

Overview of Evidenced Based Practices for Children, Adolescents, & Young Adults Using Practicewise Tools

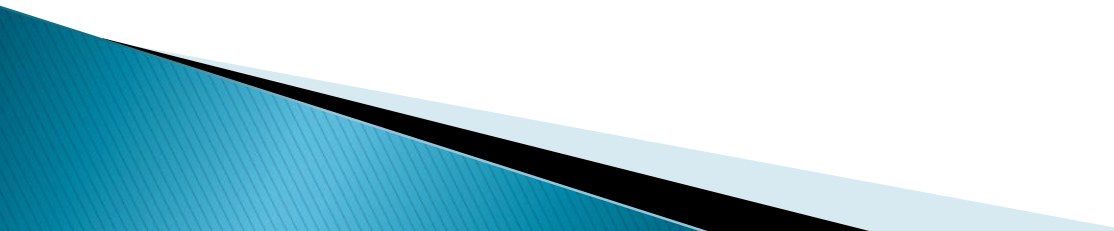
Matt Buckman, Ph D
Licensed Psychologist

Overview

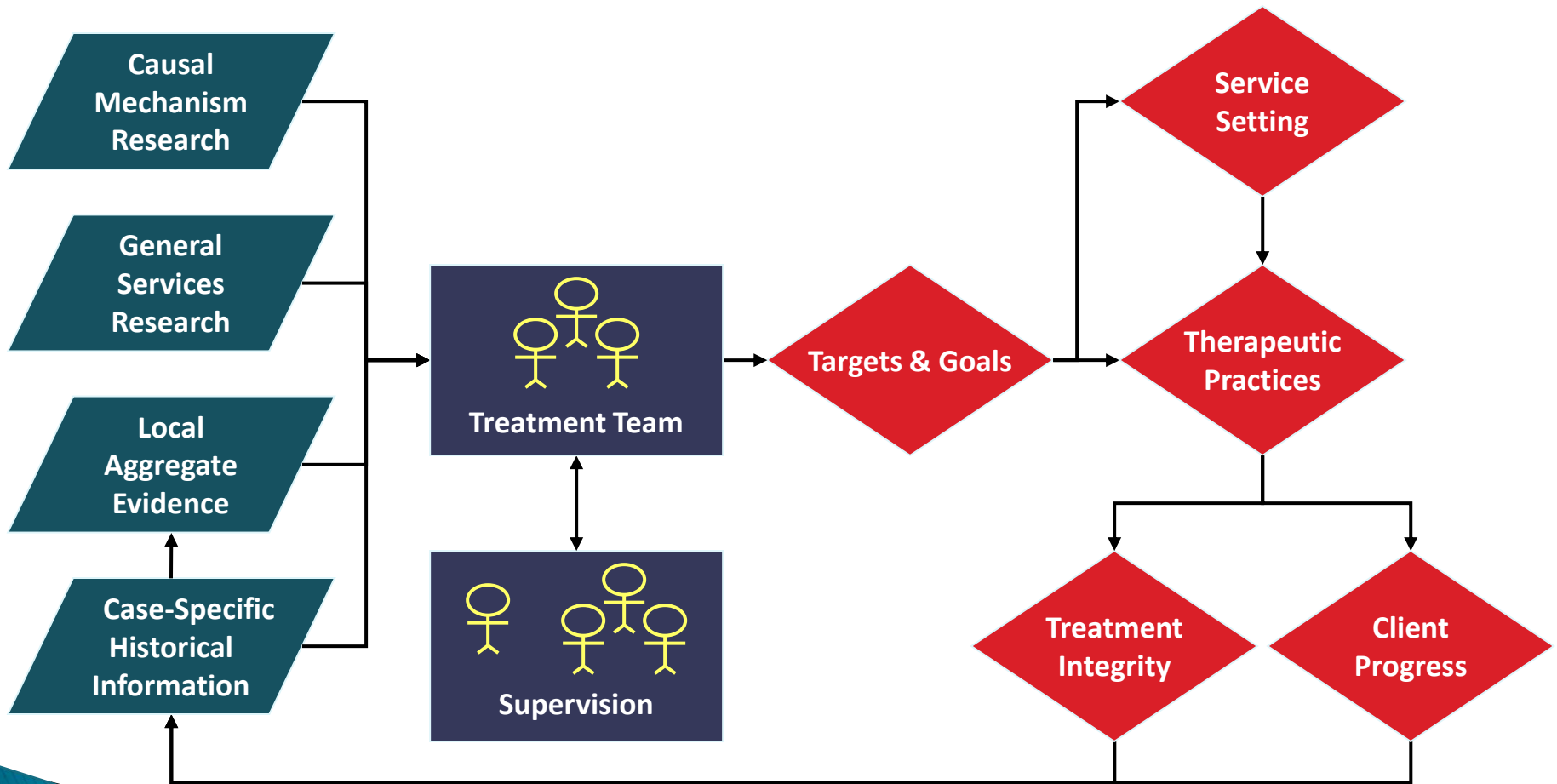
- ▶ Overview of the Practicewise Evidence Based System Model
- ▶ Review importance of therapeutic alliance & family involvement
- ▶ Review of most common elements tools, processes and practices

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
- 

The EBS System Model



What is in the treatment literature?

General
Services
Research

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

Information Overload



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

PWEBS Database

The screenshot shows a web browser window with the URL <http://www.practicewise.com/pwebs/index.aspx>. The browser's address bar also shows a tab titled "Evidence-Based Youth Men...". The website has a dark blue header with the "PracticeWise" logo on the left and the word "Welcome" in the center. Below the header is a navigation menu on the left with the following items: Home (highlighted), Youth Treatments, Treatment Protocols, Treatment Practice, Research Papers, Overview, Exit, and Display Options (with a +/- icon). The main content area is divided into two sections. The top section is titled "Evidence-Based Youth Mental Health Services Literature Database" and contains a welcome message: "Welcome! This application was created to help improve the lives of youth and families by providing information about mental health treatments for youth. This site allows you to search a database that contains treatment summaries based on an expert review of published research that meets specific standards for scientific quality." The bottom section is titled "Welcome to the Evidence-Based Youth Mental Health Services Literature Database" and provides a brief description of the database. It lists four search categories: "Search Youth Treatments" (for finding matching protocols, practices, and papers), "Treatment Protocols" (for finding protocols by author, title, or type), "Treatment Practice" (for viewing practice descriptions and finding protocols that use a specific practice), and "Research Papers" (for finding specific papers by author, title, or source). A note at the bottom of this section states: "By using this site you agree to the [Terms of Use](#)." The footer of the website contains the copyright notice: "© 2012 PracticeWise, LLC".

PracticeWise

Welcome

Evidence-Based Youth Mental Health Services Literature Database

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

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

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

Search Youth Treatments

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

Treatment Protocols

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

Treatment Practice

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

Research Papers

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

By using this site you agree to the [Terms of Use](#).

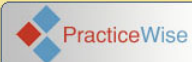
© 2012 PracticeWise, LLC

PWEBS: How Does It Work?

- ▶ Strength of Evidence
- ▶ Problem Type
- ▶ Age OR Grade
- ▶ Gender
- ▶ Ethnicity
- ▶ Setting
- ▶ Diagnosis
- ▶ “Families” (types) of treatments that have been shown to work
- ▶ Settings/Formats where/how the treatments took place
- ▶ The components of those treatments

YOU CAN SELECT

YOU GET BACK



Summary of Youth Treatments

Your current search criteria are:

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

Modify

Your search returned:

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

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

Summary of Treatment with Good Support or Better

Age (in Years): 5-18

Grade: 1-10

Duration (Days): 1-180

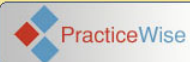
Frequency: Daily-Biweekly

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

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

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

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



Summary of Youth Treatments

Your current search criteria are:

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

Modify

Your search returned:

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

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

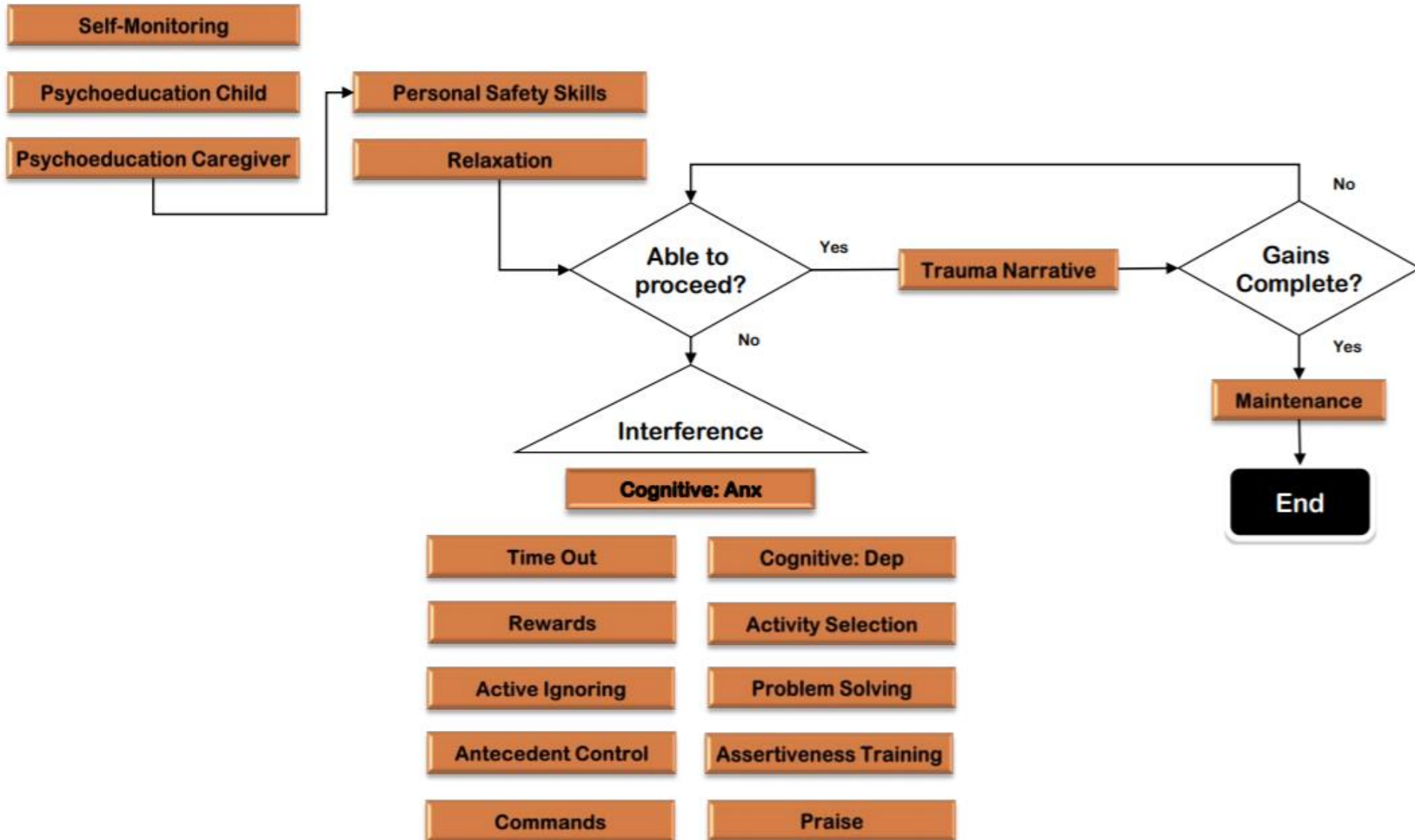
PRACTICE ELEMENT	PERCENT OF GROUPS	
Exposure		10
Relaxation	67	7
Cognitive	63	3
Psychoeducational-Child	57	
Psychoeducational-Parent	47	
Self-Monitoring	43	
Self-Reward/Self-Praise	43	
Maintenance/Relapse Prevention	40	
Modeling	33	
Tangible Rewards	33	
Therapist Praise/Rewards	33	
Problem Solving	30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

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

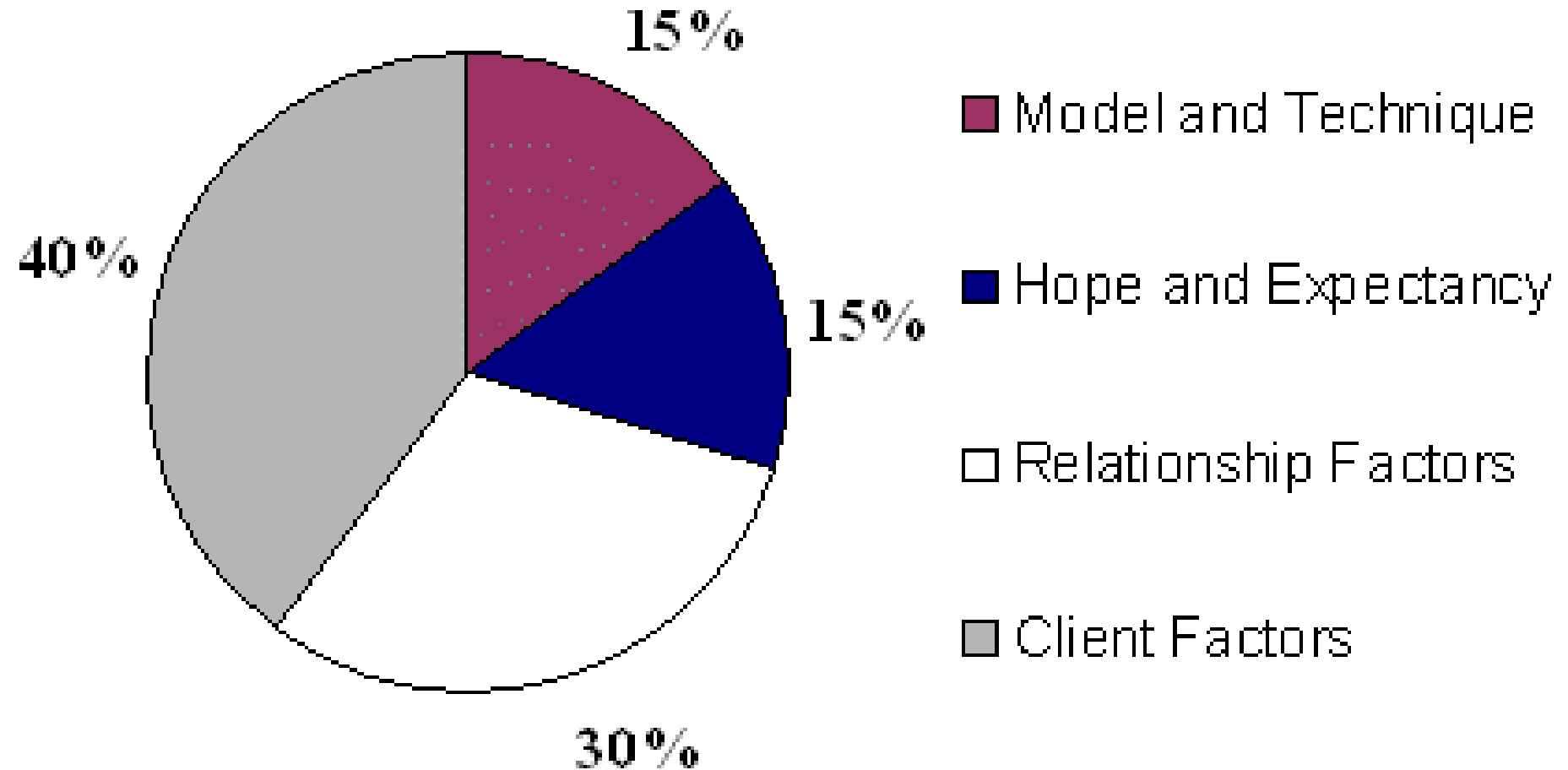
Target Area: Trauma

PRACTICE ELEMENT	PERCENT OF GROUPS
Exposure	92
Psychoeducation - Child	92
Cognitive	86
Relaxation	72
Narrative	63
Psychoeducation - Caregiver	55
Maintenance/Relapse Prevention	52
Personal Safety Skills	52
Insight Building	29

Treatment Pathway: Trauma



What Makes Psychotherapy Effective According to Research?



Who Creates the Outcomes.....

Therapists or Clients/Families?

“It is amazing
what you can
accomplish
if you do not
care who gets
the credit.”

-Harry S. Truman

Some of What Practitioner's Do That Works

- ▶ Build Therapeutic Alliance
- ▶ Have Empathy
- ▶ Create Goal Consensus and Collaboration
 - Have a Treatment Rationale
 - Follow Treatment Ritual/Routine
 - Collaborate on Treatment Planning
- ▶ Use Evidence Based Practices
- ▶ Have Positive Regard
- ▶ Increase Hope (desire or wish for something)
- ▶ Increase Expectancy of Change

Some of What Practitioner's Do That Works

- ▶ **Build Therapeutic Alliance (.45 Effect Size)**
- ▶ **Have Empathy (.32 Effect Size)**
- ▶ **Create Goal Consensus and Collaboration**
 - Treatment Rationale
 - Collaborative Treatment Planning
- ▶ **Use Evidence Based Practices**
- ▶ **Have Positive Regard**
- ▶ **Increase Hope (desire or wish for something)**
- ▶ **Increase Expectancy of Change**

Therapeutic Alliance is the #1 Controllable Predictor of Outcomes

- ▶ Youth therapeutic alliance is most predictive of symptom reduction.
- ▶ Caregiver therapeutic alliance is most predictive of participation in treatment.

Therapeutic Alliance Defined

- ▶ The bond or rapport between the client and therapist.
 - Trust
 - Working Collaborative Relationship
 - Therapist Perceived Helpfulness & Competence
- ▶ The agreement on therapeutic goals
- ▶ The agreement on tasks or components

Strategies that help

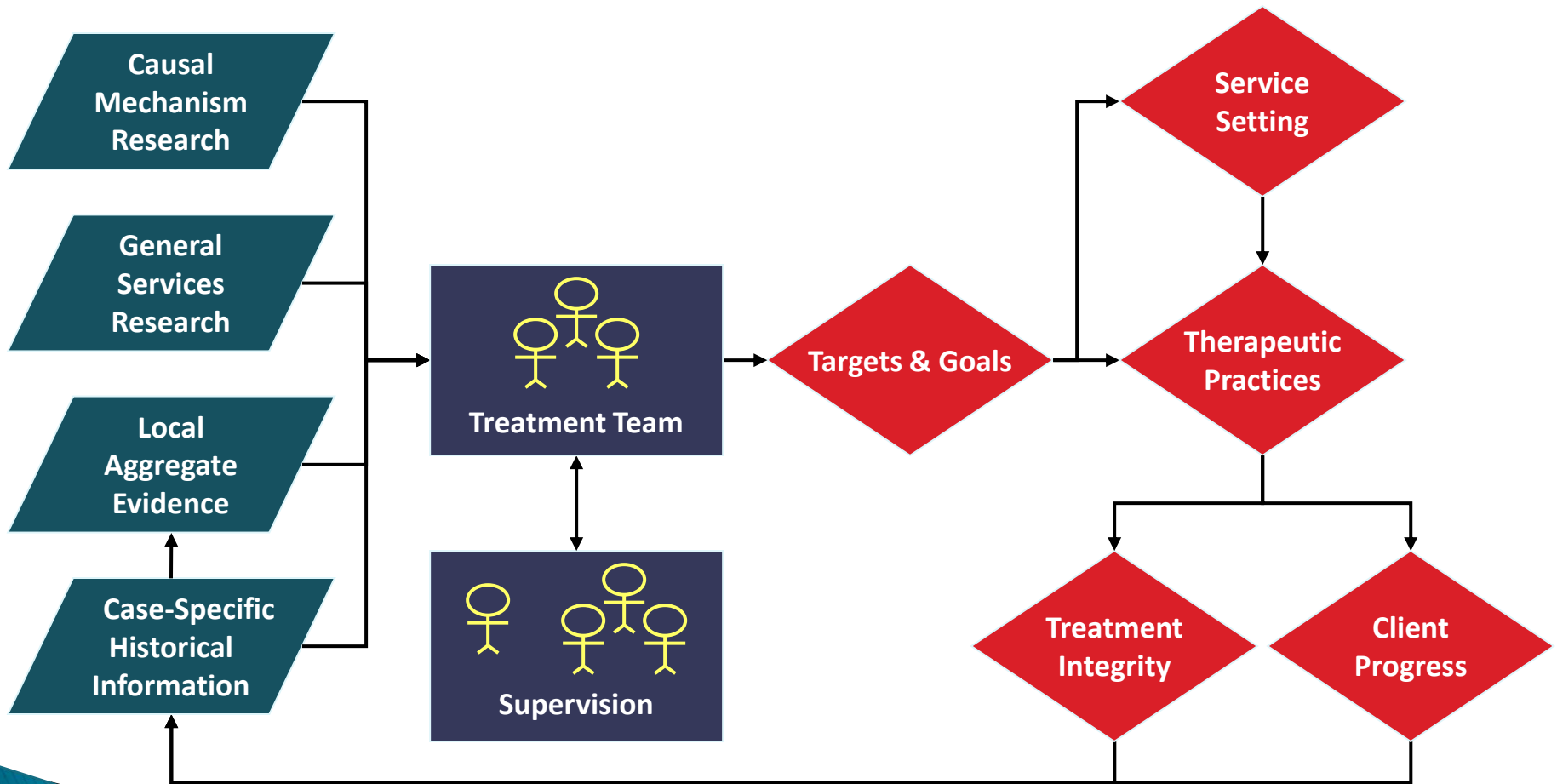
- ▶ Develop strong alliance early
- ▶ Listen to clients/client voice
 - Experiences, preferences, and realities.
 - See the world how they want you to see it.
- ▶ Request feedback on the therapy relationship
- ▶ Avoid critical comments, attacking, rejecting, or blaming



Why Involve Caregivers in Any Treatment?

- ▶ Schedule and keep appointments
- ▶ Are important sources of information
- ▶ Can encourage or discourage treatment
- ▶ Sustain outcomes after treatment ends

The EBS System Model



How do we keep track?

- Progress ratings
- Practice history

Case-Specific
Historical
Information

Treatment
Integrity

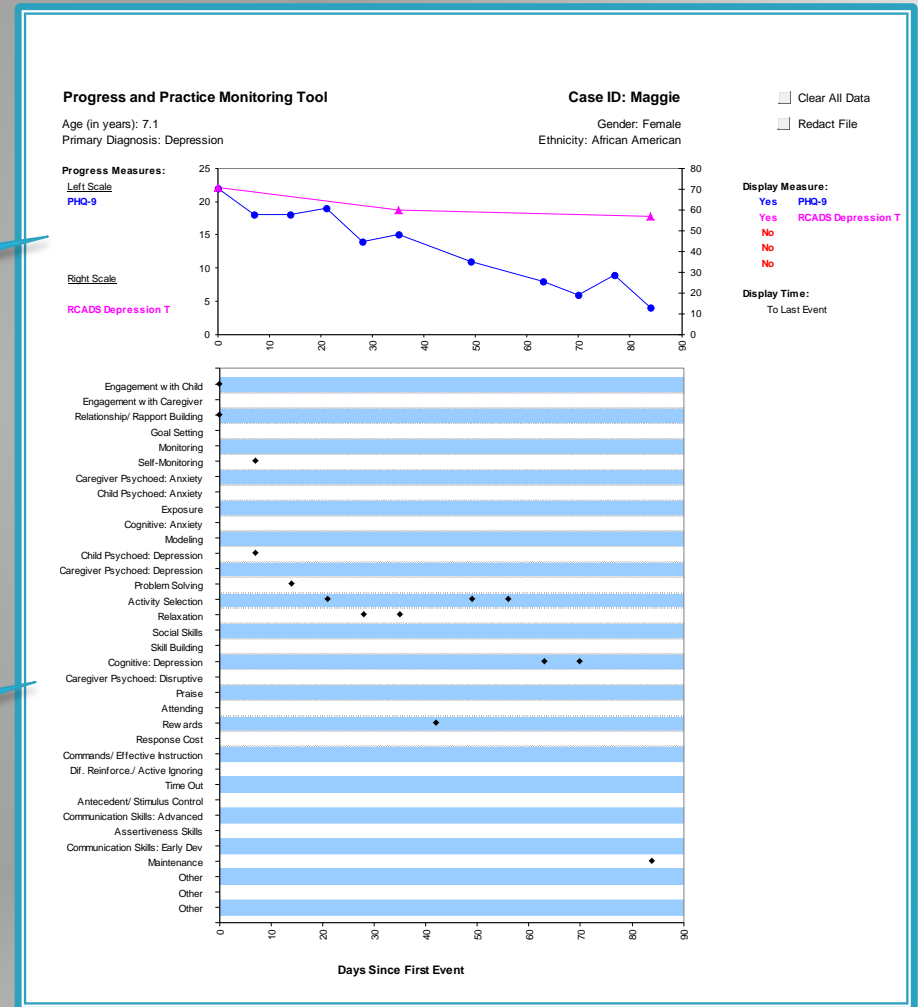
Client
Progress



Clinical Dashboard

Progress

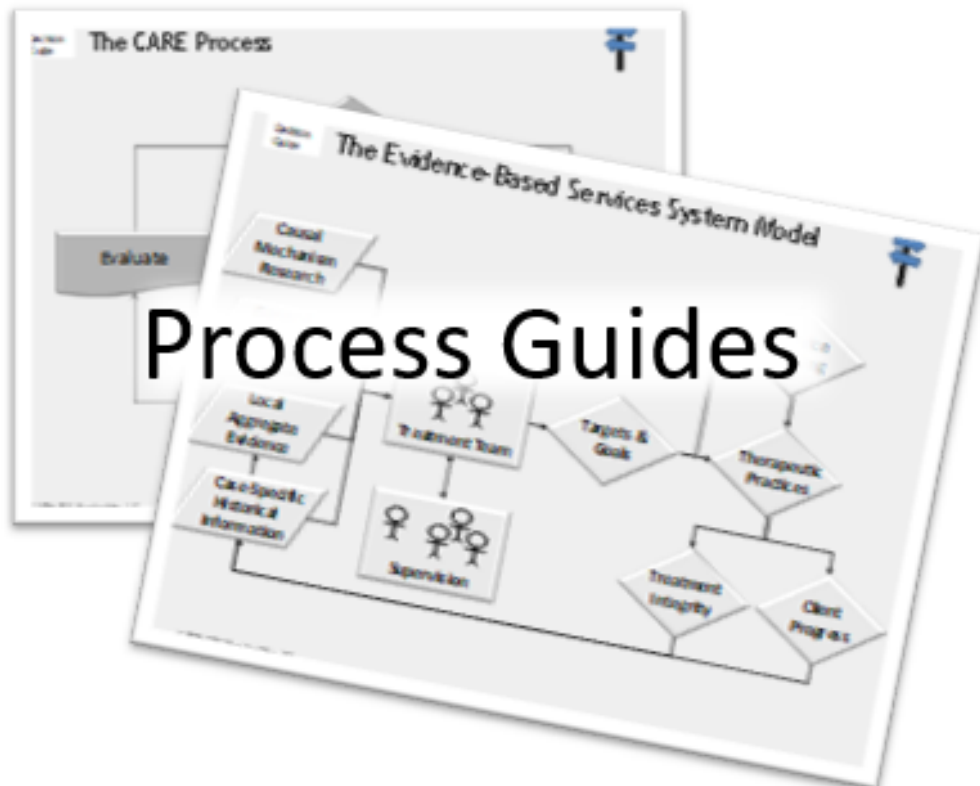
Practice



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?



= Discuss the goals for the service with the target behavior
 = The parent will not be...
 = Explain behavior...
 = Core skills to be...
 = Identify...
 = Plan...
 = Practice...
 = Monitor...

Have the child state specific goals for 5, 10, and 20 years. Then, ask:
 • How important is it for you to achieve these goals? Why?
 • What would it take for you to reach your goals?
 • Have you ever done something like this before?
 • What did it take for you to achieve your goals in the past?
 Ask: How will [the behavior] help you achieve your goals? How will

Motivational Enhancement

Objective:
 • To highlight for all regarding behavior outcomes and goals and current behavior
 • To increase perceptions of self for therapy

Steps:
 = **Adopt a collaborative, reflective role**
 The purpose of motivational enhancement is to prepare the client's reflective about behavior to achieve goals. The purpose of reflective behavior change is to...

Explain rationale
 Let the child know your intention for the process and what you want to be...

What level of responsibility for behavior
 Have the child think about the internal and external...

Helpful Tip:
 • Be sure the...
 • Be sure the...

Practice Guides

= What level of responsibility for behavior...
 = What level of responsibility for behavior...

The Session Planner

(Clinical Event Structure)

Use This When:

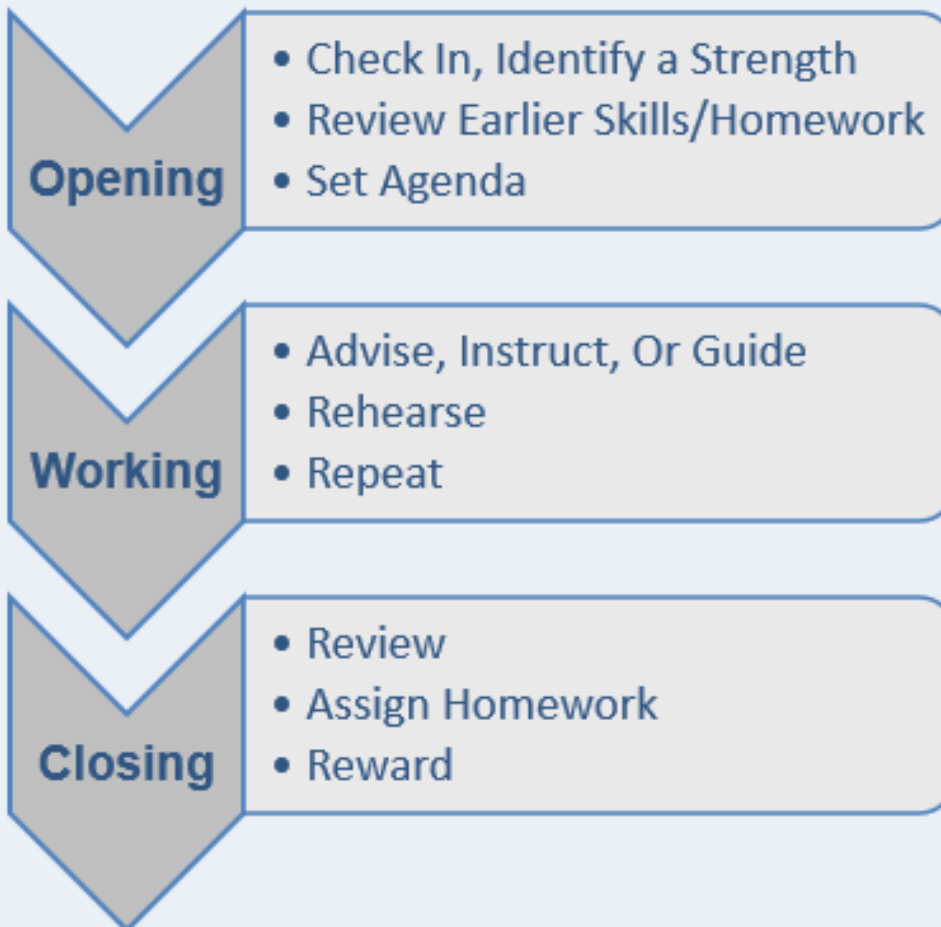
To plan and coordinate a service interaction.



Before Session

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

During Session



After Session

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



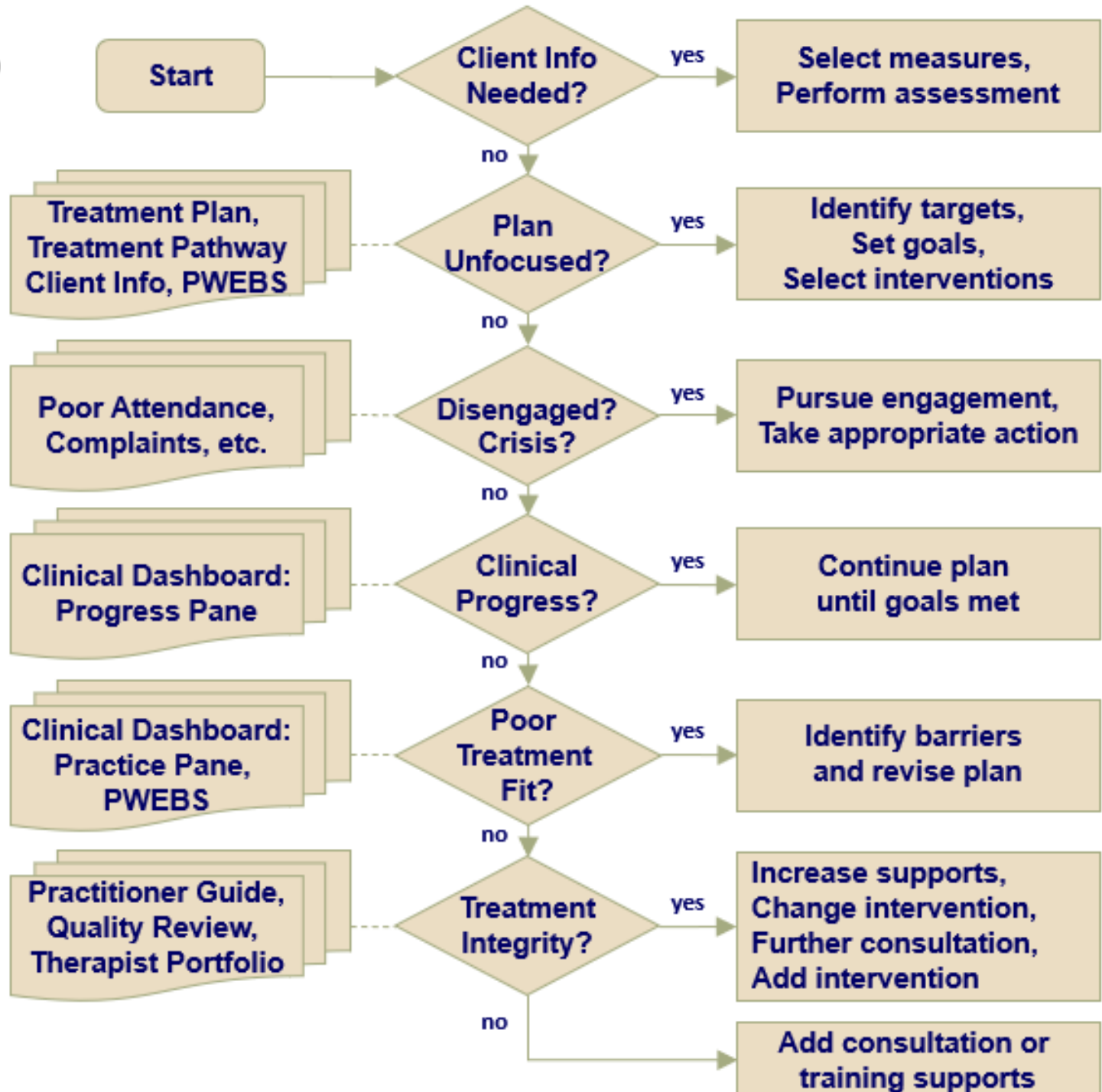
The MAP

Putting it all together...

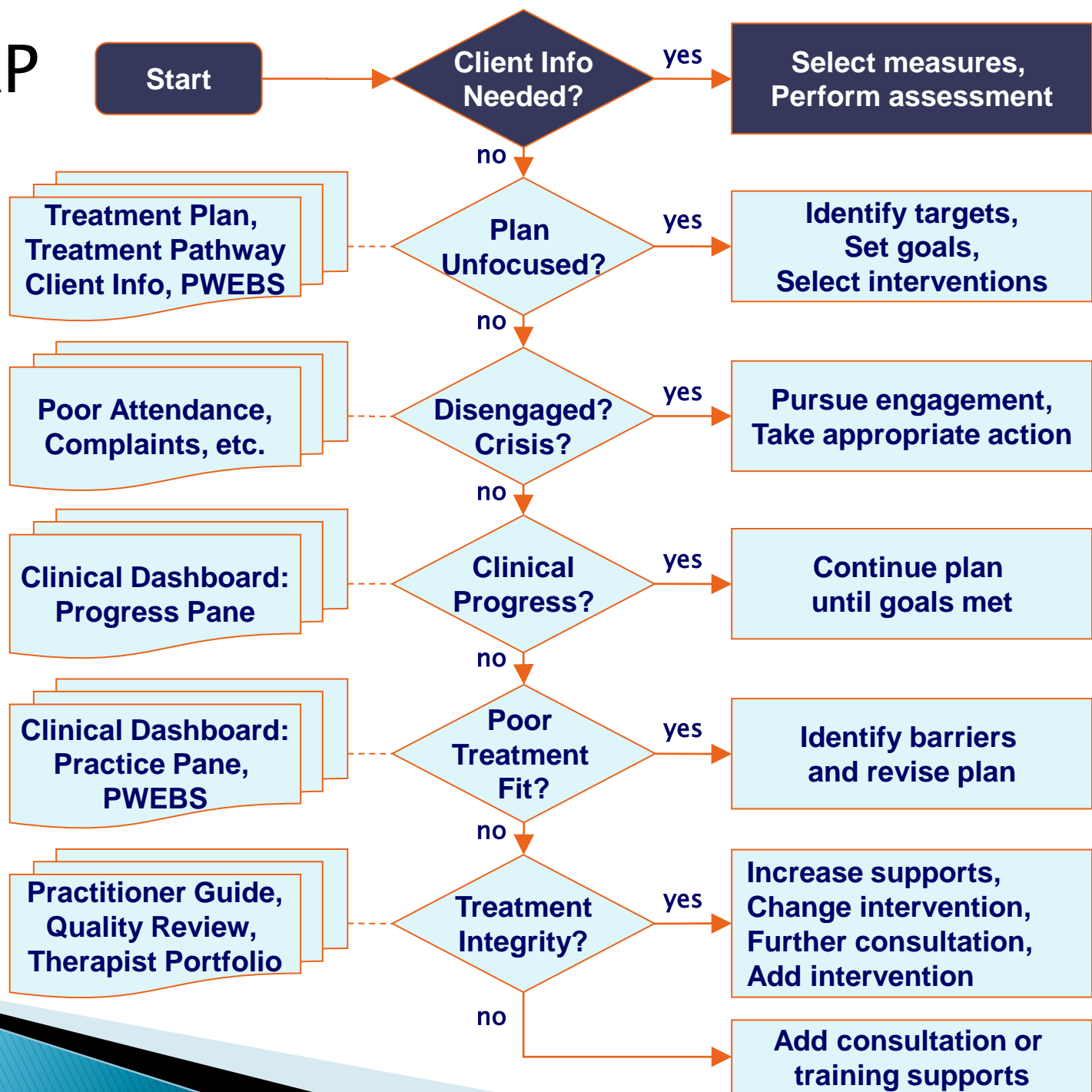
What is The MAP Process Guide?

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

THE MAP



THE MAP



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?

Multiple Domains

Main Symptoms

Comorbid Symptoms

Functioning

Depression

Anxiety

Disruptive

School Functioning

Ecology

RCADS Depression (Mom)

RCADS Total Anxiety (Mom)

ECBI (Mom)

Raises hand in class (Teacher)

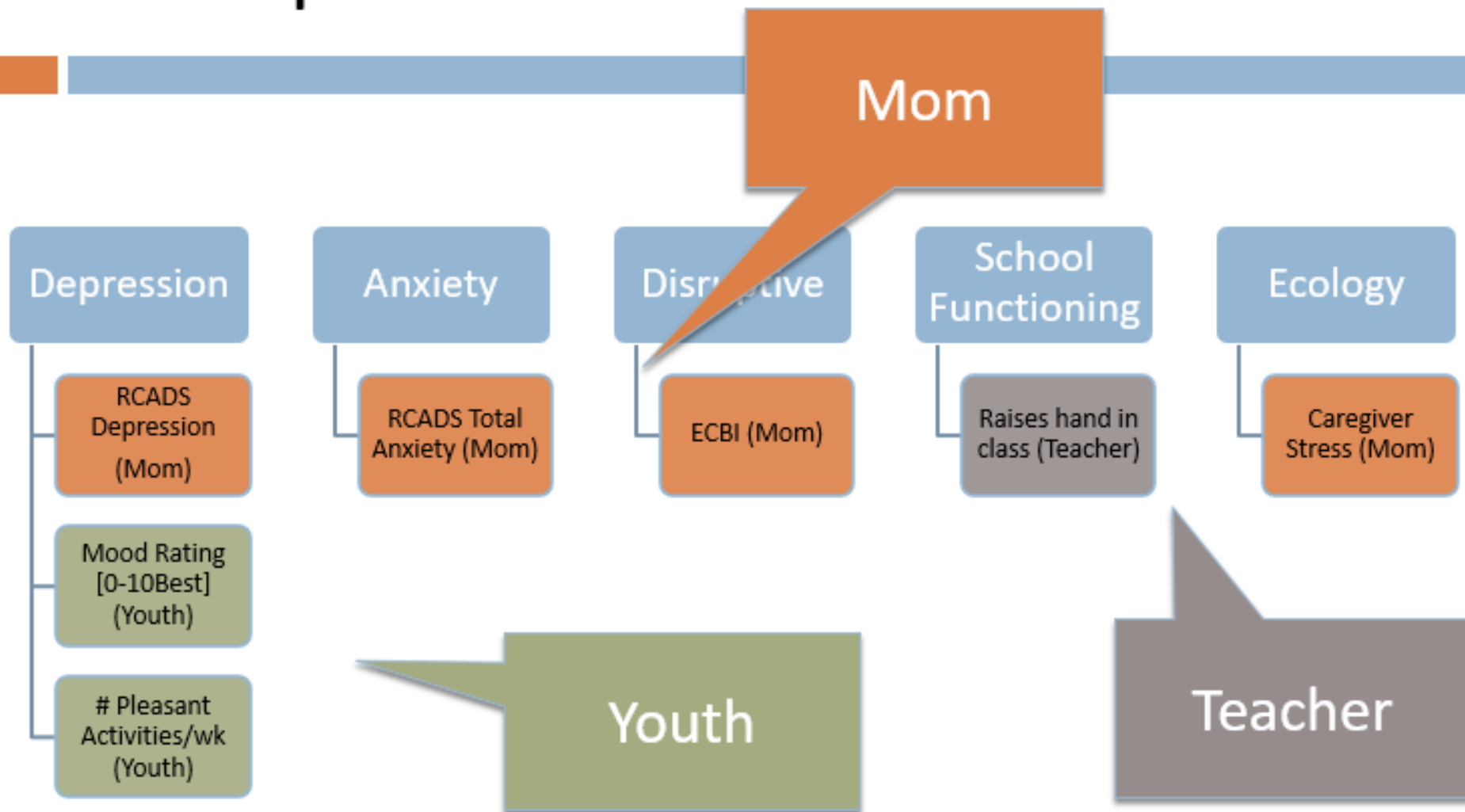
Caregiver Stress

Mood Rating [0-10Best] (Youth)

Pleasant Activities/wk (Youth)


















Ecology

Multiple Informants



Client Management Console

Your Account
Preferences
Report Question / Issue
Log Out
Clients
All Clients
Add Client
Reports
Assessment Scores
Clinical Significance Graph
Download Survey Data
Paper Surveys
Outcomes Data
Summary
Resources
PracticeWise

Download Printable Paper Surveys and Support Materials		
Format	Document	Description
 CIS-P		The Columbia Impairment Scale - Parent Version (PDF)
 CIS-Y		The Columbia Impairment Scale - Youth Version (PDF)
 CIS-P (Spanish)		The Columbia Impairment Scale - Parent Version (PDF) - Spanish
 CIS-Y (Spanish)		The Columbia Impairment Scale - Youth Version (PDF) - Spanish
 DECA Infant Form		Devereux Early Childhood Assessment For Infants (1 - 18 months of age) (PDF)
 DECA Infant Form (Spanish)		Devereux Early Childhood Assessment For Infants (1 - 18 months of age) (PDF) - Spanish
 DECA Norms Lookup Table (1-3 Months)		Devereux Early Childhood Assessment Norms Lookup Table (1-3 Months) (PDF)
 DECA Norms Lookup Table (3-6 Months)		Devereux Early Childhood Assessment Norms Lookup Table (3-6 Months) (PDF)
 DECA Norms Lookup Table (6-9 Months)		Devereux Early Childhood Assessment Norms Lookup Table (6-9 Months) (PDF)
 DECA Norms Lookup Table (9-18 Months)		Devereux Early Childhood Assessment Norms Lookup Table (9-18 Months) (PDF)
 DECA Toddler Form		Devereux Early Childhood Assessment For Toddlers (18 - 36 months of age) (PDF)
 DECA Toddler Form (Spanish)		Devereux Early Childhood Assessment For Toddlers (18 - 36 months of age) (PDF) - Spanish
 DECA Norms Lookup Table (18-36 Months)		Devereux Early Childhood Assessment Norms Lookup Table (18-36 Months) (PDF)
 DECA Clinical Form		Devereux Early Childhood Assessment For Children (36 - 60 months of age) (PDF)
 DECA Parent Norms Lookup Table (36-60 Months)		Devereux Early Childhood Assessment Parent Norms Lookup Table (36-60 Months) (PDF)
 DECA Teacher Norms Lookup Table (36-60 Months)		Devereux Early Childhood Assessment Teacher Norms Lookup Table (36-60 Months) (PDF)
 Ohio Scales		Ohio Youth Problem, Functioning and Satisfaction Scales (PDF)

IL HEALS Roster

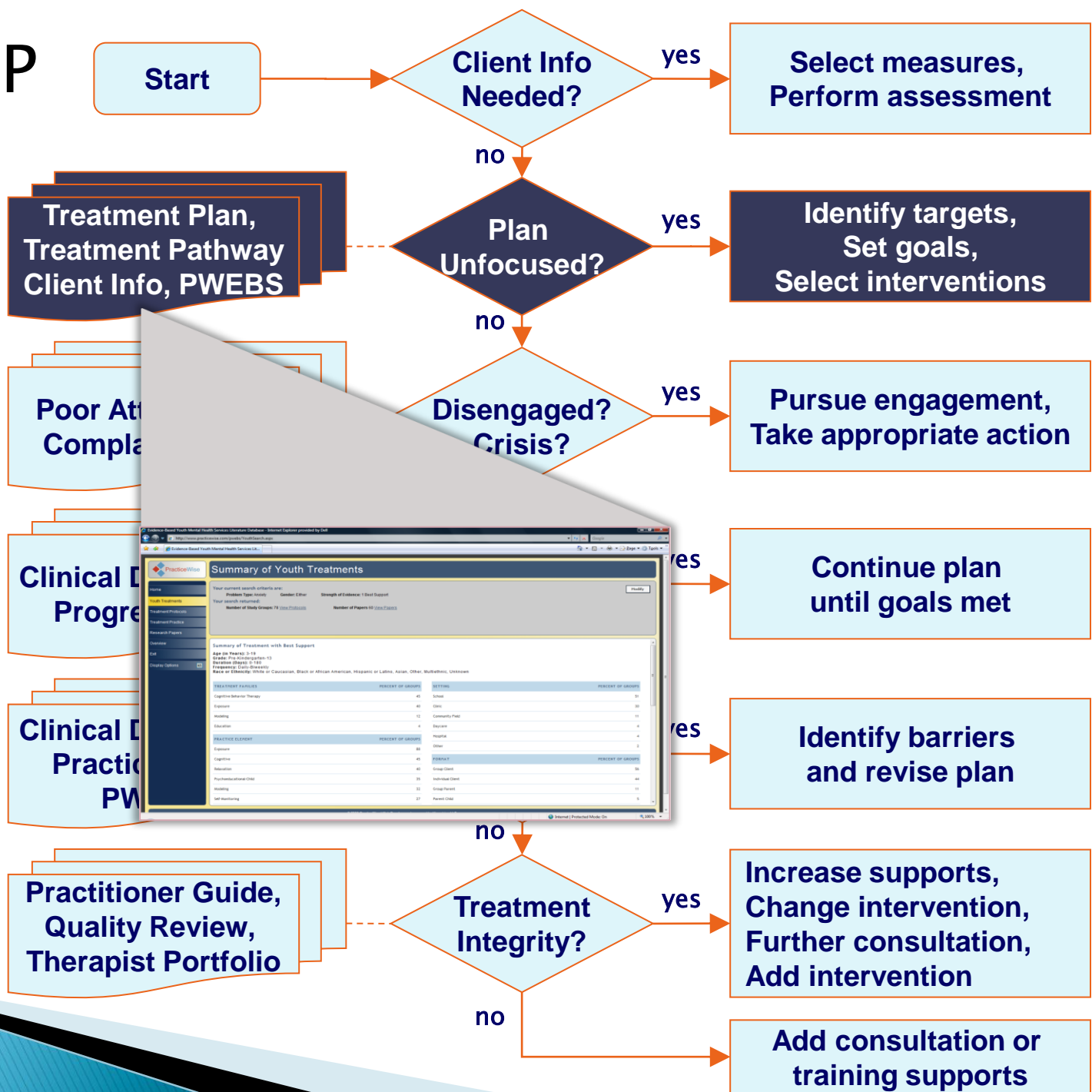
Monitoring

Training Handouts

BROAD BEHAVIOR

Difficulties in Emotion Regulation Scale (pdf)	Download
Parent/Teacher Disruptive Behavior Disorder Rating Scale (pdf)	Download
Pediatric Symptom Checklist (pdf)	Download
Strengths and Difficulties Questionnaire Parents and Educators 2-4 years (pdf)	Download
Strengths and Difficulties Questionnaire Parents and Educators 4-10 years (pdf)	Download
Strengths and Difficulties Questionnaire Parents and Educators 11-17 years (pdf)	Download
Strengths and Difficulties Questionnaire Self-Report 11-17 years (pdf)	Download
Strengths and Difficulties Questionnaire Scoring 4-17 years (pdf)	Download

THE MAP



The Treatment Planner

(Focus-Interference & Connect-Cultivate-Consolidate)

Focus

Target: _____

Practices:

Connect

Cultivate

Consolidate



Interference

Target(s): _____

Practices:

The Treatment Planner

(Focus-Interference & Connect-Cultivate-Consolidate)

Focus

Target: _____

Practices:

Connect

Cultivate

Consolidate



Interference

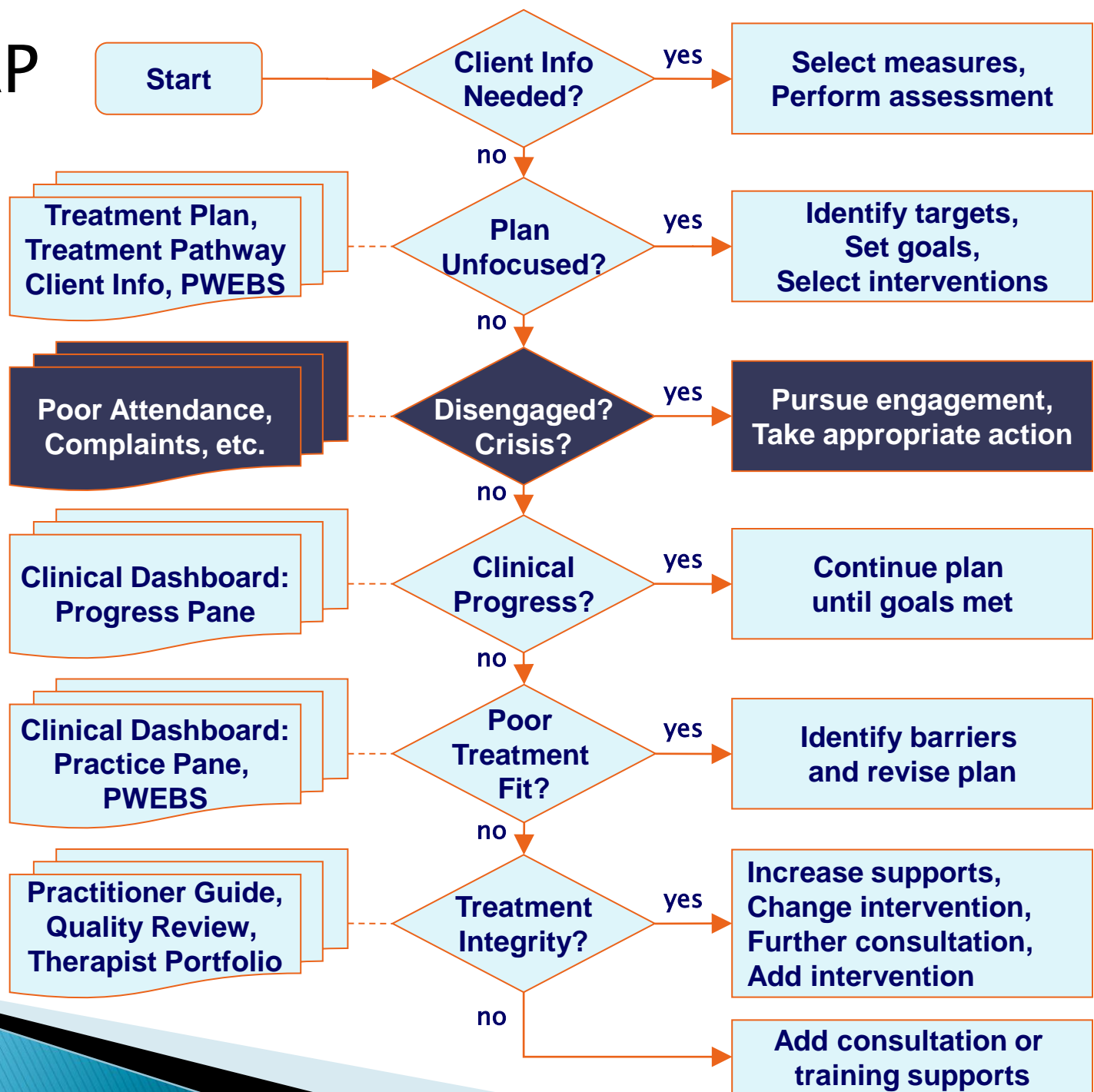
Target(s): _____

Practices:

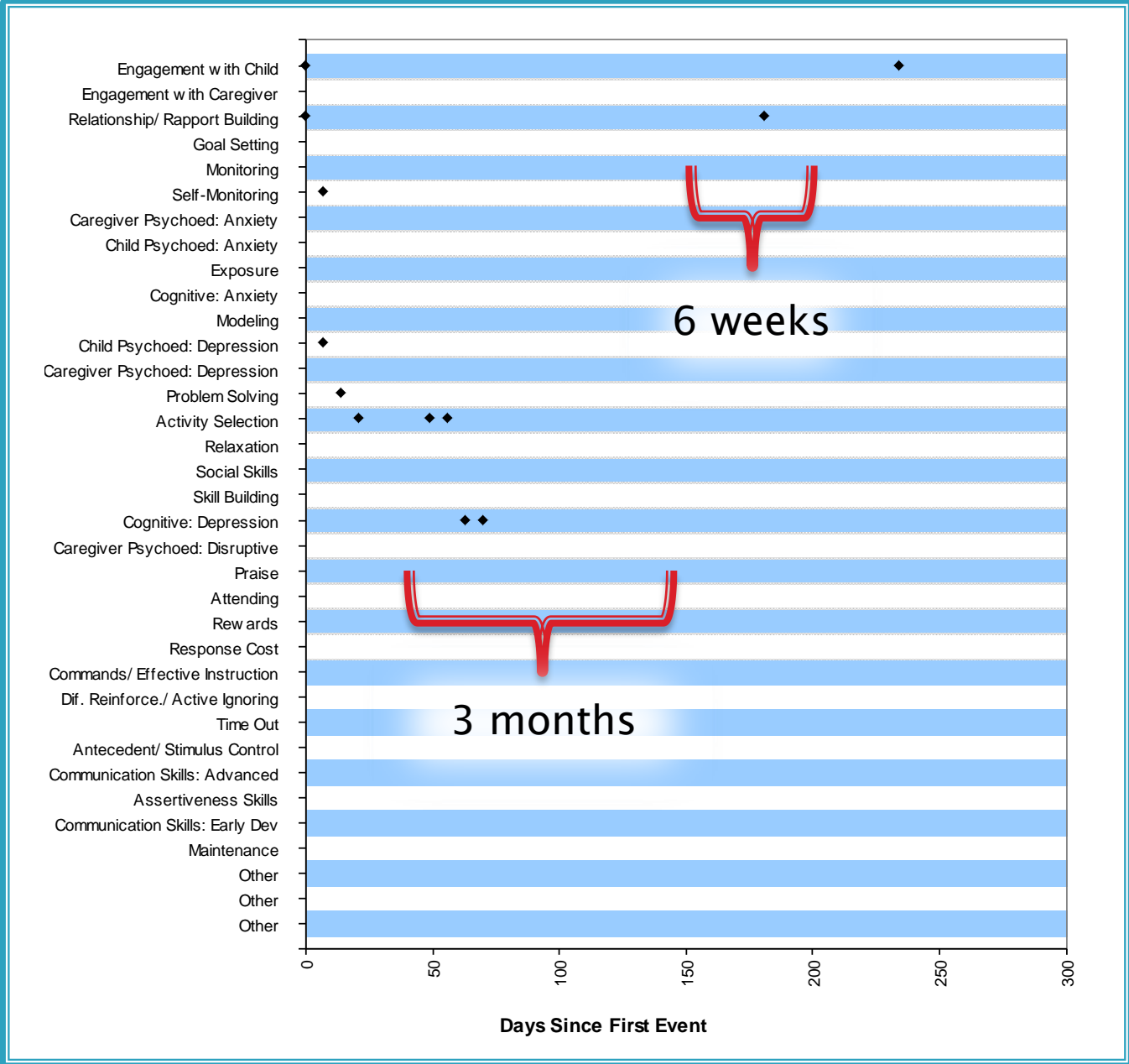


including me!

THE MAP



Evidence of poor engagement



Top 10 Most Common Elements to Increase Attendance

- 1) Assessment (58%)
- 2) Accessibility Promotion (47%)
- 3) Psychoeducation About Services (38%)
- 4) Homework Assignment (35%)
- 5) Appointment Reminders (26%)
- 6) Assessment of Barriers to Treatment (25%)
- 7) Role Play/Rehearsal (20%)
- 8) Eliciting Change Talk (18%)
- 9) Expectation Setting (14%)
- 10) Cultural Acknowledgement (17%)

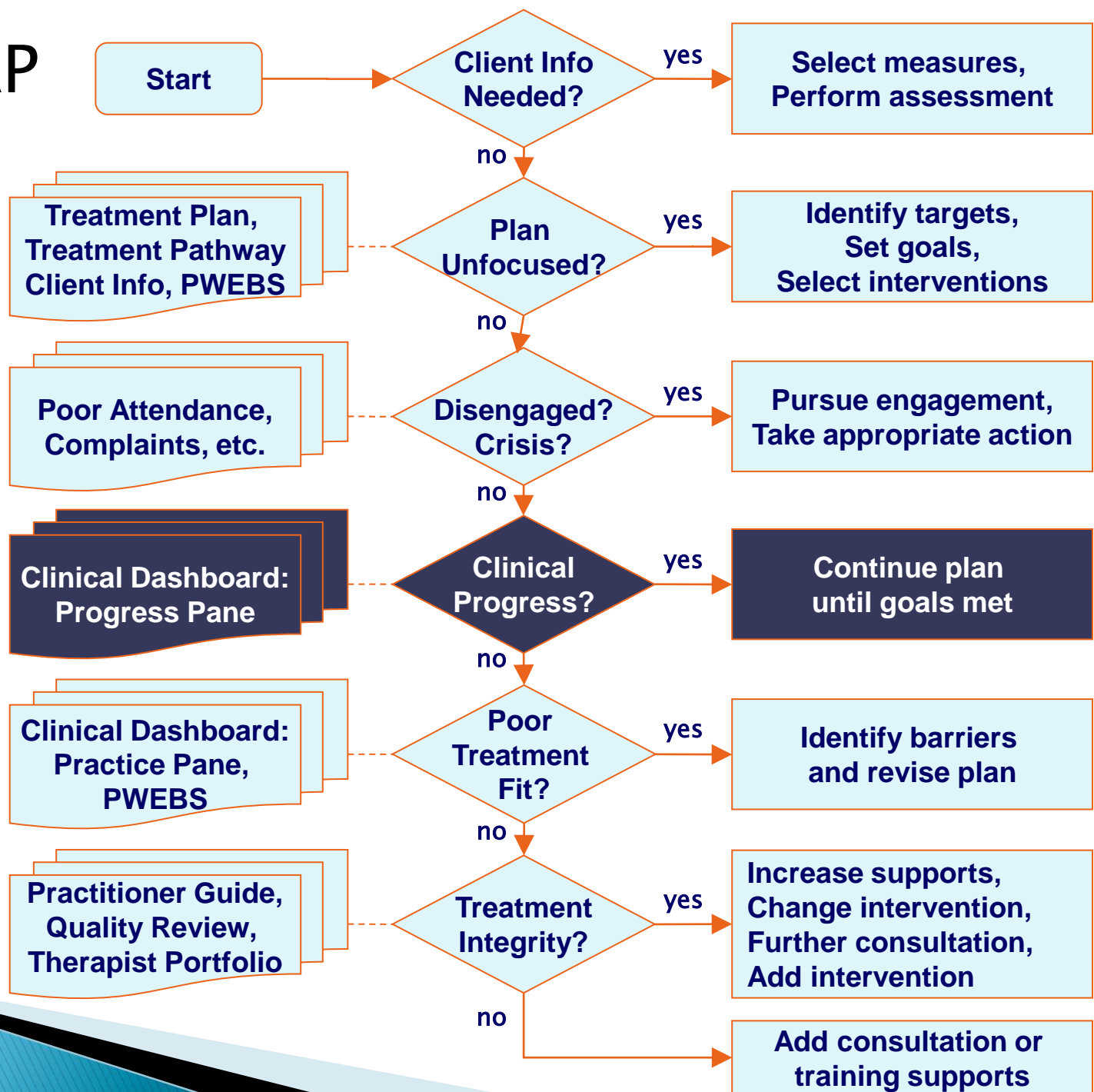
Top 10 Most Common Elements to Increase Cognitive Preparation

- 1) Assessment (64%)
- 2) Accessibility Promotion (27%)
- 3) Psychoeducation About Services (68%)
- 4) Homework Assignment (23%)
- 5) Role Play/Rehearsal (27%)
- 6) Expectation Setting (23%)
- 7) Modeling (23%)
- 8) Assessment of Barriers to Treatment (9%)
- 9) Therapist Reinforcement (9%)

Top 10 Most Common Elements to Increase Adherence

- 1) Assessment (57%)
- 2) Accessibility Promotion (64%)
- 3) Psychoeducation About Services (32%)
- 4) Homework Assignment (82%)
- 5) Assessment of Barriers to Treatment (32%)
- 6) Role Play/Rehearsal (36%)
- 7) Therapist Reinforcement (21%)
- 8) Peer Pairing (18%)
- 9) Support Networking (14%)
- 10) Expectation Setting (11%)

THE MAP



Progress is good:
Depression scores getting lower

Progress and Practice Monitoring Tool

Case ID: Maggie

Age (in years): 7.1
Primary Diagnosis: Depression

Gender: Female
Ethnicity: African American

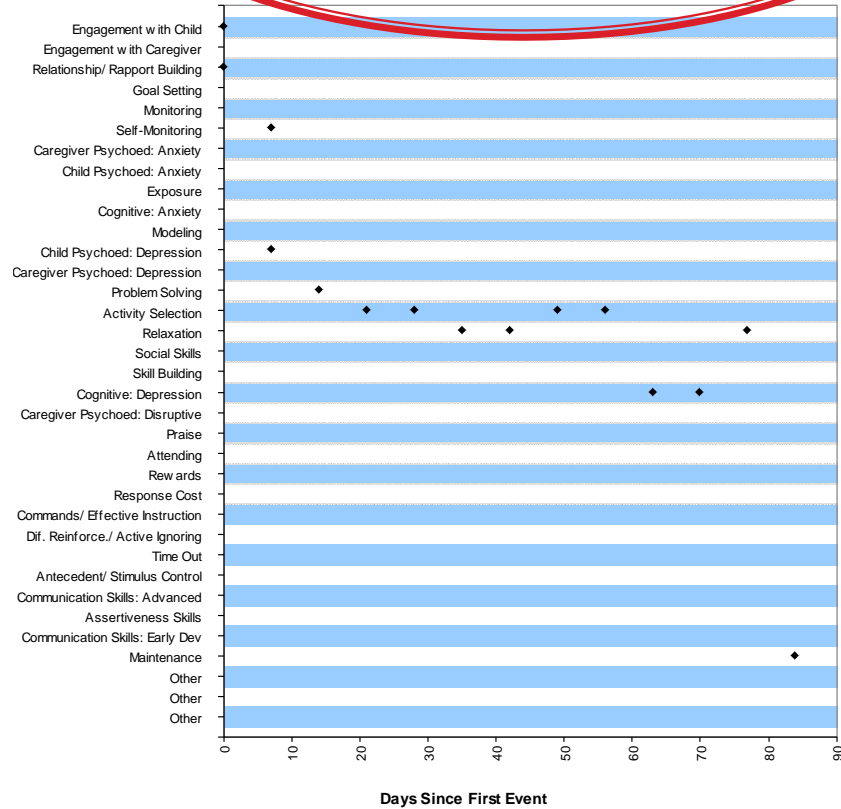
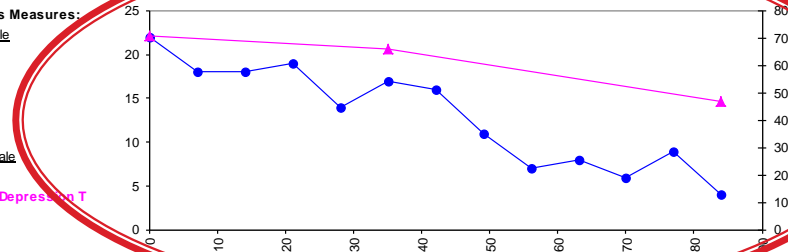
Progress Measures:

Left Scale

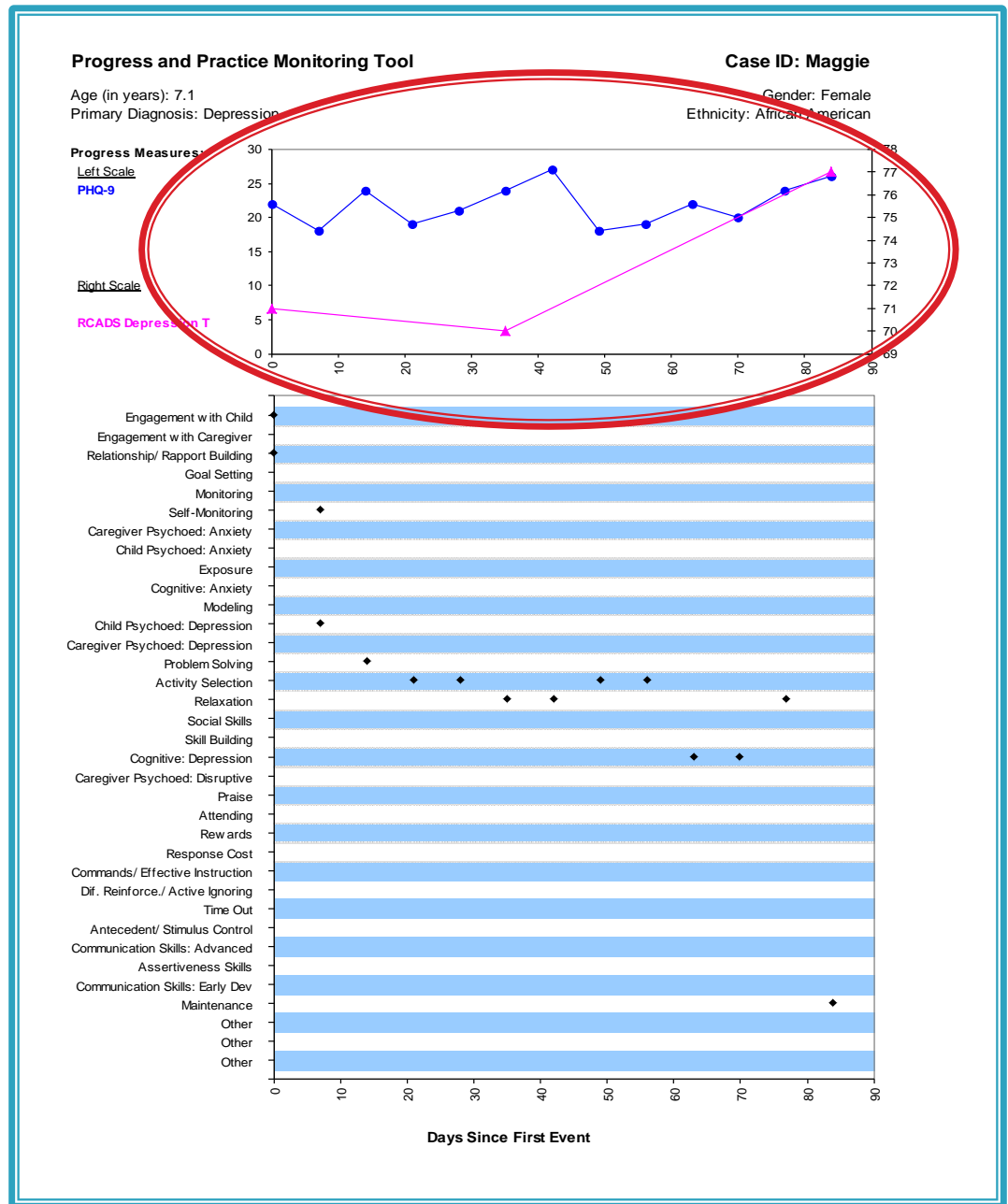
PHQ-9

Right Scale

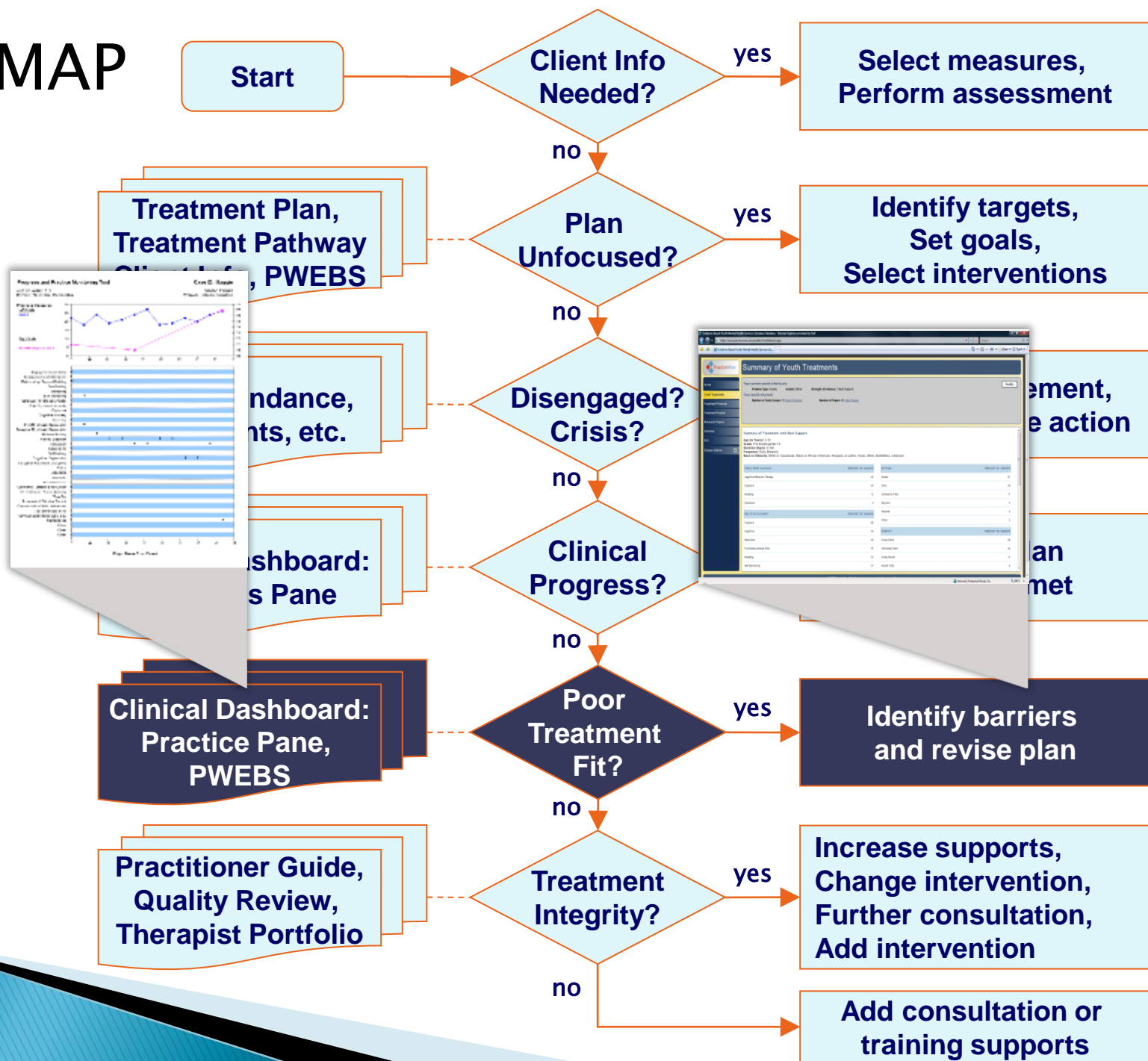
RCADS Depression T



Progress is poor:
 Depression scores
 same or getting
 higher



THE MAP



Do the practices fit the problem?

PracticeWise
Summary of Youth Treatments

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

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

TREATMENT ELEMENT	PERCENT OF GROUP	Individual
Cognitive	74	74
Psychoeducational-Child	66	66
Activity Selection	62	62
Maintenance/Relapse Prevention	59	59
Problem Solving	47	47
Self-Monitoring	47	47
Communication Skills	44	44
Social Skills Training	44	44
Goal Setting	41	41
Self-Rewards/Self-Praise	37	37
Psychoeducational-Parent	35	35
Behavioral Contracting	33	33
Relaxation	29	29
Guided Imagery	26	26
Talent or Skill Building	24	24

© 2012 PracticeWise, LLC



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





Embracing Diversity

Use This When:

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



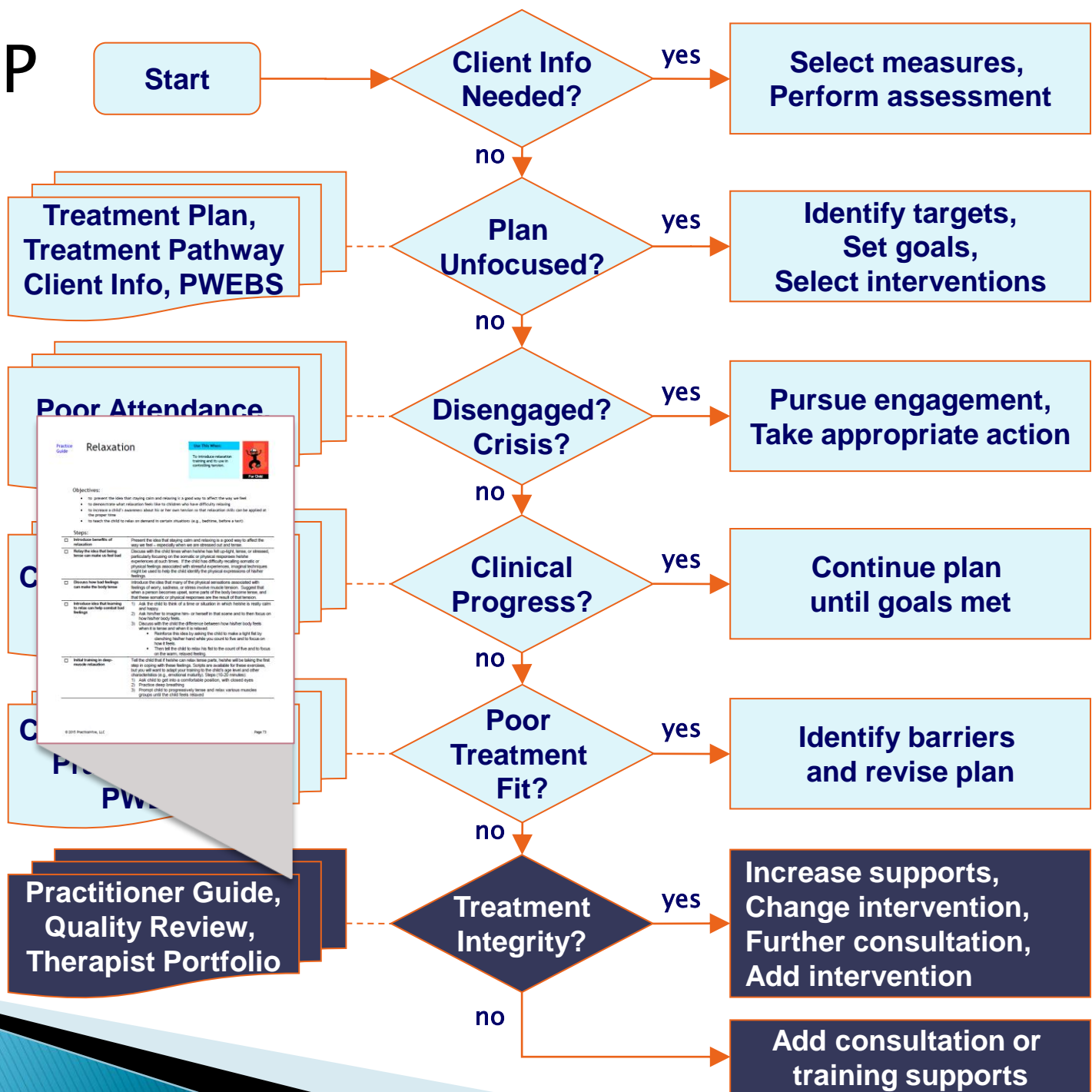
Adapt Process

- Style
- Communication
- Change Agent

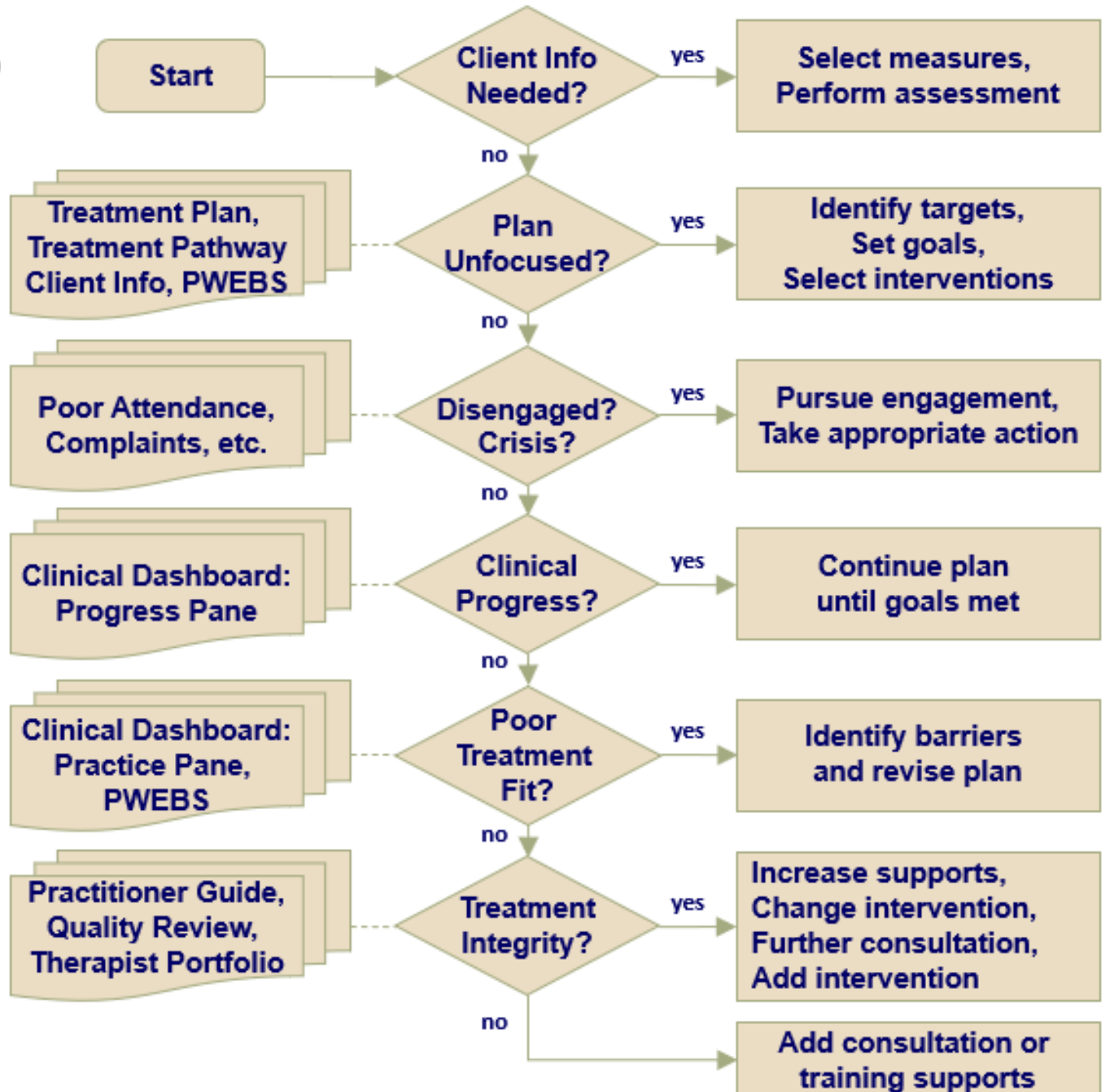
Adapt Content

- Conceptualization
- Message
- Procedures

THE MAP



THE MAP





Mobius Care/Therapy

- ▶ Increase portions of the day or week that are therapeutic.
- ▶ Empower caregivers and family members to provide therapeutic support.
- ▶ Create goals for activities within the week.

Example

- ▶ 1 hour of in-office services
- ▶ 2 hours of mindfulness exercises in health class
- ▶ 2 hours of reflective listening communication with a mentor
- ▶ 7 hours of classroom program promoting positive social skill
- ▶ 7 hours of supportive physical activity playing outside with the neighbor's kids
- ▶ 14 hours of effective parent strategies for social skills

Total = 33 hours of “therapy”

Summary

- ▶ Many evidence based practices exist
- ▶ Therapeutic alliance with youth and caregiver is paramount to making change
- ▶ Practicewise tools are available to help us improve quality of our services
- ▶ Healthy Communities create mobius care

Thank you!

- ▶ Thank you, Gracias, Hahoo, Dank u wel, Dua netjer en etj, Vinaka, Kiitoksia, Merci, Aayya, Danke, Efcharisto, Toda, Takk, Go raibh maith agat, Arigato, Gratia, Webale, Grazzi, Laengz zingh, Nihedebil, Bayarlalaa, Tusen takk, Dzieki, Obrigado, Da-wah-eh, Spasibo, Multumesc, Tapadh leibh, Hvala, Sha ja non, Gracias, Inwali, Tack, Khawp khun, Diolch

Contact Information

dmattbuckman@stressandtrauma.org

Phone: (618) 252-9036

Fax: (618) 216-9993

<http://stressandtrauma.org>