

NWI webinar starting soon!

In the meantime, please note...

- Move any electronic handheld devices away from your computer and speakers.
- We recommend that you close all file sharing applications and streaming music or video.
- Check your settings in the audio pane if you are experiencing audio problems.
- During the presentation, you can send questions to the webinar organizer, but these will be held until the end.

*This webinar and the PowerPoint will be available on the NWI website. <http://www.nwi.pdx.edu/webinars.shtml>



Coordinating Evidence Based Practices with Wraparound Using the Managing and Adapting Practice (MAP) System

Eric J. Bruns

University of Washington School of Medicine, Seattle, WA

Adam Bernstein, Bruce Chorpita, and Ceth Ashen

PracticeWise, LLC

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.



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"The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation."

wraparound initiative

—including families, youth, providers, researchers, and others—came together in a collaborative effort to refine the wraparound practice model, compile specific information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary functions:

- **Supporting community-level planning and implementation**
- **Promoting professional development of wraparound staff**
- **Ensuring accountability**
- **Sustaining a vibrant and interactive national community of practice**



The NWI is membership supported. You can [join the NWI](#) to help continue this important work!!

wraparound resources

The always-useful **Resource Guide to Wraparound**

NWI statement on **qualifications for family partners in wraparound**

Wraparound Implementation Guide: A Handbook for Administrators

events & opportunities

Upcoming Webinar: Coordinating Evidence Based Practices with Wraparound Using the Managing and Adapting Practice (MAP) System. [Register](#)

Job Postings: Strategic Partnership Development Director and Fellowship

top news & new research

Research: **Evaluation from Oklahoma shows better functioning, reduced costs for youth receiving case management/wraparound versus controls.**

News: **Arizona Republic article argues for wraparound implementation**

members & affiliates section

Results from the member survey on NWI conference preferences.

Powerpoint from the NWI's 2012 meeting at the Institutes.

Jarred Vermillion is welcomed to the NWI Core Group.

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

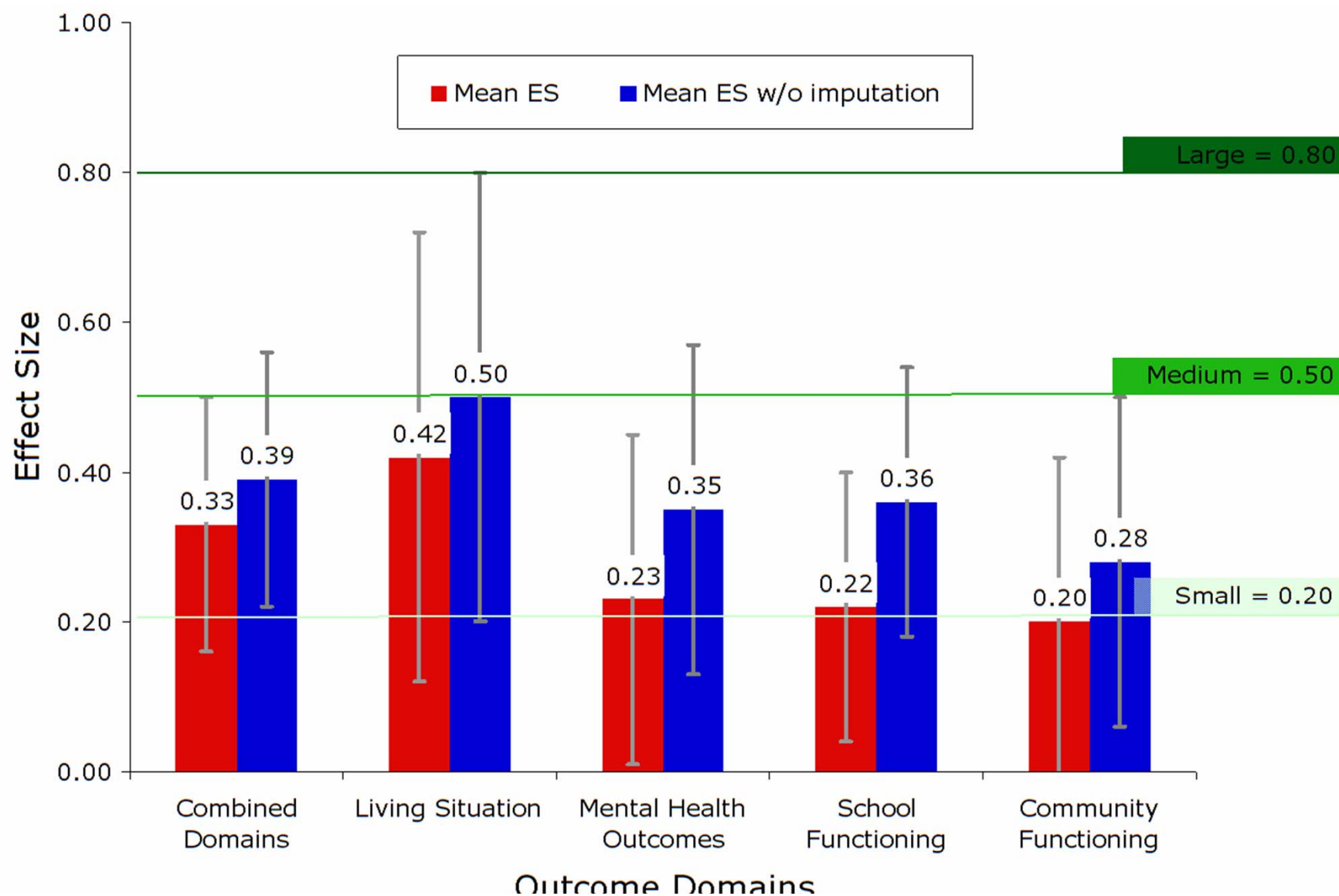
What is the research base?

Ten Published Controlled Studies of Wraparound

Study	Target population	Control Group Design	N
1. Hyde et al. (1996)*	Mental health	Non-equivalent comparison	69
2. Clark et al. (1998)*	Child welfare	Randomized control	132
3. Evans et al. (1998)*	Mental health	Randomized control	42
4. Bickman et al. (2003)*	Mental health	Non-equivalent comparison	111
5. Carney et al. (2003)*	Juvenile justice	Randomized control	141
6. Pullman et al. (2006)*	Juvenile justice	Historical comparison	204
7. Rast et al. (2007)*	Child welfare	Matched comparison	67
8. Rauso et al. (2009)	Child welfare	Matched comparison	210
9. Mears et al. (2009)	MH/Child welfare	Matched comparison	121
10. Grimes et al. (2011)	Mental health	Matched comparison	211

*Included in 2009 meta-analysis (Suter & Bruns, 2009)

Effects of Wraparound are Significant



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 (Urdapilleta 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”

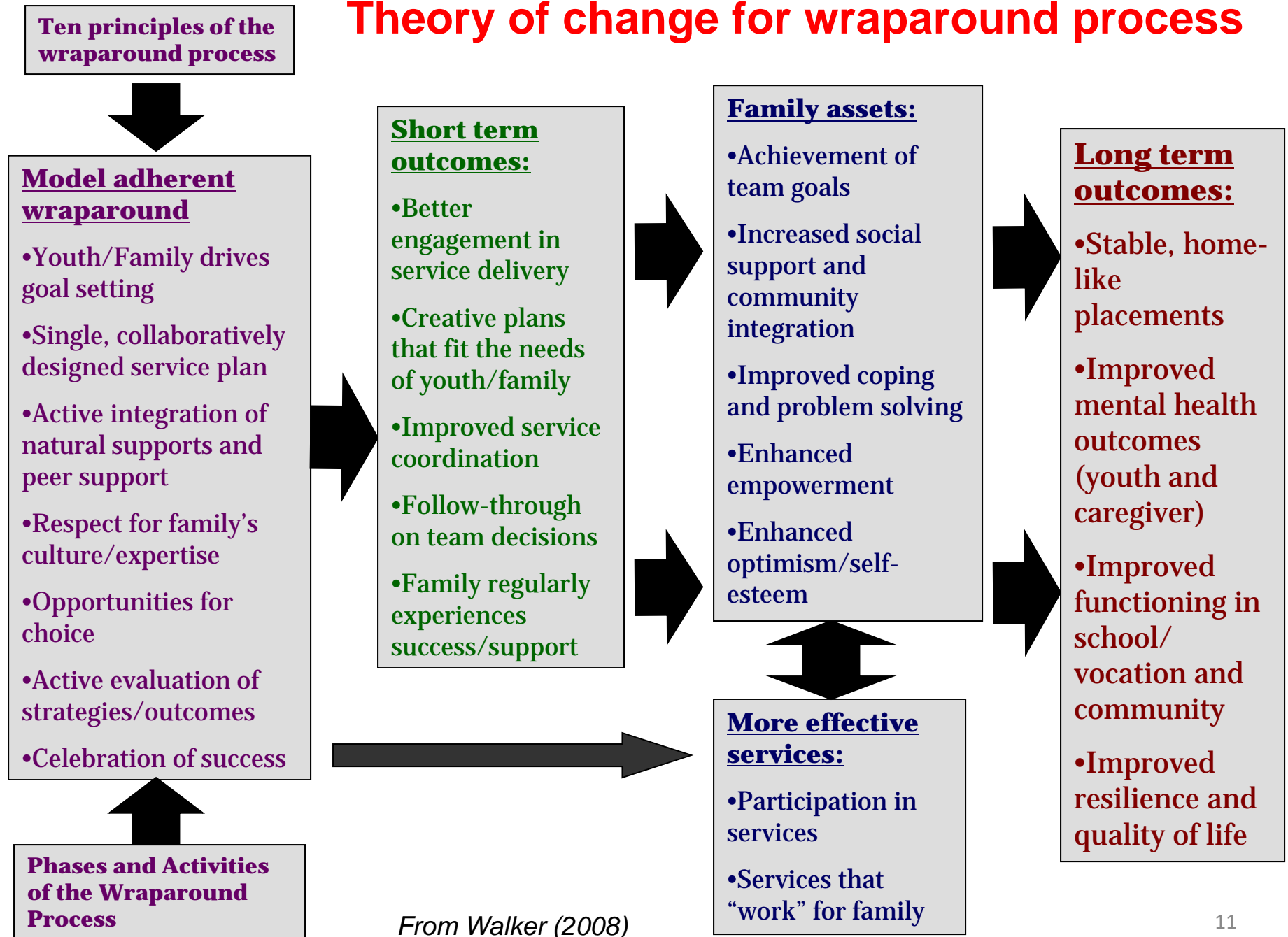
- State of Oregon Inventory of EBPs
- California Clearinghouse for Effective Child Welfare Practices
- Washington Institute for Public Policy: “Full fidelity wraparound” is a research-based practice

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?*

Theory of change for wraparound process



Necessary Supports for Wraparound

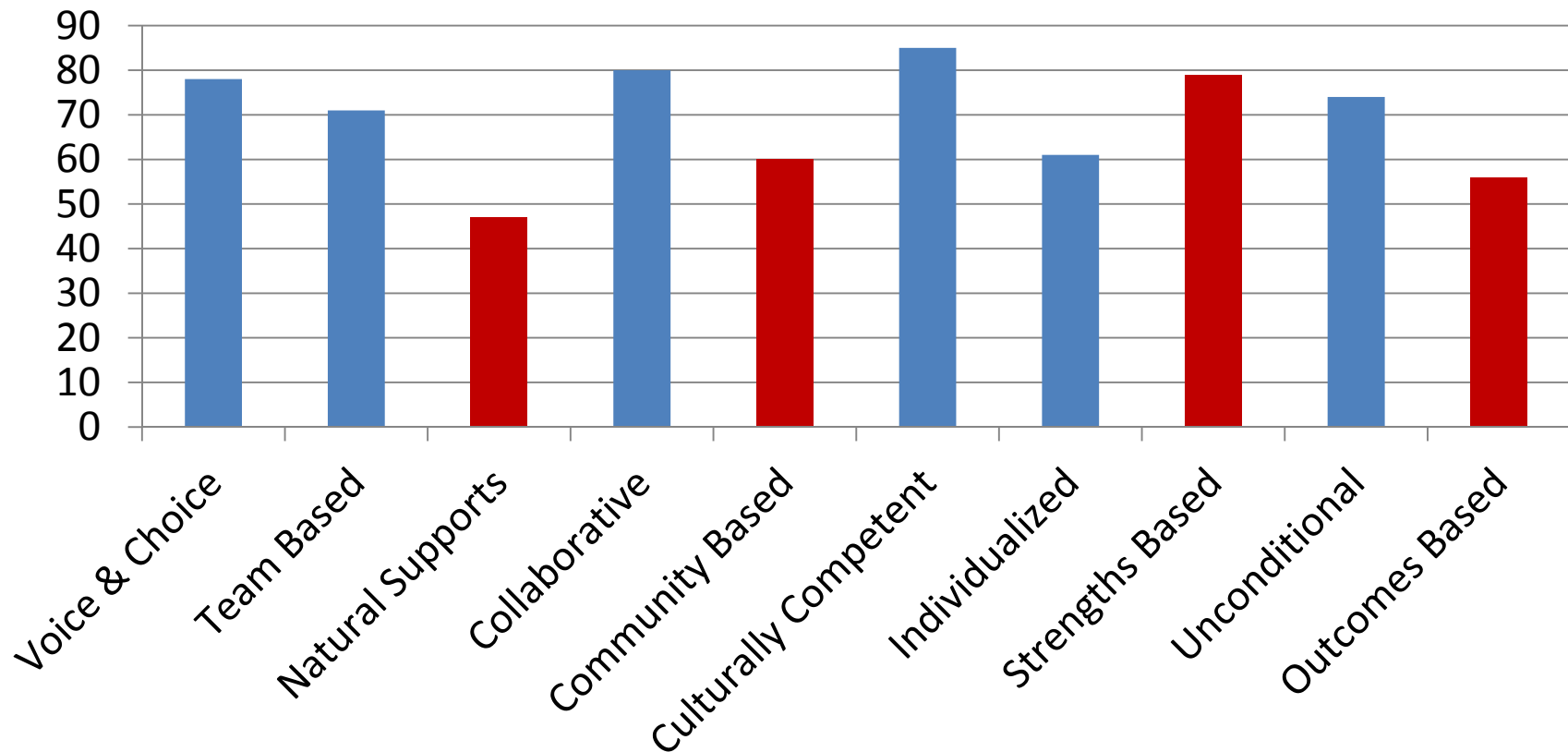


What principles are associated with the best outcomes?

- 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

Big Ideas	Proposed enhancement	Mechanisms for achieving	Hypothesized effects
Generate evidence based strategies that fit the youth and family's needs during planning and delivery	The question is: HOW?		
Support clinicians to use effective therapies that connect to the youth and family's priority needs	What is an approach to EBP that would work for wraparound?		
Help family and youth partners, mentors, and other community supports to reinforce research based strategies			
Monitor progress and practice more consistently and change plans as needed			

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

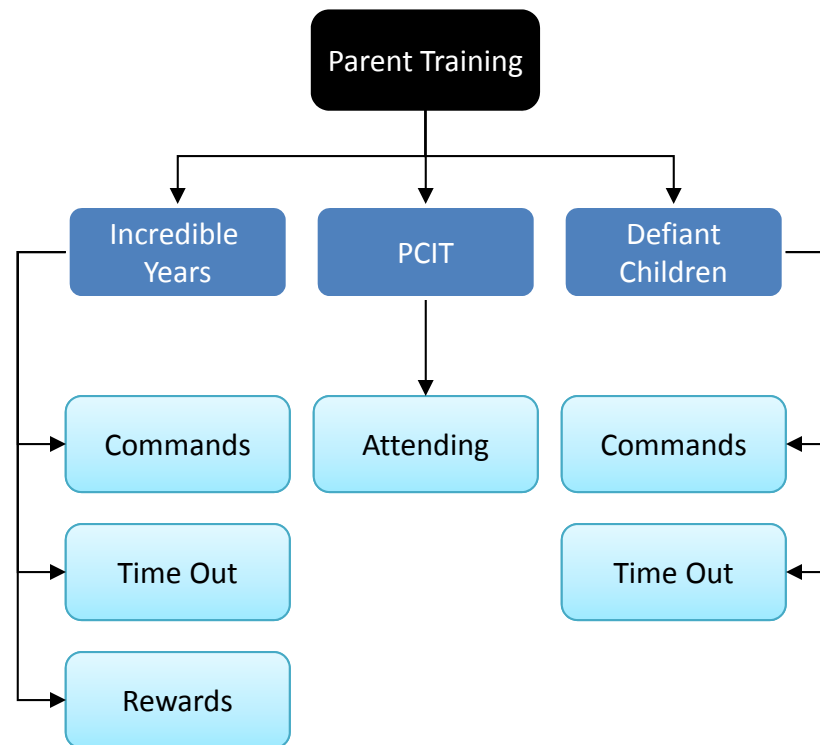


Getting down to the building blocks of “what works”

Families

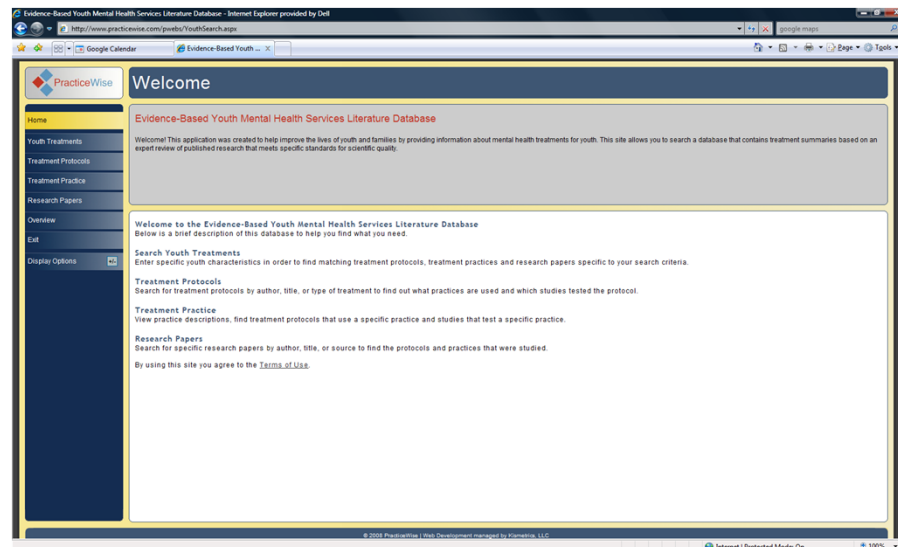
Protocols

Practice Elements



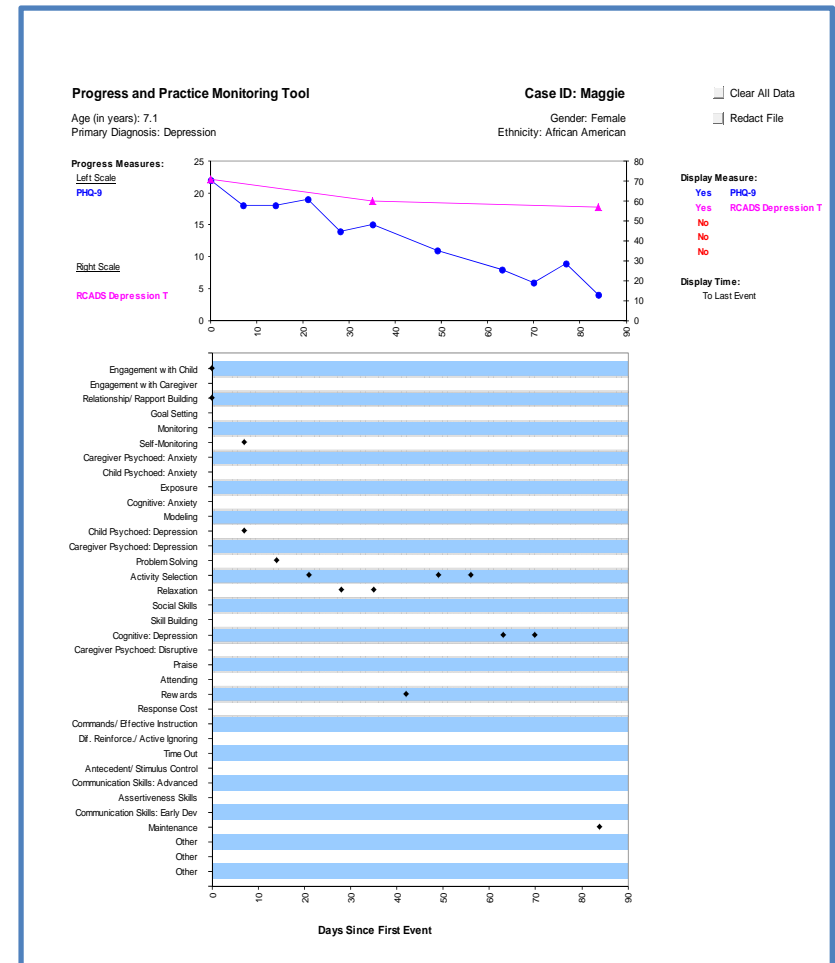
Informed Collaboration

- PracticeWise EBS Database
 - Approx 700 trials that represent specific strategies for addressing particular youth and family needs

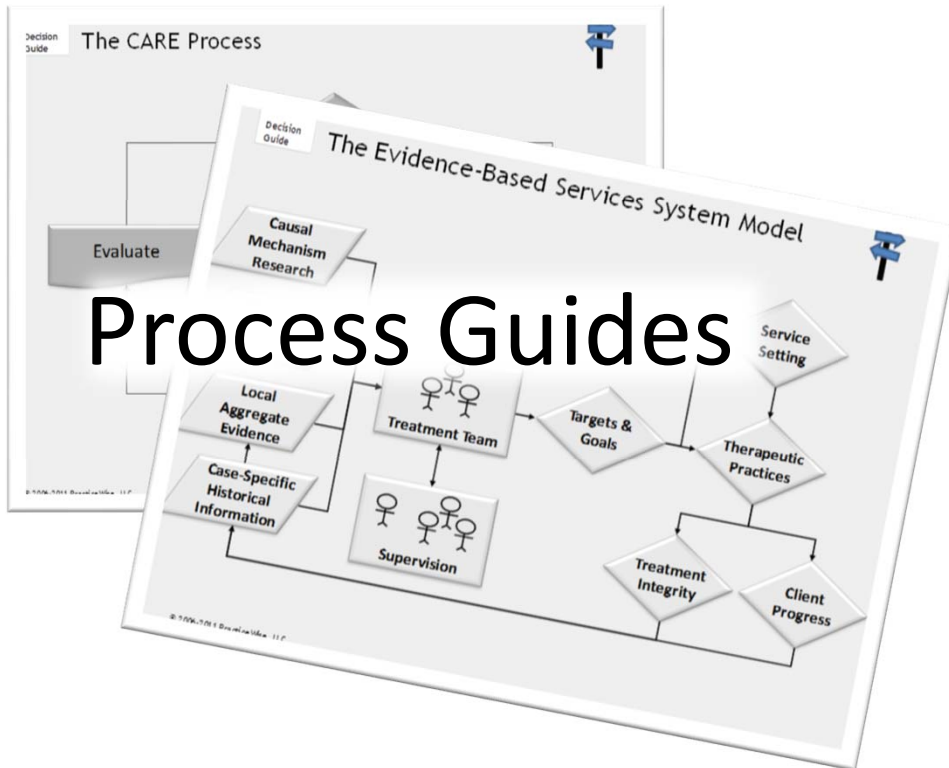


Informed Collaboration

- 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



<input type="checkbox"/> Discuss life goals in the context of the target behavior	Have the child state specific goals for 5, 10, and 20 years. Then, ask: <ul style="list-style-type: none"> • How important is it for you to achieve these goals? Why? • What would it take for you to reach your goals? • Have you ever done something like this before? • What did it take for you to achieve your goals in the past? Ask: "How will [the behaviors] help you achieve your goals?" "How will
<input type="checkbox"/> Respond with reflection	
<input type="checkbox"/> Explore behavior change	
<input type="checkbox"/> Consider life goals in context of behavior change	
<input type="checkbox"/> Identify a small goal	
<input type="checkbox"/> Reinforce "change talk"	
<input type="checkbox"/> Foster self-efficacy	

Practitioner Guide

Motivational Enhancement

Use This When:

To increase reflection, efficacy, and commitment about behavior change.

Objectives:

- To highlight the discrepancy between values and life goals and current behavior
- To increase perceptions of self-efficacy

Steps:

☐ Adopt a collaborative, reflective style

The purpose of motivational enhancement is to promote the child's reflection about behavior in relation to goals. Be aware that resistance to behavior change is normal. Avoid imposing a specific end goal (e.g., total abstinence). Instead, encourage any behavior change that has the potential to improve the current situation (e.g., reduction or harm or risk related to behavior). Also minimize advice-giving, persuasion, and confrontation, which are contrary to the principles of motivational enhancement and likely to increase resistance to change.

☐ Explain rationale

Let the child know you value his or her perspectives and want to learn how the child makes decisions about behavior. Normalize and empathize with the child's situation (e.g., "Other children say it's a real hassle when adults are on their case about [substance use, sexual risk behaviors, unhealthy eating or exercise habits, poor study habits, etc.] and that they get frustrated when other people tell them how they should change.").

☐ Elicit benefits of a specific behavior

Have the child think about the immediate and long-term benefits of a specific target behavior (e.g., substance use, violating curfew). To promote reflection, ask questions such as:

- What feels good/is helpful about [the behavior] when you do it?
- How does [the behavior] help you feel good about yourself?
- How does [the behavior] help you cope with problems?
- How does [the behavior] help you feel better?

Helpful Tips:

- Remember the importance of increasing self-efficacy
- Remember the importance of fostering self-efficacy

☐ Elicit negative consequences of the behavior

Have the child think about the immediate and long-term negative outcomes of the behavior. Ask questions such as:

- What feels bad/unhelpful about [the behavior] when you do it?
- How does [the behavior] get in the way of feeling good about yourself?
- How does [the behavior] get in the way of coping with your problems?
- How does [the behavior] cause problems for you with socially?
- How does [the behavior] get in the way of doing what needs to be done?

Thoroughly explore and record the child's responses. If the child has difficulty thinking of negative consequences, provide prompts (e.g., "Some kids say that drinking can make it hard for them to study or to do well during sports competitions. Is this a concern for you?"). Validate and empathize (e.g., "It must be really tough to your parents/teachers/the police on your case."). Have child provide relative rankings of the negative consequences (i.e., which consequence is most problematic?).

Practice Guides

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

Big Ideas	Proposed enhancement	Mechanisms for achieving	Hypothesized effects
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	What are the MAP tools and resources?	
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		
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		
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		

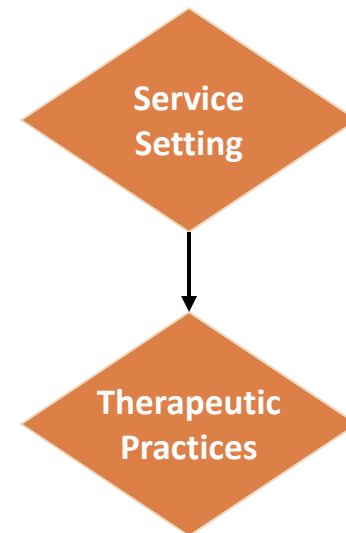


Managing and Adapting Practice (MAP)

A System to Support Informed Collaboration

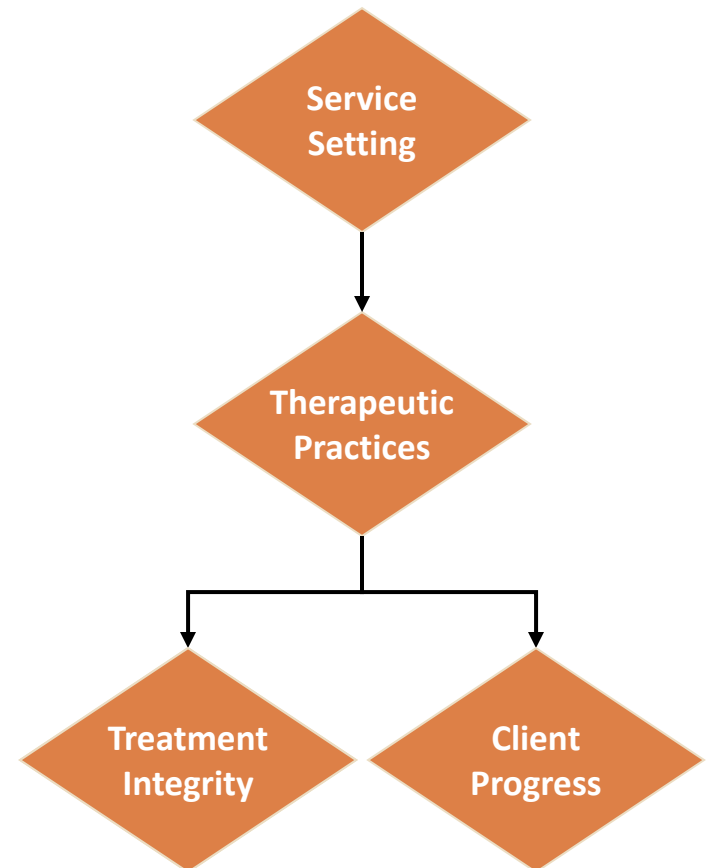
Where should we treat the youth?

How should we treat the youth?



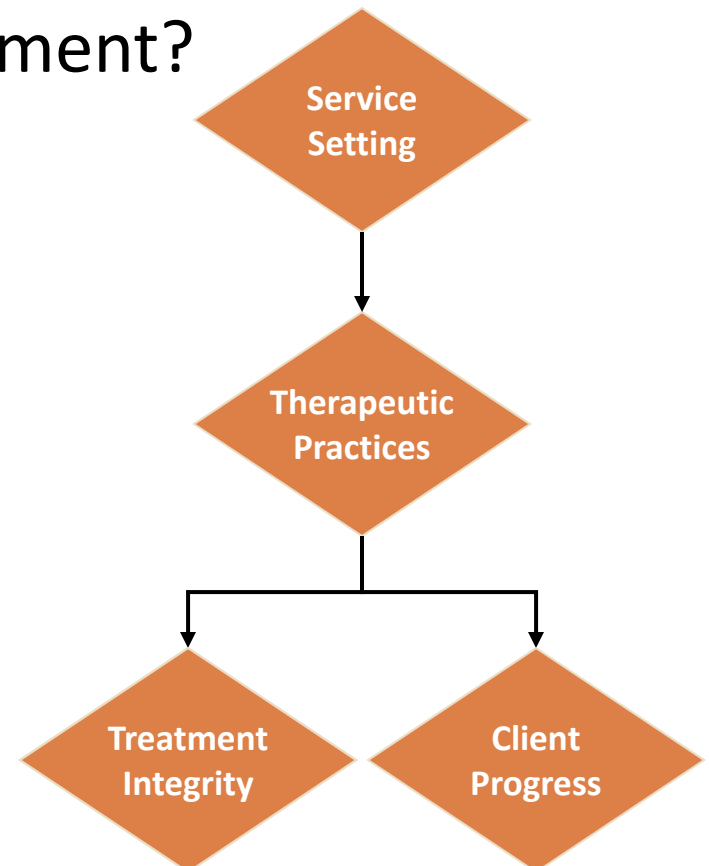
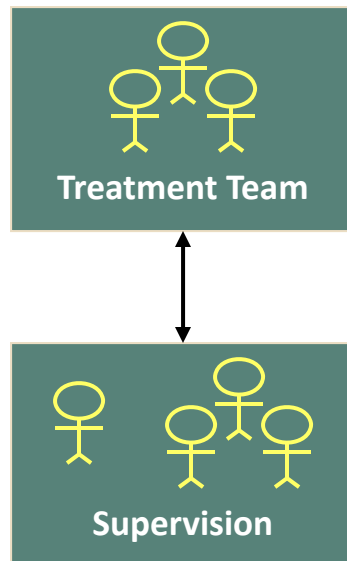
Are we providing quality services to the youth?

Is the youth getting better?

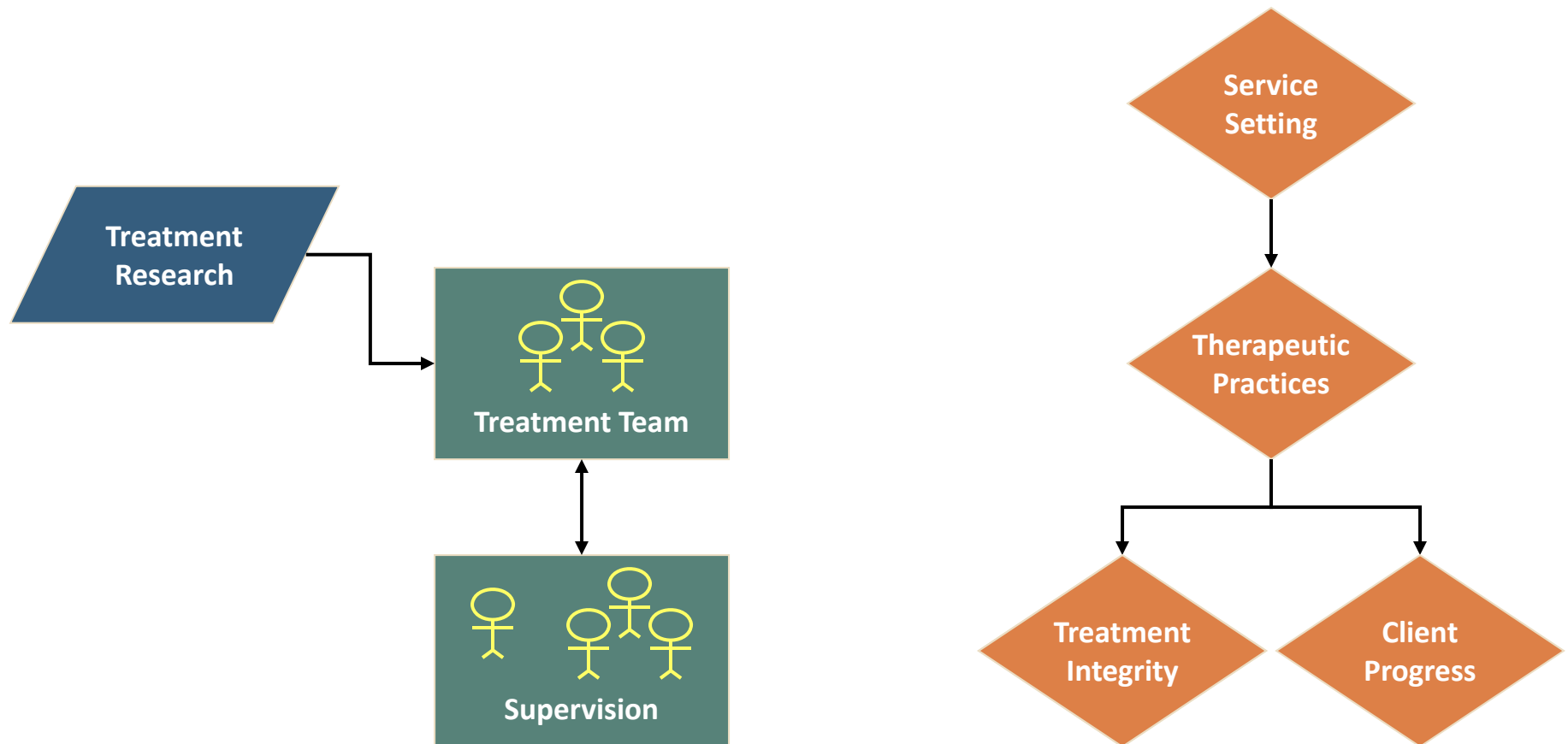


Who should treat the youth?

How should we manage the treatment?

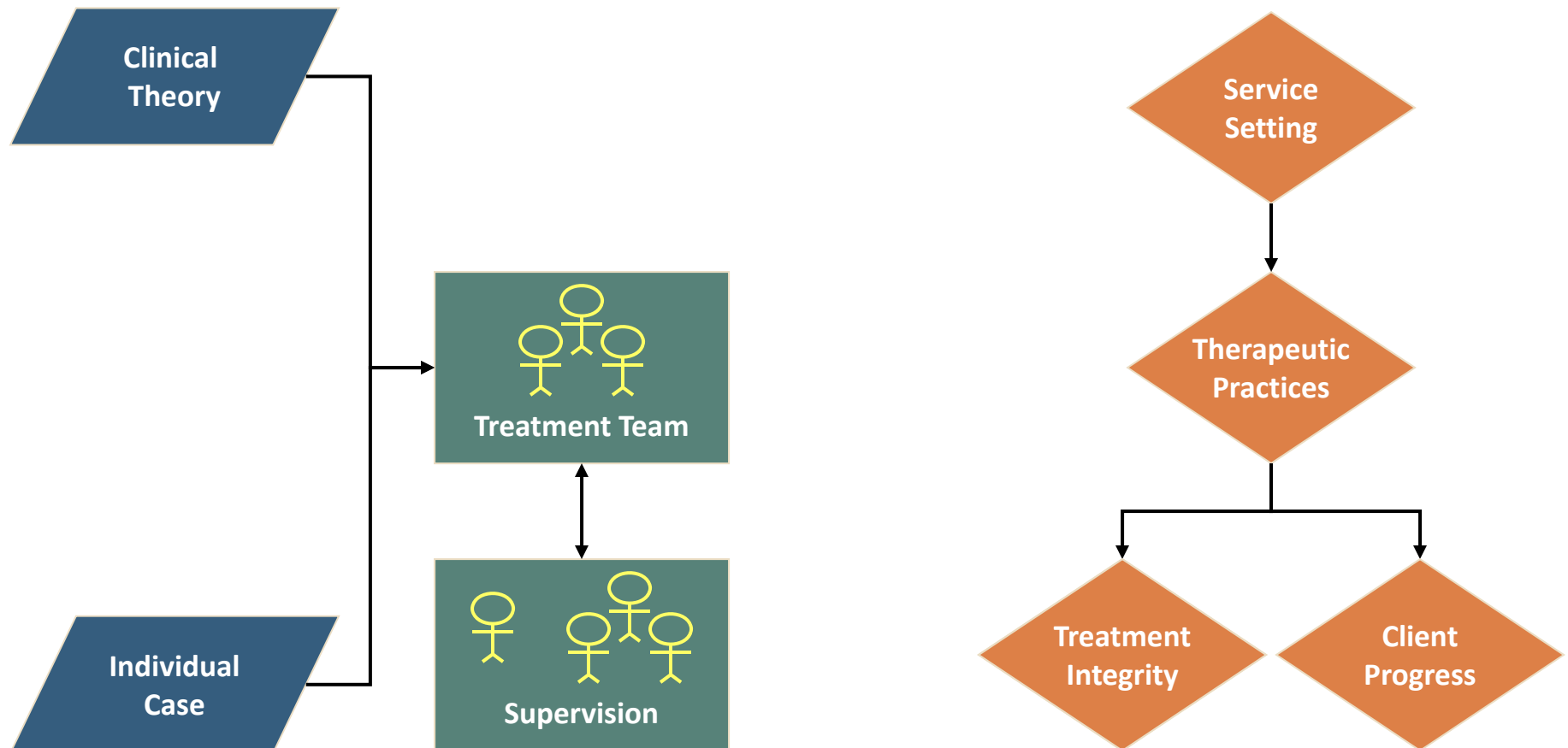


What evidence drives decisions?



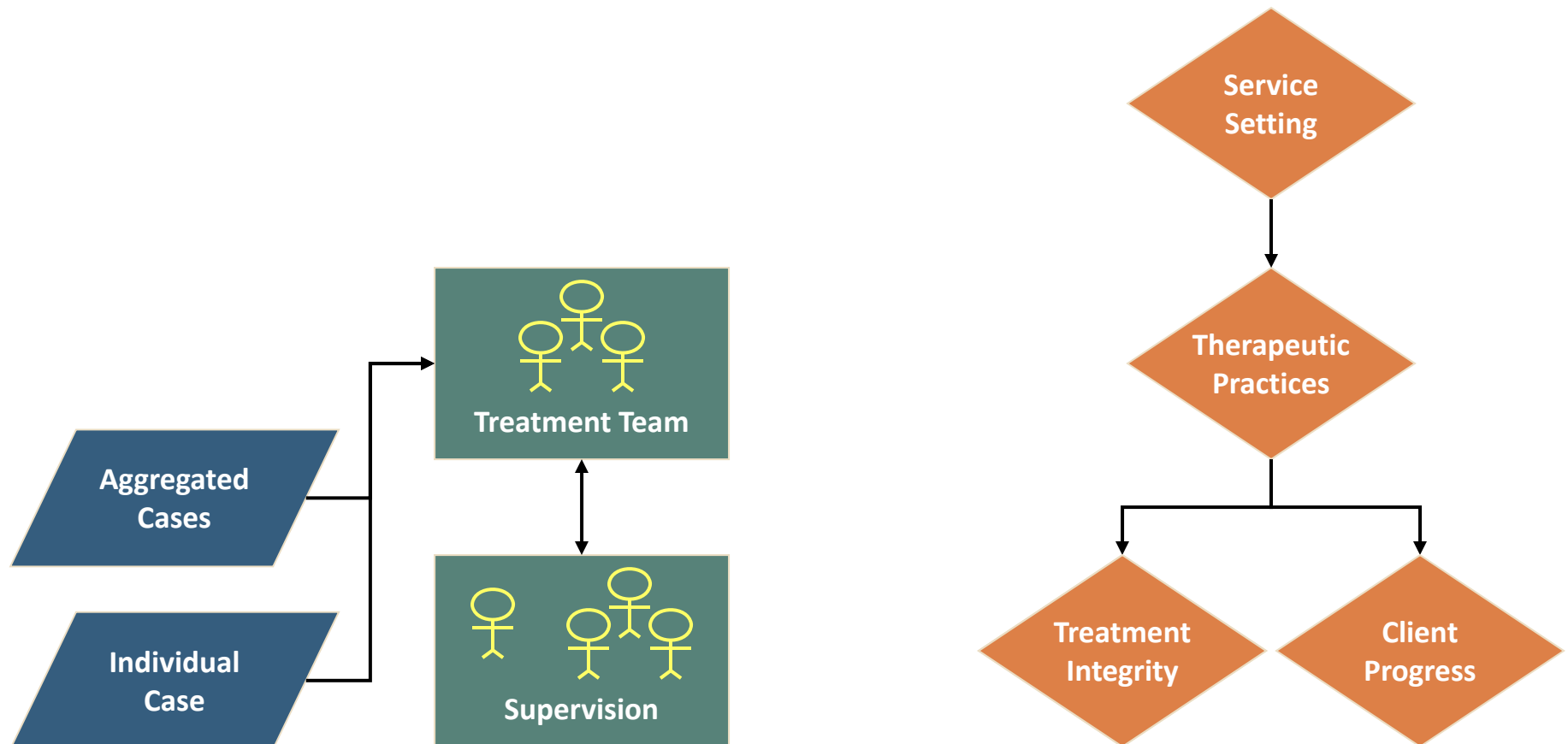
Evidence Based Treatment (EBT) Model

What evidence drives decisions?



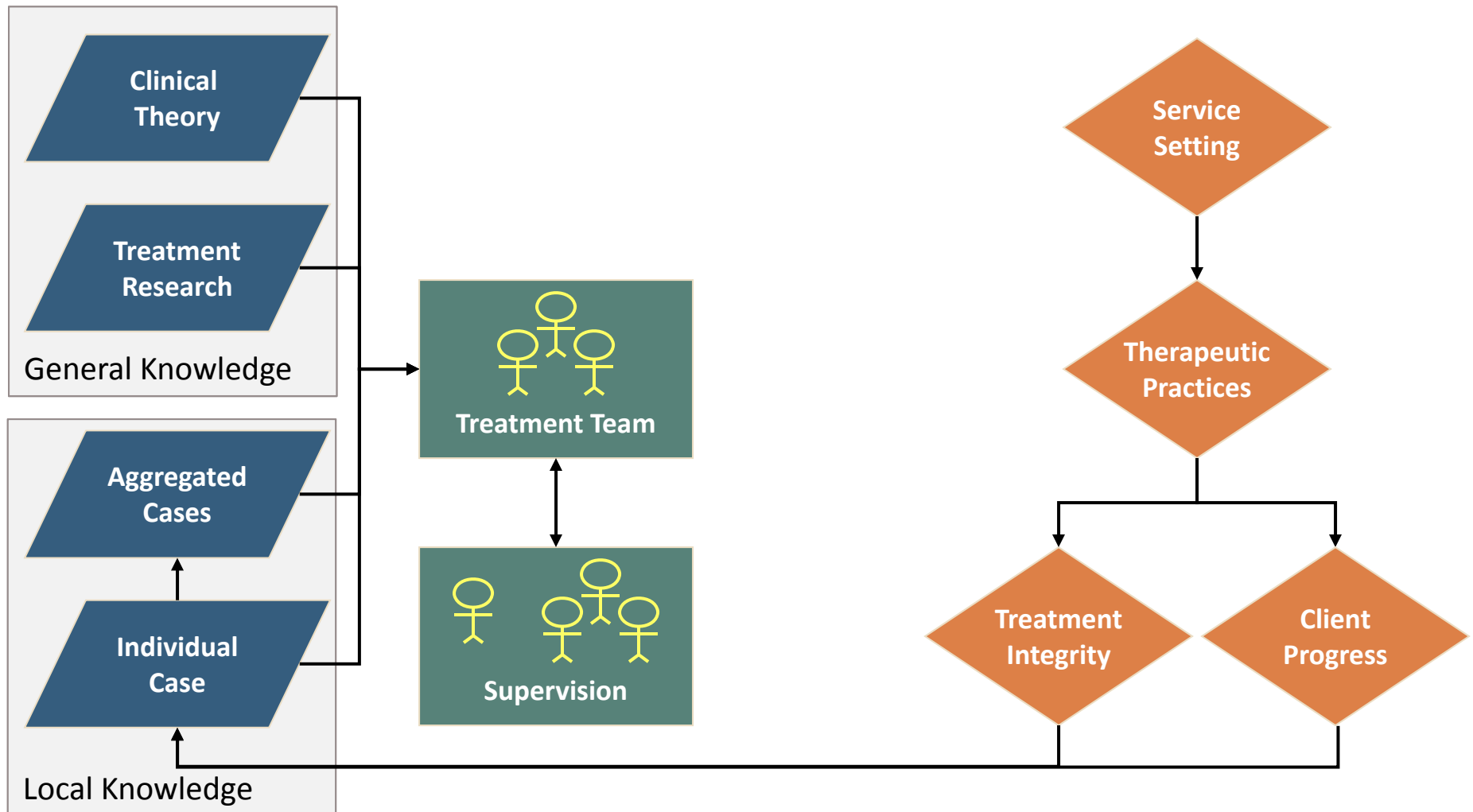
Individualized Case Conceptualization Model

What evidence drives decisions?

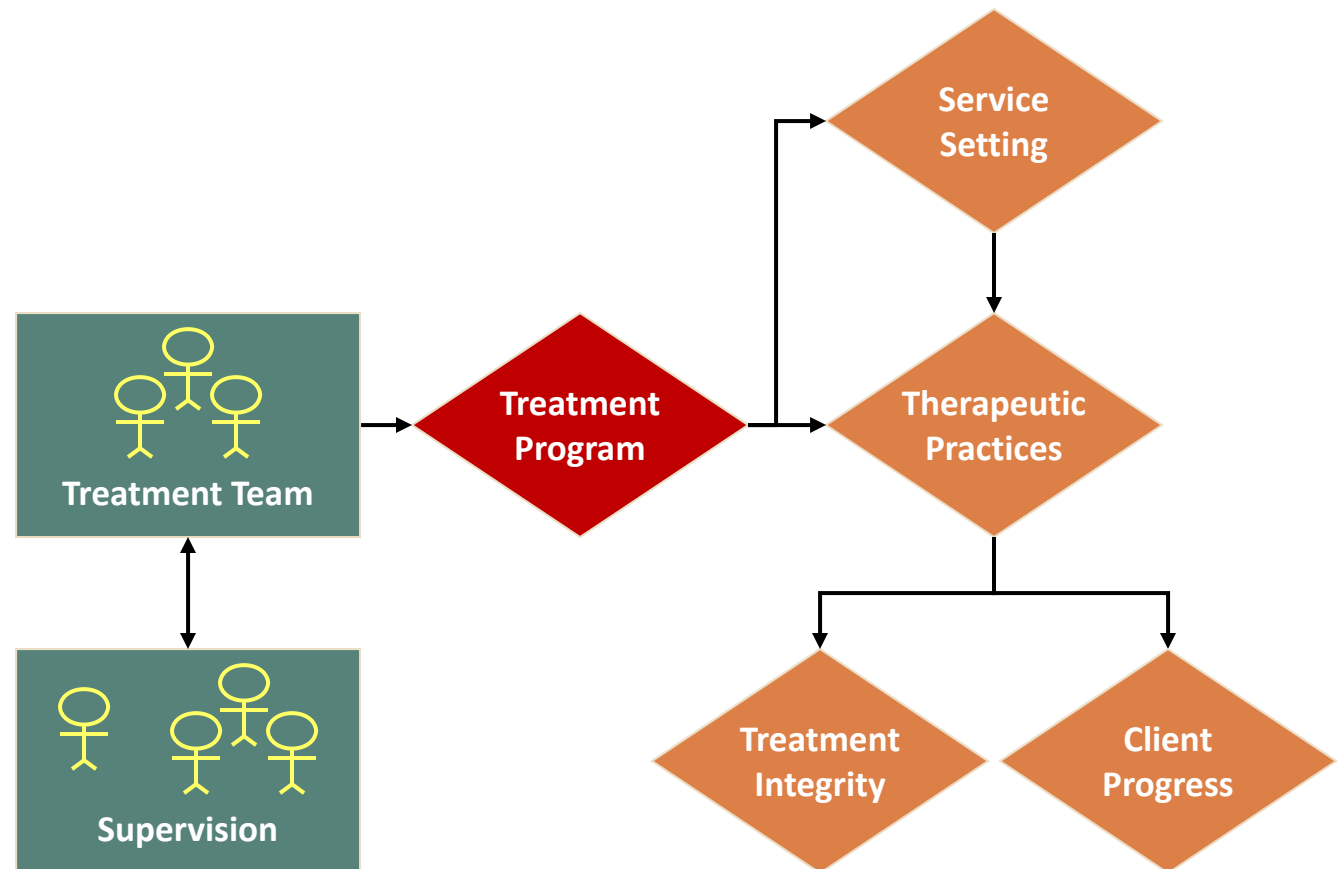


Practice-Based Evidence Model

The Full Model

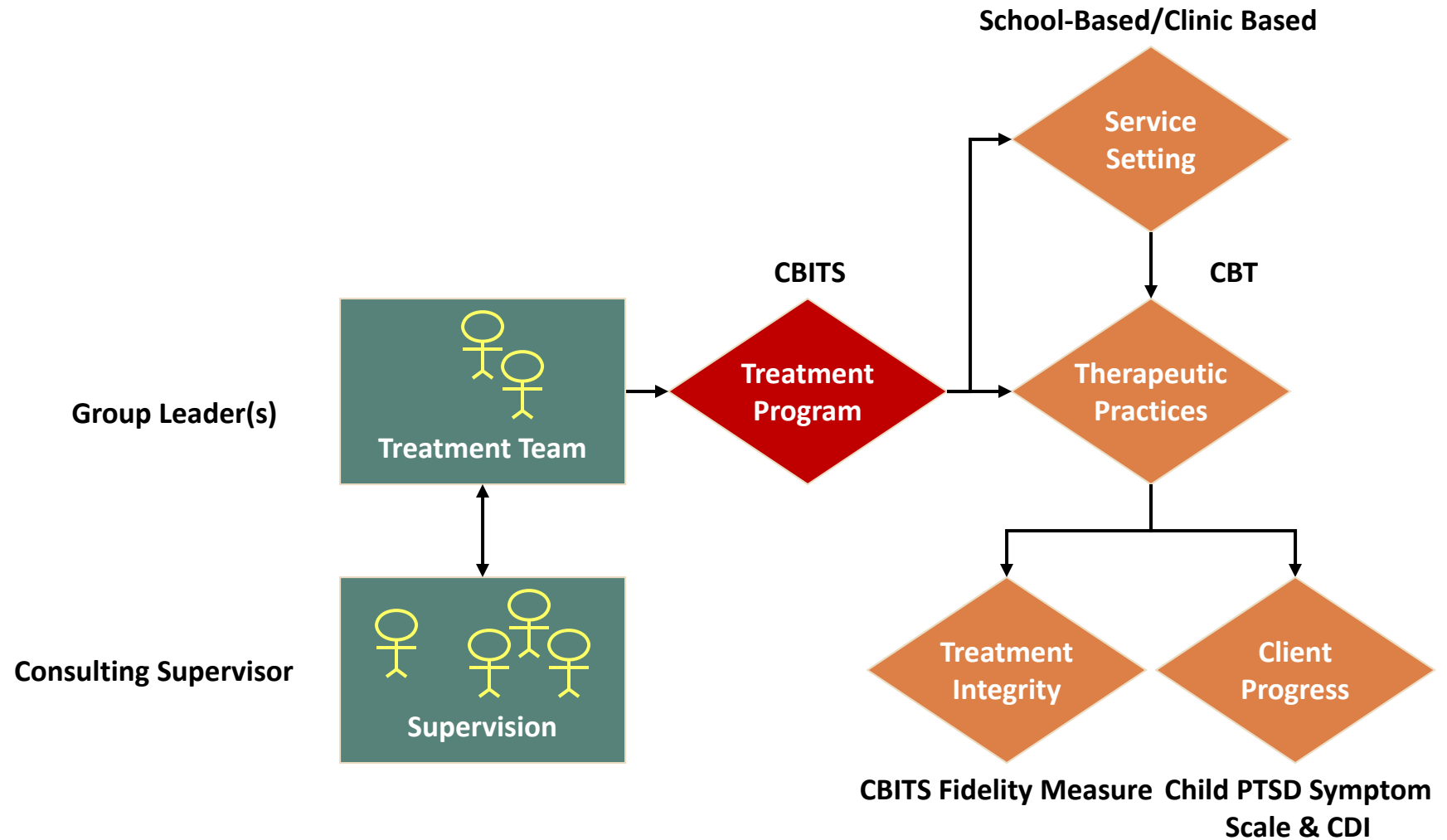


Selecting a treatment program will often dictate these decisions

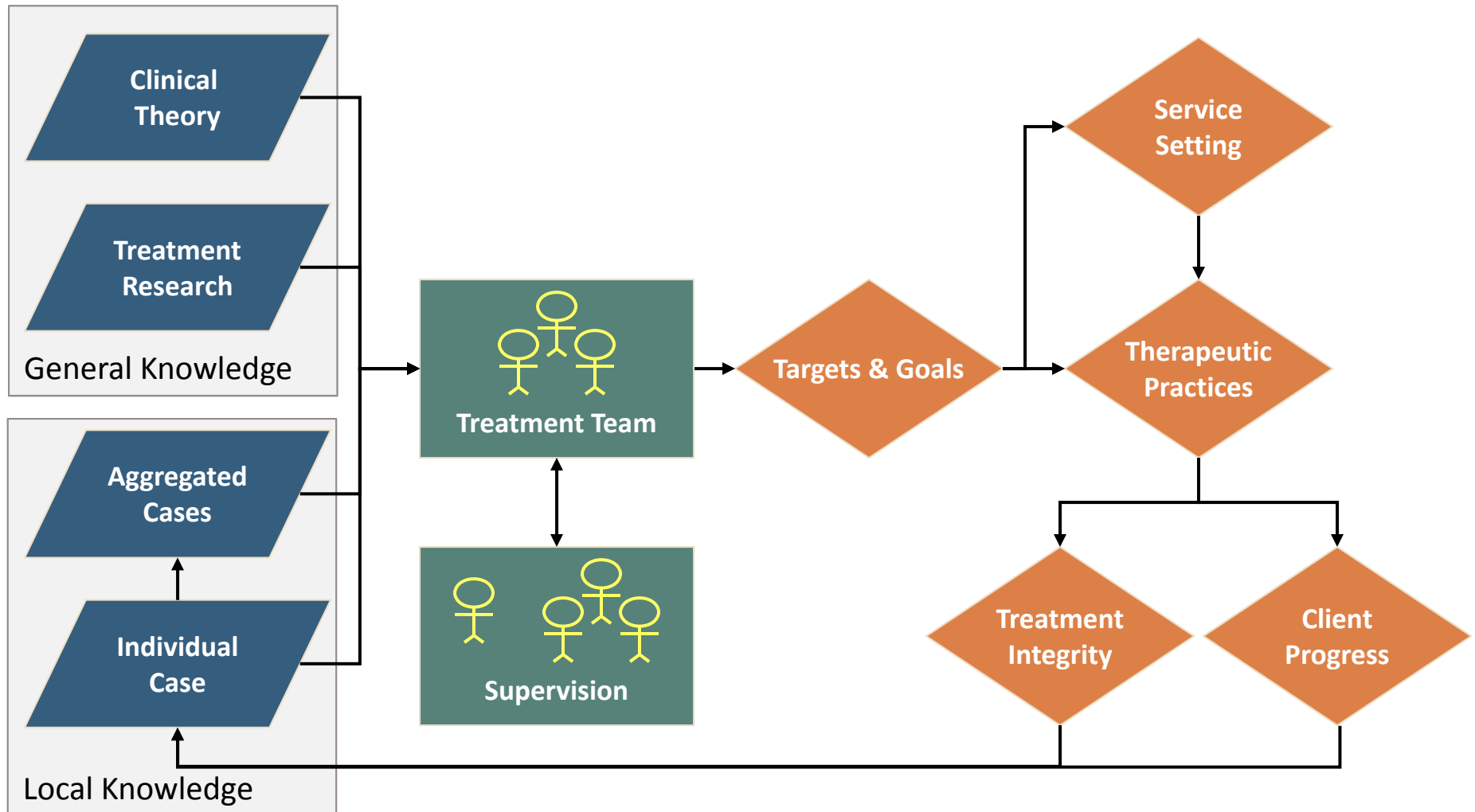


Example

CBITS: Cognitive Behavioral Intervention for Trauma in Schools



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





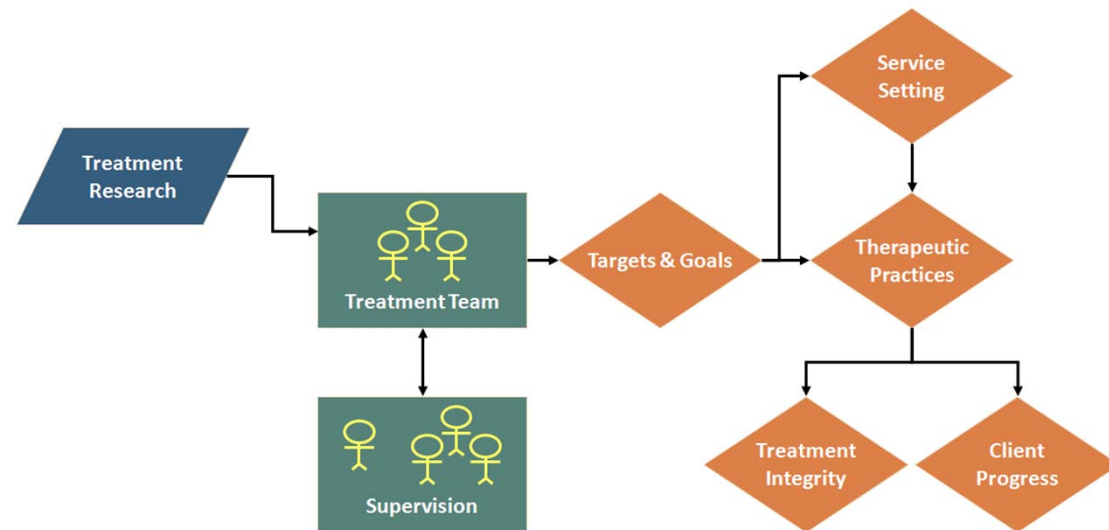
Managing and Adapting Practice (MAP)

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

Youth Search

www.practicewise.com/pwebs_1/index.aspx

PracticeWise

Home

Youth Treatments

Treatment Protocols

Treatment Practice

Research Papers

Overview

Exit

Display Options +/-

Search by Youth Characteristics

Enter Youth Characteristics

The treatment summary that you will see is based on research including all the characteristics that you select below. After selecting criteria, click on the View Results button and the system will summarize relevant Treatment Protocols and Research Papers. As you choose more characteristics, your search results are likely to decrease because less research is available that meets all of your criteria.

Strength of Evidence:

Level: Level 1 Best Support

Problem Type:

☐ Anxiety

☐ Attention Problems

☐ Autism Spectrum

☐ Depression

☐ Disruptive Behavior

☐ Eating

☐ Elimination

☐ Mania

☐ Substance Use

☐ Suicidality

☐ Traumatic Stress

Age or Grade:

Birthdate (mm/dd/yyyy):

Age:

Grade: -- Select Grade --

Gender:

☐ Either ☐ Male ☐ Female

Race or Ethnicity:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Multiethnic

☐ Native Hawaiian or Pacific Islander

☐ White or Caucasian

☐ Other

ADVANCED SEARCH OPTIONS +/-

View Results

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Evidence-Based Youl x
www.practicewise.com/pwebs_1/YouthSearch.aspx

Summary of Youth Treatments

Home
Youth Treatments
Treatment Protocols
Treatment Practice
Research Papers
Overview
Exit
Display Options +/-

Your current search criteria are:

Problem Type: Disruptive Behavior **Age:** 8 **Gender:** Either **Strength of Evidence:** 1 Best Support Modify

Your search returned:

Number of Study Groups: 34 [View Protocols](#) **Number of Papers:** 27 [View Papers](#)

PRACTICE ELEMENT	PERCENT OF GROUPS	School	7
Praise	92	Hom	4
Tangible Rewards			
Time Out	86	Mon	41
Differential Reinforcement of Other Behavior	77	Grou	35
Commands	71	Grou	22
Psychoeducation - Caregiver	71	Par	19
Monitoring	53	Self	19
Problem Solving	50	Family	13
Modeling	48	Individual Client	10
Attending	42	Multiple Family	7
Stimulus Control or Antecedent Management	42	Other Format	4

This tells you the practice elements that match the youth characteristics entered.

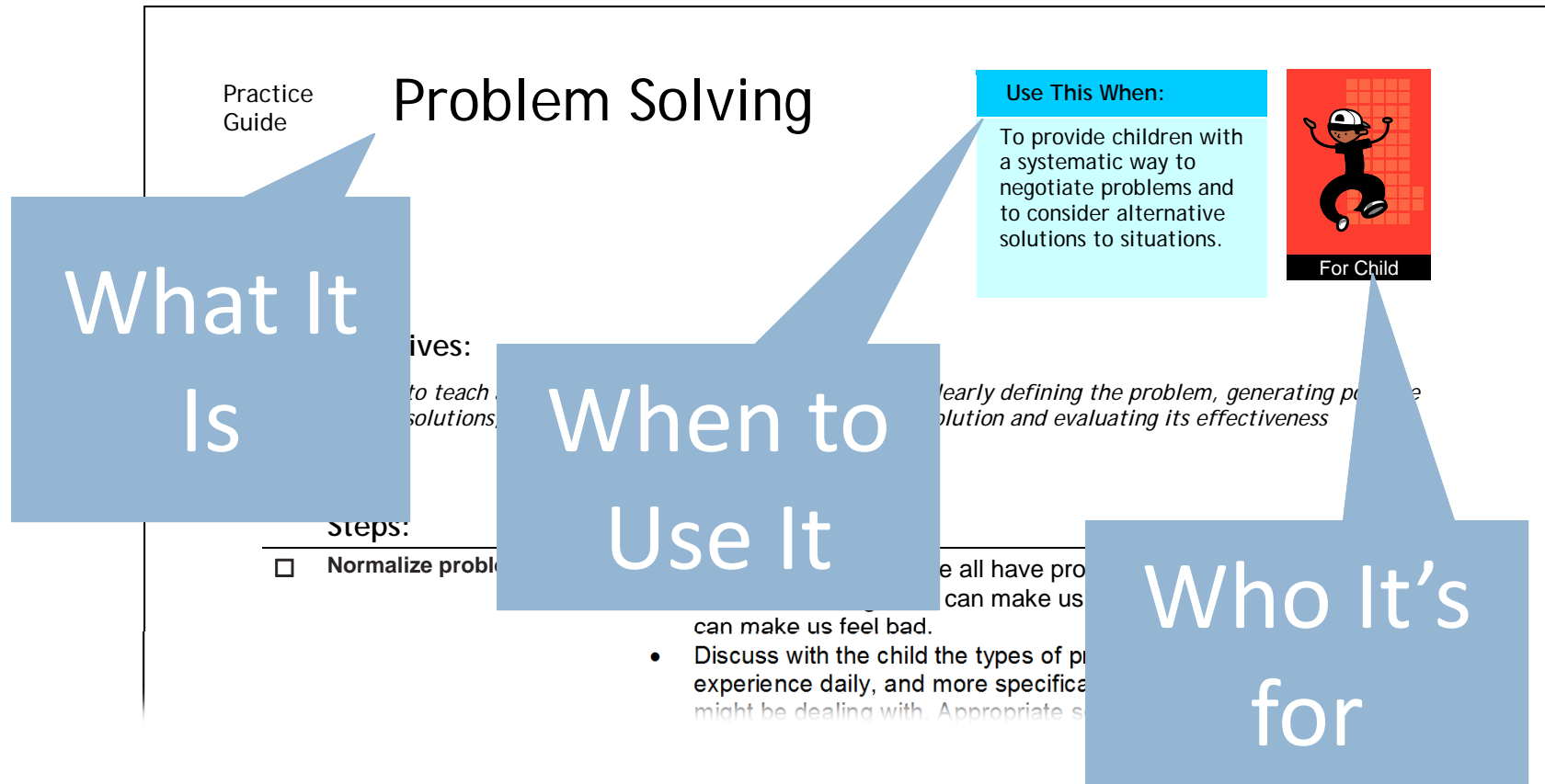
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From “What to Do” to “How to Do...”

Practice Guides

Anatomy of a Practice Guide



About the Steps

Checklist

Details

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.
-

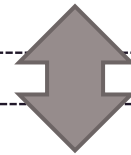
We Need Recipes

- Not just ingredients...



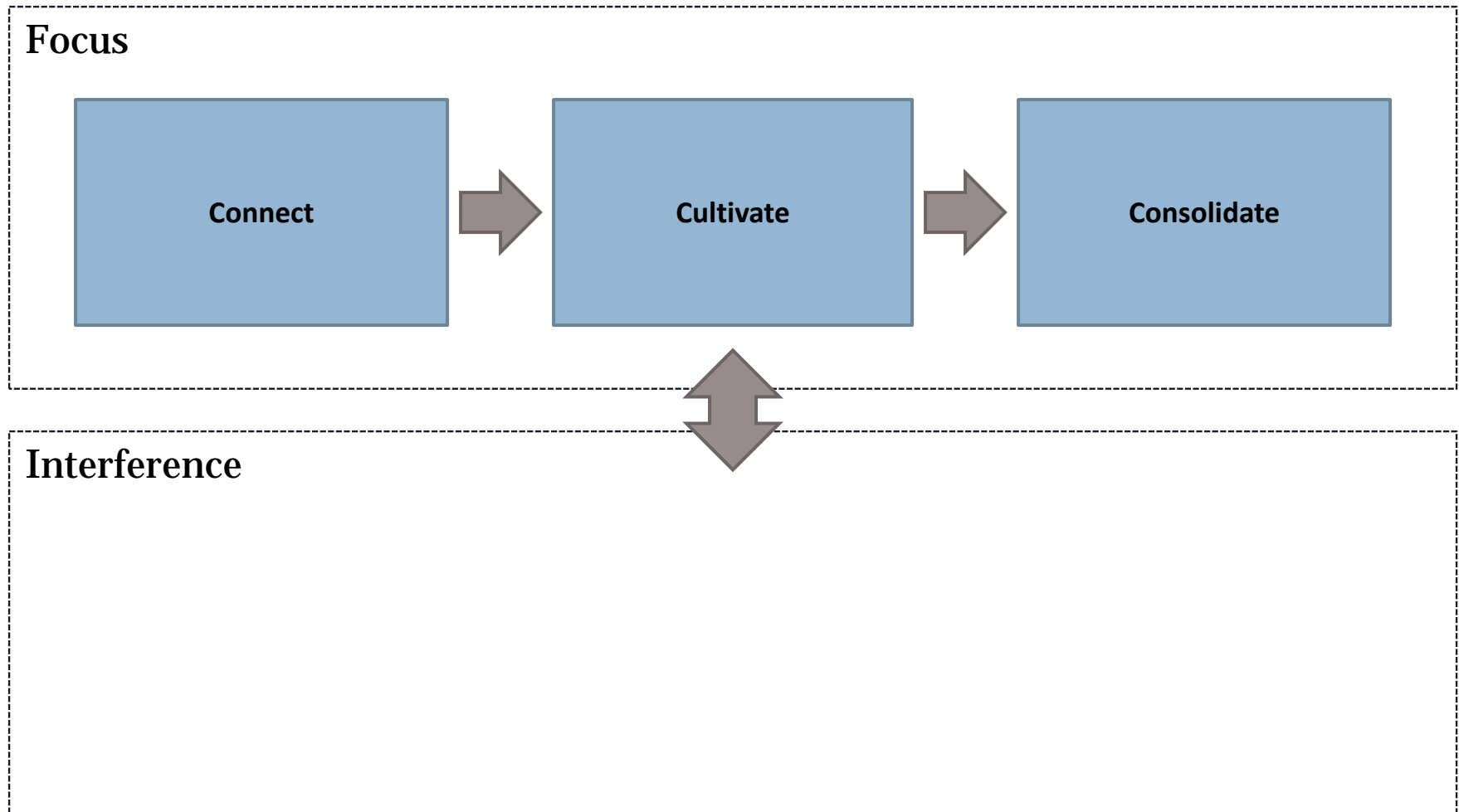
Putting Practices Together

Focus

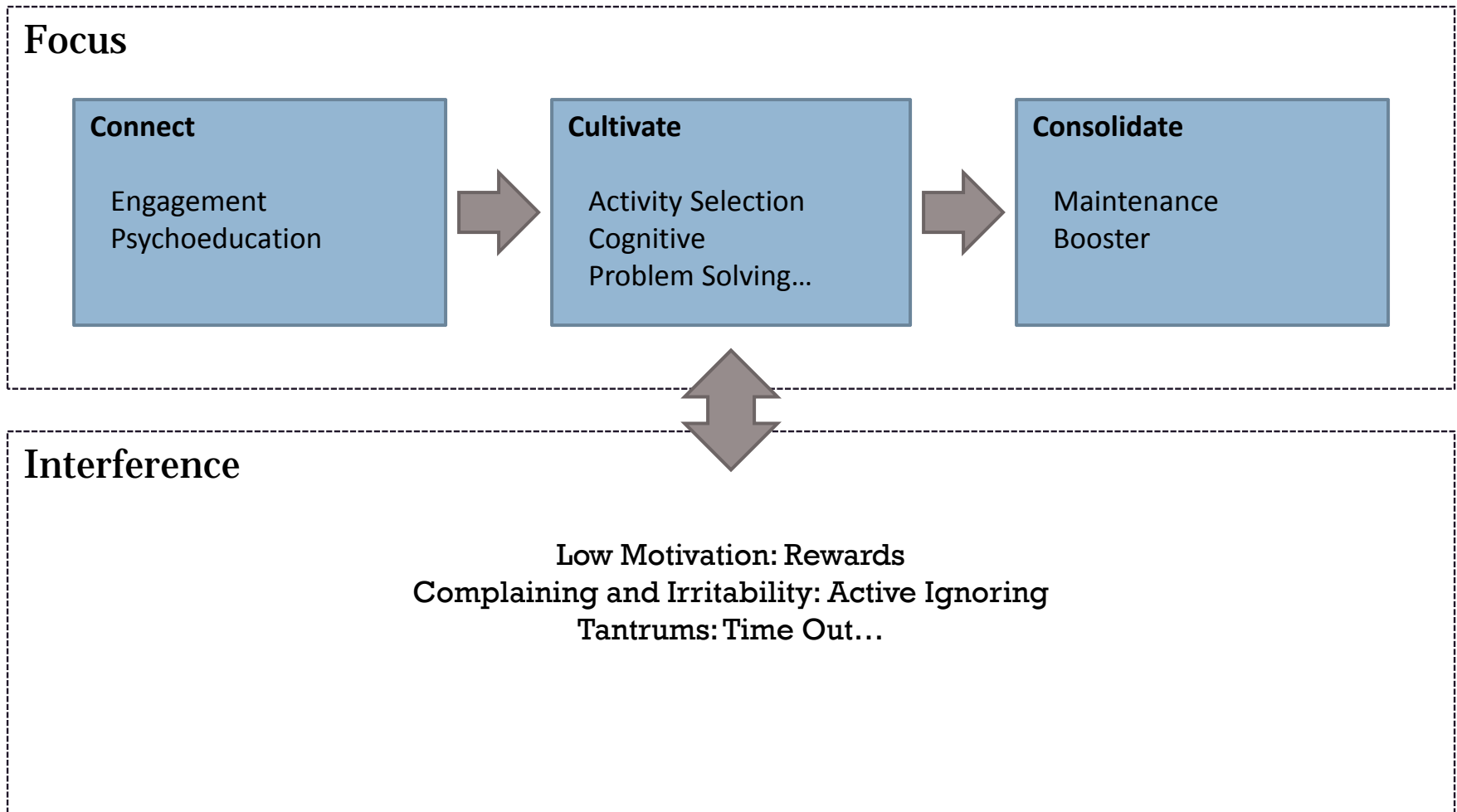


Interference

Putting Practices Together



Depression Example



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

Embracing Diversity



Adapt Process

- Style
- Communication
- Change Agent

Adapt Content

- Conceptualization
- Message
- Procedures



The Clinical Dashboard

Local Knowledge to Inform Adaptation, Self-Correction

Local Knowledge Resource: Dashboard

Progress

Practice

Progress and Practice Monitoring Tool

Case ID: Maggie

Age (in years): 7.1
Primary Diagnosis: Depression

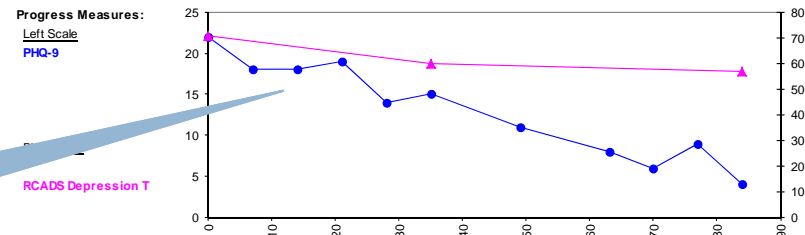
Gender: Female
Ethnicity: African American

☐ Clear All Data

☐ Redact File

Progress Measures:

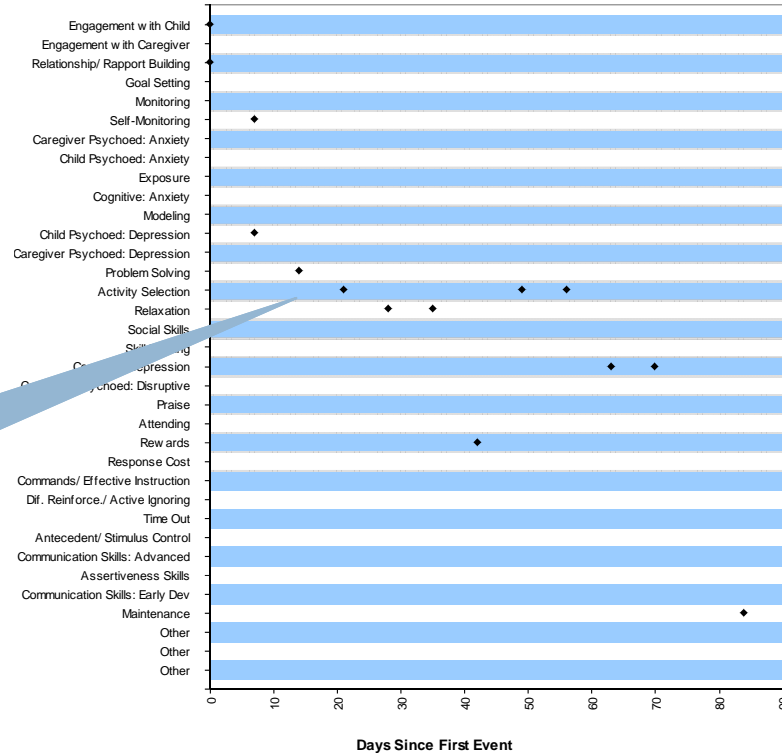
Left Scale
PHQ-9



Display Measure:

Yes PHQ-9
Yes RCADS Depression T
No
No

Display Time:
To Last Event



Progress is Good: Depression Scores Getting Lower

Progress and Practice Monitoring Tool

Case ID: Maggie

Age (in years): 7.1

Gender: Female

Primary Diagnosis: Depression

Ethnicity: African American

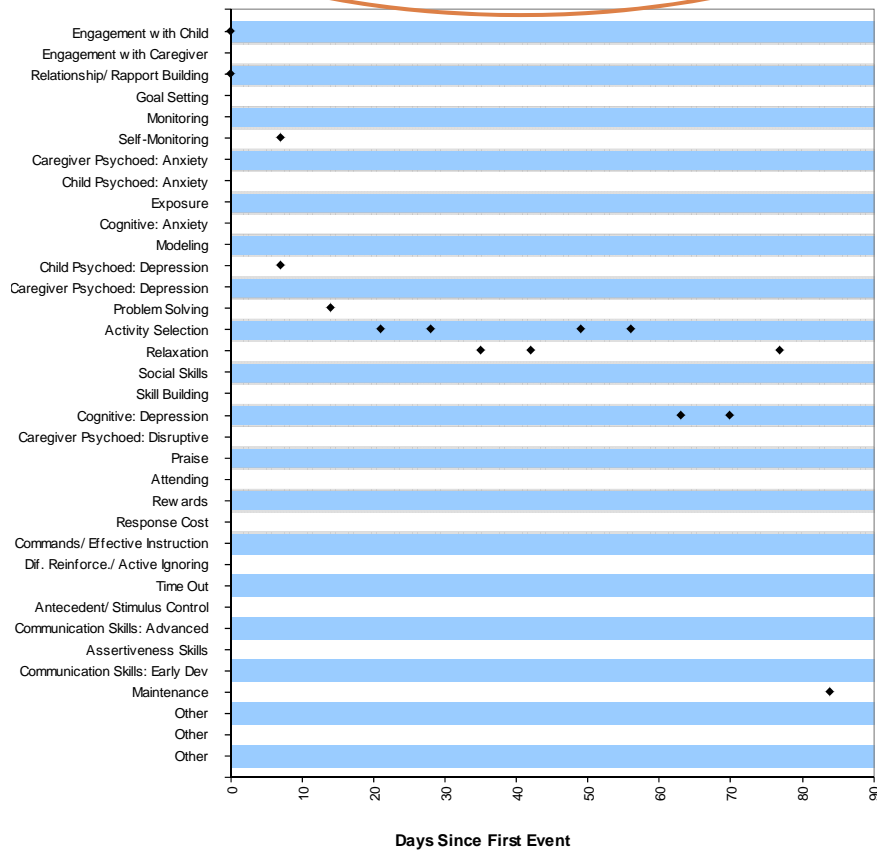
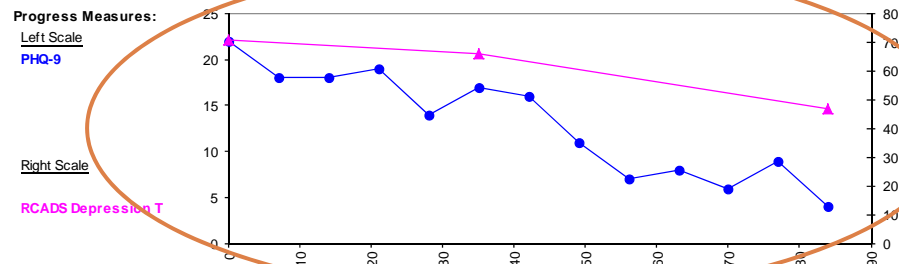
Progress Measures:

Left Scale

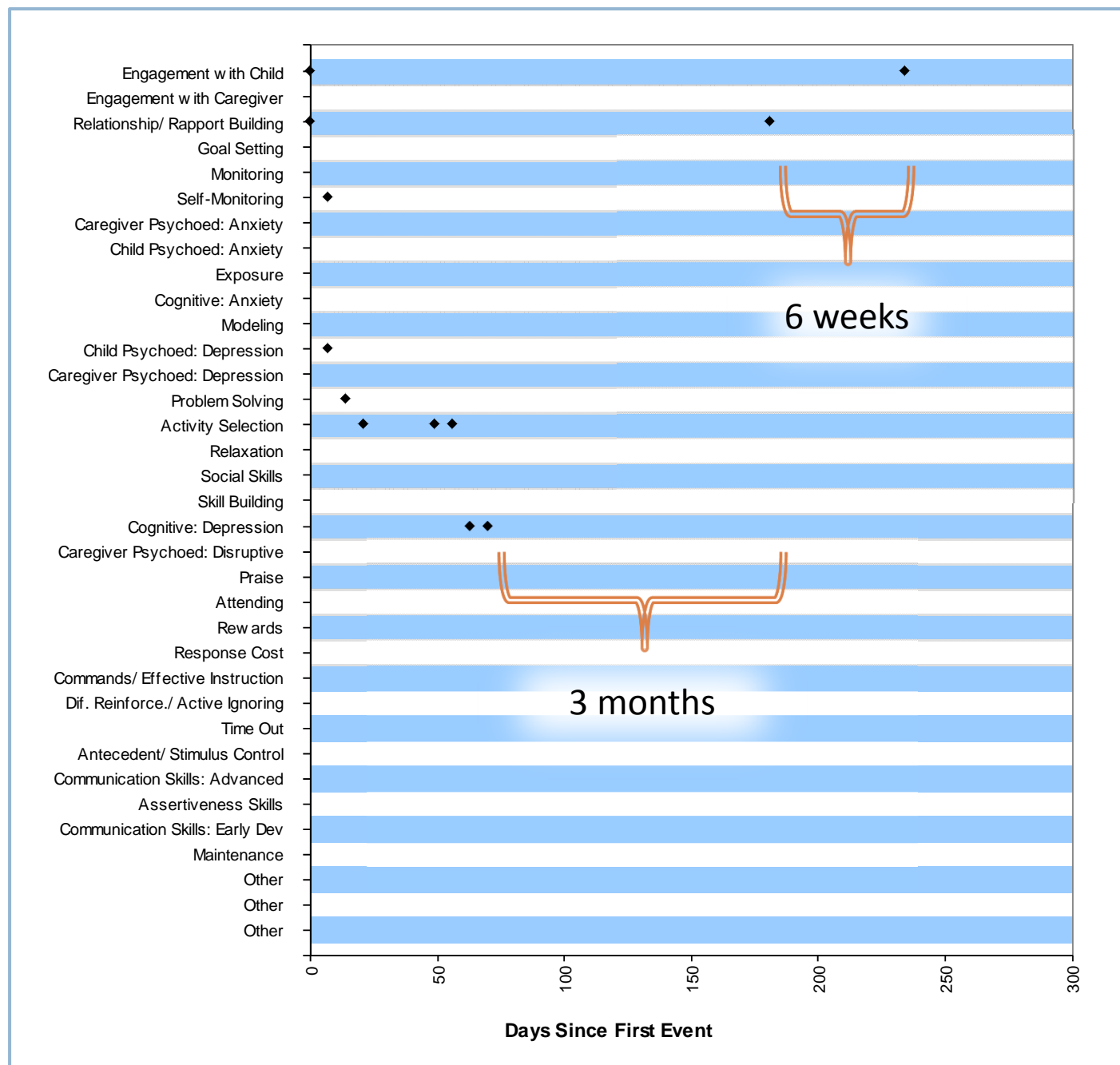
PHQ-9

Right Scale

RCADS Depression T



Evidence of Poor Engagement





How Would Wrap+MAP Ideas be Achieved?

Potential Mechanisms for Using MAP in
Wraparound

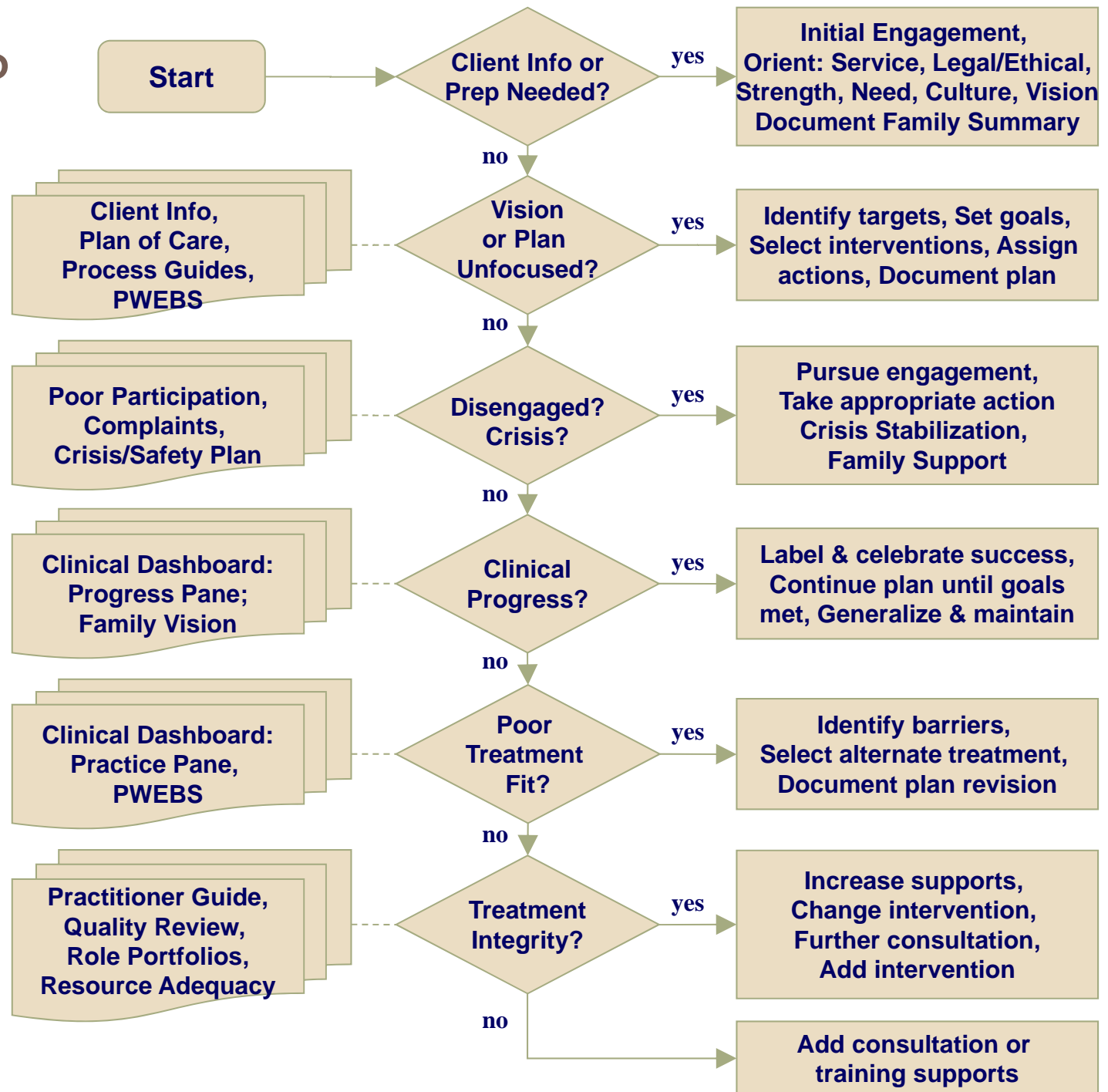
Idea 1: Generating Research Based Options in Planning and Implementation

- 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

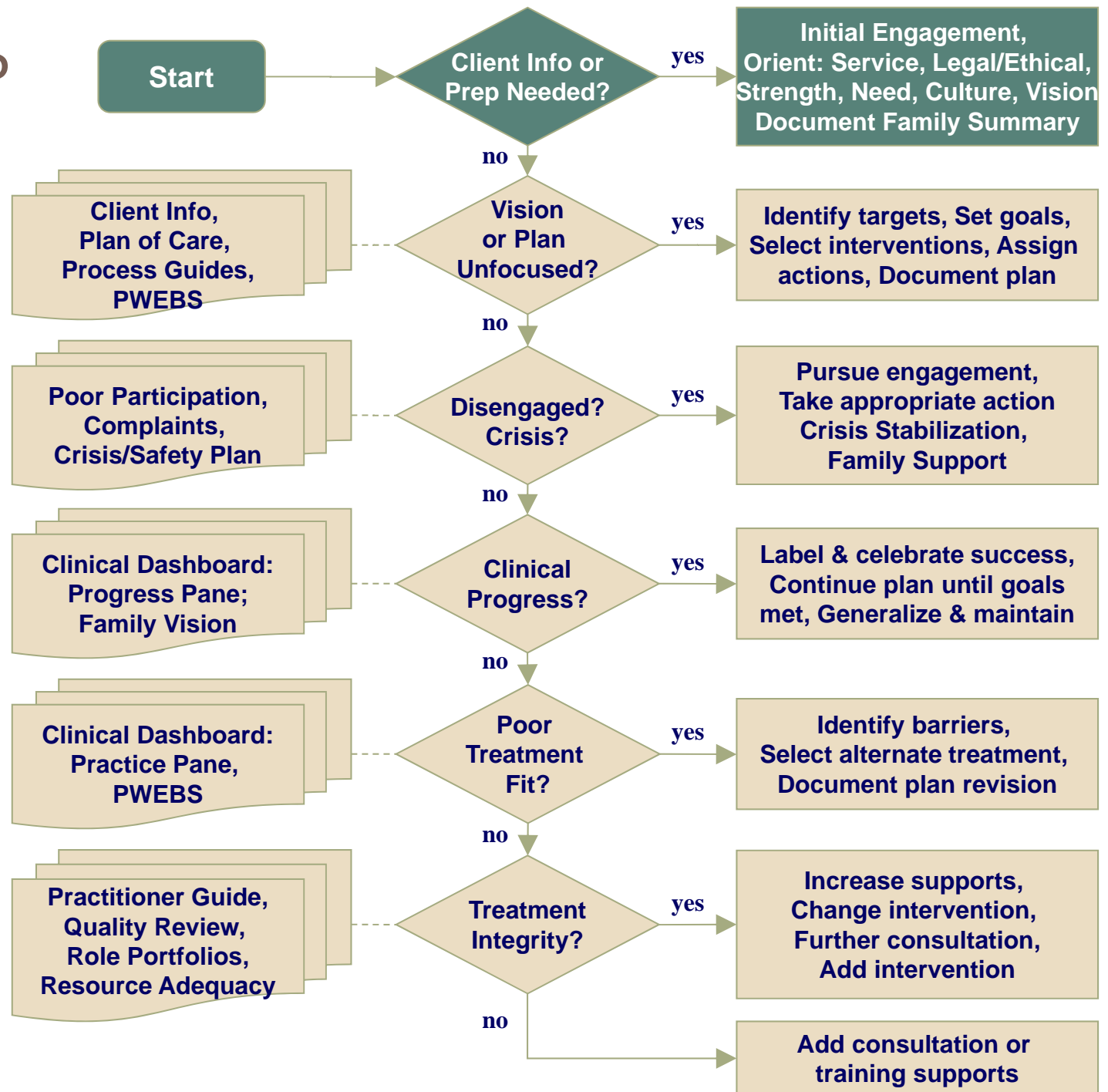
Idea 2: Enhance skills of clinicians

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

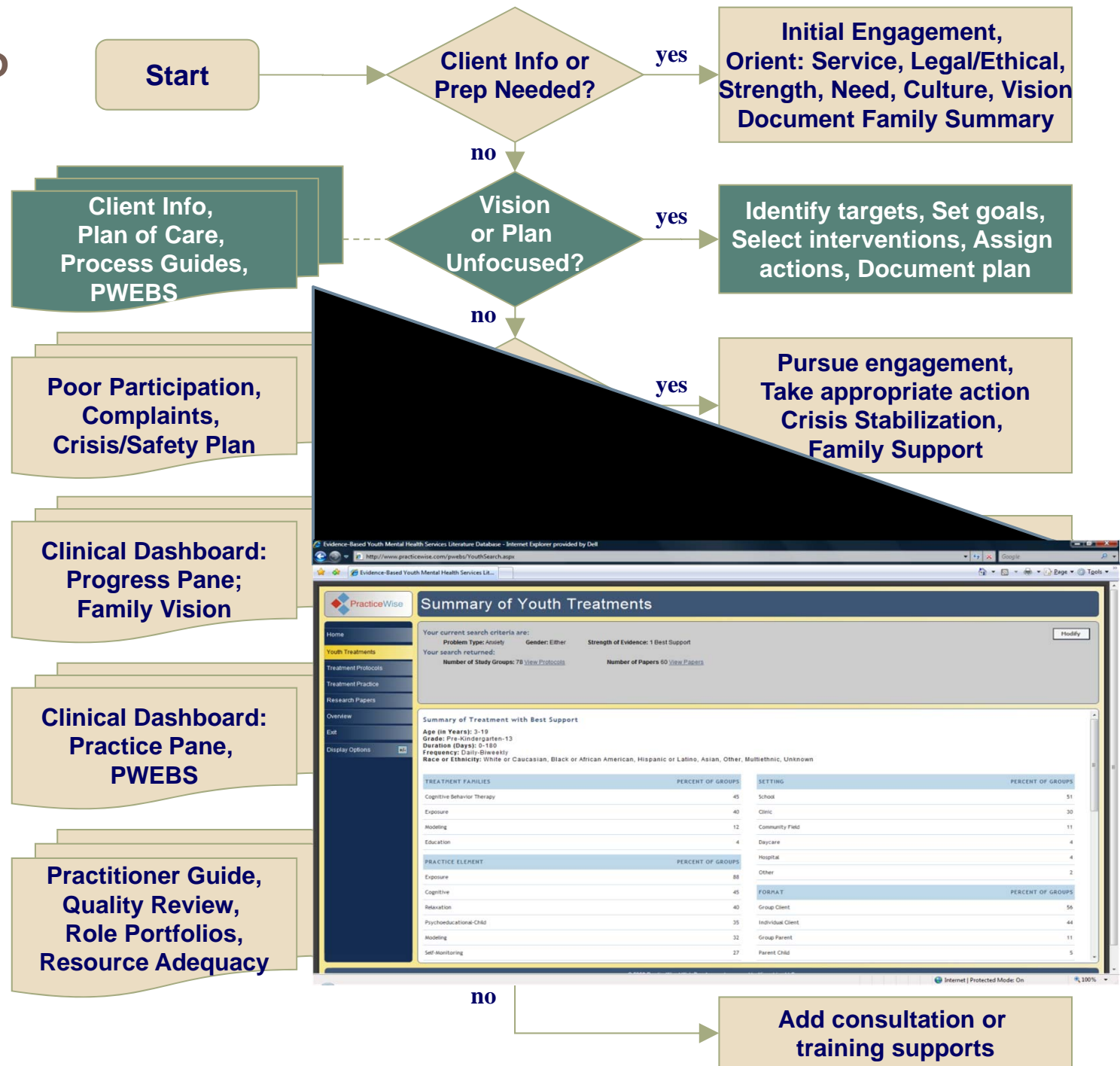
The MAP



The MAP



The MAP



Service Episode Phases



Focus

Connect

Engagement & Team Preparation

Initial Plan Development



Cultivate

Plan Implementation

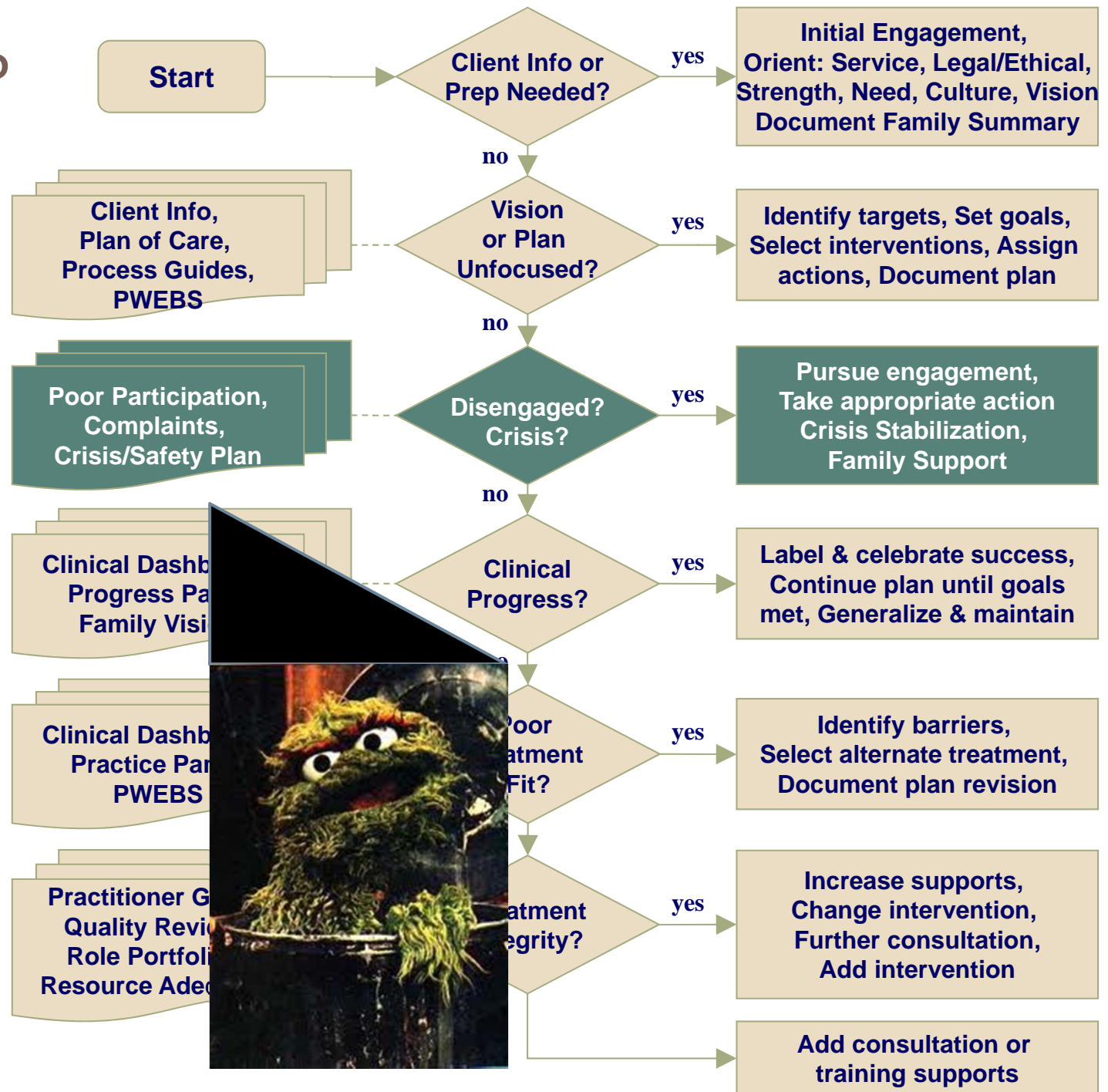


Consolidate

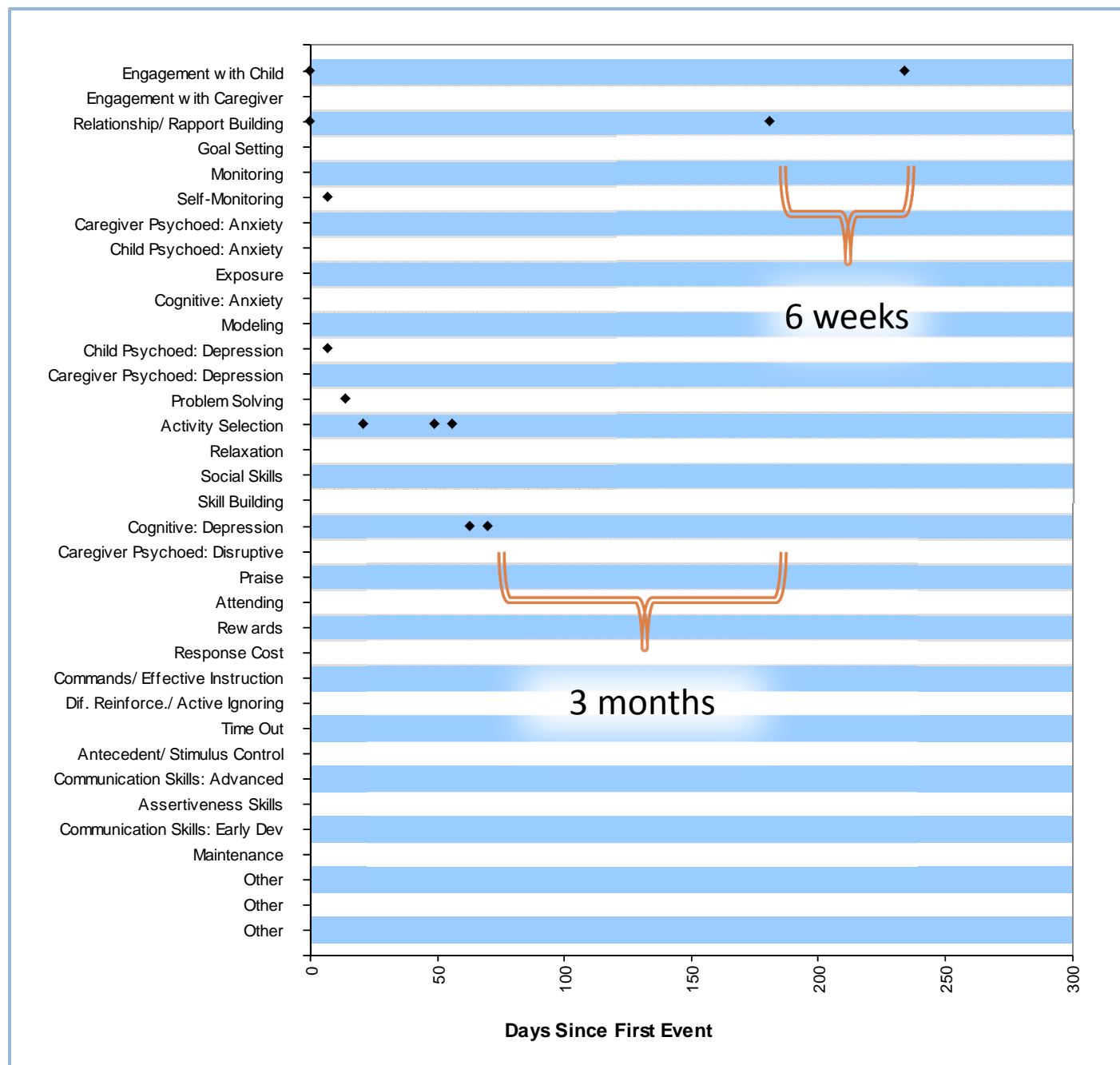
Transition

Interference

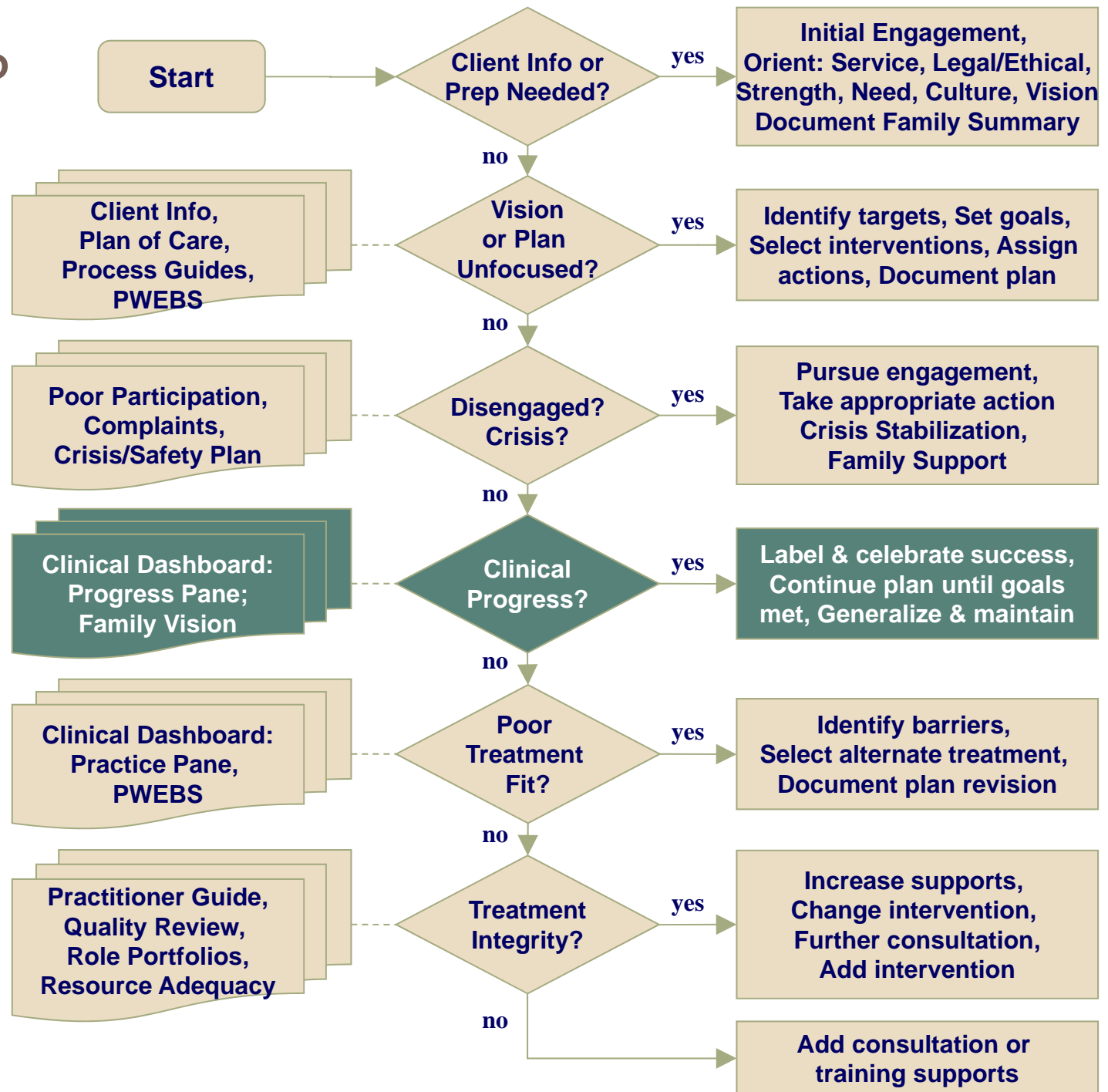
The MAP



Evidence of Poor Engagement



The MAP



Progress is Good: Depression Scores Getting Lower

Progress and Practice Monitoring Tool

Case ID: Maggie

Age (in years): 7.1

Gender: Female

Primary Diagnosis: Depression

Ethnicity: African American

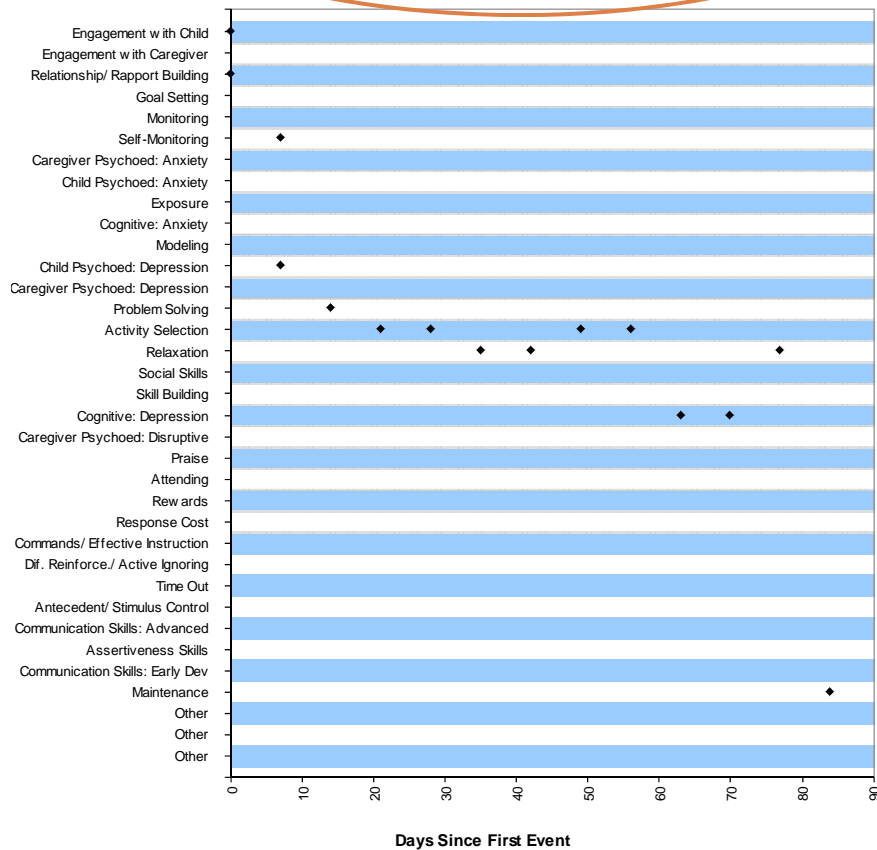
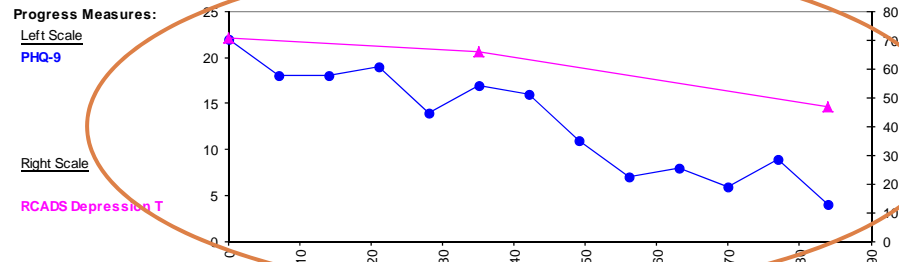
Progress Measures:

Left Scale

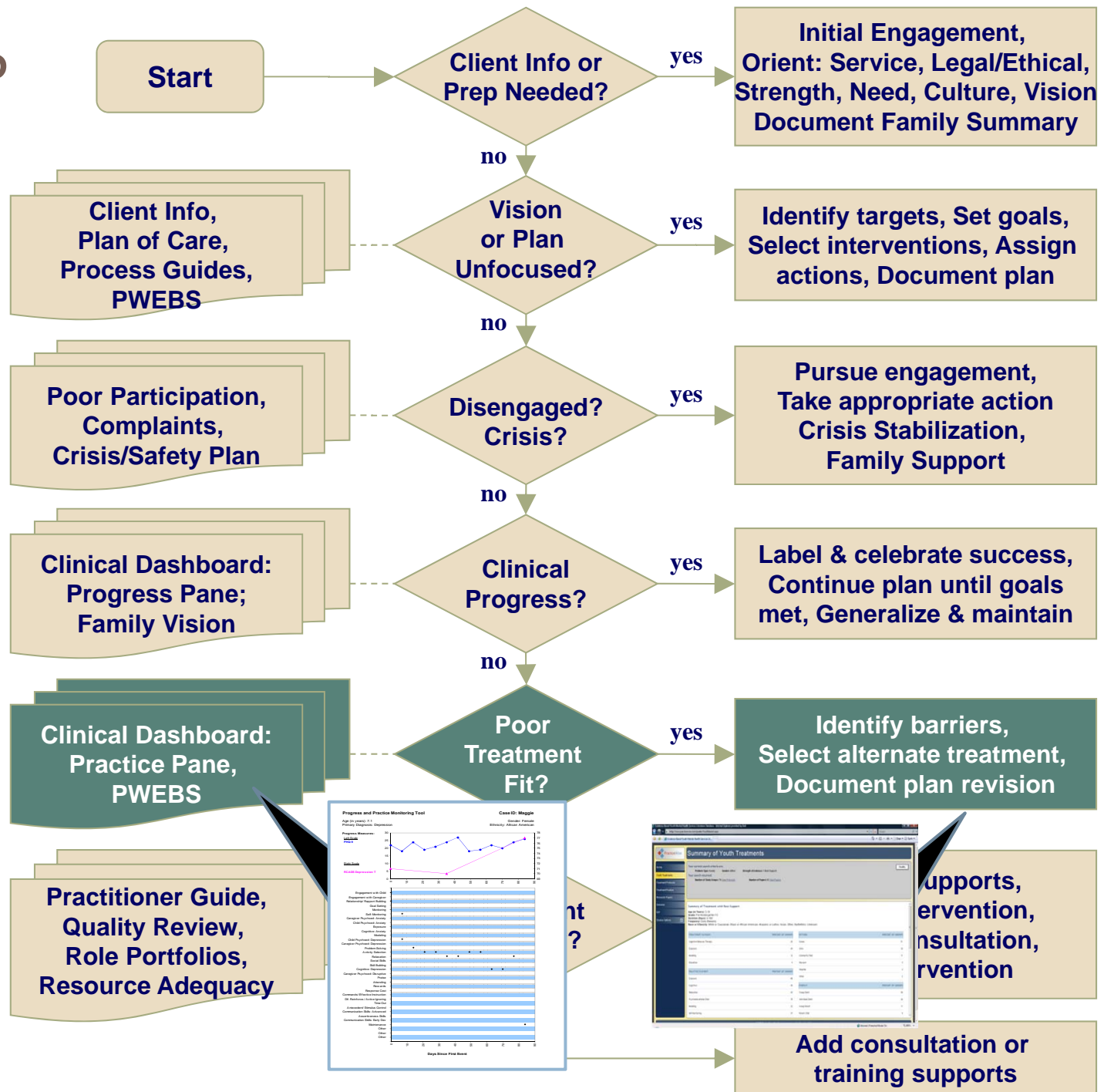
PHQ-9

Right Scale

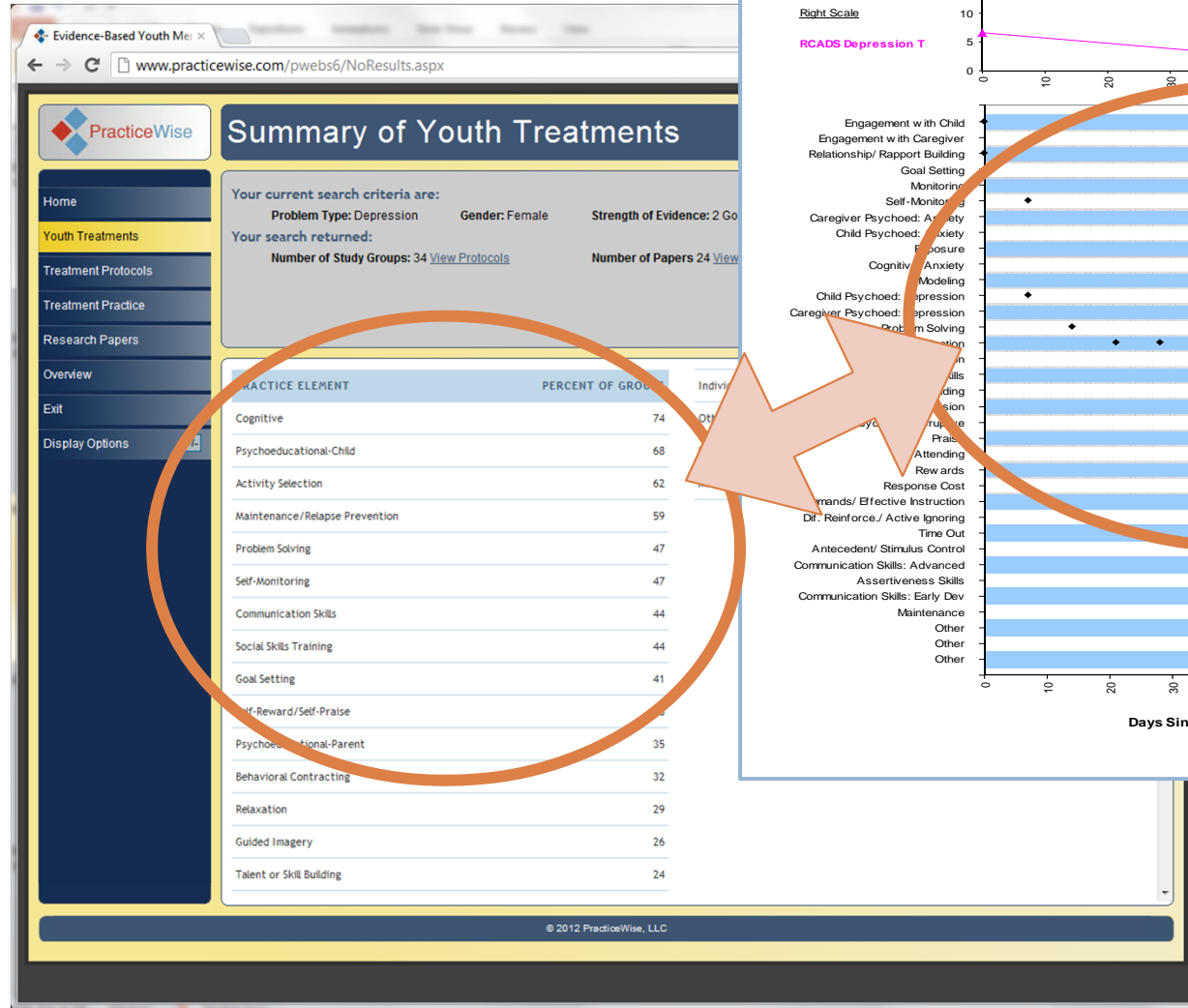
RCADS Depression T



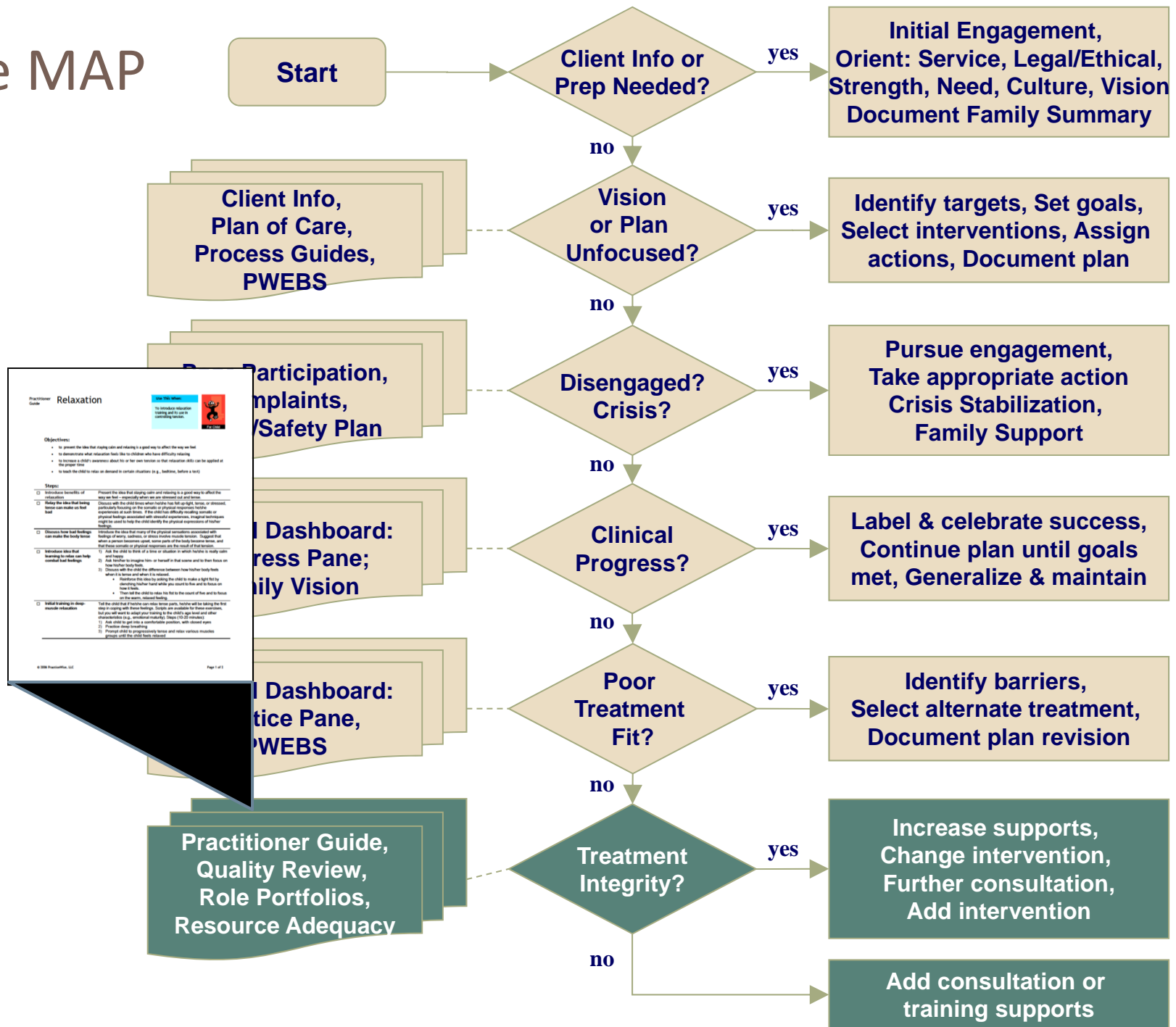
The MAP



Do the Practices Fit the Problem?



The MAP



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.

Rating	Practice Guide	Page
1	Support Networking	59
2	Modeling	37
3	Antecedent/Stimulus Control	3
4	Behavior Alert	9
5	Commands or Effective Instructions	25
6	Attending	7
7	Behavioral Contracting	11
8	Communications Skills-Early Development	29
9	Differential Reinforcement or Active Ignoring	31
10	Performance Feedback	39
11	Praise	43
12	Response Cost	49
13	Rewards	51
14	Time Out	61

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

Progress and Practice Monitoring Tool

Case ID: Wraparound Practice Illustration

Age (in years): 10.7

Gender: Female

Target Area: Depression (primary), Disruptive Behavior (secondary)

Ethnicity: Asian

Progress Measures:

Left Scale

Goal #1: CANS Natural Support

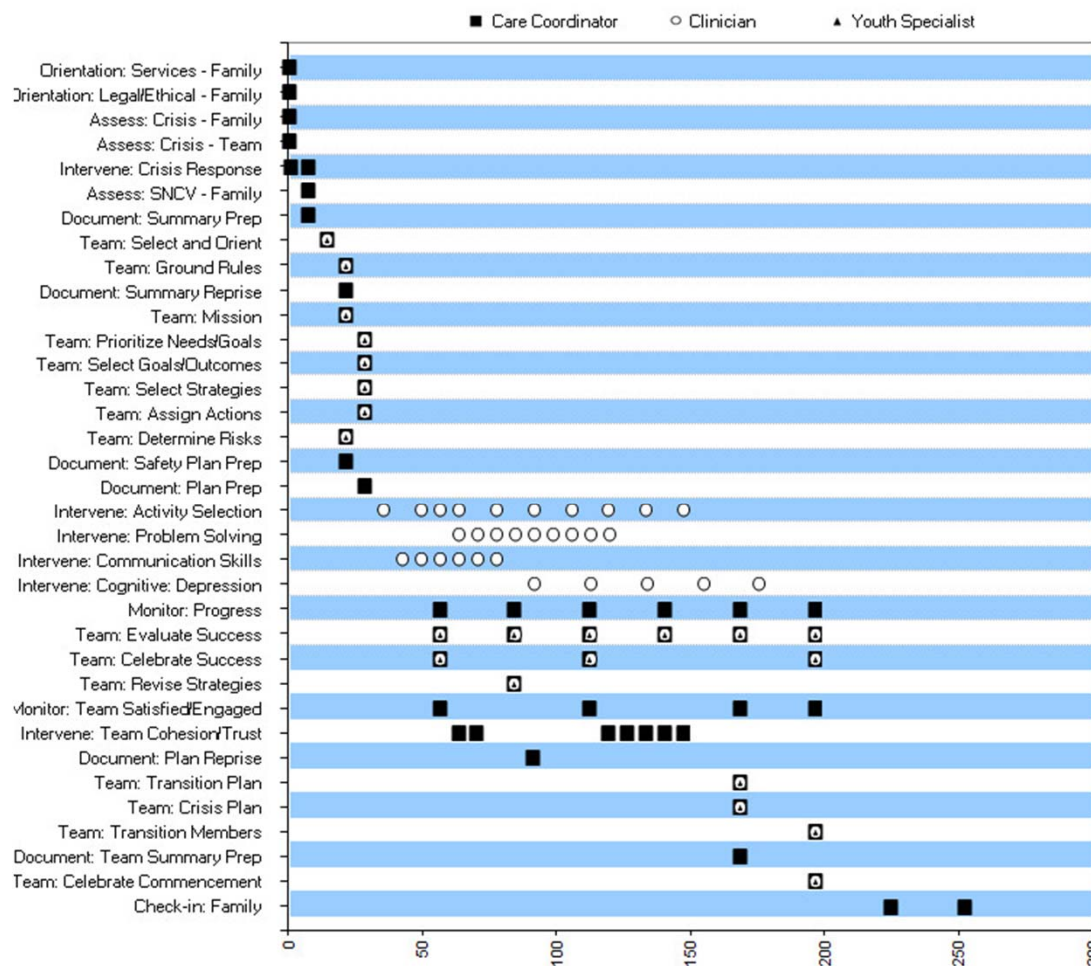
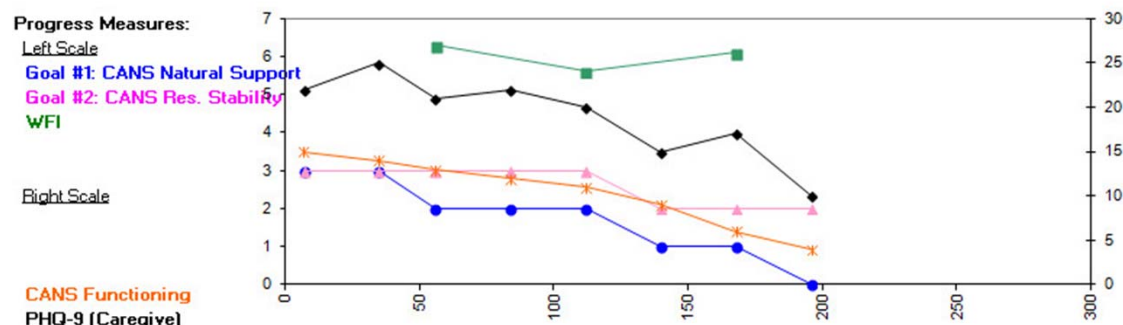
Goal #2: CANS Res. Stability

WFI

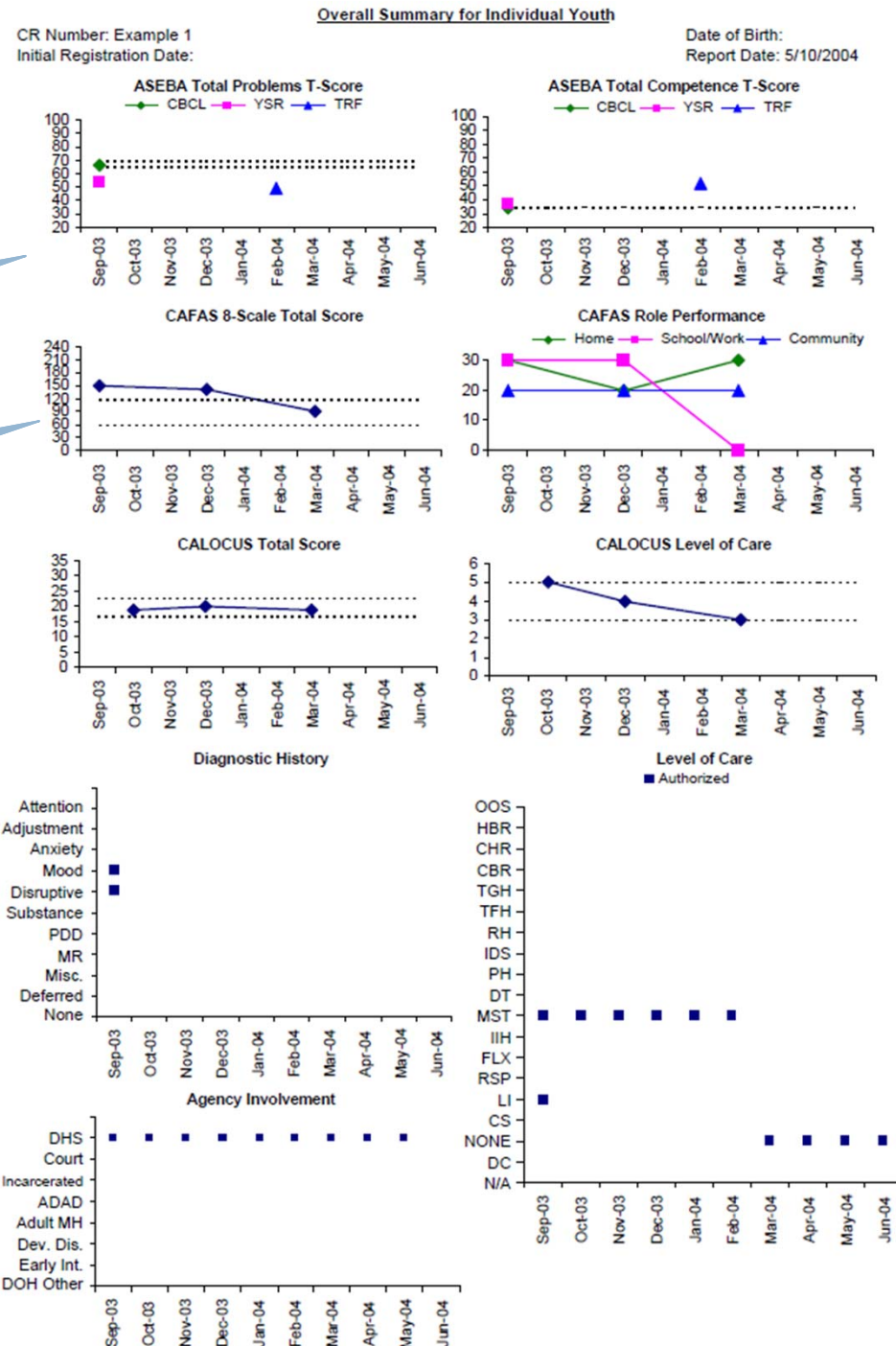
Right Scale

CANS Functioning

PHQ-9 (Caregiver)



Service Intensity



Big Ideas	Proposed enhancement	Mechanisms for achieving	Hypothesized effects
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	<ul style="list-style-type: none"> • Use PWEBS searches at strategic points in planning process • Use Practice Guides to help family and team members understand options 	What will this do?
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Facilitators trained to use team-level dashboard • Clinicians trained to use MAP clinical dashboard • Supervisors trained to use dashboards in supervision 	

Big Ideas	Proposed enhancement	Mechanisms for achieving	Hypothesized effects
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	<ul style="list-style-type: none"> • Use PWEBS searches at strategic points in planning process • Use Practice Guides to help family and team members understand options 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Train and coach wraparound-affiliated clinicians on MAP system and treatment elements • Certify clinicians in MAP 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Facilitators trained to use team-level dashboard • Clinicians trained to use MAP clinical dashboard • Supervisors trained to use dashboards in supervision 	<ul style="list-style-type: none"> • 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; Denny & Mueller, 2012)

Other reasons this may work...

An example from the field...

PWEBS Search results

← → ↺ ⬆ www.practicewise.com/pwebs_1/YouthSearch.aspx 🔍 ☆ ☰



Summary of Youth Treatments

Home

Youth Treatments


Treatment Protocols

Treatment Practice

Research Papers

Overview

Exit

Display Options 

Set screen size: x X

X

Documentation: Show/Hide

Your current search criteria are: Modify

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](#)

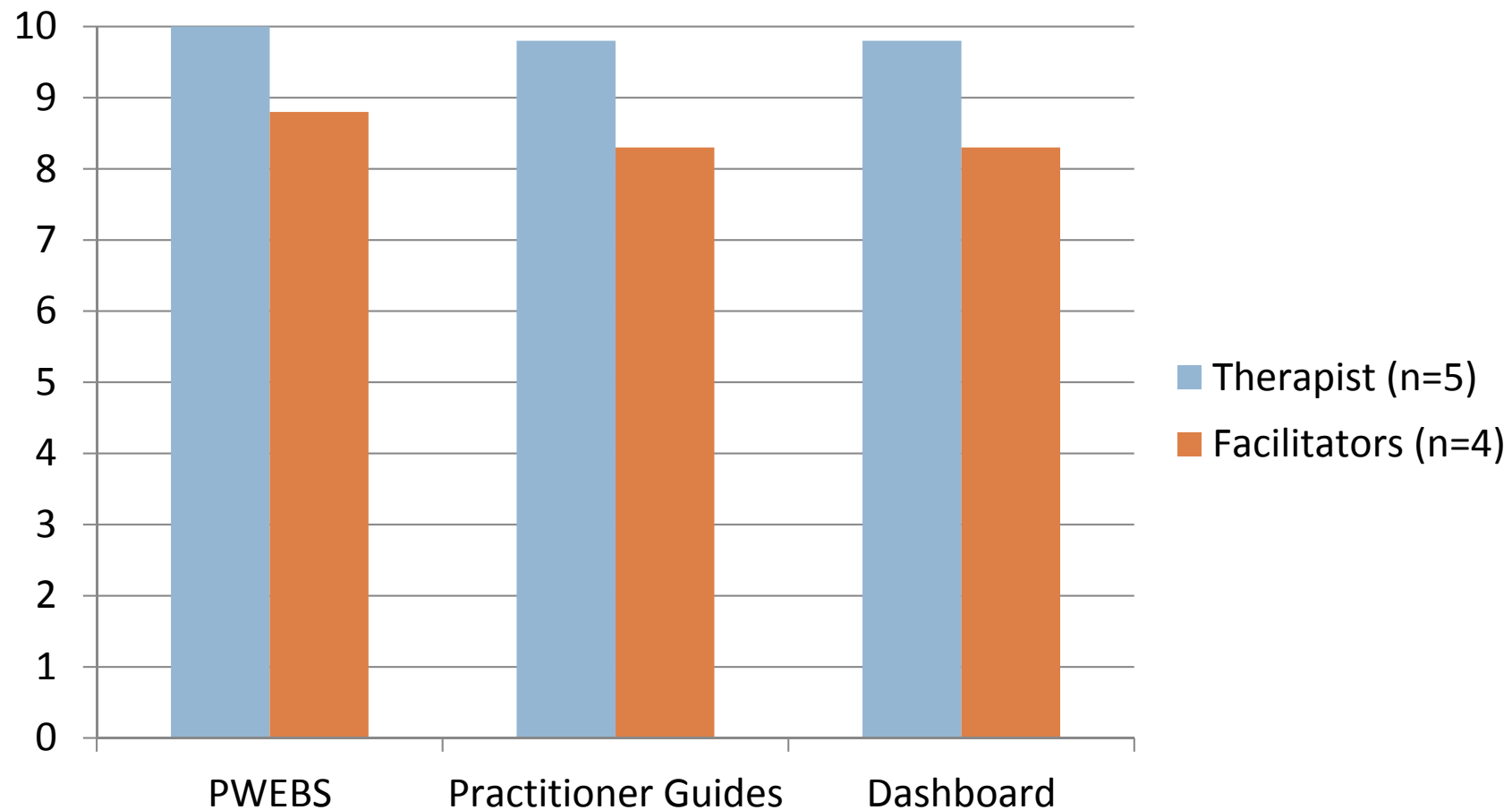
PRACTICE ELEMENT	PERCENT OF GROUPS		
Praise	100	Group Client	40
Attending	80	Group Parent	40
Commands	80	Parent Child	40
Differential Reinforcement of Other Behavior	80	Family	20
Modeling	80	Individual Parent	20
Therapist Praise/Rewards	80	Other Format	20
Time Out	80		
Play Therapy	60		
Caregiver Coping	40		
Educational Support	40		
Natural and Logical Consequences	40		
Problem Solving	40		
Psychoeducation - Caregiver	40		

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 they could “use right away”

Facilitators rate usefulness of MAP tools almost as highly as therapists

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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.