NWIC | National Wraparound Implementation Center

Advancing Systems ✦ Enhancing the Workforce ✦ Improving Outcomes

Implementing Evidence Based Practice within Wraparound and Systems of Care *(starting soon)*

- 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

NATIONAL WRAPAROUND INITIATIVE

THE TA NETWORK
the technical assistance network for children's behavioral health

Hosted by the **National Wraparound Initiative**
and the **National TA Network for Children's Behavioral Health**
January 29, 2015

Portland State UNIVERSITY

University of Washington

UNIVERSITY of MARYLAND SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

NWIC | National Wraparound Implementation Center

Advancing Systems ✦ Enhancing the Workforce ✦ Improving Outcomes

Implementing Evidence Based Practice within Wraparound and Systems of Care

Eric J. Bruns, University of Washington and National Wraparound Initiative
Suzanne E.U. Kerns, University of Washington and Child and Family Evidence Based Practice Consortium
Rosalyn Bertram, University of Missouri-Kansas City and Child and Family Evidence Based Practice Consortium
Tegan Henke, State Development Specialist for the Texas System of Care, Texas Institute for Excellence in Mental Health, University of Texas

Hosted by the **National Wraparound Initiative**
and the **National TA Network for Children's Behavioral Health**
January 29, 2015

Portland State UNIVERSITY

University of Washington

UNIVERSITY of MARYLAND SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

Overview of the webinar

- Evidence-based practices: A quick review
  - Misconceptions and realities
  - Alignment with systems of care and wraparound philosophies
- Role of EBPs in systems of care and wraparound
- Options for coordinating EBP with wraparound for youth with complex needs
- Examples from the field
  - Wraparound with modularized EBP
  - Integrating EBP procedures into wraparound practice
  - Building EBPs and wraparound into statewide system redesign

Main Points

- It is important that we use effective and cost-effective strategies in children's behavioral health
- EBP movement is evolving and maturing
  - There are more of them
  - They work better in the "real world" than ever
- Although there are challenges, EBP can be thoughtfully integrated into family- and youth-driven, individualized systems of care
- There are options for integrating EBP at multiple levels:
  - The system level
  - The provider level
  - The youth, family, and team level

Child and Family Evidence Based Practice Consortium: Who we are & what we do

- Formed in 2004, reflects both national & international perspectives
- Participation from academia, administrators, policymakers, & purveyors
- Multiple forums for training, technical assistance & networking

https://ebpconsortium2014.wordpress.com

- Goal: Expand dissemination & use of evidence-based practice & implementation frameworks

Consortium Research & Dissemination

- Survey of North American behavioral health care administrators & supervisors (Barwick, 2011)
- EBP integration in North American MSW programs (Bertram, Charnin, Kerns, & Long (*in press*)
- Survey of EBP in Marriage & Family Therapy programs (2015)
- Multi-method program implementation evaluation of 34 Kansas City MSW field sites (Bertram, King, Pederson, & Nutt, 2014)
- Topical webinars on implementation science & EBPs (Allison Metz, December 2014; Kimberly Hoagwood, February 2015, etc.)

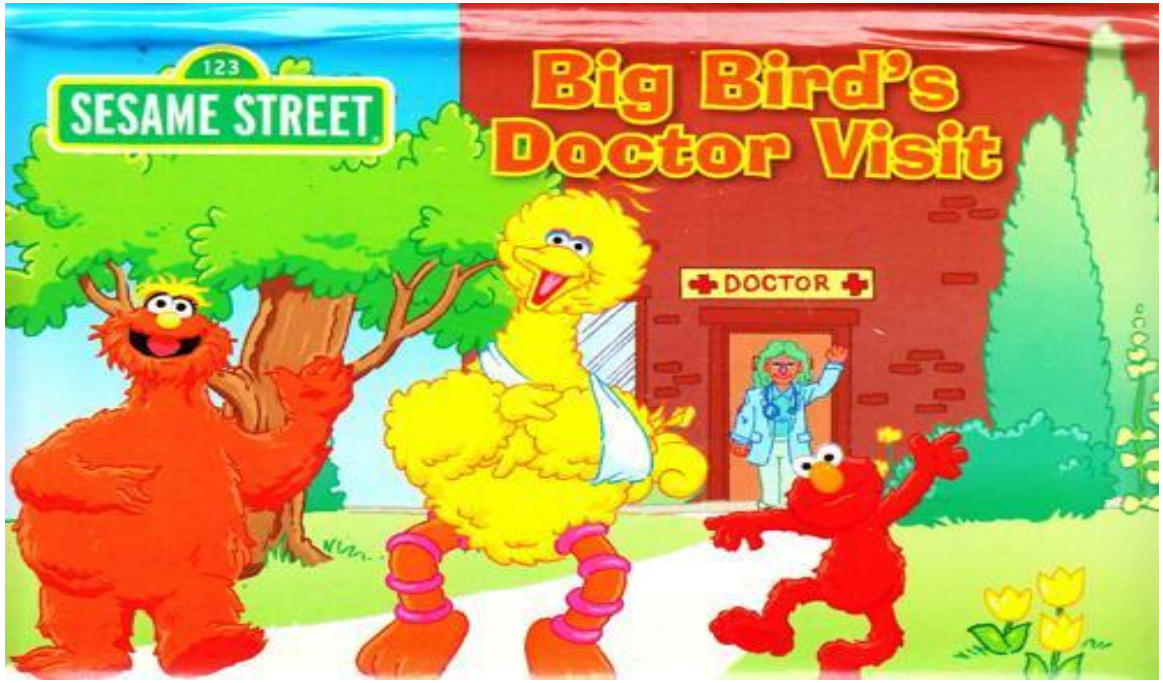
Find these & more at

Child & Family Evidence Based Practice Consortium website:

https://ebpconsortium2014.wordpress.com/resources/articles-papers

Why Implement Proven Practices?

Youth & families should expect
evidence informed behavioral health services
just as they expect proven practices
when visiting their medical service provider



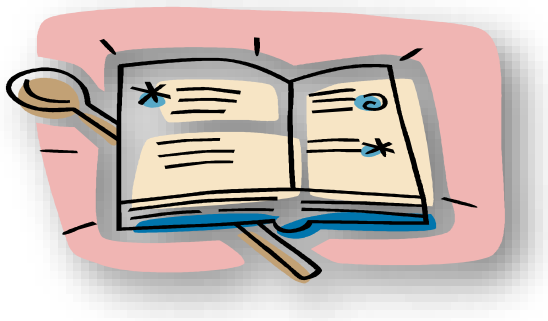
Why Implement Proven Practices?

- More likely to efficiently produce positive effects
- Improved behavioral health outcomes at less cost
- Practices are clearly defined = transparent accountability with clear selection, training, coaching, & fidelity criteria
- Aligns with Affordable Health Care Act by matching proven practices with specific client needs

Evidence Based Practice Misconceptions

Misconception

EBPs are a 'cookbook' approach to very complex issues



Realities

Practitioner experience, knowledge, & skills form the basis for:

1. Client engagement
2. Assessment of contributing factors to behaviors of concern
3. Delivery of interventions

EBPs provide a written framework & guidelines, but practitioner actions *depend* on their experience, judgment & skills.

When practitioner skillset is challenged by client actions or factors shaping behaviors of concern, EBPs provide a *compass,* not a detailed roadmap

Misconception

EBPs don't account for or engage practitioner expertise

Realities

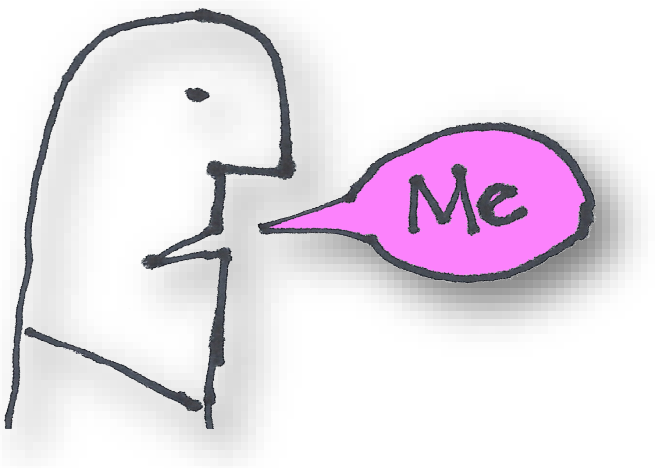
Within EBPs steps & tools, goals, objectives & specific interventions are based on individualized assessment & planning facilitated & enhanced by practitioner expertise.

Precisely because of complexities of human interaction, it is impossible to fully predict a step by step approach.

Practitioners continuously adapt within the structure of the EBP.

Misconception

EBPs ignore client values & preferences



Realities

EBPs emphasize that *clients must be full partners* in defining the problem, determining goals, & evaluation of intervention effectiveness.

There are many client *choice points* regardless of the treatment approach

EBPs support *informed decisions* by clients regarding the process, steps, & evidence for expected outcomes

Misconception

EBPs don't take into account issues of client diversity

Realities

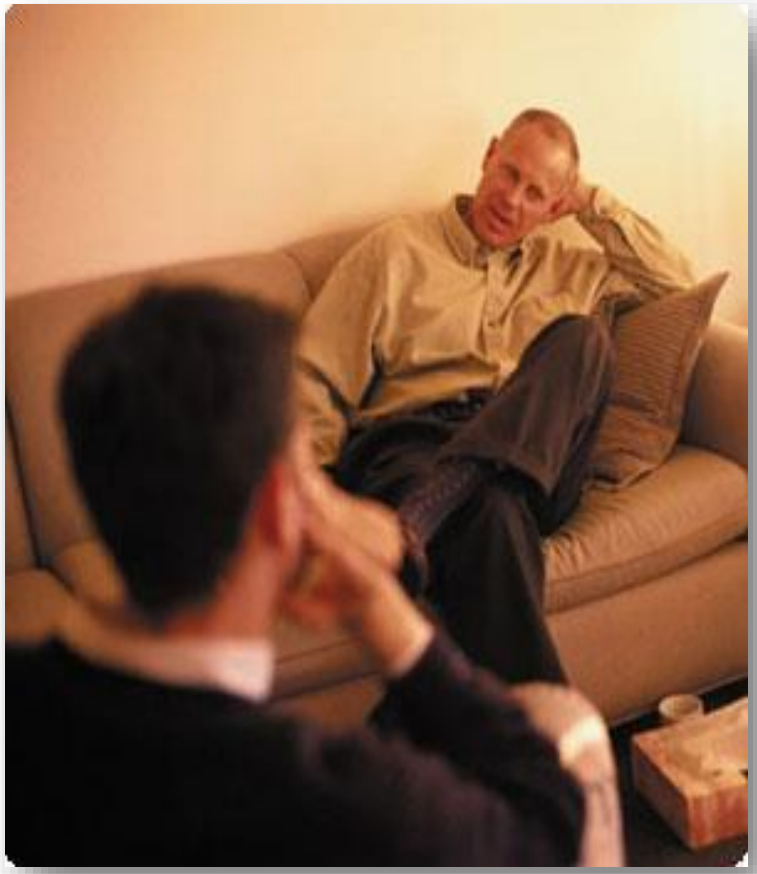
Many EBPs emphasize careful assessment of *unique* combinations of factors shaping behaviors of concern & client achievements.

Many family centered EBPs were developed for specific ethnic minority populations & studied with ethnic minority clientele:

- Huey & Polo (2008), identify EBPs for ethnic minority youth
- EBPs that focus on family & ecology promote cultural sensitivity.
- They share a fundamental premise that to address behaviors of concern, client *context* must be fully appreciated & accessed

Misconception

EBPs disregard the importance of the therapeutic alliance



Realities

Client engagement is a central theme in EBPs & accountability for client engagement often *rests with the clinician/practitioner*.

Misconception

There is a big research-to-practice gap

Realities

Many EBP models have moved from *efficacy* studies (in research settings) to *effectiveness* studies in clinical settings

Some EBPs have studied the implementation & dissemination process.

They provide tools to support the model & to monitor fidelity

Misconception

EBPs are cost-cutting tools promoted by insurance companies

Realities

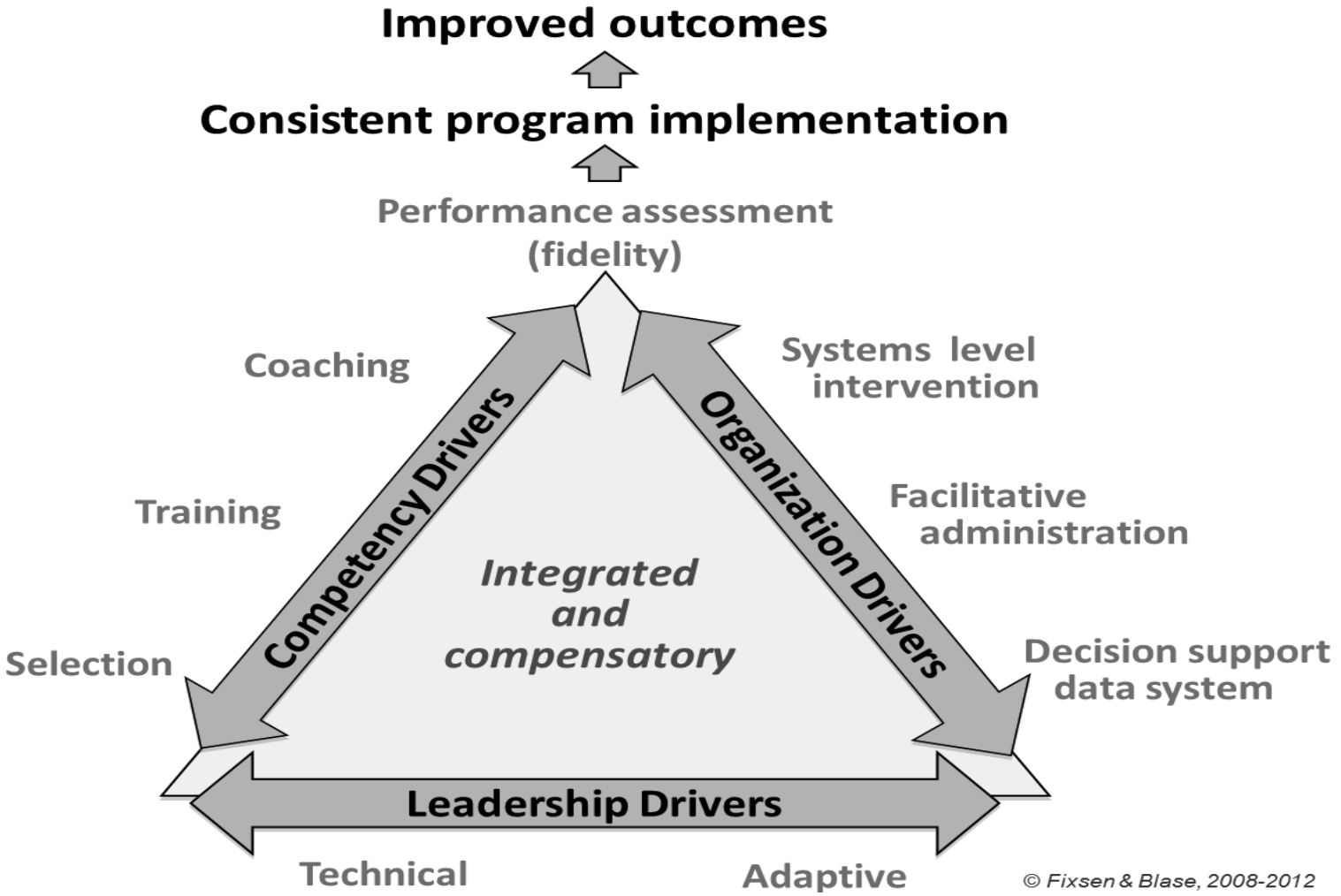
This misconception often assumes limiting costs restricts service access.

Support for EBPs directs funds to interventions with a greater likelihood of efficiently improving client outcomes

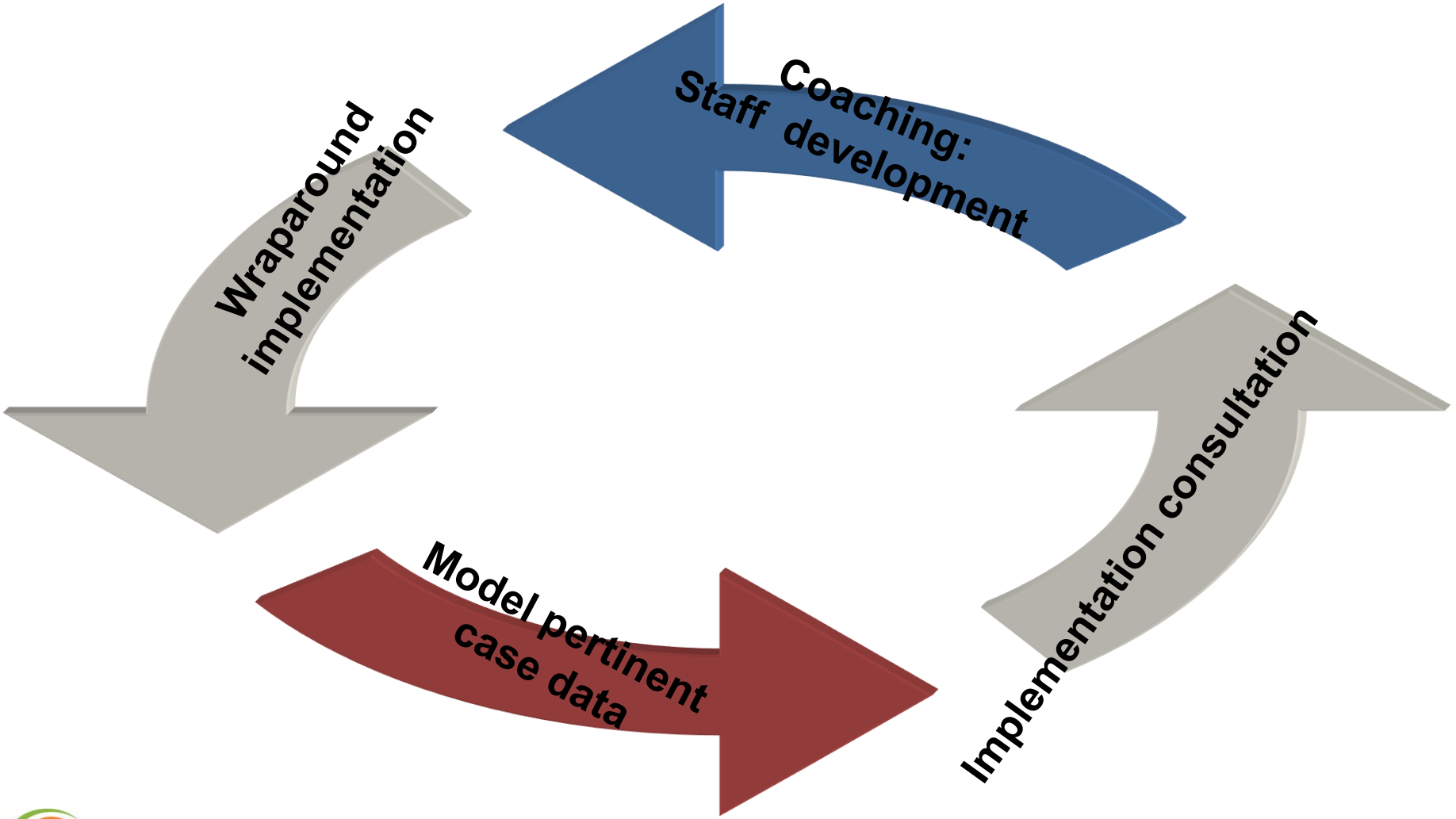
Thus more clients may have access to proven service models.

Integrate or refer?

NIRN Implementation Drivers



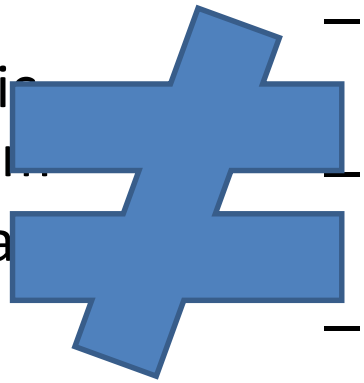
Systematic data-informed coaching develops a culture of support & accountability



NWIC | National Wraparound Implementation Center

EBP and Systems of Care

- EBP
  - May be focused on addressing a specific symptom or problem
  - Defined and manual
  - Skill-focused
  - Practitioner-directed
  - Often time limited



- Systems of care/wrap
  - Comprehensive plans, multiple components
  - Individualized, holistic, flexible
  - Family and youth directed
  - Engages community and natural supports
  - Support persists until needs are met

Potential barriers to integration

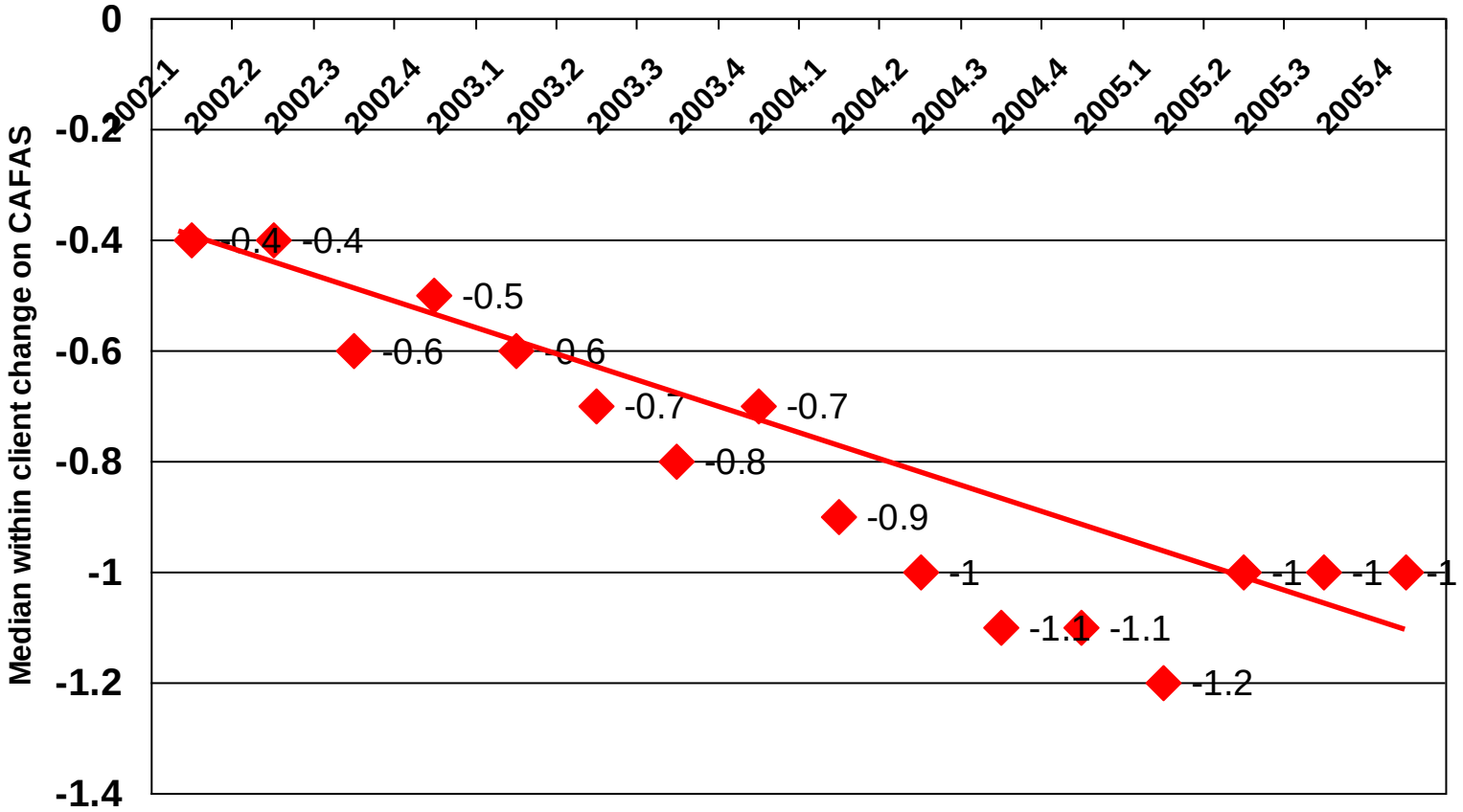
- EBPs do not address the complexity of youth needs
  - Many youth not eligible
  - Not flexible enough to change course – if youth does not respond, what next?
- Specification may leave little room for family choice
- Some EBPs are comprehensive and require cessation of other supports (e.g., wrap facilitators)
- Costs of EBP
  - Funding care coordinators, family and youth support, and other SOC features + EBP is challenging
- Attitudinal
  - Misconceptions about the underlying philosophies
  - Lack of understanding of how they can be coordinated

Benefits of coordinating EBP with SOC/wrap

- Families and youth have "informed choice" and can choose from proven practices
  - Systems of care principles dictate need for an array of effective service options
- Clinical providers can implement proven practices in a flexible, individualized, family-directed manner
- Peer support workers and natural supports can provide follow-on support for skill-building
- Evidence shows it can improve youth outcomes

“Getting better at getting them better”:

Wrap+EBP in Hawaii led to greater improvement over time

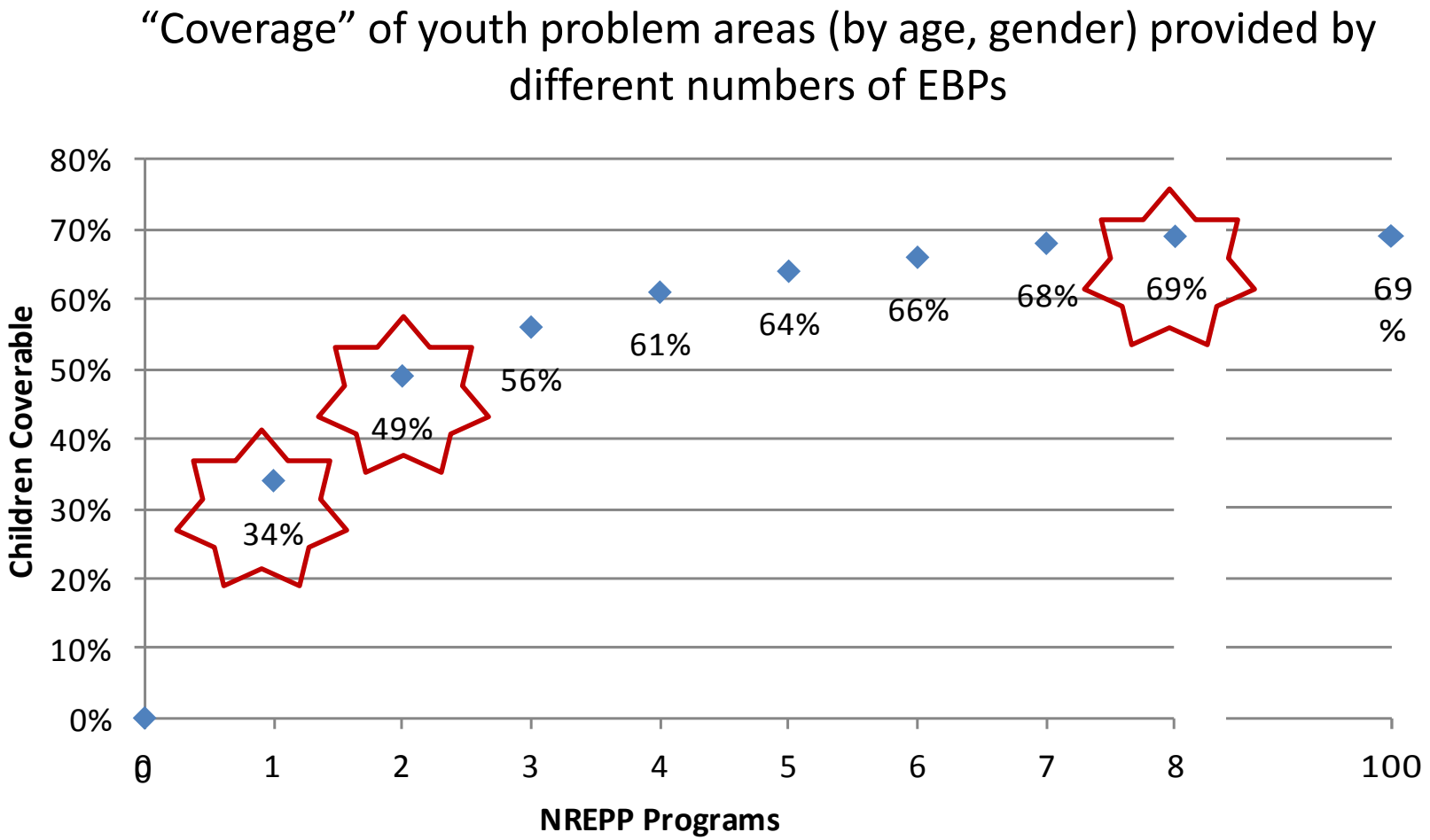


System-level: Options for coordination

- Analyze local EBP availability
- Invest in intensive, community-based EBPs that can meet youth and family needs
  - MST
  - FFT
  - Triple-P
  - Specific office-based models, e.g., TFCBT, AF-CBT
- Ensure a community team is regularly reviewing data on needs and outcomes of youth and families to direct investment in the service array

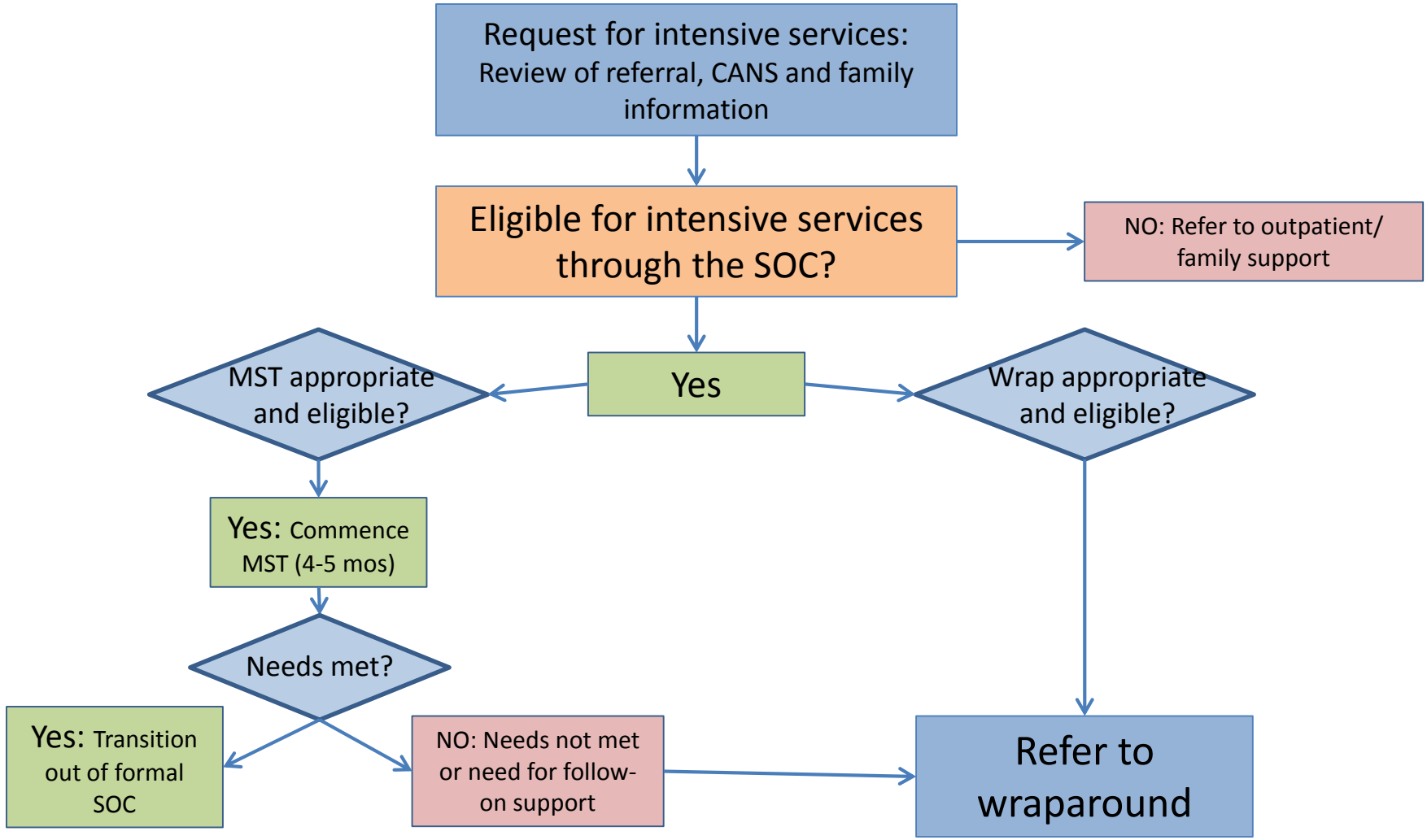
A few EBPs can go a long way…

and more than 2-3 may be overkill



Chorpita, B. F., Bernstein, A. D., & Daleiden, E. L. (2011). Empirically guided coordination of multiple evidence-based treatments: An illustration of relevance mapping in children's mental health services. *Journal of Consulting and Clinical Psychology, 79*, 470-480.

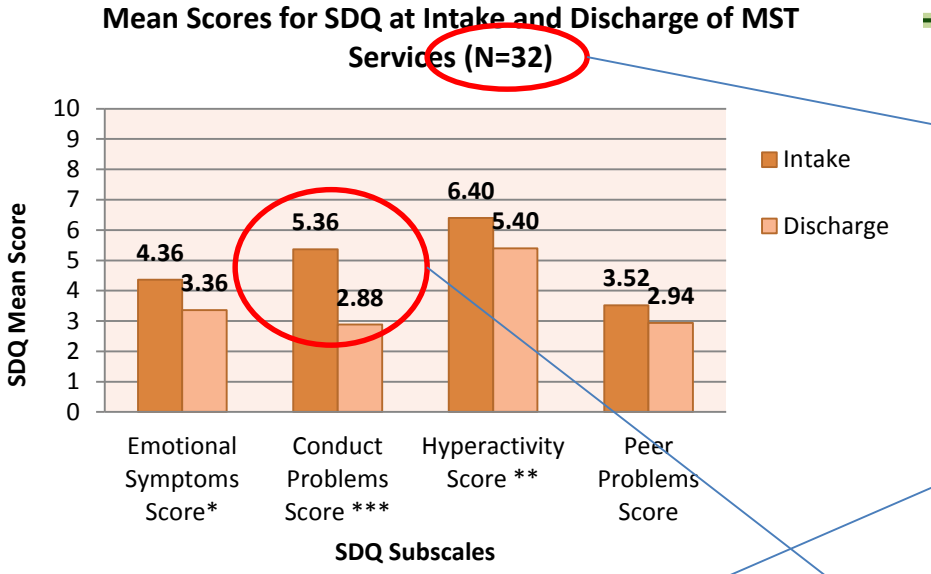
Matching need to options: Example from one system of care

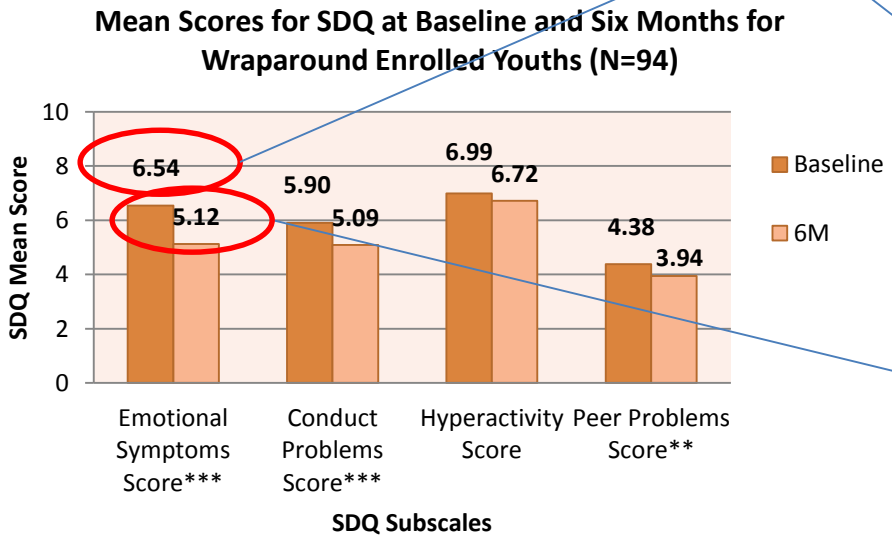


NWIC | National Wraparound Implementation Center

Youth Needs and Outcomes

In a system with both MST and wrap





MST only relevant for 25% of youth with complex needs

Wraparound enrolled youth show substantially greater overall clinical needs as per the SDQ

MST youth show greater improvement in conduct problems

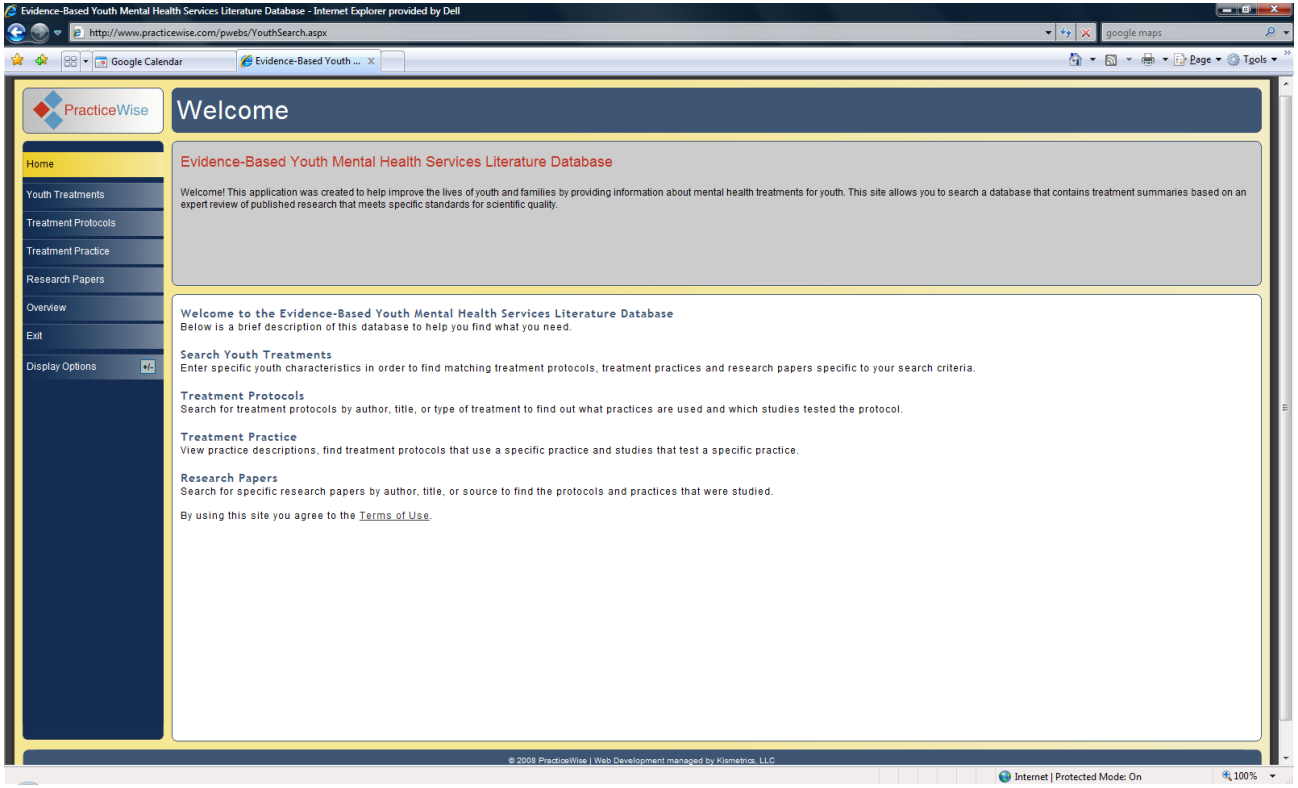
Wraparound youth show greater improvement in emotional symptoms

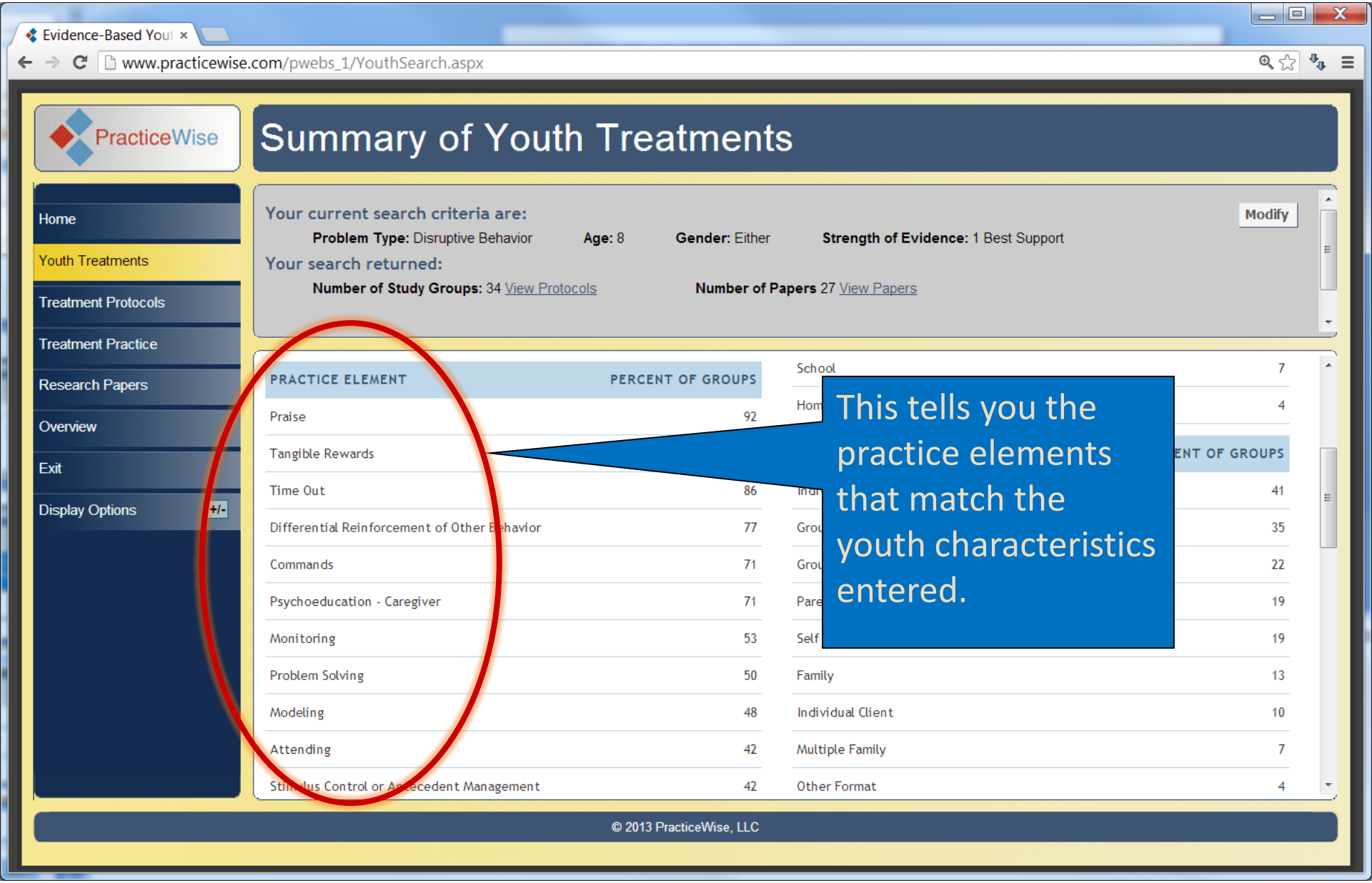
Provider options for applying EBPs to wraparound populations

- Train clinicians in the SOC on relevant manualized EBPs
- Train clinicians on modularized EBP approaches
  - To flexibly meet the needs of youth and families engaged in team-based wraparound care coordination
- Train and supervise care coordinators to understand how to build plans of care that include EBPs
  - While also adhering to wraparound model and a strength and need orientation
- Train and supervise family and youth support partners to understand how to be effective care extenders for EBP elements that are in plans of care

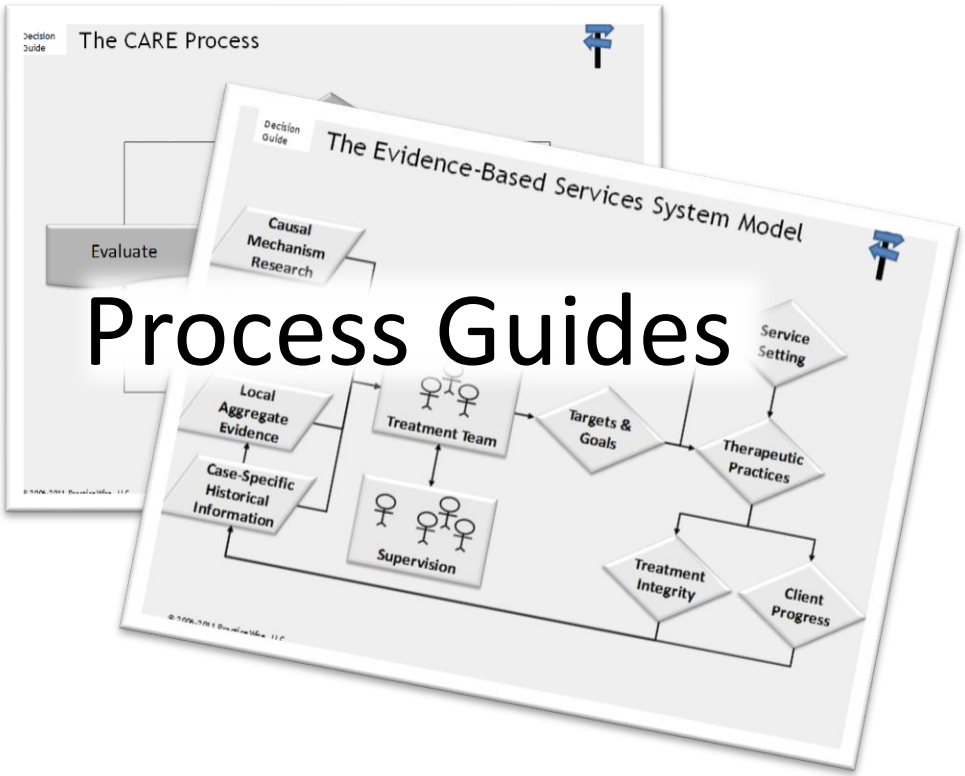
Informed Collaboration

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

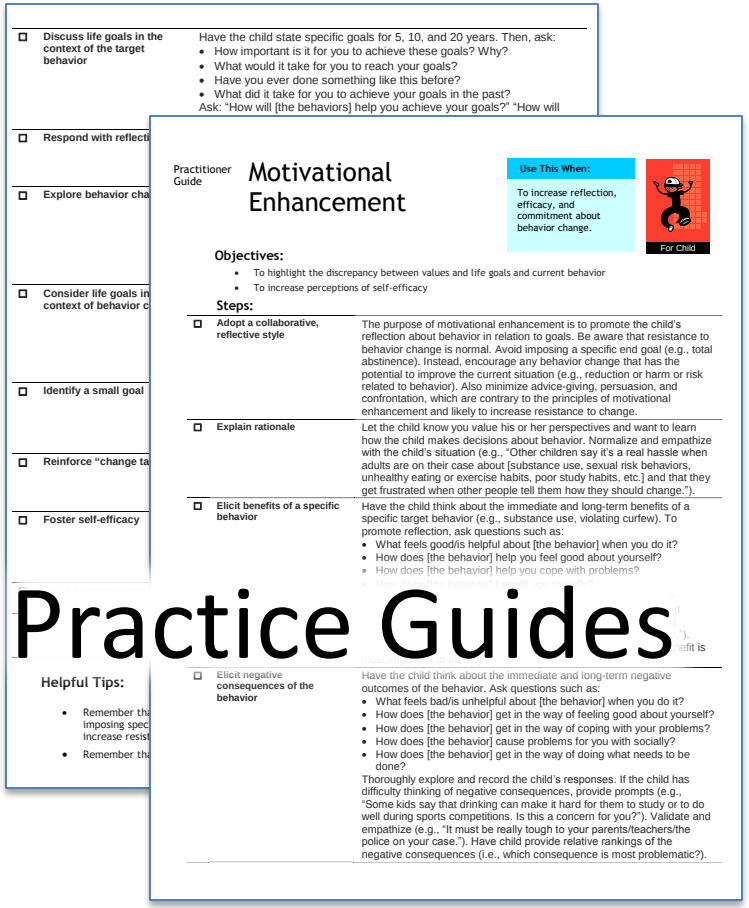



Evidence-Based You
www.practicewise.com/pwebs_1/YouthSearch.aspx
PracticeWise
Summary of Youth Treatments
Home
Youth Treatments
Treatment Protocols
Treatment Practice
Research Papers
Overview
Exit
Display Options +/-
Your current search criteria are:
Problem Type: Disruptive Behavior
Age: 8
Gender: Either
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
Praise 92
Tangible Rewards
Time Out 86
Differential Reinforcement of Other Behavior 77
Commands 71
Psychoeducation - Caregiver 71
Monitoring 53
Problem Solving 50
Modeling 48
Attending 42
Stimulus Control or Antecedent Management 42
School 7
4
ENT OF GROUPS
41
35
22
19
19
Family 13
Individual Client 10
Multiple Family 7
Other Format 4
This tells you the practice elements that match the youth characteristics entered.
© 2013 PracticeWise, LLC

Dedicated Resources for Decisions and Action

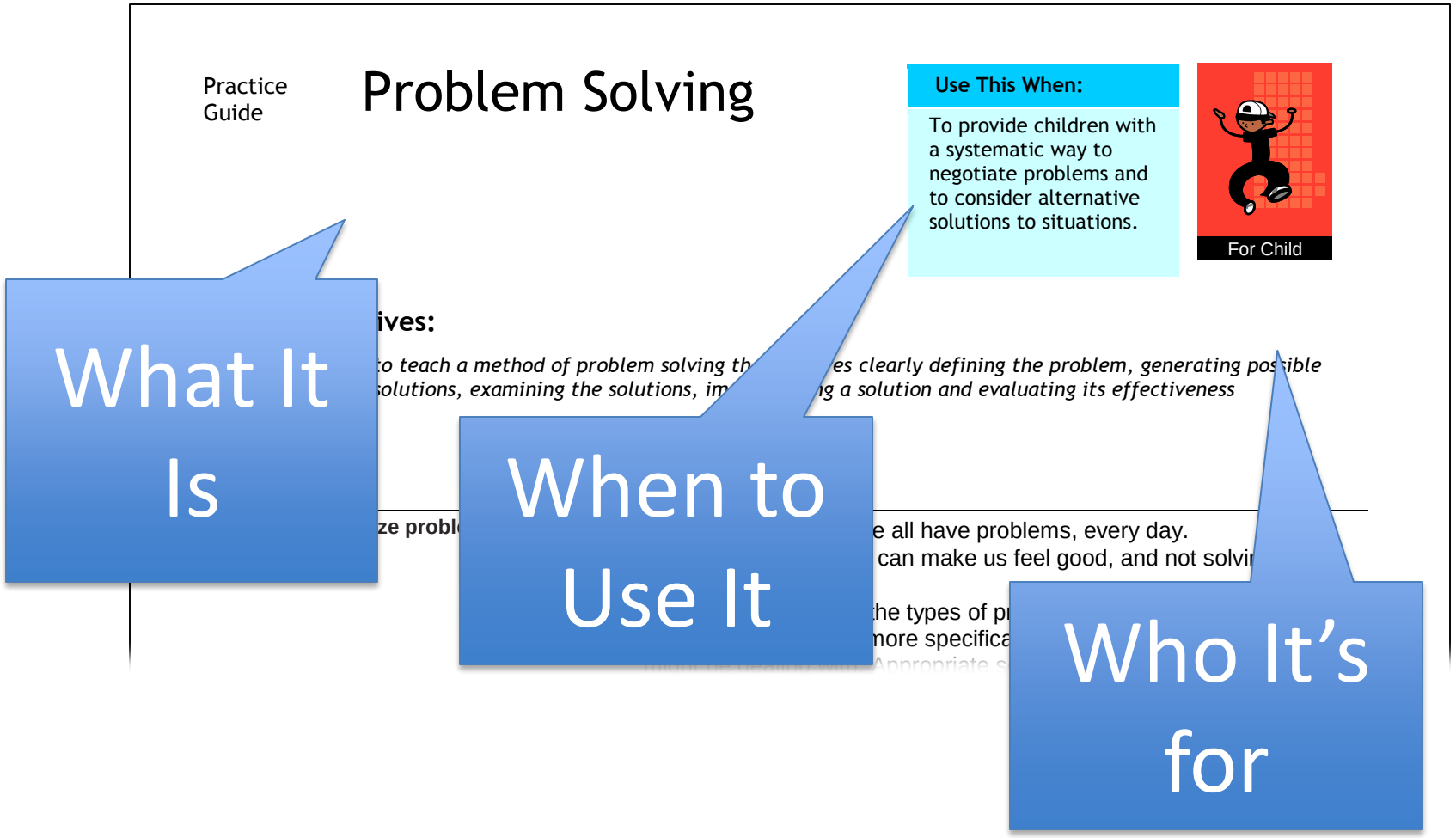


Process Guides



Practice Guides

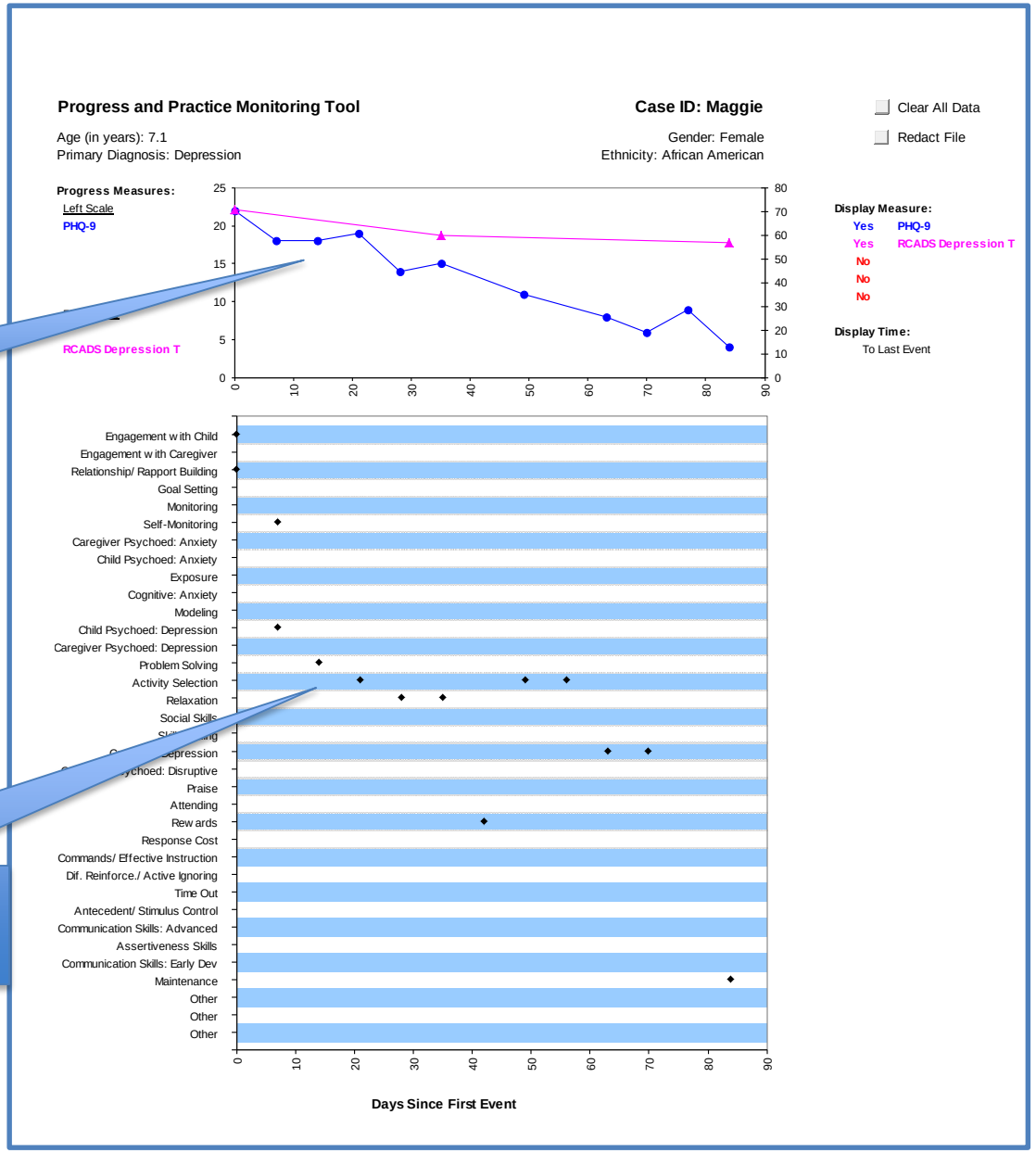
Anatomy of a Practice Guide



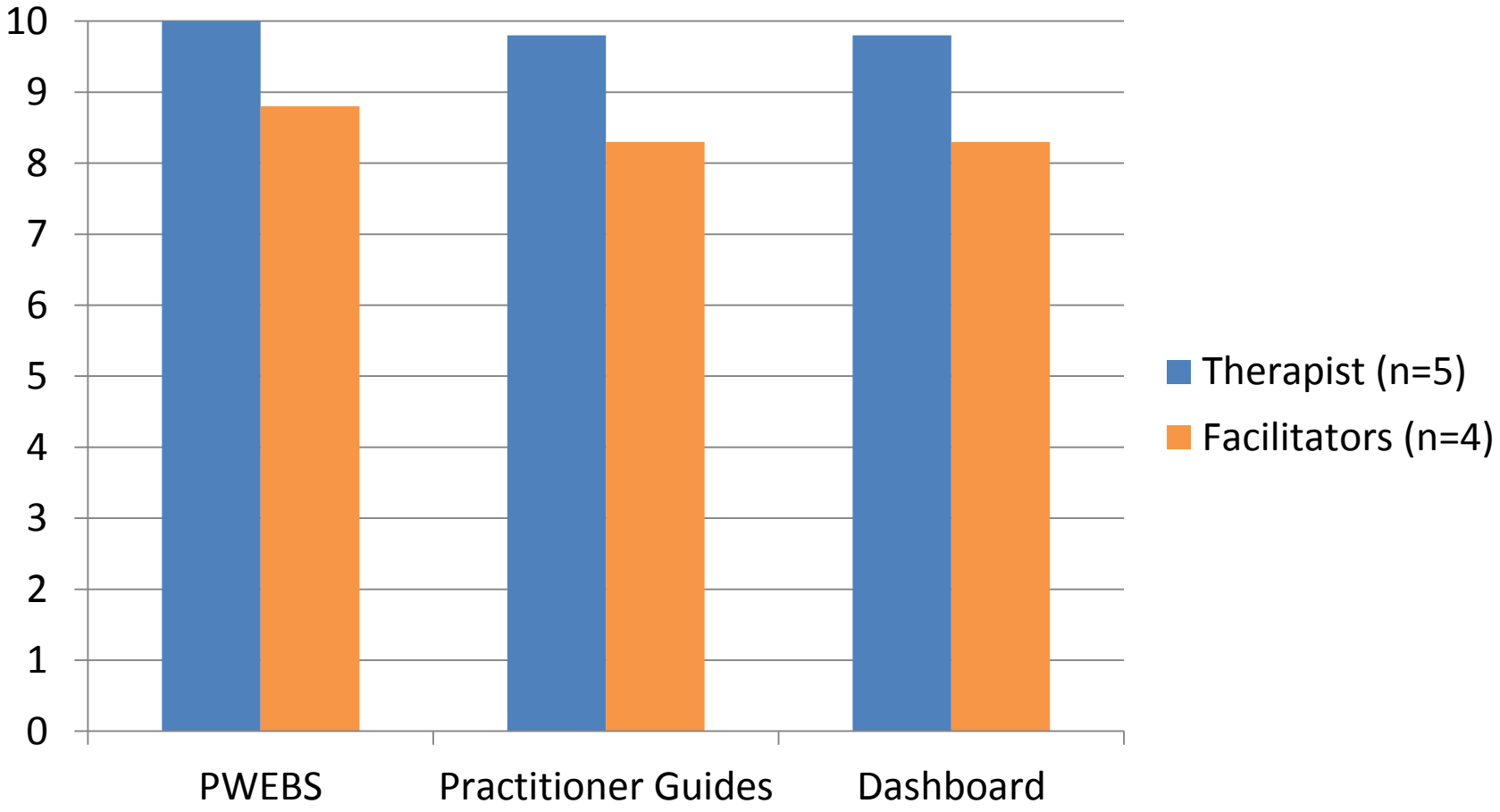
Local Knowledge Resource: Dashboard

Progress

Practice



Facilitators Rate Usefulness of MAP Tools Almost as Highly as Therapists



Wrap+MAP Idea 1: Generate 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
  - Moving from professional driven care to inclusion of natural helpers with training and support

PracticeWise®

Wrap+MAP Idea 2: Collective Team Focus & Integrated Support Planning

- Train and coach wraparound-affiliated clinicians on MAP system and treatment elements
- Certify clinicians in MAP
- Train facilitators in the integration of EPT elements and eliciting expertise from team members
- Develop mechanism for training and integration across team members, settings, and strategy implementation

PracticeWise®

Wrap+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 team members in care extender model
- Facilitator to insure the team considers how to actively integrate this type of follow-on support into wraparound plans

PracticeWise®

Wrap+MAP 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

PracticeWise®

Other options for wraparound providers

- Incorporate elements of evidence based models directly into the wraparound process

Integrating EBP elements: Houston example

Engagement phase:

Family organization & development (Solution Based Casework)

- Clarify behavior of concern: Duration, frequency, intensity & context
- Timeline events affecting family composition (learning the family story)

Planning Phase:

Team composition & development (Family Group Conferencing; TDM)

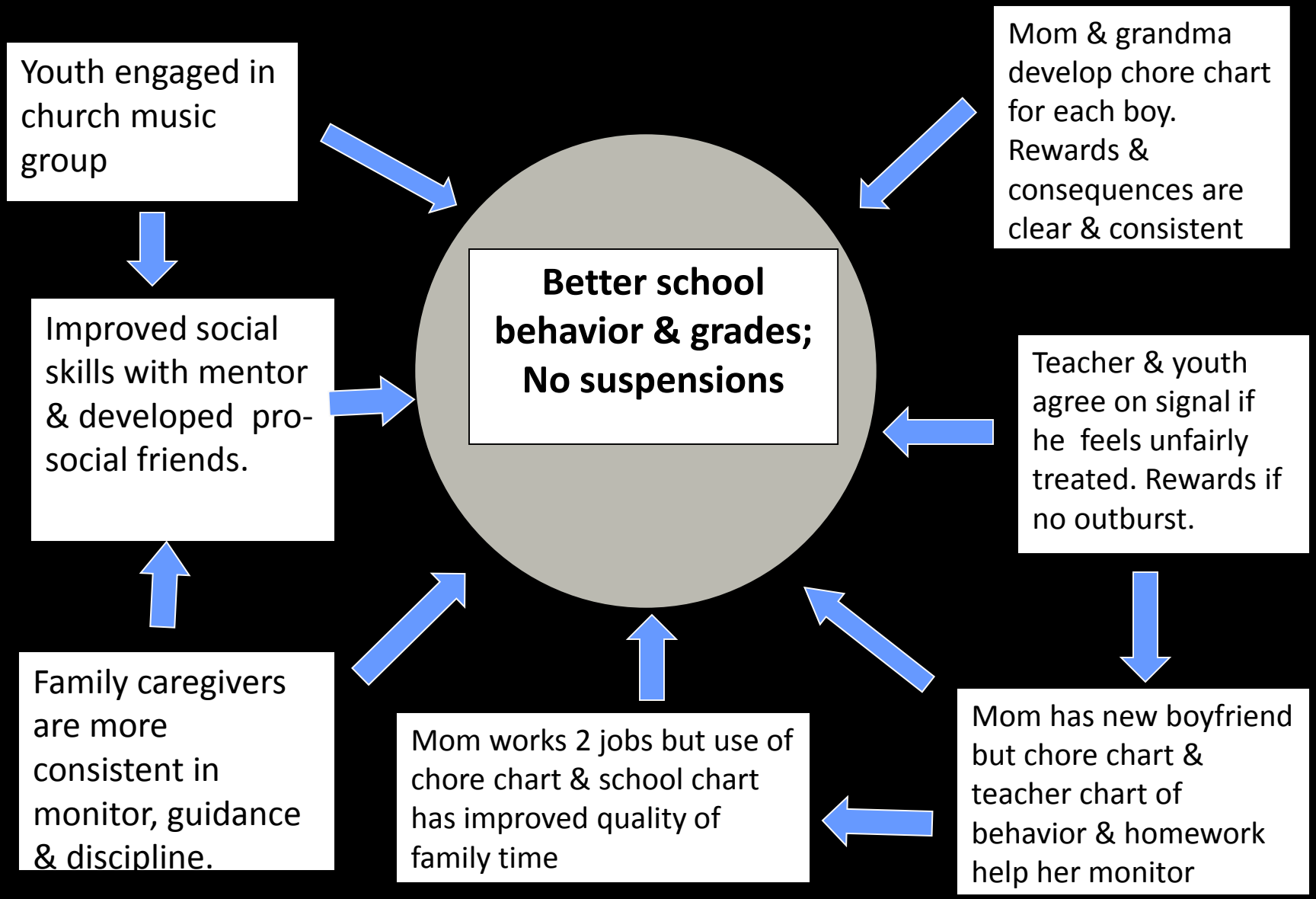
- Differentiate core & extended team
- Team structure via agreements on behavioral goals & guidelines

Planning and Implementation Phase:

Ecological systems theory: Assessment & interventions (MST)

- Fit circle assessment: Identifying functional strengths that promote outcomes
- Fit circle assessment: Contributing factors to Priority needs
- Specific, strengths-based, step-by-step interventions that build skills and diminish or eliminate factors contributing to well-identified problem.

Achievement Fit Circle: *What are Functional Strengths?*



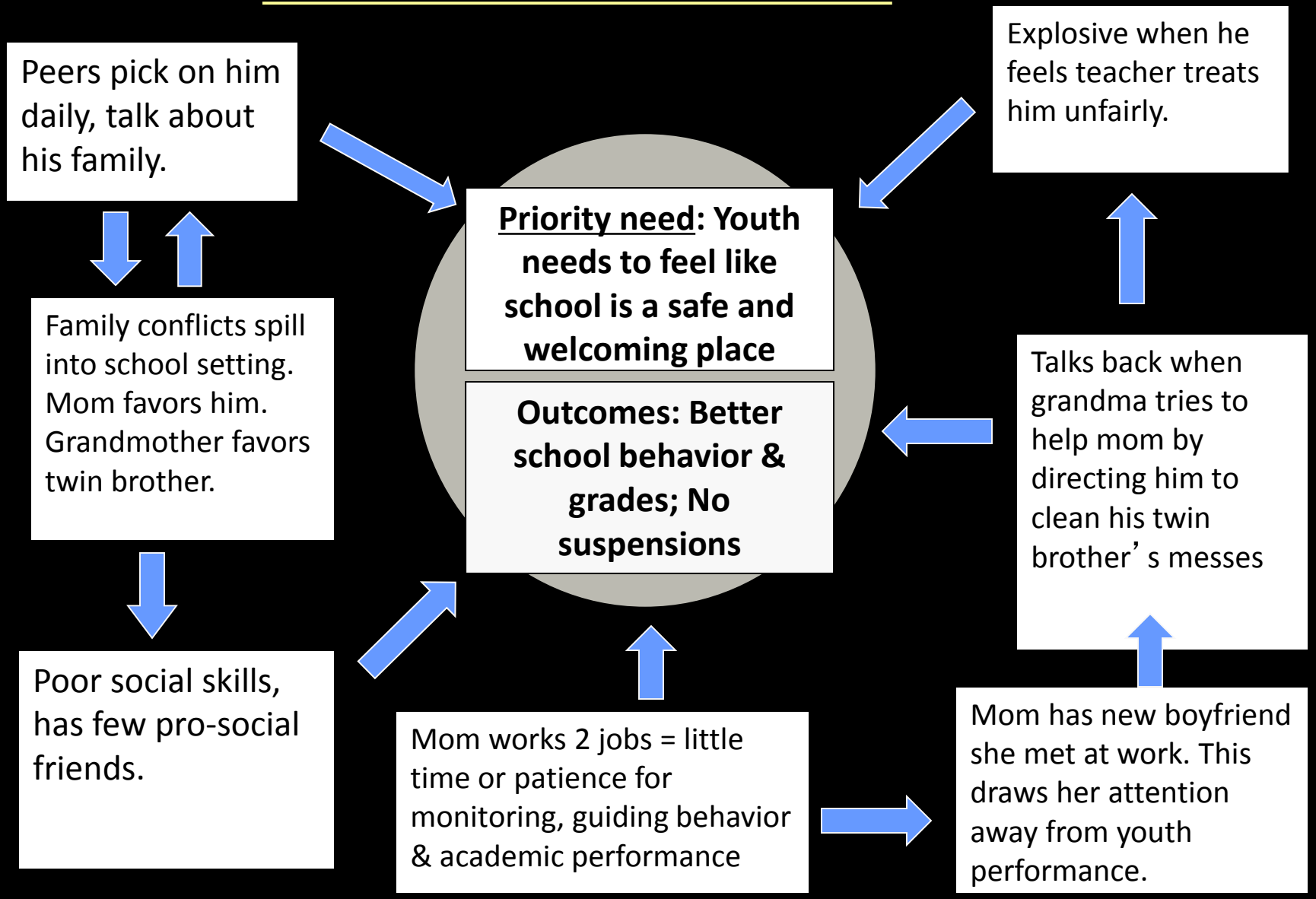
Strengths Assessment Data Form

- Interactions support family achievements = ID strengths & natural supports
- Strengths are behaviors, not personality characteristics, hopes or desires

- Develop achievement fit circles frequently with family & team
- Transfer identified strengths to this form
- Identify when team uses them as basis for interventions.

Date Identified	Strengths	Date Applied in Intervention
	Youth Family Peers School Community	

Fit Circle: What maintains the need?



Constraints Assessment Data Form

- Patterns of interaction in family or between family members & others often contribute to behaviors of concern
- We eliminate or diminish a contributing factor with strengths-based interventions designed by the family & team
- Regularly develop problem fit circles with family & team & transfer contributing factors as they are identified & targeted to this form.

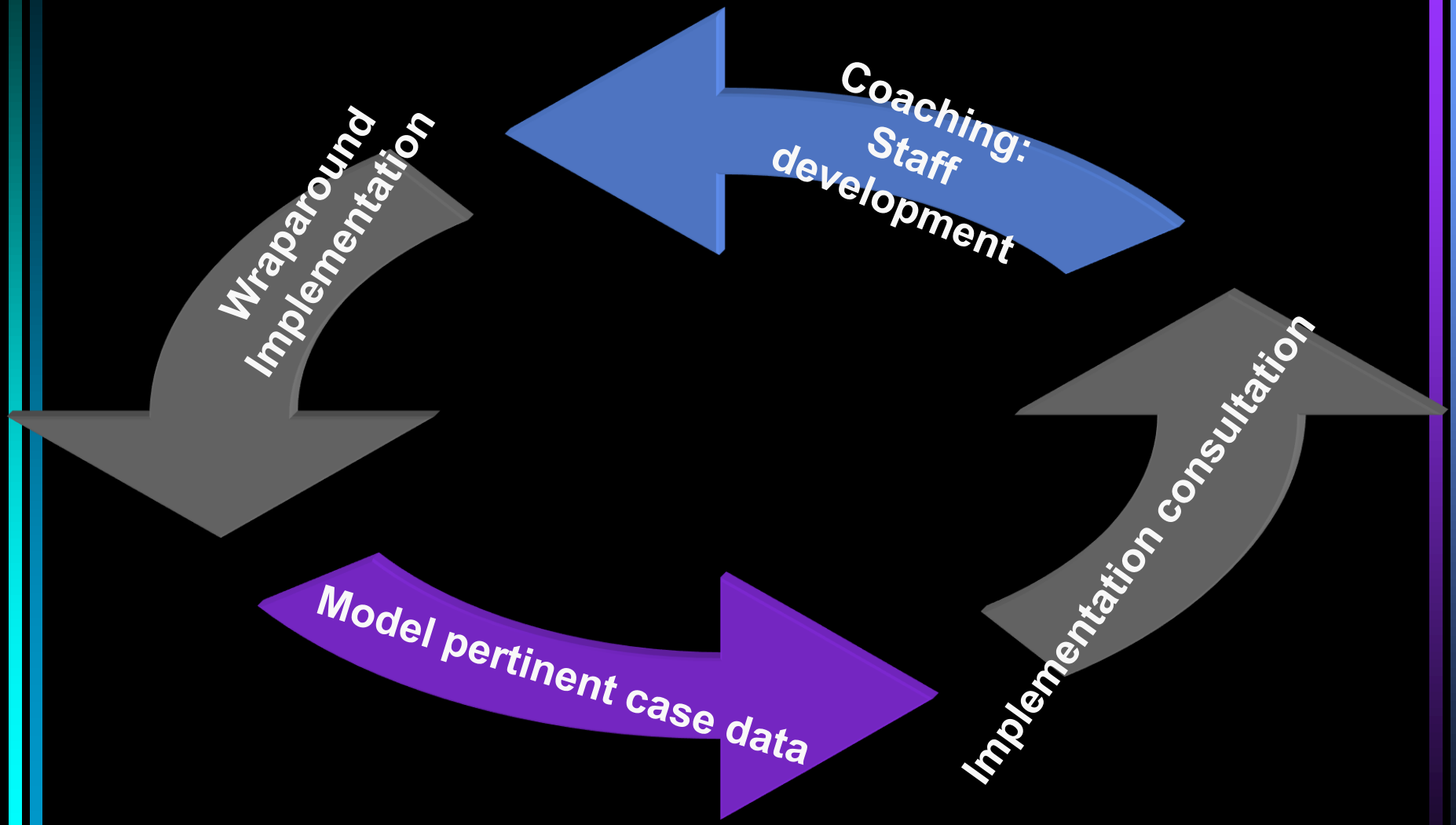
Date Identified	Constraints	Date Targeted in Intervention
	Youth Family Peers School Community	

Smart Interventions Data Form

Date___ Family/Youth_____Care Coordinator ____ Parent Partner ___

Underlying need and outcome of interest	Targeted contributing factors	Specific strengths used in intervention	Intervention	Evaluation of Intervention & Outcomes
Center of "Need/ problem" fit circle	Surround problem fit circles & in constraints data form	From strengths fit circles & in strengths data form	Who does what with whom, when, & in what manner? Who evaluates intervention & how frequently?	Implemented as intended? If not, what constrained? Outcomes? Transfer lessons to data forms

Systematic data-informed coaching



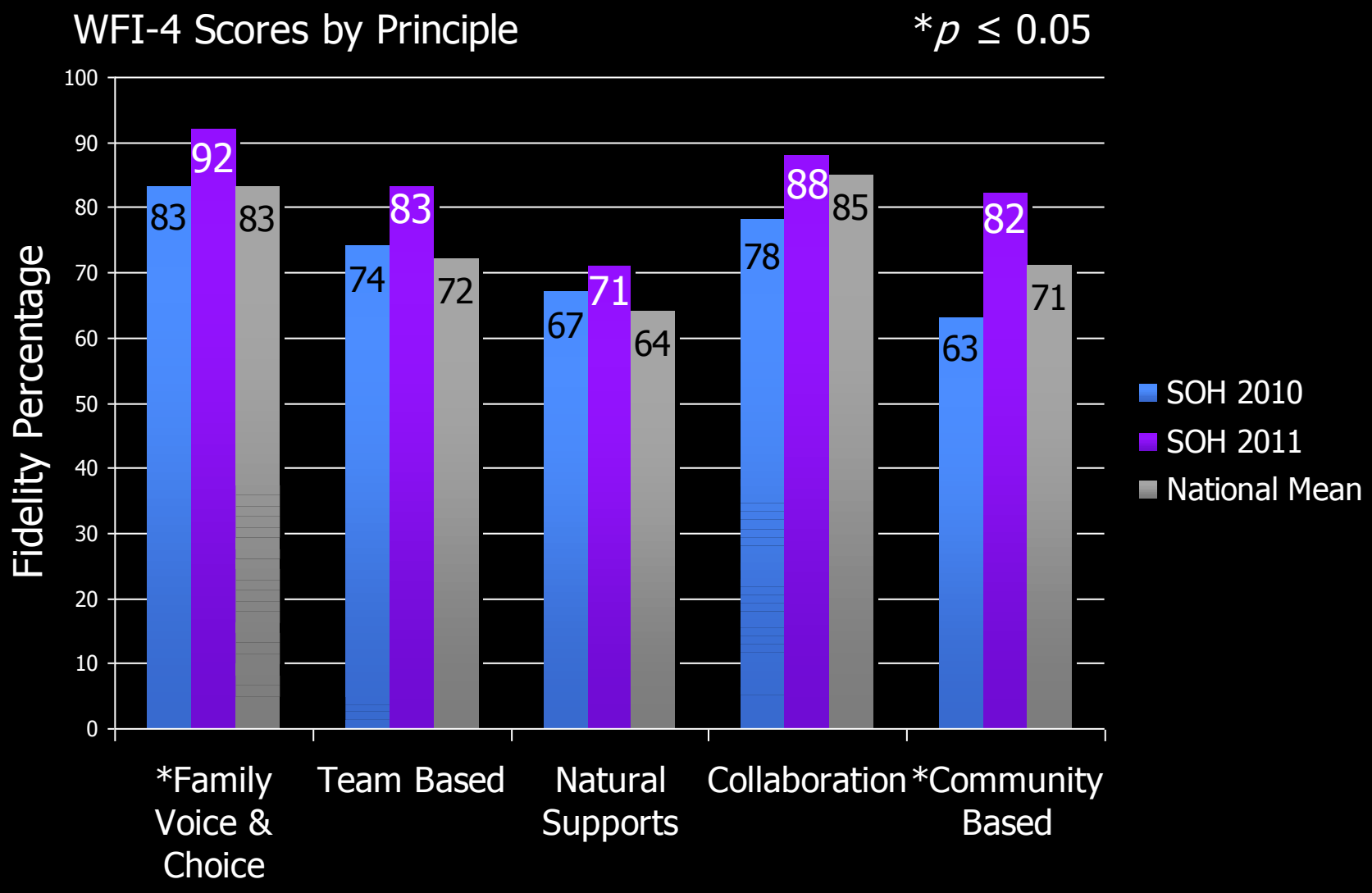
Improvements after 12-18 months

- Expanded & differentiated team composition
- With behaviorally specific goals, related rules of operation, & use of fit circles, team assessment and brainstorming became more robust.

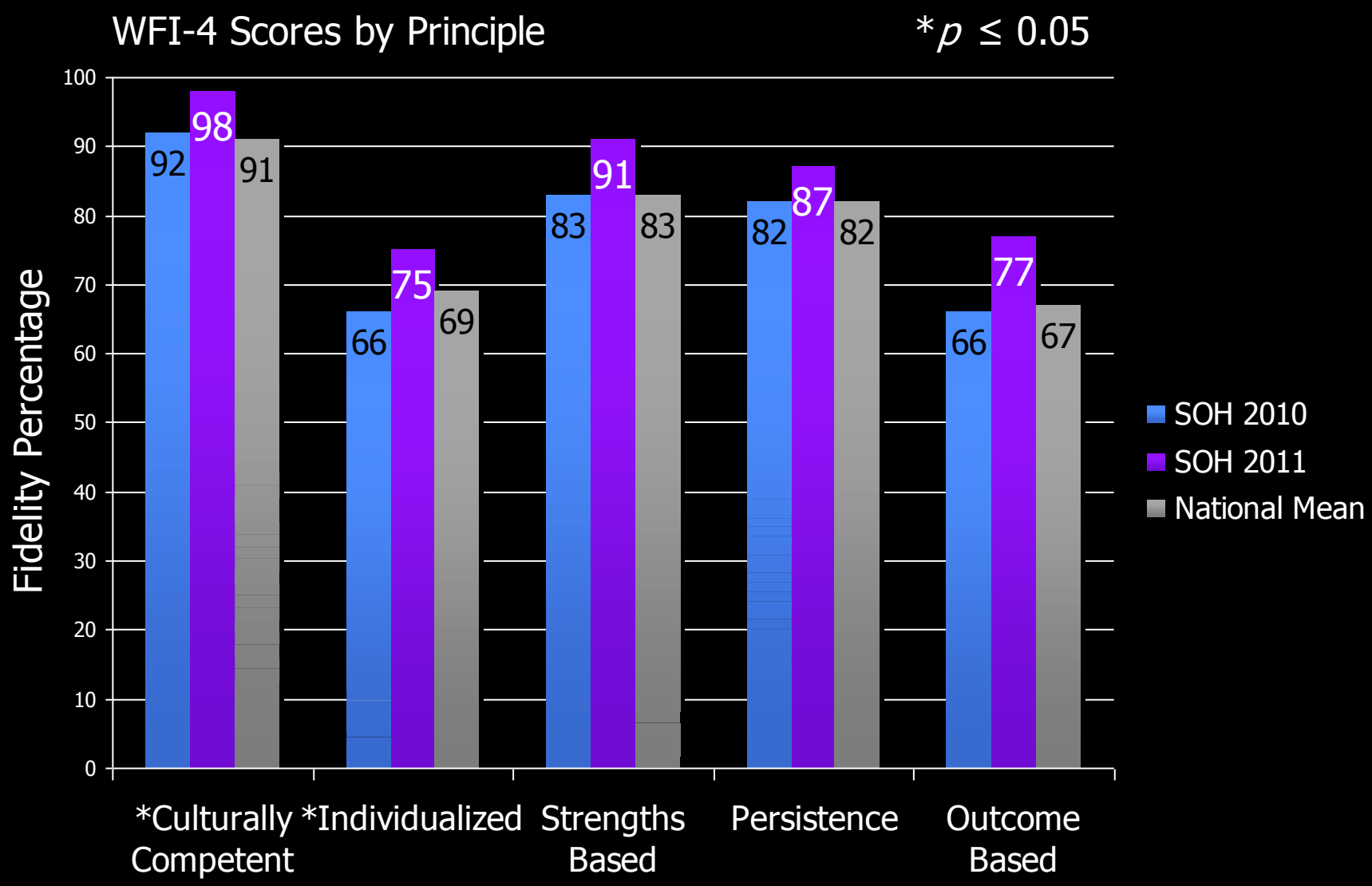
Behavioral fit circle assessment ---> improved interventions

- More complex multi-system interventions
  (school & home interventions that complement each other)
- Effective step-by-step interventions last < 6 weeks
- Contrary to staff concerns, families embraced use of fit circles & a behavioral focus on parenting

Pre and Post Implementation



Pre and Post Implementation



School Disciplinary Actions 2011

	National (n = 134)		SOH (n = 44)	
Actions	Intake	6 Months	Intake	6 Months
Suspended	32.8%	26.1%	54.5%	31.8%
Expelled	0.0%	0.0%	4.5%	0.0%
Neither Suspended Nor Expelled	64.9%	69.4%	38.6%	63.6%

System Re-design: The Texas landscape

- Priority—Evidence-Based Practices, Fidelity
- Selection of EBPs—Process
  - Appropriate/effective for population
  - Delivered by bachelor's level staff (skills training)
  - Affordable
- EBPs Selected
  - Skills Training/Rehab: Aggression Replacement Training (ART), Seeking Safety, Nurturing Parenting, Skillstreaming,
  - Counseling: CBT, TF-CBT, PCIT
  - Intensive Needs: Wraparound

Integrating EBPs into a statewide system

- Texas Administrative Code
  - Intensive Case Management = Wraparound
  - Skills Training & Development = Department approved EBP
- Contract
  - Training/Competency Requirements
- Implementation Support
  - Billing Guidelines for ICM
    - Aligning activities of wraparound with intensive case management
  - Training Infrastructure

Lessons Learned

- State
  - Fidelity
  - Competency
  - Coaching/Support
- Organization
  - Organization-wide buy-in
  - Workforce development
  - Recruitment & Retention

Summary of Main Points

- It is important that we use effective and cost-effective strategies in children's behavioral health
- Although there are challenges, EBP can be thoughtfully integrated into family- and youth-driven, individualized systems of care
  - System:
    - Include intensive EBPs as alternatives to wraparound
    - Include office-based EBPs as components of wrap plans
  - The provider level:
    - Train clinicians in the SOC on EBPs and use of evidence
    - Train facilitators and peer partners on how to use/support strategies with evidence for success
  - The youth, family, and team level
    - Work as a team to select and implement strategies that meet needs and are based on evidence