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*This webinar and the PowerPoint will be available on the NWI website. [http://www.nwi.pdx.edu/webinars.shtml](http://www.nwi.pdx.edu/webinars.shtml)
Coordinating Evidence Based Practices with Wraparound Using the Managing and Adapting Practice (MAP) System

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**National Wraparound Initiative Webinar**

**May 7, 2013**

Thanks to the Institute for Innovation and Implementation at the University of Maryland School of Social Work for their partnership in development work and to Catholic Community Services of Western Washington for their participation in the pilot testing of the Wrap + MAP idea.
Overview of the Webinar

• **Background**
  – Why do we need to pay more attention to effectiveness of clinical services in wraparound?

• **Overview of MAP**
  – The tools, resources, and coordinating structure of the Managing and Adapting Practice (MAP) system

• **Some first ideas**
  – What are some ways that MAP and wraparound might be coordinated, and toward what outcomes?

• **Learning as we go:**
  – Some examples from the field of how wraparound and MAP have been used together
  – Questions and suggestions from participants
What is the research base?  
Ten Published Controlled Studies of Wraparound

<table>
<thead>
<tr>
<th>Study</th>
<th>Target population</th>
<th>Control Group Design</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>1. Hyde et al. (1996)*</td>
<td>Mental health</td>
<td>Non-equivalent comparison</td>
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<td>2. Clark et al. (1998)*</td>
<td>Child welfare</td>
<td>Randomized control</td>
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<td>4. Bickman et al. (2003)*</td>
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<td>5. Carney et al. (2003)*</td>
<td>Juvenile justice</td>
<td>Randomized control</td>
<td>141</td>
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<td>6. Pullman et al. (2006)*</td>
<td>Juvenile justice</td>
<td>Historical comparison</td>
<td>204</td>
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<td>7. Rast et al. (2007)*</td>
<td>Child welfare</td>
<td>Matched comparison</td>
<td>67</td>
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<td>10. Grimes at el (2011)</td>
<td>Mental health</td>
<td>Matched comparison</td>
<td>211</td>
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*Included in 2009 meta-analysis (Suter & Bruns, 2009)
Effects of Wraparound are Significant

The figure shows the effect sizes across different domains with and without imputation. The effect sizes are categorized into three levels: Large (0.80), Medium (0.50), and Small (0.20). The bars indicate the mean ES for each domain:

- Combined Domains: Mean ES = 0.33, Mean ES w/o imputation = 0.39
- Living Situation: Mean ES = 0.42, Mean ES w/o imputation = 0.50
- Mental Health Outcomes: Mean ES = 0.23, Mean ES w/o imputation = 0.35
- School Functioning: Mean ES = 0.22, Mean ES w/o imputation = 0.36
- Community Functioning: Mean ES = 0.20, Mean ES w/o imputation = 0.28
Costs and residential outcomes are robust

• **Wraparound Milwaukee**
  – Reduced psychiatric hospitalization from 5000 to less than 200 days annually
  – Reduced average daily residential treatment facility population from 375 to 50 (Kamradt & Jefferson, 2008).

• **Controlled study of MHSPY program in Massachusetts** (Grimes 2011)
  – 32% lower emergency room expenses
  – 74% lower inpatient expenses than matched youths

• **CMS Psychiatric Residential Treatment Facility (PRTF) Waiver Demonstration project** (Urdapillete et al., 2011)
  – Average per capita saving by state ranged from $20,000 to $40,000.
Costs and residential outcomes are robust

• New Jersey
  – Saved over $30 million in inpatient psychiatric expenditures over 3 years (Hancock, 2012).

• Maine
  – Reduced net Medicaid spending by 30%, even as use of home and community services increased
  – 43% reduction in inpatient and 29% in residential treatment expenses (Yoe, Bruns, & Ryan, 2011)

• Los Angeles County DSS found 12 month placement costs were $10,800 for Wraparound-discharged youths compared to $27,400 for matched group of RTC youths
Wraparound is increasingly considered “evidence based”

- State of Oregon Inventory of EBPs
- California Clearinghouse for Effective Child Welfare Practices
- Washington Institute for Public Policy: “Full fidelity wraparound” is a research-based practice
So there is some “proof”...
But what could be improved?

- Effect sizes of meta analysis twice as big for residential and cost outcomes as for clinical/functional outcomes
- Randomized study in press showed better outcomes for traditional case management connected to clinical care than wraparound (Bruns et al., 2010)
- Study comparing Wrap to MST (Stambaugh et al., 2007) found wraparound reached more youths but better clinical outcomes and shorter length of intervention for MST
- **Question:** Does the lack of specificity about how to use research evidence in wraparound reduce:
  - Clinical/functional effectiveness?
  - Efficiency?
  - Quality of options for families and teams?

Ten principles of the wraparound process

- Youth/Family drives goal setting
- Single, collaboratively designed service plan
- Active integration of natural supports and peer support
- Respect for family’s culture/expertise
- Opportunities for choice
- Active evaluation of strategies/outcomes
- Celebration of success

Model adherent wraparound

Short term outcomes:
- Better engagement in service delivery
- Creative plans that fit the needs of youth/family
- Improved service coordination
- Follow-through on team decisions
- Family regularly experiences success/support

Phases and Activities of the Wraparound Process

Family assets:
- Achievement of team goals
- Increased social support and community integration
- Improved coping and problem solving
- Enhanced empowerment
- Enhanced optimism/self-esteem

More effective services:
- Participation in services
- Services that “work” for family

Long term outcomes:
- Stable, home-like placements
- Improved mental health outcomes (youth and caregiver)
- Improved functioning in school/vocation and community
- Improved resilience and quality of life

Theory of change for wraparound process

From Walker (2008)
Necessary Supports for Wraparound

Effective Team
* Process + Principles

Supportive Organizations
* Training, supervision, climate and culture

Hospitable System
Funding, Policies, Service Array, Accountability

Organizations

Teams + Principles
What principles are associated with the best outcomes?

- Being OUTCOMES BASED (Bruns et al., 2010; Cox et al, 2009; Effland & Walton, 2011)
  - Setting goals/identifying priority needs and tracking progress
- Focus on STRENGTHS (Cox / Effland)
- Connection to COMMUNITY and NATURAL SUPPORTS (Cox / Effland)
  - Natural and community supports are present and have clear roles on teams
Principles most associated with outcomes are hardest to achieve

Mean Caregiver WFI score (N=2200 from national dataset)
Ideas for coordinating evidence based care with Wraparound

1. Consult the research base when generating strategies to meet youth and family needs during the wraparound planning process

2. Support clinicians to use effective practices that connect to the youth and family’s priority needs

3. Provide family and youth peer partners, mentors, and community supports with appropriate training and support to reinforce EBP use

4. Monitor progress and practice more consistently and change plans as needed
## Big ideas to Coordinate Wraparound with EBP

<table>
<thead>
<tr>
<th>Big Ideas</th>
<th>Proposed enhancement</th>
<th>Mechanisms for achieving</th>
<th>Hypothesized effects</th>
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<td>Generate evidence based strategies that fit the youth and family’s needs during planning and delivery</td>
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The question is: **HOW?**

What is an approach to EBP that would work for wraparound?
Why consider MAP?

• MAP was an approach developed in a statewide system of care
• Built to address service quality problems
• MAP is not a treatment – it is a system to support decision making and action by youth, families, service providers, case managers...
What we know about EBTs

• Lots of evidence that EBTs could be helpful
• But fit with system is an issue
  – “bundling” of practices, setting, measures...leaves little room for family choice, for context fitting
  – Many youth not eligible for EBTs
  – Those who do not respond to EBTs need continued supports...which are?
  – Over-emphasis on general knowledge vs. local knowledge
What can we leverage?

• Our attempt to throw out only the bathwater...

• We moved to an *a la carte* approach, by unpacking the EBT *knowledge* from the EBT *products*

• This is about informing choices, and enhancing collaboration and communication with dedicated resources
Getting down to the building blocks of “what works”

Families

Protocols

Practice Elements
Informed Collaboration

• PracticeWise EBS Database
  – Approx 700 trials that represent specific strategies for addressing particular youth and family needs
Informed Collaboration

- **Clinical Dashboard**
  - A communication tool that allows for feedback and exploration of local evidence regarding youth and family goals, progress over time, practice history, team involvement
  - Facilitates more rapid-self correction, team learning
Dedicated Resources for Decisions and Action
Towards Balance and Good Fit

• We hope to better understand how to coordinate the best aspects of these ideas
• Find new opportunities to improve youths’ and families’ lives and to strengthen communities
The MAP Proposal: Organize EBP into a Knowledge Management Approach

- See the evidence base as *knowledge* and not simply *products*...
- Organize libraries of common practices and processes with empirical support
- Build information resources and tools
- Coordinate delivery systems to support practitioners to generate ideas for addressing questions with the “best evidence”
- And... to self-correct over time
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<tr>
<td>Generate evidence based strategies that fit the youth and family’s needs during planning and delivery</td>
<td>Use MAP tools to generate a broader array of research-based options that fit the youth and family’s needs</td>
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<tr>
<td>Support clinicians to use effective therapies that connect to the youth and family’s priority needs</td>
<td>When therapeutic needs are identified, ensure clinicians use effective treatment elements that connect to the youth and family’s strengths and preferences</td>
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<tr>
<td>Help family and youth partners, mentors, and other community supports to reinforce research based strategies</td>
<td>Parent and youth partners, mentors, behavioral specialists, and others serve as “care extenders,” provide appropriate follow-on support to treatment strategies</td>
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<tr>
<td>Monitor progress and practice more consistently and change plans as needed</td>
<td>Use a structured tool to monitor progress and practices consistently and use the information to revise plans as needed</td>
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What are the MAP tools and resources?
Managing and Adapting Practice (MAP)

A System to Support Informed Collaboration
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?
Who should treat the youth?

How should we manage the treatment?
What evidence drives decisions?

Evidence Based Treatment (EBT) Model
What evidence drives decisions?

**Individualized Case Conceptualization Model**

- Clinical Theory
- Individual Case
- Treatment Team
- Supervision
- Service Setting
- Therapeutic Practices
  - Treatment Integrity
  - Client Progress

**Key Concepts:**
- What evidence drives decisions?
- Treatment Integrity
- Client Progress
- Individualized Case Conceptualization Model
What evidence drives decisions?

**Practice-Based Evidence Model**

- **Service Setting**
- **Therapeutic Practices**
  - **Treatment Integrity**
  - **Client Progress**

- **Treatment Team**
- **Supervision**

- **Aggregated Cases**
- **Individual Case**
The Full Model

Clinical Theory
Treatment Research
Aggregated Cases
Individual Case

General Knowledge

Treatment Team
Supervision

Therapeutic Practices
Service Setting
Treatment Integrity
Client Progress

Local Knowledge
Selecting a treatment program will often dictate these decisions
Example

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

CBITS Fidelity Measure  Child PTSD Symptom Scale & CDI

Client Progress

Treatment Integrity

CBITS

Therapeutic Practices

School-Based/Clinic Based

Service Setting

CBT

Treatment Program

Group Leader(s)

Treatment Team

Supervision

Consulting Supervisor
But decisions can be “unbundled” by selecting **targets and goals** first and making other decisions in turn.
Managing and Adapting Practice (MAP)

Tools Overview
Where does the treatment research come in?

- Ongoing Review and Analysis
  - 700+ randomized clinical trials
  - 45 years
  - 1,700+ study groups
  - > 50,000 youth participants
Information Overload

“Good to see you, Maggie. As soon as I finish reading these papers, we can start our session today.”
Automated Review of Child RCTs
This tells you the practice elements that match the youth characteristics entered.
From “What to Do” to “How to Do...”

Practice Guides
Problem Solving

Objectives:
- to teach a method of problem solving that involves clearly defining the problem, generating possible solutions, examining the solutions, implementing a solution and evaluating its effectiveness

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

For Child

Steps:
1. Normalize problems
2. Discuss the fact that we all have problems, every day. Solving them can make us feel good, and not solving them can make us feel bad.
3. 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.
4. Ask the child to begin thinking about a particular problem he/she has experienced lately.

What It Is
When to Use It
Who It’s for
# About the 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. Say what the problem is
2. Think of solutions
3. Examine each one (what good and bad things would happen if he/she tried this solution?)
4. Pick one and try it out
5. See if it worked. If so, great! If not, go back to the list of solutions and try another one.

**Practice using the problem solving steps**

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

- Not just ingredients...
Putting Practices Together

Focus

Interference
Putting Practices Together

Focus

Connect \rightarrow Cultivate \rightarrow Consolidate

Interference
Depression Example

Focus

- Connect
  - Engagement
  - Psychoeducation

- Cultivate
  - Activity Selection
  - Cognitive Problem Solving...

- Consolidate
  - Maintenance
  - Booster

Interference

- Low Motivation: Rewards
- Complaining and Irritability: Active Ignoring
- Tantrums: Time Out...
**The Session Planner**  *(Clinical Event Structure)*

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

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

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

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Embracing Diversity

Adapt Process
- Style
- Communication
- Change Agent

Adapt Content
- Conceptualization
- Message
- Procedures
Local Knowledge to Inform Adaptation, Self-Correction
Local Knowledge Resource: Dashboard

Progress and Practice Monitoring Tool

Case ID: Maggie
Gender: Female
Ethnicity: African American

Age (in years): 7.1
Primary Diagnosis: Depression

Progress Measures:
- Left Scale
  - PHQ-9
  - RCADS Depression

Right Scale
- Engagement with Child
- Engagement with Caregiver
- Relationship/ Rapport Building
- Goal Setting
- Monitoring
- Self-Monitoring
- Caregiver Psychoed: Anxiety
- Child Psychoed: Anxiety
- Exposure
- Cognitive: Anxiety
- Modeling
- Child Psychoed: Depression
- Caregiver Psychoed: Depression
- Problem Solving
- Activity Selection
- Relaxation
- Social Skills
- Communication Skills: Advanced
- Assertiveness Skills
- Communication Skills: Early Dev
- Maintenance
- Other
- Other
- Other
- Other

Days Since First Event
Progress is Good: Depression Scores Getting Lower
Evidence of Poor Engagement

Days Since First Event

- Engagement with Child
- Engagement with Caregiver
- Relationship/ Rapport Building
- Goal Setting
- Monitoring
- Self-Monitoring
- Caregiver Psychoed: Anxiety
- Child Psychoed: Anxiety
- Exposure
- Cognitive: Anxiety
- Modeling
- Child Psychoed: Depression
- Caregiver Psychoed: Depression
- Problem Solving
- Activity Selection
- Relaxation
- Social Skills
- Skill Building
- Cognitive: Depression
- Caregiver Psychoed: Disruptive
- Praise
- Attending
- Rewards
- Response Cost
- Commands/ Effective Instruction
- Diff. Reinforce./ Active Ignoring
- Time Out
- Antecedent/ Stimulus Control
- Communication Skills: Advanced
- Assertiveness Skills
- Communication Skills: Early Dev
- Maintenance
- Other
- Other
- Other
- Other

6 weeks

3 months
How Would Wrap+MAP Ideas be Achieved?

Potential Mechanisms for Using MAP in Wraparound
Idea 1: Generating Research Based Options in Planning and Implementation

• Use PWEBS searches at strategic points in planning process
  – When youth has a need that could be met through clinical services
  – When team is “stuck” and looking for options

• Use Practice Guides to help family and team members understand options
  – Increases transparency and clarity of purpose of clinical service
  – Deepens the planning process to include brainstorming of barriers and follow on supports
Idea 2: Enhance skills of clinicians

• Train and coach wraparound-affiliated clinicians on MAP system and treatment elements
• Certify clinicians in MAP
The MAP

Start

Client Info or Prep Needed?

- Client Info, Plan of Care, Process Guides, PWEBS

Poor Participation, Complaints, Crisis/Safety Plan

Clinical Dashboard: Progress Pane; Family Vision

Clinical Dashboard: Practice Pane, PWEBS

Practitioner Guide, Quality Review, Role Portfolios, Resource Adequacy

Vision or Plan Unfocused?

- Clinical Progress?

- Unfocused?

- Poor Participation, Complaints, Crisis/Safety Plan

- Clinical Dashboard: Progress Pane; Family Vision

No

Disengaged? Crisis?

- Pursue engagement, Take appropriate action

- Crisis Stabilization, Family Support

Yes

Identify targets, Set goals, Select interventions, Assign actions, Document plan

Label & celebrate success, Continue plan until goals met, Generalize & maintain

Initial Engagement, Orient: Service, Legal/Ethical, Strength, Need, Culture, Vision

Document Family Summary

Client Info or Plan of Care, Process Guides, PWEBS

Pursuit engagement, Take appropriate action

Crisis Stabilization, Family Support

Yes

Identify barriers, Select alternate treatment, Document plan revision

Increase supports, Change intervention, Further consultation, Add intervention

Add consultation or training supports

Yes
The MAP

Start

Client Info or Prep Needed?

- Client Info, Plan of Care, Process Guides, PWEBS
- Poor Participation, Complaints, Crisis/Safety Plan
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- Clinical Dashboard: Practice Pane, PWEBS
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Vision or Plan Unfocused?

- yes
  - Identify targets, Set goals, Select interventions, Assign actions, Document plan
- no
  - Disengaged? Crisis?
    - yes
      - Pursue engagement, Take appropriate action, Crisis Stabilization, Family Support
    - no
      - pursuit

Clinical Progress?

- yes
  - Label & celebrate success, Continue plan until goals met, Generalize & maintain
- no
  - Poor Treatment Fit?
    - yes
      - Identify barriers, Select alternate treatment, Document plan revision
    - no
      - Treatment Integrity?
        - yes
          - Increase supports, Change intervention, Further consultation, Add intervention
        - no
          - Add consultation or training supports
The MAP

Start

Client Info or Prep Needed?

- No: Vision or Plan Unfocused?

Vision or Plan Unfocused?

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- Clinical Dashboard: Practice Pane, PWEBS

- Practitioner Guide, Quality Review, Role Portfolios, Resource Adequacy

- Client Info, Plan of Care, Process Guides, PWEBS

- Client Info or Plan of Care, Process Guides, PWEBS

- Initial Engagement, Orient: Service, Legal/Ethical, Strength, Need, Culture, Vision, Document Family Summary

- Identify targets, Set goals, Select interventions, Assign actions, Document plan

- Pursue engagement, Take appropriate action, Crisis Stabilization, Family Support

- Add consultation or training supports

Add consultation or training supports
Service Episode Phases

Focus

**Connect**
Engagement & Team Preparation

Initial Plan Development

**Cultivate**
Plan Implementation

**Consolidate**
Transition

Interference
The MAP

**Start**
- Client Info or Prep Needed?
  - no: Vision or Plan Unfocused?
    - yes: Identify targets, Set goals, Select interventions, Assign actions, Document plan
    - no: Disengaged? Crisis?
      - yes: Label & celebrate success, Continue plan until goals met, Generalize & maintain
      - no: Clinical Progress?
        - yes: Identify barriers, Select alternate treatment, Document plan revision
        - no: Poor Participation, Complaints, Crisis/Safety Plan
          - yes: Clinical Dashboard: Practice Pane, PWEBS
          - no: Add consultation or training supports
        - no: Clinical Dashboard: Progress Pane, Family Vision
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            - yes: Identify barriers, Select alternate treatment, Document plan revision
Evidence of Poor Engagement
The MAP

Start

Client Info or Prep Needed?

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- no
  - Increase supports, Change intervention, Further consultation, Add intervention

Poor Treatment Fit?

- yes
  - Identify barriers, Select alternate treatment, Document plan revision
- no
  - Add consultation or training supports

Treatment Integrity?

- yes
  - Increase supports, Change intervention, Further consultation, Add intervention
- no
  - Add consultation or training supports

Client Info or Plan of Care, Process Guides, PWEBS

Clinical Dashboard: Progress Pane; Family Vision

Clinical Dashboard: Practice Pane, PWEBS

Practitioner Guide, Quality Review, Role Portfolios, Resource Adequacy
Progress is Good: Depression Scores Getting Lower
The MAP

Start

Client Info or Prep Needed?

no

Vision or Plan Unfocused?

no

Disengaged? Crisis?

no

Clinical Progress?

no

Poor Treatment Fit?

yes

Identify targets, Set goals, Select interventions, Assign actions, Document plan

Initial Engagement, Orient: Service, Legal/Ethical, Strength, Need, Culture, Vision
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Label & celebrate success, Continue plan until goals met, Generalize & maintain

Identify barriers, Select alternate treatment, Document plan revision

Add consultation or training supports
Do the Practices Fit the Problem?
The MAP

Start

Client Info or Prep Needed?

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- Poor Participation, Complaints, Crisis/Safety Plan

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Identify barriers, Select alternate treatment, Document plan revision

Initial Engagement, Orient: Service, Legal/Ethical, Strength, Need, Culture, Vision
- Document Family Summary
Idea 3: Parent partners and community supports serve as EBP “care extenders”

• Modify selected MAP treatment elements to “care extension” strategies appropriate to peer support and paraprofessional roles
• Orient/train support staff on in care extender model
• Clinicians/team consider how to actively integrate this type of follow-on support into wraparound plans
PracticeWise Practitioner Guides
for Parent Peer Support Partners

Practice Guides rated most appropriate by Parent Peer Support Partners.

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<tr>
<th>Rating</th>
<th>Practice Guide</th>
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Idea 4: Monitor more consistently and change plans as needed

• Facilitators trained to use team-level dashboard
• Clinicians trained to use MAP clinical dashboard
• Supervisors trained to use dashboards in supervision
Sample Wraparound Team Dashboard
Sample Case Management Dashboard

- Emotional/Behavioral Functioning
- Service Intensity
<table>
<thead>
<tr>
<th>Big Ideas</th>
<th>Proposed enhancement</th>
<th>Mechanisms for achieving</th>
<th>Hypothesized effects</th>
</tr>
</thead>
</table>
| Generate evidence based strategies that fit the youth and family’s needs during planning and delivery | Use MAP tools to generate a broader array of research-based options that fit the youth and family’s needs | • Use PWEBS searches at strategic points in planning process  
• Use Practice Guides to help family and team members understand options |                                                                                       |
| Support clinicians to use effective therapies that connect to the youth and family’s priority needs | When therapeutic needs are identified, ensure clinicians use effective treatment elements that connect to the youth and family’s strengths and preferences | • Train and coach wraparound-affiliated clinicians on MAP system and treatment elements  
• Certify clinicians in MAP |                                                                                       |
| Help family and youth partners, mentors, and other community supports to reinforce research based strategies | Parent and youth partners, mentors, behavioral specialists, and others serve as “care extenders,” provide appropriate follow-on support to treatment strategies | • Modify select MAP treatment elements to “care extension” strategies  
• Orient/train support staff in care extender model  
• Clinicians/team include follow-on support strategies in wraparound plans |                                                                                       |
| Monitor progress and practice more consistently and change plans as needed | Use a structured tool to monitor progress and practices consistently and use the information to revise plans as needed | • Facilitators trained to use team-level dashboard  
• Clinicians trained to use MAP clinical dashboard  
• Supervisors trained to use dashboards in supervision |                                                                                       |
<table>
<thead>
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</table>
| Generate evidence based strategies that fit the youth and family’s needs during planning and delivery | Use MAP tools to generate a broader array of research-based options that fit the youth and family’s needs | • Use PWEBS searches at strategic points in planning process  
• Use Practice Guides to help family and team members understand options | • Greater range of options for family/team  
• Options are based on evidence for effectiveness  
• Family/team better engaged, more hopeful, more satisfied |
| Support clinicians to use effective therapies that connect to the youth and family’s priority needs | When therapeutic needs are identified, ensure clinicians use effective treatment elements that connect to the youth and family’s strengths and preferences | • Train and coach wraparound-affiliated clinicians on MAP system and treatment elements  
• Certify clinicians in MAP | • Treatments better fit youth clinical needs  
• Better communication with wraparound team about purpose of therapy  
• Treatments more focused  
• Treatments more effective |
| Help family and youth partners, mentors, and other community supports to reinforce research based strategies | Parent and youth partners, mentors, behavioral specialists, and others serve as “care extenders,” provide appropriate follow-on support to treatment strategies | • Modify select MAP treatment elements to “care extension” strategies  
• Orient/train support staff in care extender model  
• Clinicians/team include follow-on support strategies in wraparound plans | • Better role definition for persons in support roles  
• More effective teamwork  
• Treatment strategies more effective  
• Support staff more satisfied and show greater self-efficacy |
| Monitor progress and practice more consistently and change plans as needed | Use a structured tool to monitor progress and practices consistently and use the information to revise plans as needed | • Facilitators trained to use team-level dashboard  
• Clinicians trained to use MAP clinical dashboard  
• Supervisors trained to use dashboards in supervision | • More frequent progress review  
• Better teamwork/problem solving  
• Shorter self-correction cycles  
• Understanding of transition  
• Shorter wraparound episodes |
Why might this work?

1) Identified practices will fit wraparound youths (RMAP; Bernstein et al., 2013)

2) A state that tried a version of this showed better outcomes (Hawaii; Daleiden et al., 2006)

3) MAP can “go to scale” and yield positive outcomes (LA; Southam-Gerow et al., 2013)

4) Modular EBP yielded better progress than standard EBT and usual care in a RCT (MATCH; Weisz et al., 2012)

5) Knowledge and use of supported practices is associated with better treatment quality in school-based services (SMH; Stephan et al., 2012)

6) Supported practices predict progress better within a coordinated service model (MST; Denneny & Mueller, 2012)
Other reasons this may work...

An example from the field...
PWEBS Search results

Summary of Youth Treatments

Your current search criteria are:
- Problem Type: Disruptive Behavior
- Age: 5
- Gender: Male
- Race/Ethnicity: Hispanic or Latino
- Strength of Evidence: 2 Good Support or Better

Your search returned:
- Number of Study Groups: 5 [View Protocols]
- Number of Papers: 5 [View Papers]

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<tr>
<th>PRACTICE ELEMENT</th>
<th>PERCENT OF GROUPS</th>
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<td>Praise</td>
<td>100</td>
</tr>
<tr>
<td>Attending</td>
<td>80</td>
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<tr>
<td>Commands</td>
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<td>Differential Reinforcement of Other Behavior</td>
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<td>Therapist Praise/Rewards</td>
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<td>Play Therapy</td>
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<tr>
<td>Psychoeducation - Caregiver</td>
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</table>
Initial response is encouraging

- 88% of MAP therapists who work in wraparound contexts agreed combining Wrap and MAP would promote positive outcomes
- 88% of wraparound facilitators and family peer support partners who used PWEBs to facilitate plan development agreed that it improved the options available to planning
- Wraparound facilitators in MAP training rate MAP tools as highly “pertinent and useful” and things the could “use right away”
Facilitators rate usefulness of MAP tools almost as highly as therapists.
For more information

• PracticeWise: www.practicewise.com
  – Email support@practicewise.com

• Wraparound Evaluation and Research Team: www.wrapinfo.org

• Eric Bruns: ebruns@uw.edu

• Eric Daleiden: Eric@Daleiden.com
The National Wraparound Initiative is based in Portland, Oregon. For more information, visit our website:

www.nwi.pdx.edu

The National Wraparound Initiative is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.