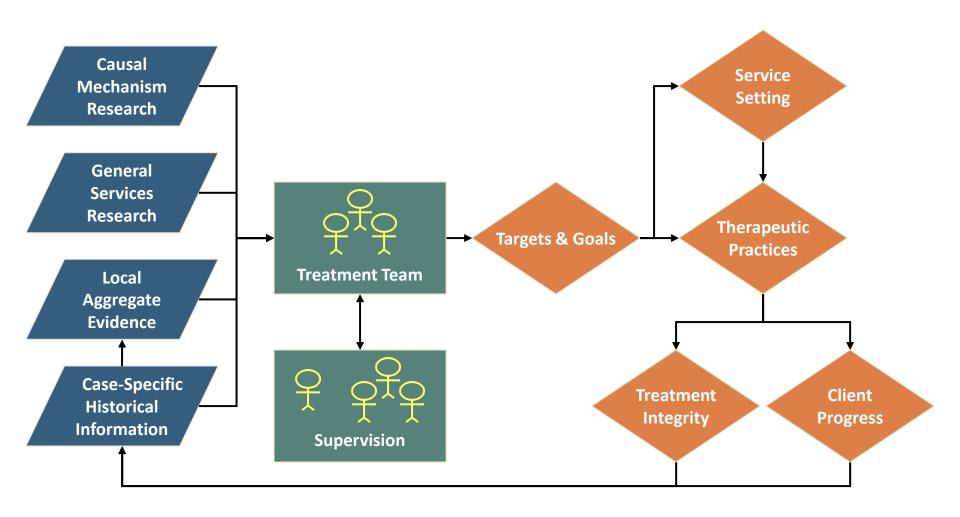


But these decisions can be "unbundled" by selecting *targets and goals* first and making other decisions in turn.



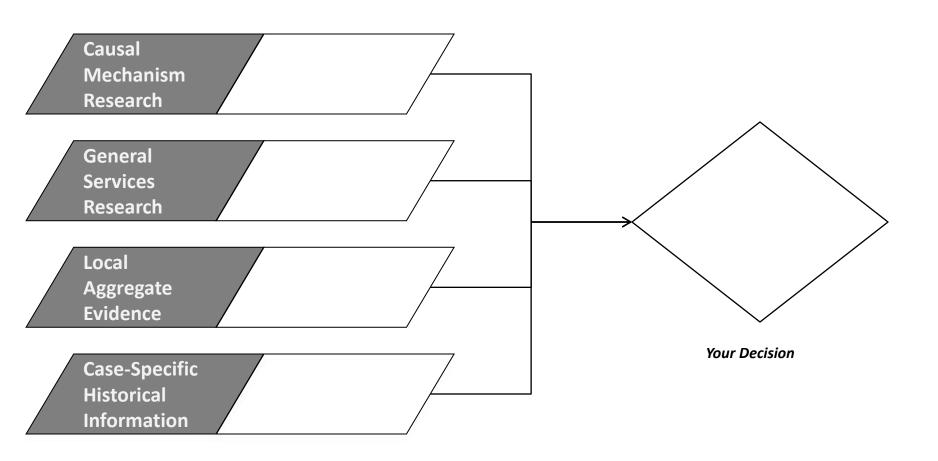


The EBS System Model



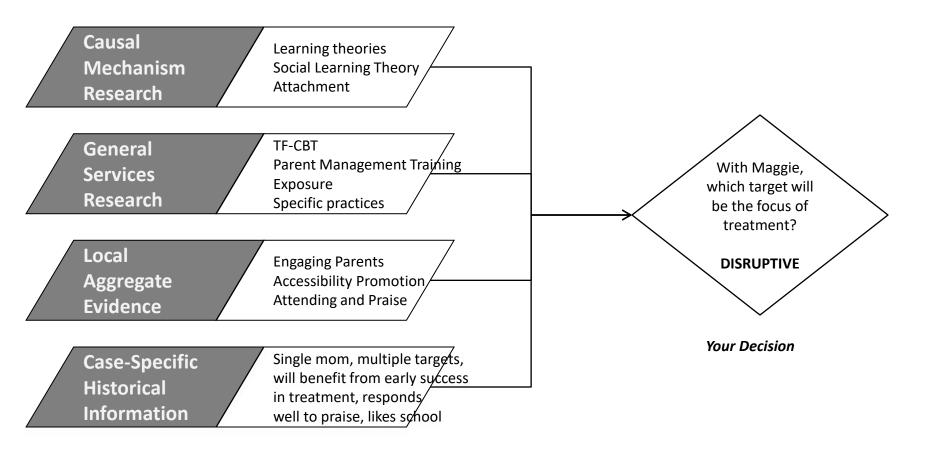


The Evidence-Based Services System Model





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

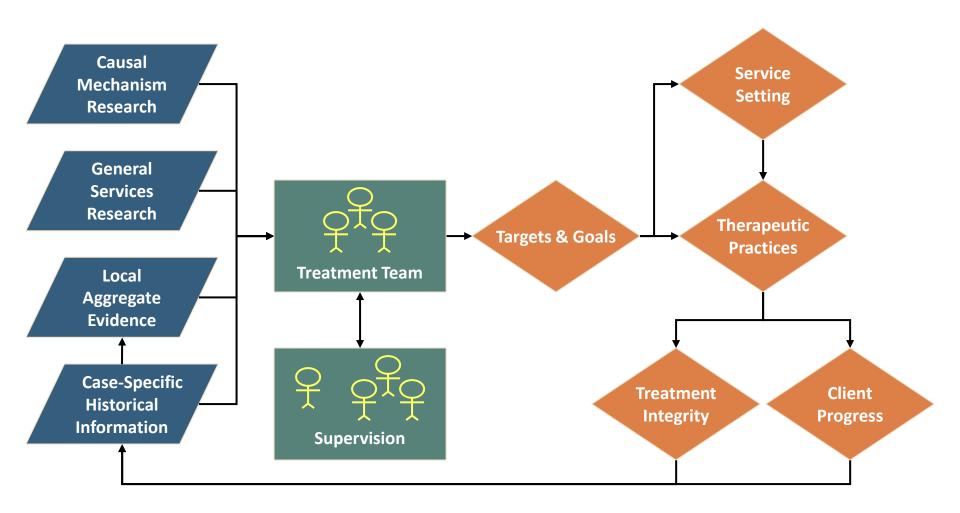


PWEBS Database

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

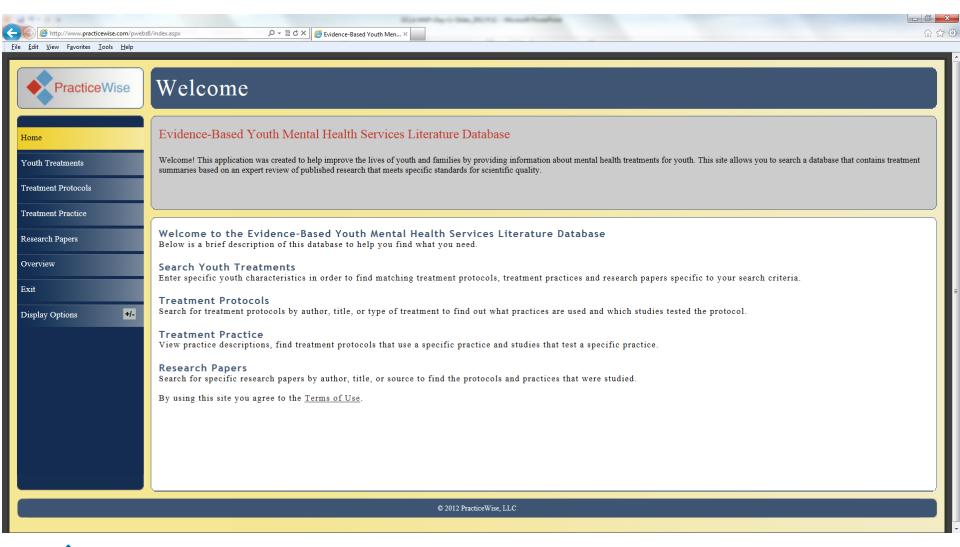
Information Overload



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



PWEBS Database





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/Formatswhere/how thetreatments 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 placeboOR
- Equal to an established treatment (with n > 30 per group)



Moderate Support: Level 3



- One study shows...
 - Treatment is
 - Better than another treatment or placeboOR
 - 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

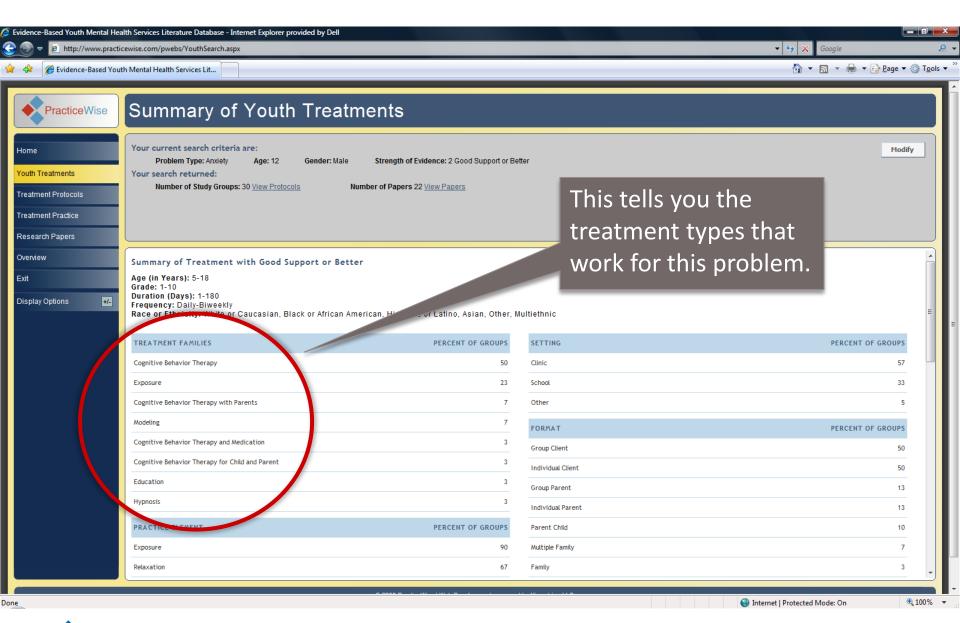


And the Winners Are...

Let's go online and find out!







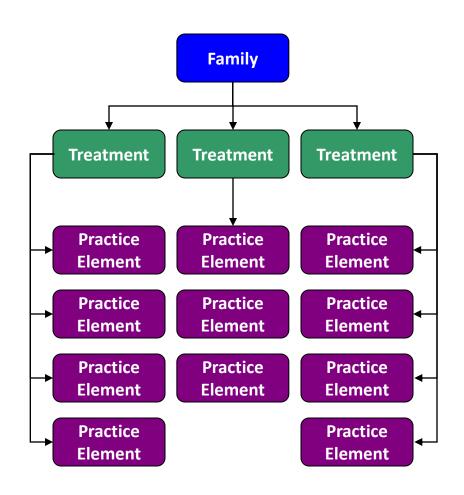


But What if You Wanted to Know More?

How exactly does one do these treatments?

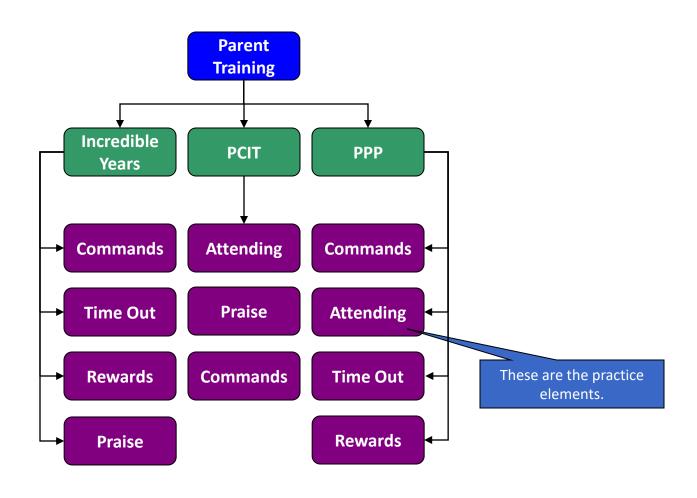


Practice Elements Are the Parts of Treatments

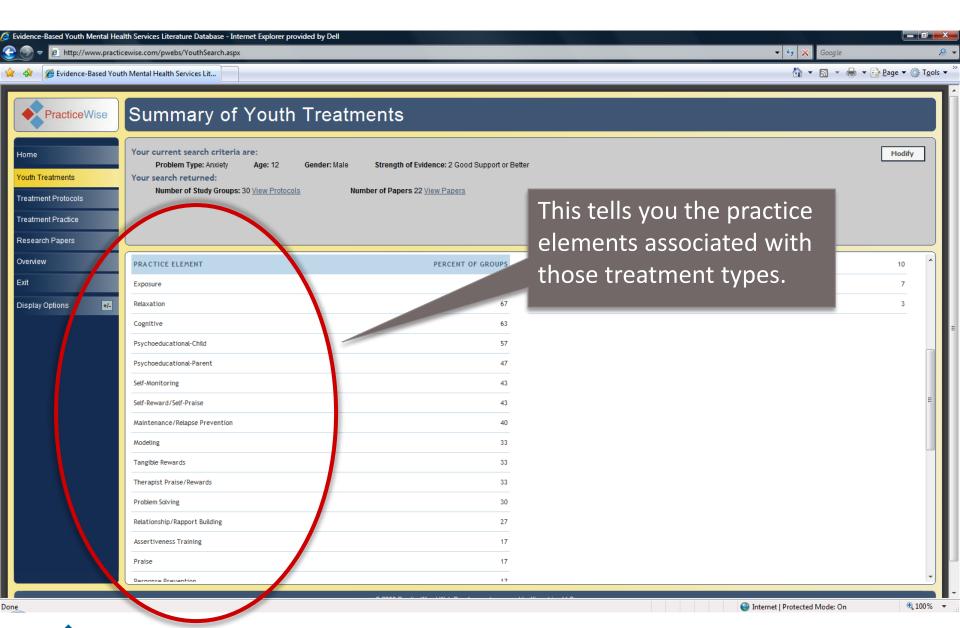




Practice Elements Are the Parts of Treatments

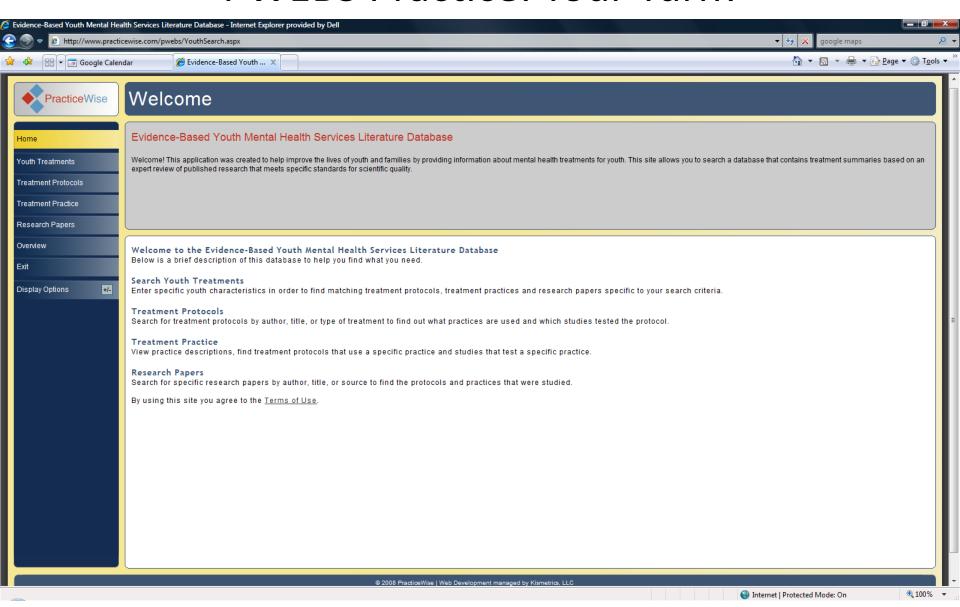








PWEBS Practice: Your Turn!





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 for Maggie
 - Level 2 Support
 - Depression
 - African American



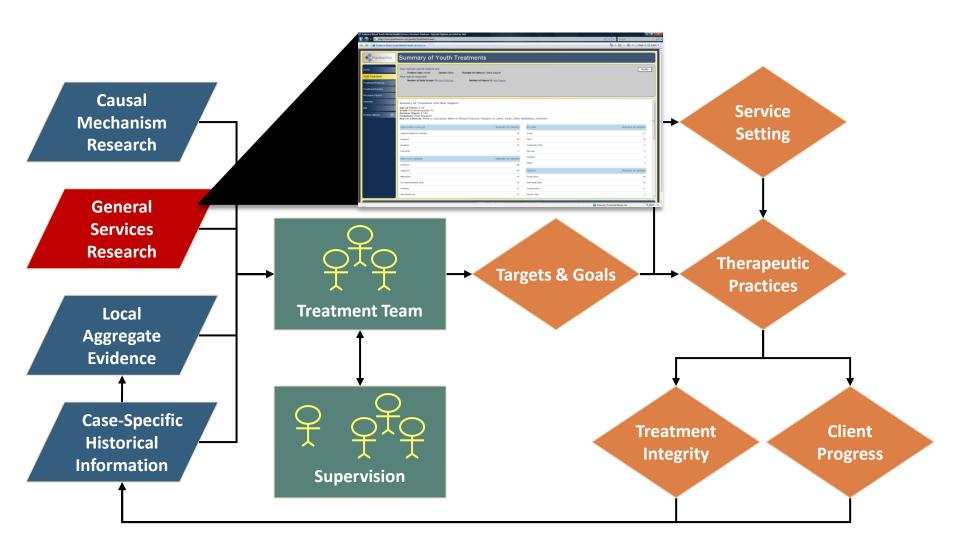
Other Things to Know

- 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





Therapist Portfolio

Learning Record

DIRECT SERVICE LEARNING RECORD

CONCEPTS	Experience		Expertise Achieved			
CONCEPTS	Reviewed	Rehearsed	Knowledge	Production	Skill	Habit
EBS System Model	4	4	4			
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:						
Practice 15:						
Practice 16:						
Practice 17:						
Practice 18:						



The Treatment Planner

Focus-Interference Framework

Connect-Cultivate-Consolidate

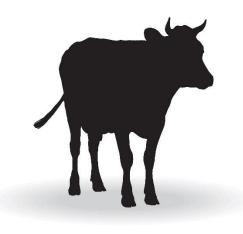


Focus-Interference Framework

- 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...





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

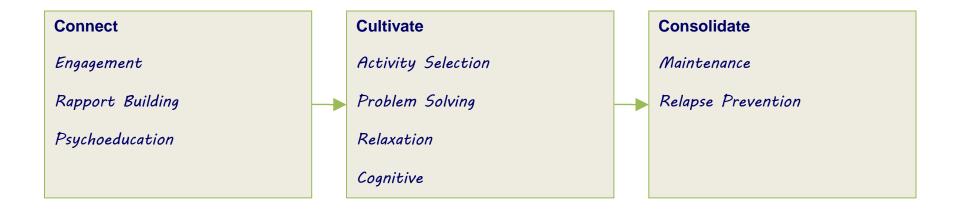
- Build new skills
- Teaching
- Rehearsal

Consolidate

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



Example for Depression

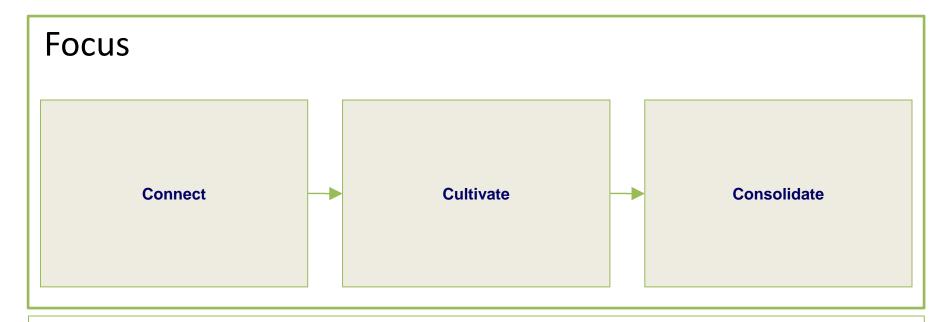




The Treatment Planner



(Focus-Interference & Connect-Cultivate-Consolidate)



Interference





The Treatment Planner

(Focus-Interference & Connect-Cultivate-Consolidate)

Focus Target: Practices:		
Connect	Cultivate	Consolidate
Interference Target(s): Practices:		

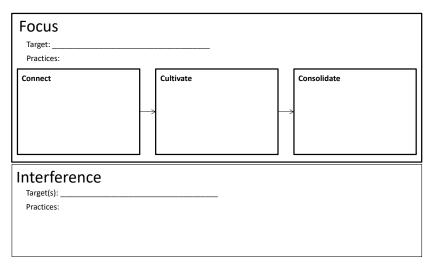


Let's Work on One Now

- 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

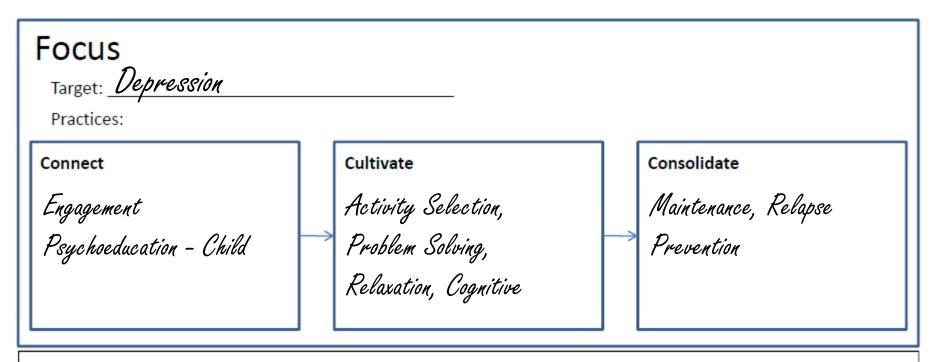
The Treatment Planner

(Focus-Interference & Connect-Cultivate-Consolidate)





Focus-Interference & Connect-Cultivate-Consolidate



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



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Practice 6:						
Practice 7:						
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Practice 16: Practice 17:						
Practice 18:		П				
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The Practitioner Guides

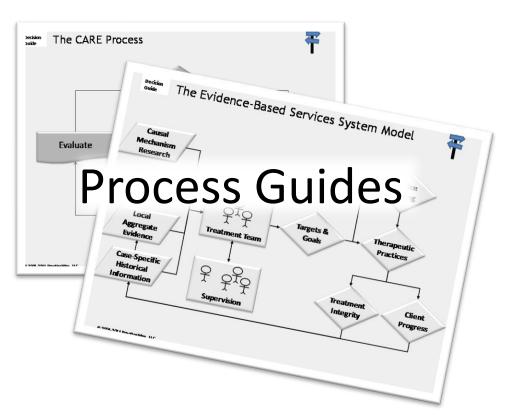


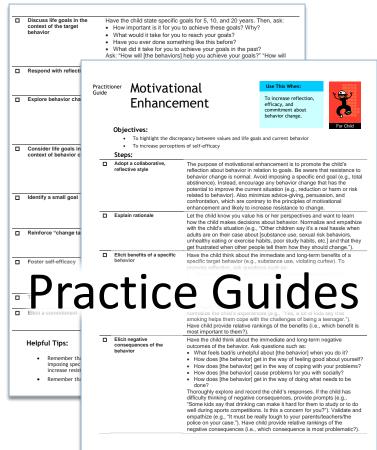
What Are Practitioner Guides?

- 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?





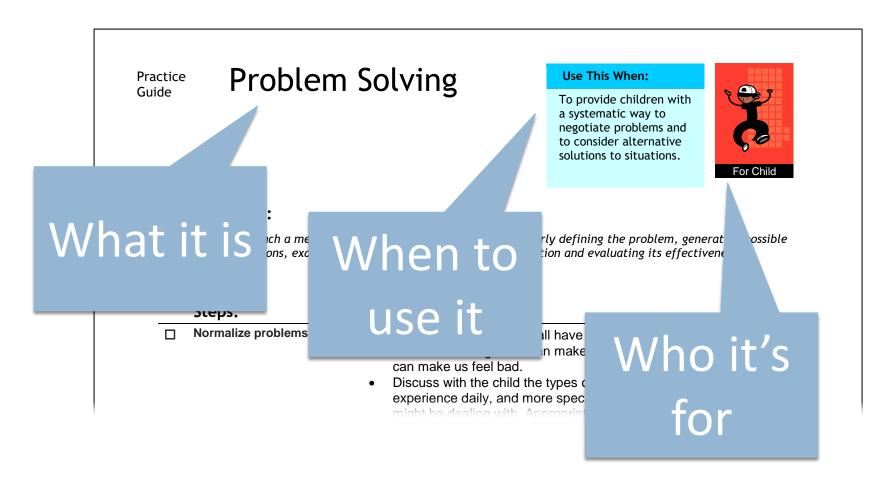


Practitioner Guides

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

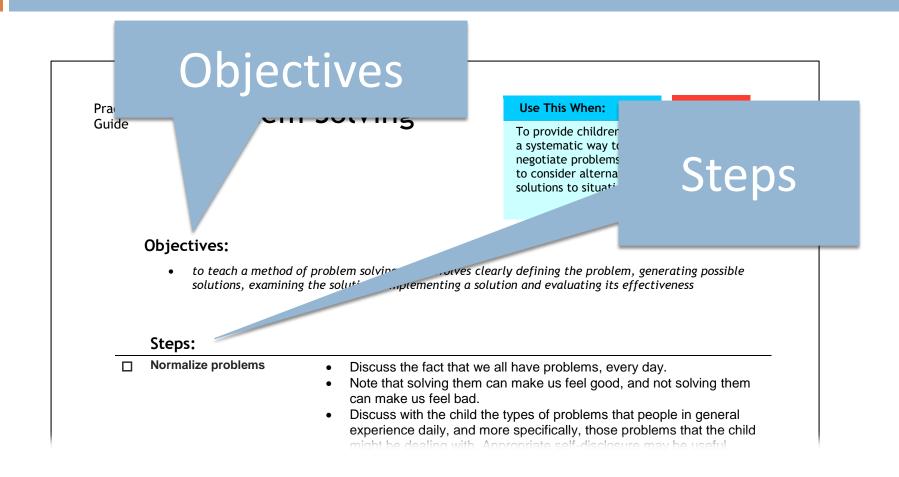


Anatomy of a Practice Guide





Anatomy of a Practice Guide





About the Steps

Checklist

Details

Steps:

	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) 2) 3) 4) 5)	Say what the problem is Think of solutions Examine each one (what good and bad things would happen if he/she tried this solution?) Pick one and try it out 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.



Increasing Practice Expertise

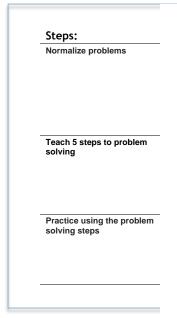
	Expertise Achieved				
Practice Delivery	Knowledge	Production	Skill	Habit	
Problem Solving	~	~			

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Increasing Practice Expertise





More skilled users might reference the checklist only



Increasing Practice Expertise

	Expertise Achieved					
Practice Delivery	Knowledge	Production	Skill	Habit		
Problem Solving	~	~	~	~		

When the practice becomes a habit... you might know the guide by heart



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



Maggie's Example: Relaxation

- One of the practice elements that we found for Maggie was Relaxation
- Let's examine the Practice Guide to see what is included
 - How is this similar or different from your current practice?



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Focus Area 2:						
APPLICATIONS	Exper	ience	Expertise Achieved			d
711 21 37 11 31 13	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:						
Practice 15:						
Practice 16:						
Practice 17:						
Practice 18:						



The Session Planner

Clinical Event Structure

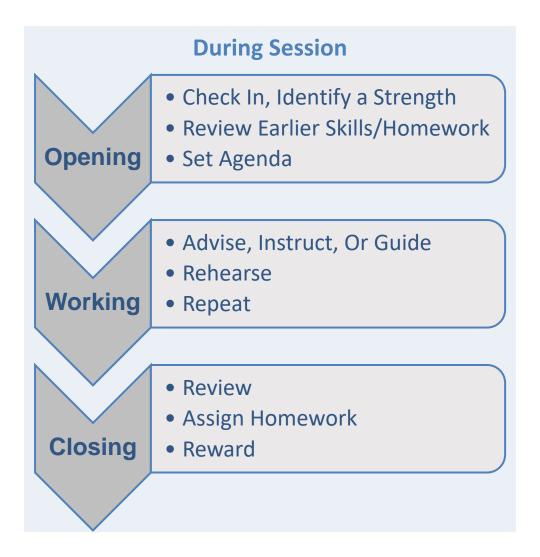


From the Guide to a Session

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



The Phases of a Session

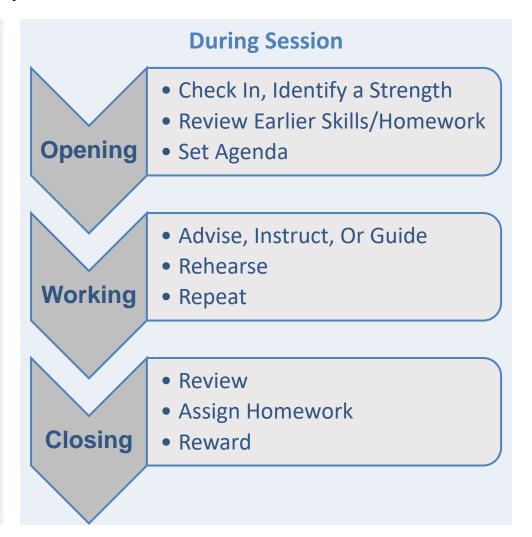




Getting Ready Beforehand

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

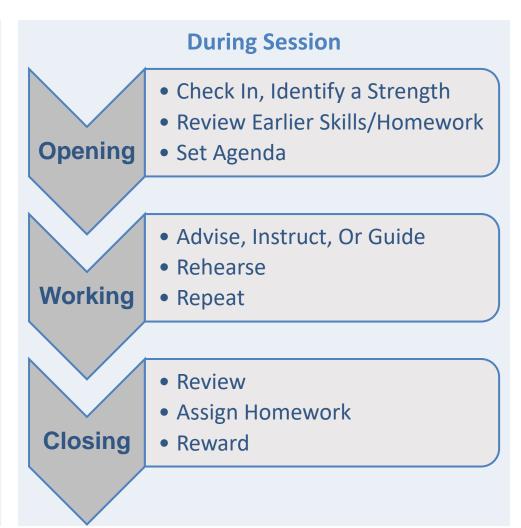




Following Through

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



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



Process Guide

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 Check In, Identify a Strength Review Earlier Skills/Homework **Opening** Set Agenda Advise, Instruct, Or Guide Rehearse Working Repeat Review Assign Homework Closing Reward

After Session

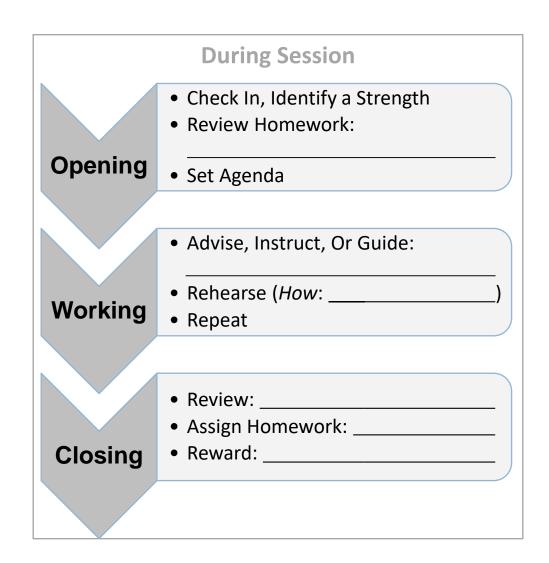
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- Note any new stressors or obstacles
- ☐ Check in with supervisor if needed

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The Session Planner (Clinical Event Structure)

Example for Maggie





The Session Planner (Clinical Event Structure)

Example for Maggie

During Session • Check In, Identify a Strength Review Homework: Problem Solving Assignment **Opening** • Set Agenda Advise, Instruct, Or Guide: Relaxation Rehearse (How: <u>Audio file</u>) Working • Repeat • Review: Relaxation steps • Assign Homework: Listen to audio • Reward: Play a game together Closing





Let's Role Play Part of It

Opening

- Check In, Identify a Strength
- Review Homework:
 <u>Problem Solving assignment</u>
- 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?

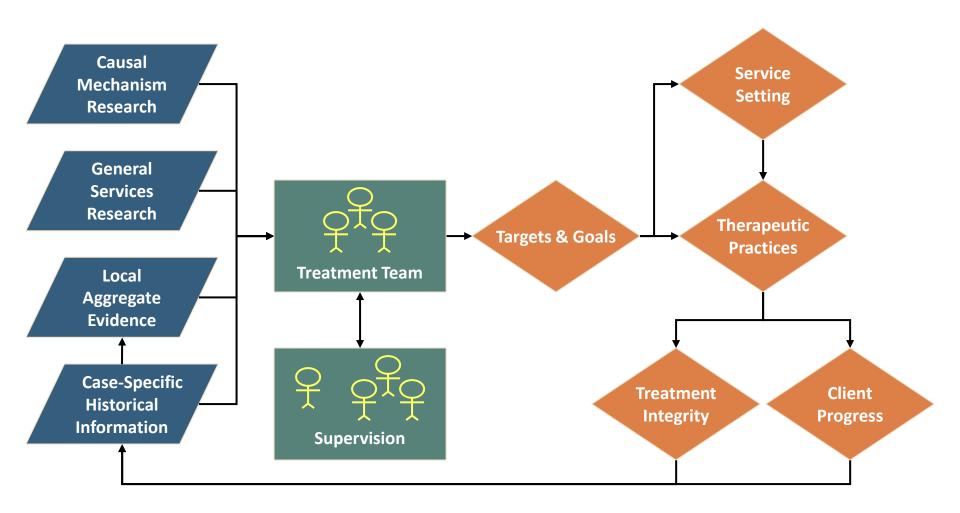


The Clinical Dashboard

Keeping Track of Progress and Practice

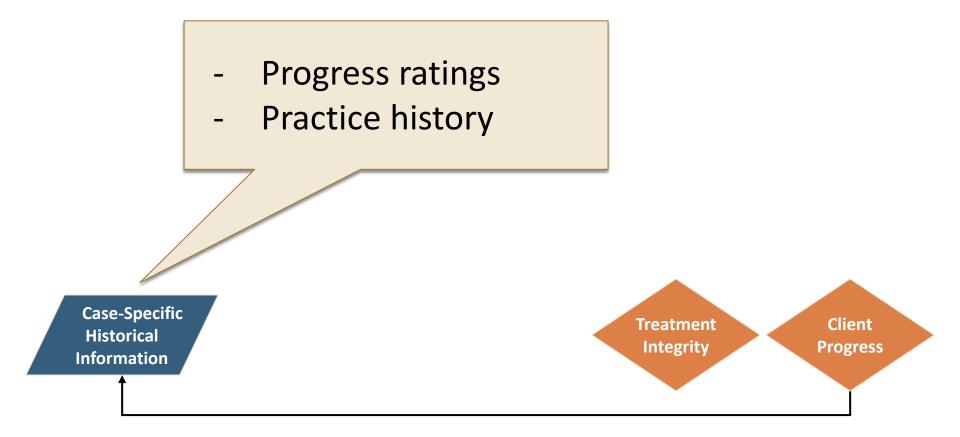


The EBS System Model





How do we keep track?

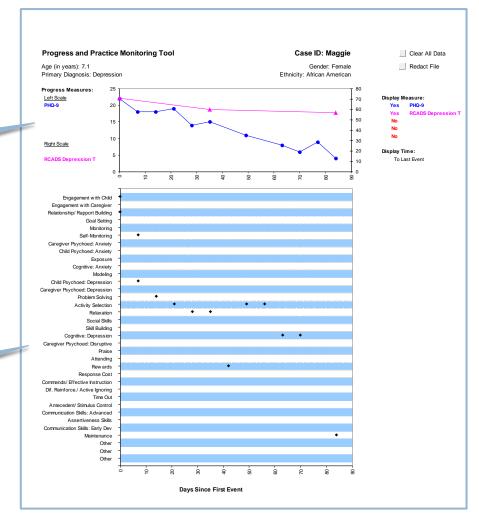




Clinical Dashboard



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





How to Access Clinical Dashboards

- 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 Goes Into the Dashboard?

- Let's get acquainted with the functions of the dashboard by creating one for Maggie
- If you wish, you can build Maggie's dashboard along with us or follow along as we build it



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



Data-ClientInfo

- Client Data Information
 - De-identified name
 - Date of Birth or Age
 - (DO NOT enter true DOB if you will be sending over the internet or on a public computer)
 - Ethnicity
 - Target Area(s)



Data-Progress Sheet

- On this sheet, enter assessment dates along with the score(s)
- Enter the name of the measure in the row that says "Name" (row 3)
- Choose Left or Right for measure in the row that says "Display on Scale" (row 4)
- Enter the dates of assessment in column A
- Scores are entered in rows 5 and below



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



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)?

- 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



Common Problems

- Help: I cannot open the file!
- Help: I don't see all the sheets!
- I don't get the different scales (left and right).
- My dashboard looks likes stuff is missing.
- I want to change what I am measuring—how do I do that?
- Can I measure more than five things?



More Q&A on Dashboards

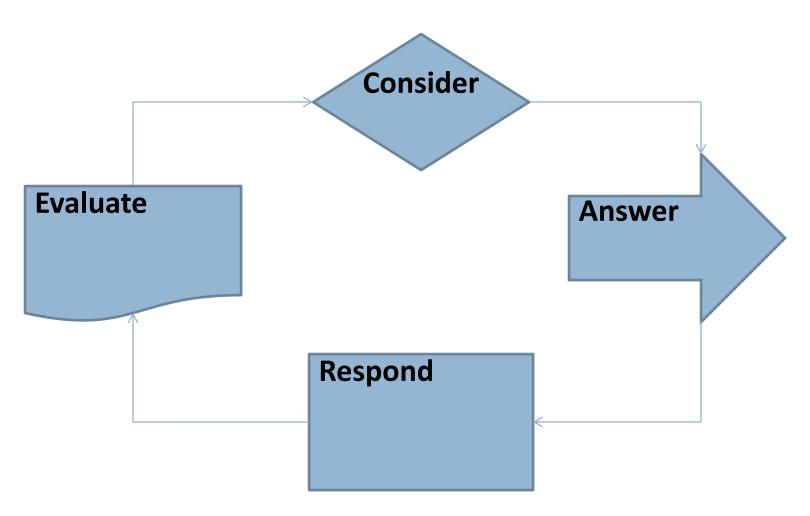


The CARE Process

Clinical Problem Solving



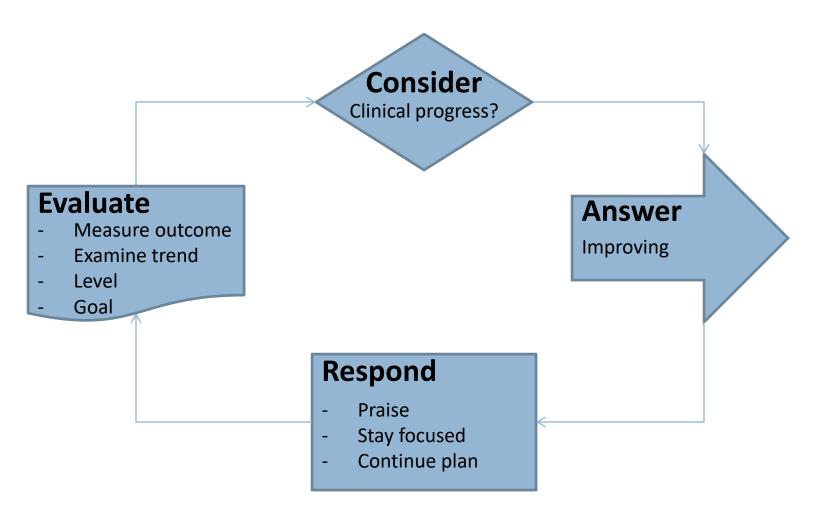
CARE Process





CARE Process

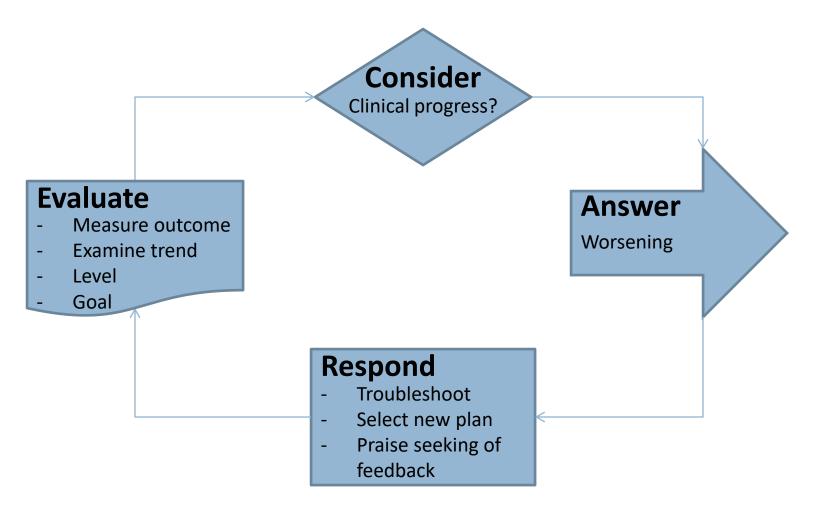
Clinical Progress Example 1





CARE Process

Clinical Progress Example 2





The MAP

Putting It All Together





What is The MAP Process Guide?

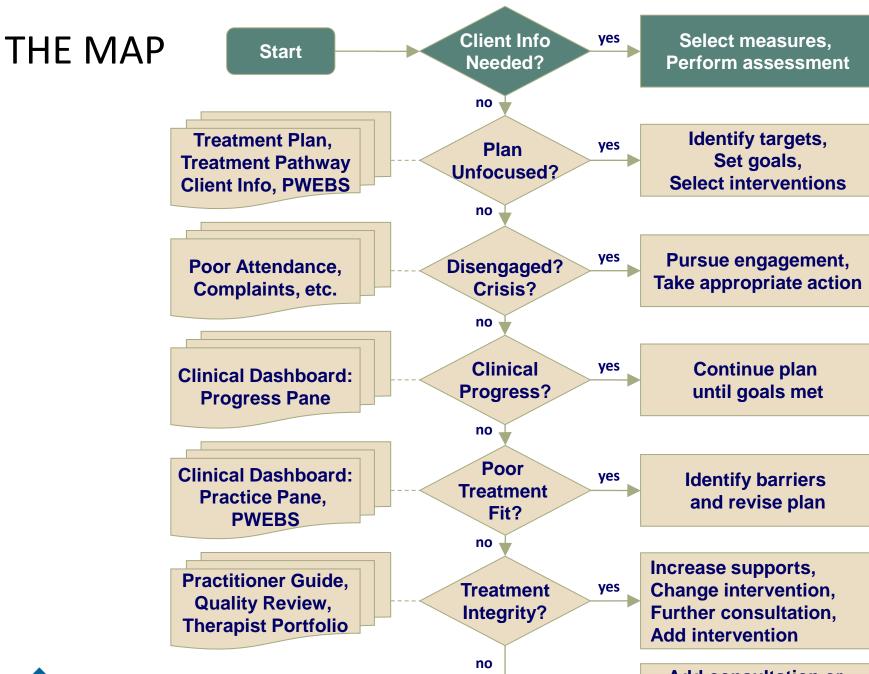
- The MAP process guide is an outline of clinical decisions that we make during clinical care
- An important skill is knowing where you are on The MAP



Client Info yes Select measures, THE MAP Start Perform assessment Needed? no **Identify targets**, **Treatment Plan.** yes Plan **Treatment Pathway** Set goals, **Unfocused? Select interventions Client Info, PWEBS** no yes Pursue engagement, Poor Attendance, Disengaged? Take appropriate action Complaints, etc. **Crisis?** no yes Clinical **Continue plan Clinical Dashboard: Progress?** until goals met **Progress Pane** no Poor **Clinical Dashboard:** yes **Identify barriers Treatment Practice Pane**, and revise plan Fit? **PWEBS** no **Increase supports**, **Practitioner Guide**, **Treatment** yes Change intervention, **Quality Review,** Further consultation, Integrity? **Therapist Portfolio Add intervention** no

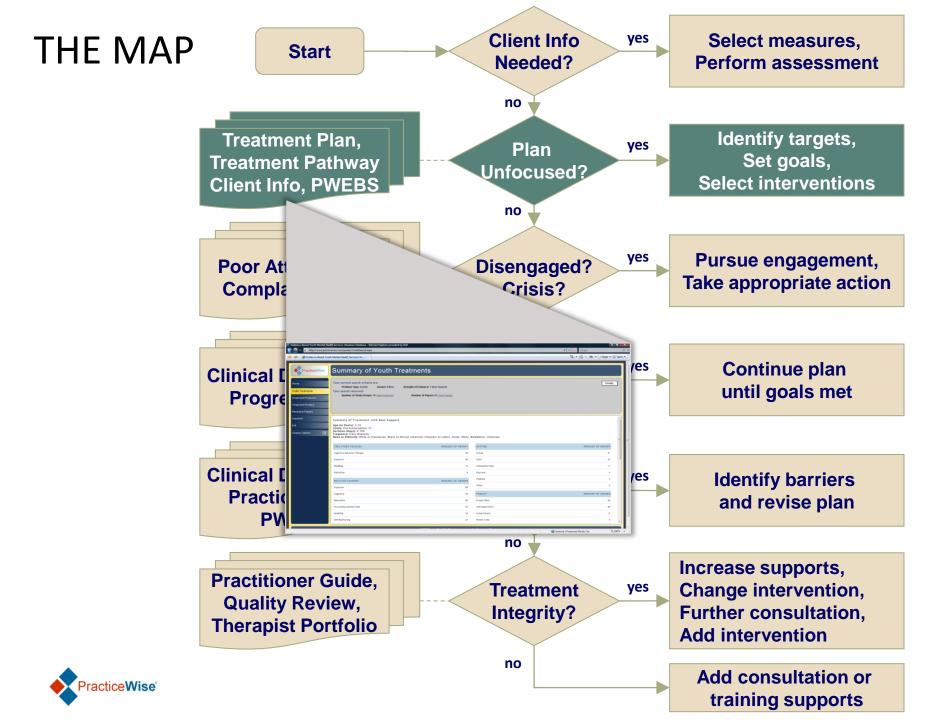


Add consultation or training supports





Add consultation or training supports



Sample PWEBS Results for Maggie

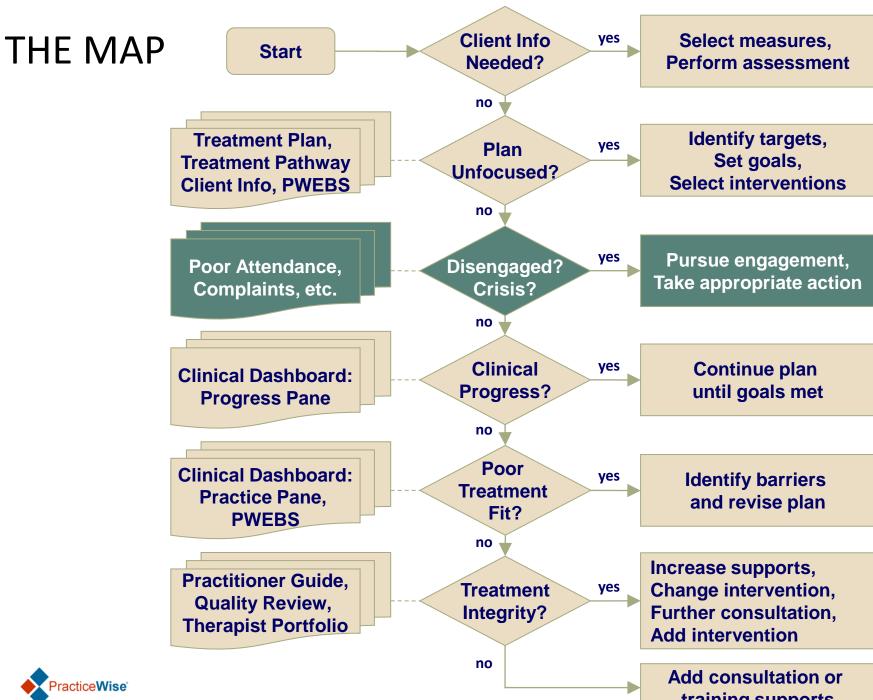
Practice Elements for Depression

- Psychoeducation
- Relaxation
- Problem Solving

Practice Elements for Disruptive Behavior

- Praise
- Rewards
- Commands

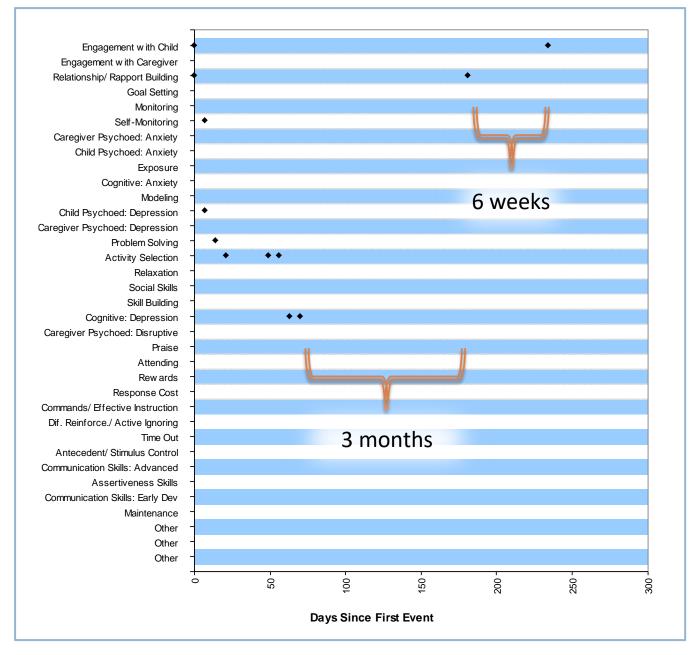






training supports

Evidence of poor engagement



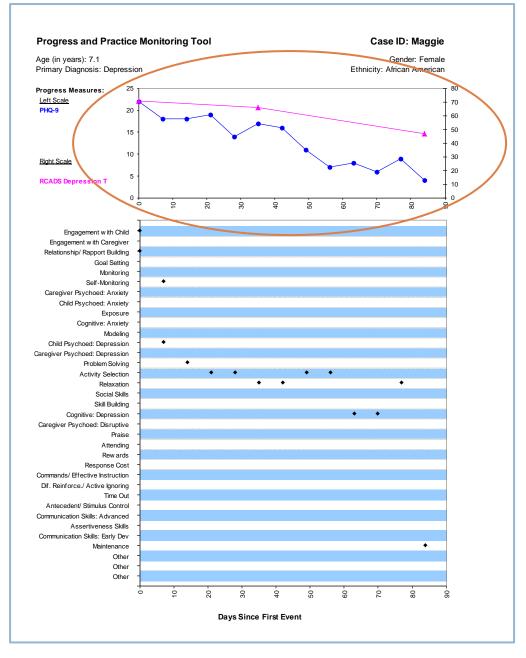


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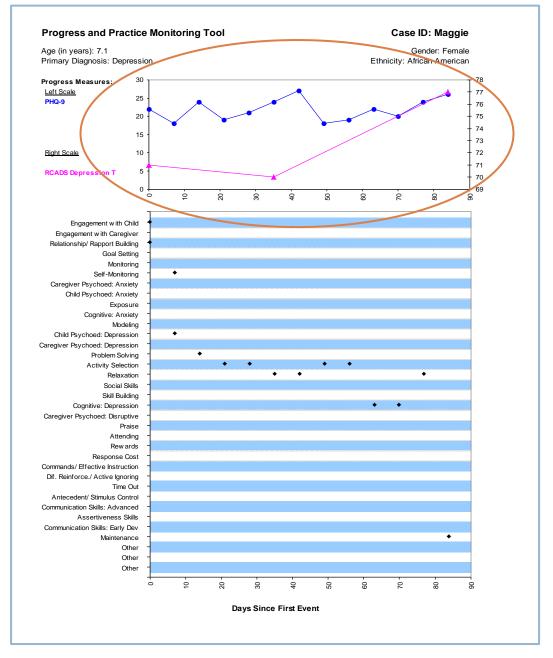
training supports

Progress is good: Depression scores getting lower

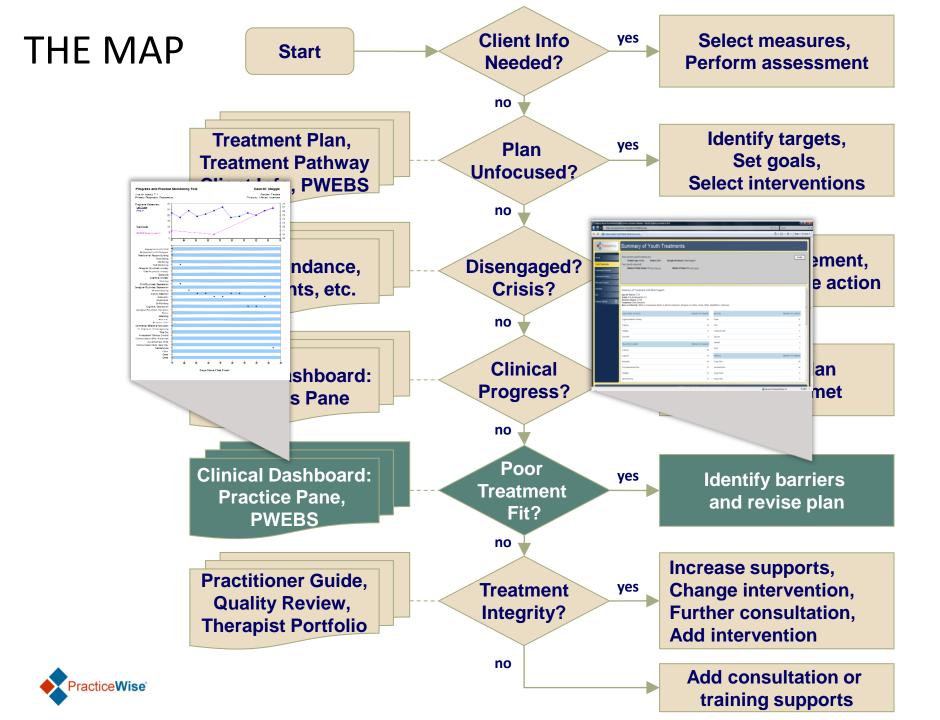




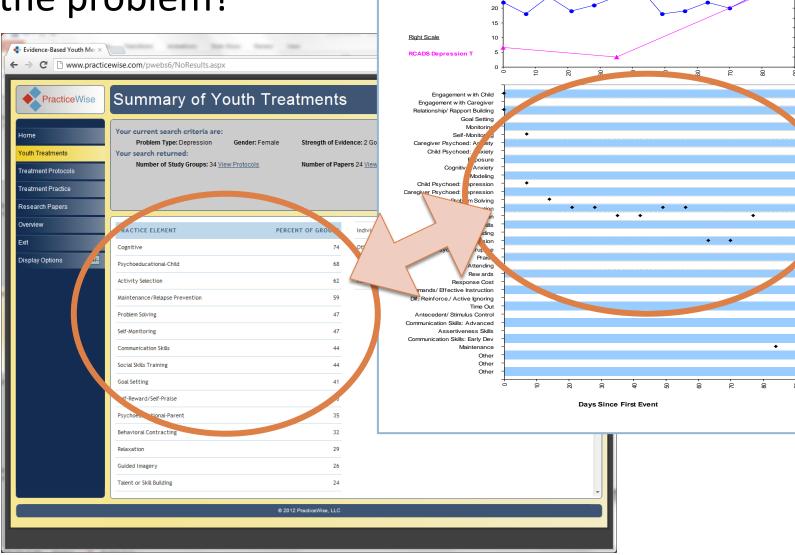
Progress is poor: Depression scores same or getting higher







Do the practices fit the problem?



Progress and Practice Monitoring Tool

25

Age (in years): 7.1 Primary Diagnosis: Depression

Progress Measures:



Case ID: Maggie

Gender: Female

70

Ethnicity: African American

Client Info yes THE MAP Select measures, Start Perform assessment Needed? no **Identify targets, Treatment Plan.** yes Plan **Treatment Pathway** Set goals, **Unfocused? Select interventions** Client Info, PWEBS no yes Pursue engagement, Poor Attendance **Disengaged?** Take appropriate action **Crisis?** Relaxation no Clinical yes **Continue plan Progress?** until goals met no Poor yes **Identify barriers Treatment** and revise plan Fit? no **Increase supports**, Practitioner Guide, Change intervention, **Treatment** yes **Quality Review,** Integrity? Further consultation, Therapist Portfolio **Add intervention** no Add consultation or



Add consultation or training supports

Client Info yes Select measures, THE MAP Start **Perform assessment** Needed? no **Identify targets**, **Treatment Plan.** yes Plan **Treatment Pathway** Set goals, **Unfocused? Select interventions** Client Info, PWEBS no yes Pursue engagement, Poor Attendance, Disengaged? Take appropriate action Complaints, etc. **Crisis?** no yes Clinical **Continue plan** Clinical Dashboard: **Progress?** until goals met **Progress Pane** no **Poor Clinical Dashboard:** yes **Identify barriers Treatment Practice Pane**, and revise plan Fit? **PWEBS** no **Increase supports**, **Practitioner Guide**, **Treatment** yes Change intervention, **Quality Review,** Further consultation. **Integrity? Therapist Portfolio** Add intervention no



Add consultation or training supports

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



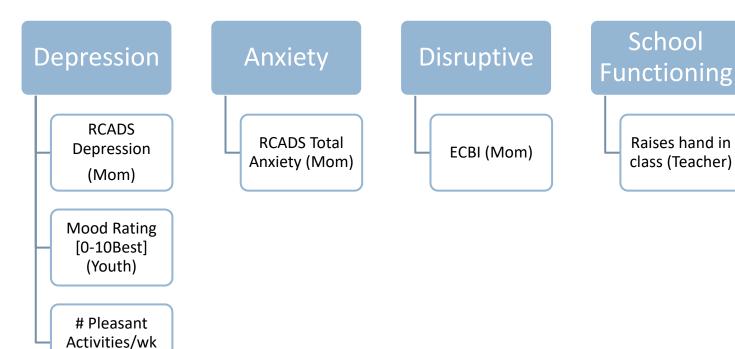
Lean Example for Depression

Depression

Mood Rating [0-10Best] (Youth)



Rich Example for Depression



School **Ecology** Functioning Raises hand in

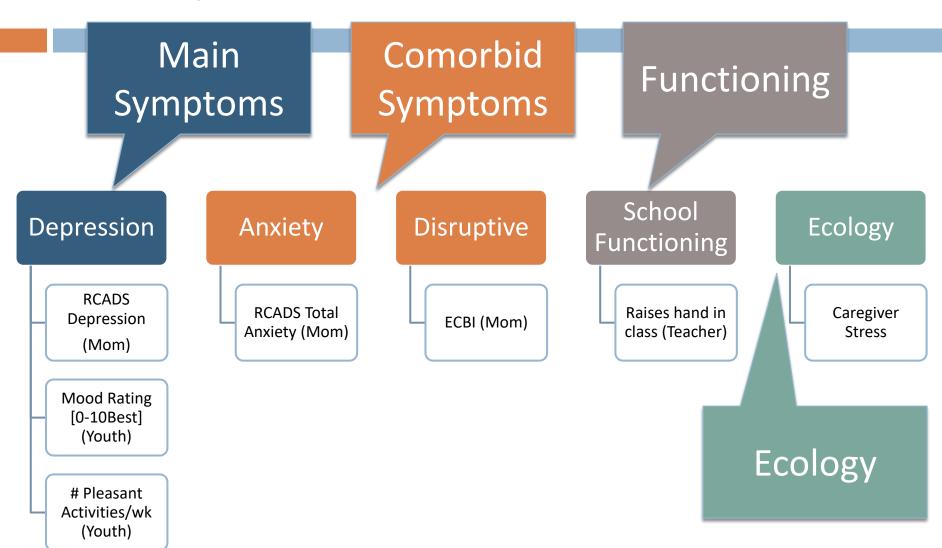
Caregiver

Stress (Mom)

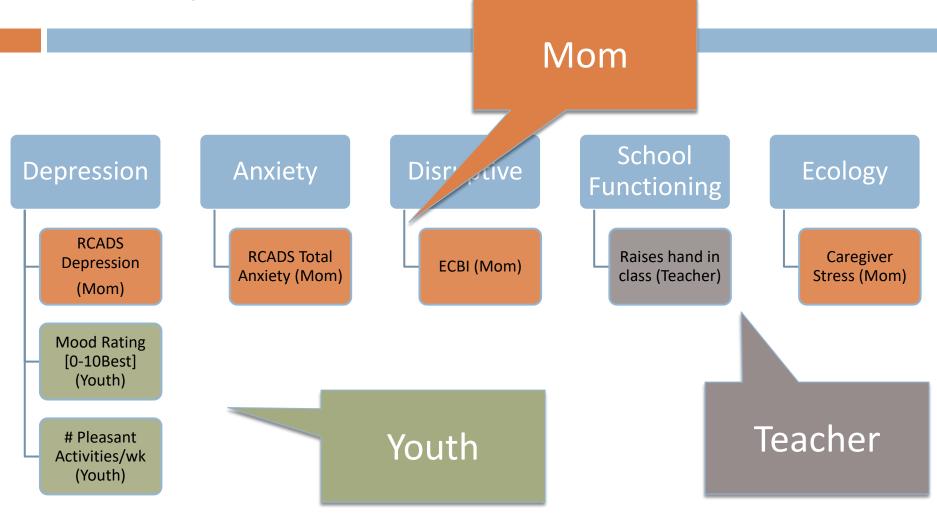


(Youth)

Multiple Domains



Multiple Informants





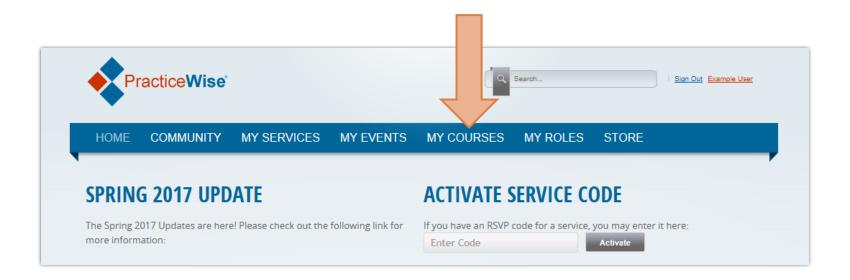
Free Distance Learning Resources

- 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





Thank you for a great first day of MAP training!



