

Wrap+MAP Pilot Implementation: Preliminary results of an evidence- based practice decision-making system

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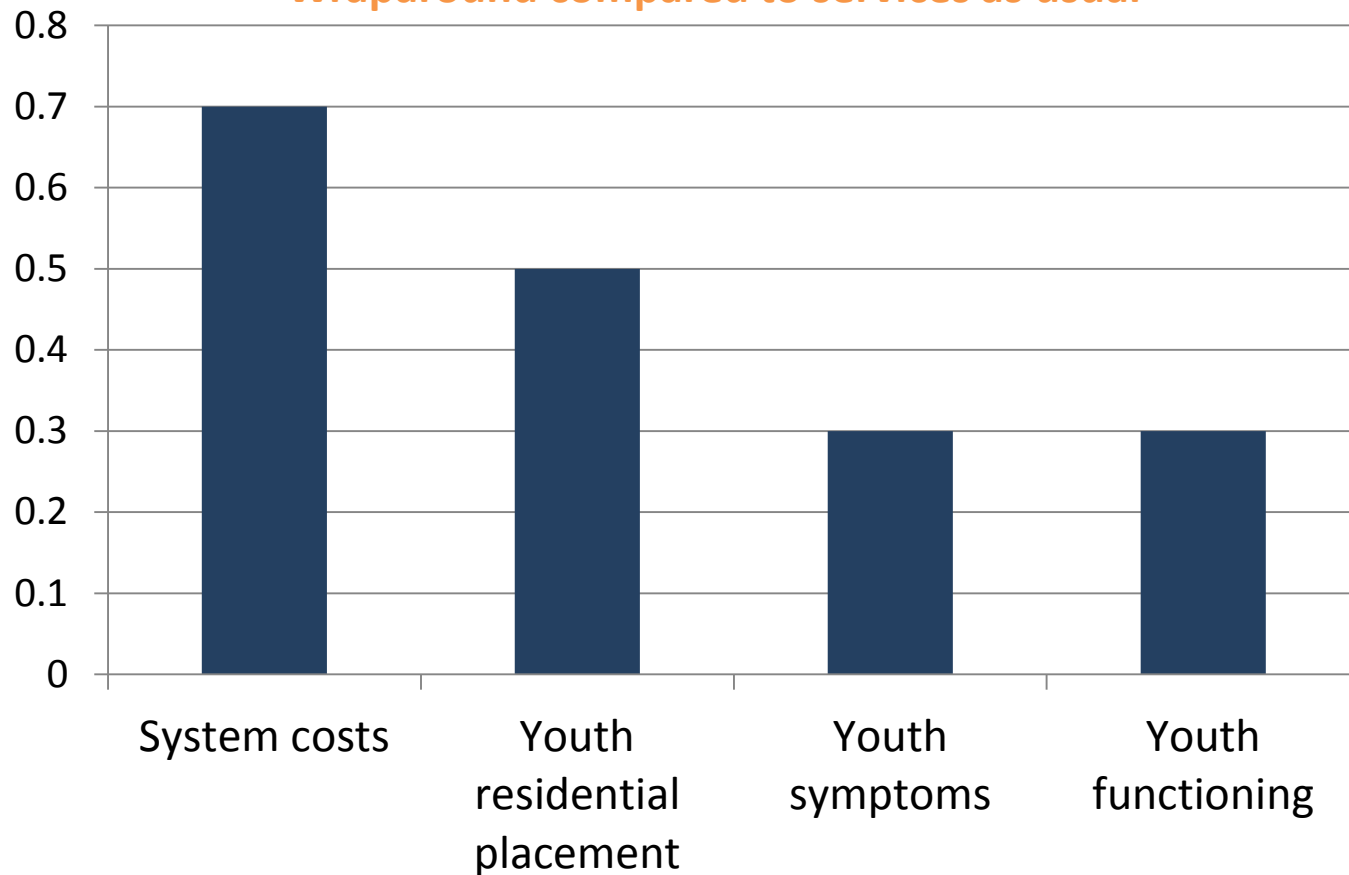


Today's Agenda

- Wrap+MAP Overview
- Pilot Site Characteristics
- Trainings and CQI
- Preliminary Findings on Implementation
- Conclusions and Next Steps

Effectiveness of Wraparound

Effect Sizes from Controlled Research and Cost-Effectiveness Studies:
Wraparound compared to services as usual



Suter & Bruns, 2009; Bruns et al., 2014

In addition to high-quality Wraparound, youth need quality clinical care

- Research on Wraparound indicates potential for positive outcomes
- However, research consistently points to need for quality clinical care, matched to the youth's needs
- The field would benefit from a Wraparound Service Model enhancement that:
 - Supports provision of effective clinical treatment
 - Reinforces “common factors” of effective care
 - Teamwork
 - Transparency
 - Engagement
 - Setting clear goals and tracking progress

What is the Managing and Adapting Practice (MAP) system?

- Developed in a statewide system of care
- A *system* for providing evidence-informed care
 - Resources help providers apply knowledge
 - Searchable database summarizing hundreds of studies
 - Practitioner guides that includes summaries of the most common practices from the most successful treatments
 - Tools for teams and clinicians to track treatment history and outcomes
- Designed to integrate family, provider, and team expertise with findings from the evidence base to guide and organize treatment

PWEBS Search Results

Evidence-Based Youth Mental Health Services Literature Database - Internet Explorer provided by Dell

http://www.practicewise.com/pwebs/YouthSearch.aspx

Evidence-Based Youth Mental Health Services Lit...

PracticeWise

Summary of Youth Treatments

Your current search criteria are:
Problem Type: Anxiety Age: 12 Gender: Male Strength of Evidence: 2 Good Support or Better

Your search returned:
Number of Study Groups: 30 [View Protocols](#) Number of Papers 22 [View Papers](#)

Summary of Treatment with Good Support or Better

Age (in Years): 5-18
Grade: 1-10
Duration (Days): 1-180
Frequency: Daily-Biweekly
Race or Ethnicity: White or Caucasian, Black or African American, Hispanic or Latin American, Asian or Pacific Islander, Multiethnic

TREATMENT FAMILIES

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

PRACTICE ELEMENT

PRACTICE ELEMENT	PERCENT OF GROUPS
Exposure	90
Relaxation	67

SETTING

SETTING	PERCENT OF GROUPS
Clinic	57
School	33
Other	5

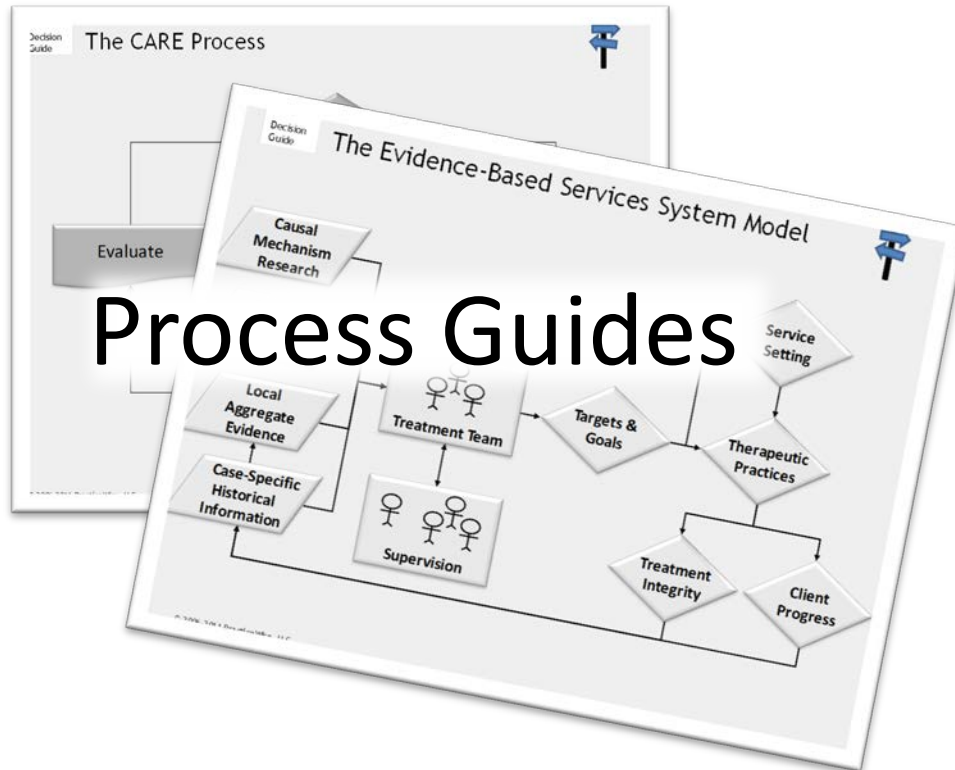
FORMAT

FORMAT	PERCENT OF GROUPS
Group Client	50
Individual Client	50
Group Parent	13
Individual Parent	13
Parent Child	10
Multiple Family	7
Family	3

This indicated which treatment types work for this problem.

Then PWEBS tells you the practice elements associated with those treatment types.

What are Practitioner Guides?



<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 reflect	
<input type="checkbox"/> Explore behavior cha	
<input type="checkbox"/> Consider life goals in context of behavior c	
<input type="checkbox"/> Identify a small goal	
<input type="checkbox"/> Reinforce "change ta	
<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 of 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 good about yourself?

☐ 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?).

Helpful Tips:

- Remember the imposing speed increase resist
- Remember the

The Clinical Dashboard

Progress

Practice

Progress and Practice Monitoring Tool

Case ID: Maggie

Age (in years): 7.1

Gender: Female

Primary Diagnosis: Depression

Ethnicity: African American

☐ Clear All Data

☐ Redact File

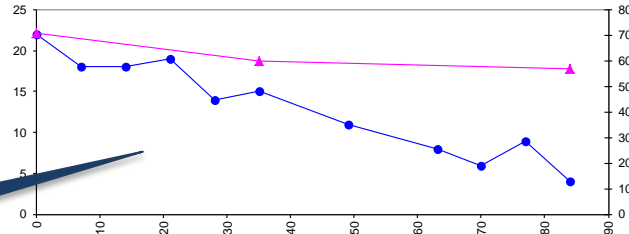
Progress Measures:

Left Scale

PHQ-9

Right Scale

RCADS Depression T



Display Measure:

Yes

PHQ-9

Yes

RCADS Depression T

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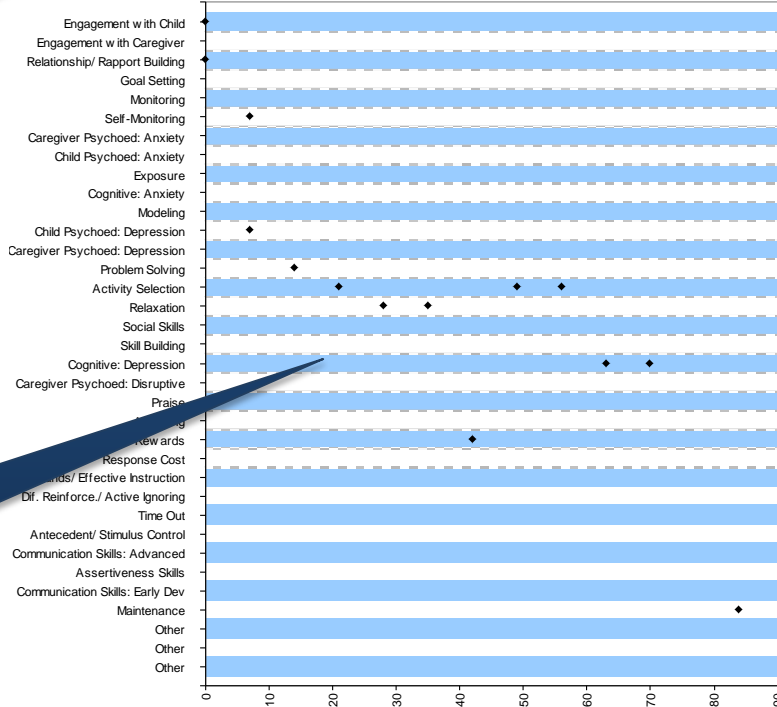
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Days Since First Event

Why might MAP enhance Wraparound?

- **Promoting Outcomes:** We often see residential and caregiver outcomes improve in Wraparound
 - Supports the improvement of youth clinical outcomes and problem-solving skills, as well
- **Using Evidence :** Therapists are key to Wraparound
 - Helps them use practices that have been found to work in research
- **Natural supports and family/youth partners:** They can support skill-building
 - Helps them be key assets and extend the care Wraparound provides

Why might MAP enhance Wraparound?

- **Teamwork:** Wraparound is about teamwork and everyone being on the same page
 - Ensures the therapist's role in the plan connects to youth and family priority needs
 - Makes sure the therapists' role is well-understood by the team
- **Setting goals and tracking progress:** It may be the most important thing to positive outcomes
 - Provides tools that make it happen

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Differing implementation contexts in three pilot sites (in two states: A and B)



Site #A1

Began roll-out of a state-mandated Wraparound variant at same time as Wrap+MAP

Concerns about burden placed on the workforce

Never released

Wraparound variant curriculum, hampering content integration

Last-minute schedule changes due to delayed contracting—little staff preparation

Two provider agencies with Wraparound slots



Site #A2

State-mandated Wraparound variant started a few months before training

Workforce burden was still present, but less of a concern

Two provider agencies with Wraparound slots for younger and TAY populations



Site #B

Supervisors already working toward MAP certification

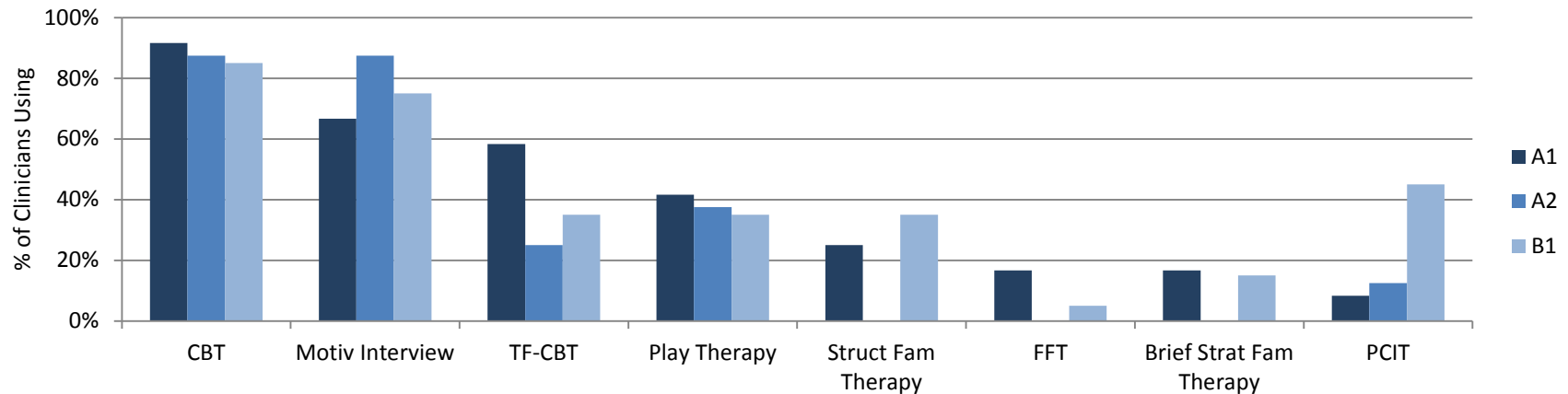
Prepared for training without the “change fatigue” in State A

Three provider agencies that sought Wrap+MAP

Very high facilitator caseloads—20, on average, vs. 7 in State A

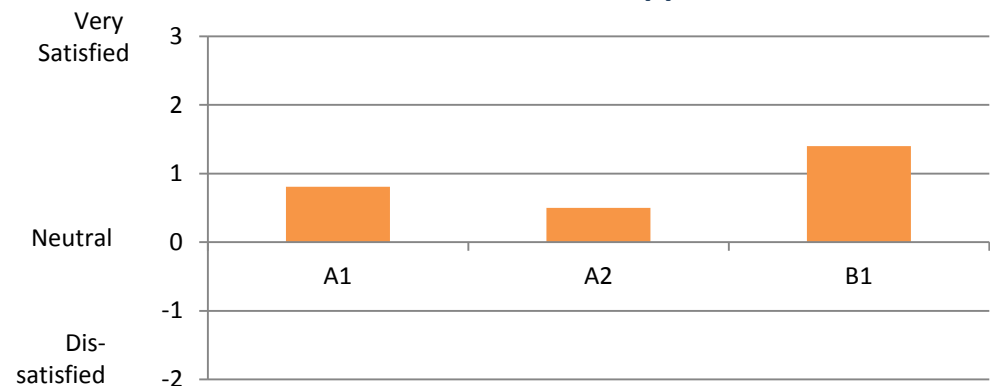
CBT and Motivational Interviewing were used widely at all sites

Types of Treatment Packages used by Clinicians



- Clinician and facilitator scores on scales of attitudes toward EBPs and manualized treatments were very similar and moderately positive

Clinicians' Satisfaction with Effectiveness of Current Treatment Approaches



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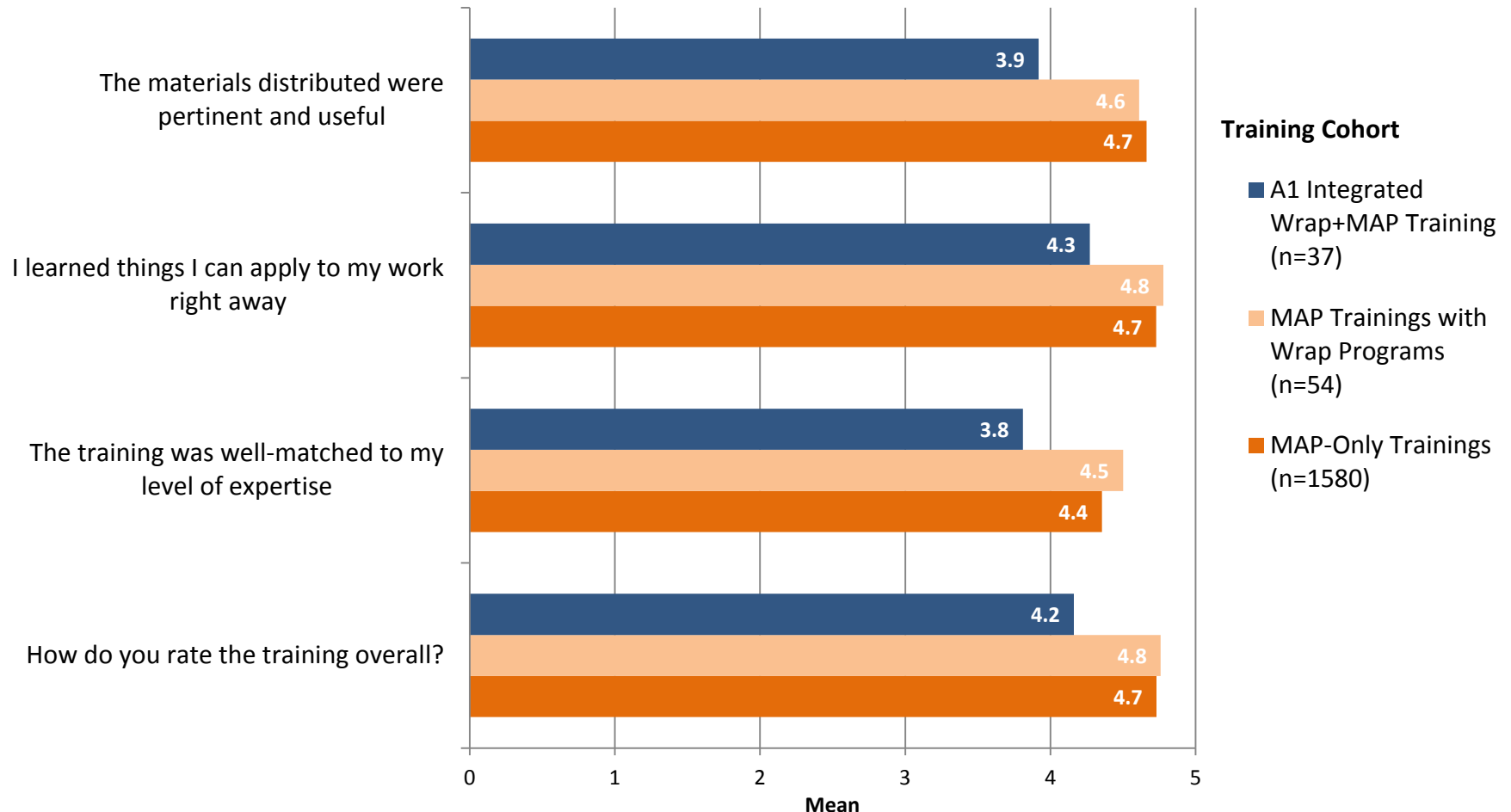
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Initial training in Site #A1 had room for improvement

- Major administrative hurdles
- Five day training broken up over two months (May/Aug 2014)
 - Days 1-3: Clinicians
 - Day 4: Facilitators + Family Partners
 - Day 5: Cross-role coordination
- Perceptions of training importance and quality significantly lower than national average
 - based on Baseline standardized training evaluation scores

A1 Staff rated the training much lower than attendees of other MAP trainings

PracticeWise MAP Training Evaluation by Type of Training and Site

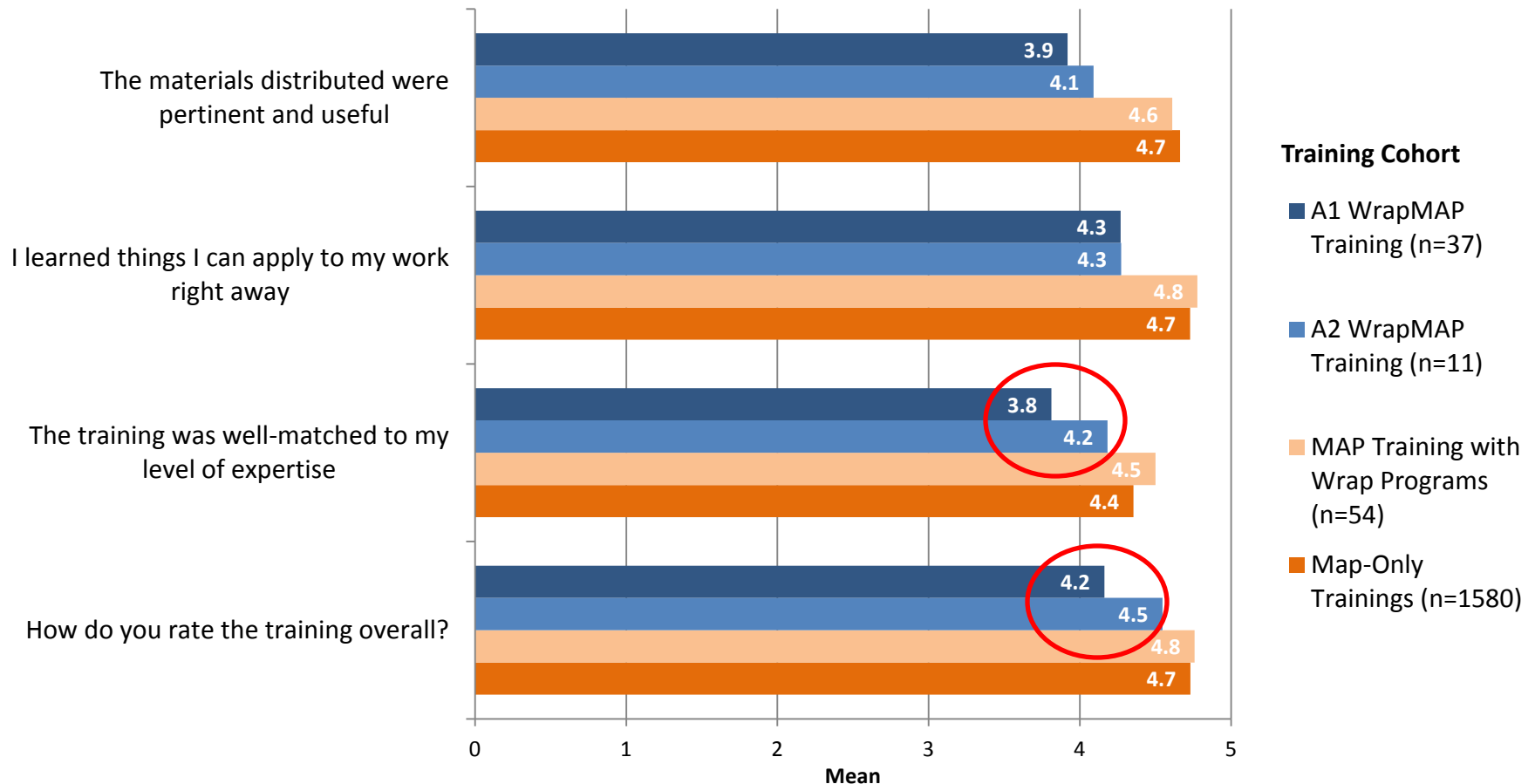


In response, we made changes to training structure and content for A2

- Reorganized four-day training sequence to provide more cross-role collaboration and alignment with expertise
 - Day 1: Wrap Staff and Clinicians combined
 - Day 2: Wrap Staff and Clinicians combined
 - Day 3: Clinicians – more detail on MAP
 - Day 4: Clinicians – more detail on MAP
- Revised materials based on feedback and input from Site #A1 (better integration more “real world” Wraparound examples)

Training ratings improved in A2, especially in targeted areas

PracticeWise MAP Training Evaluation by Type of Training and Site

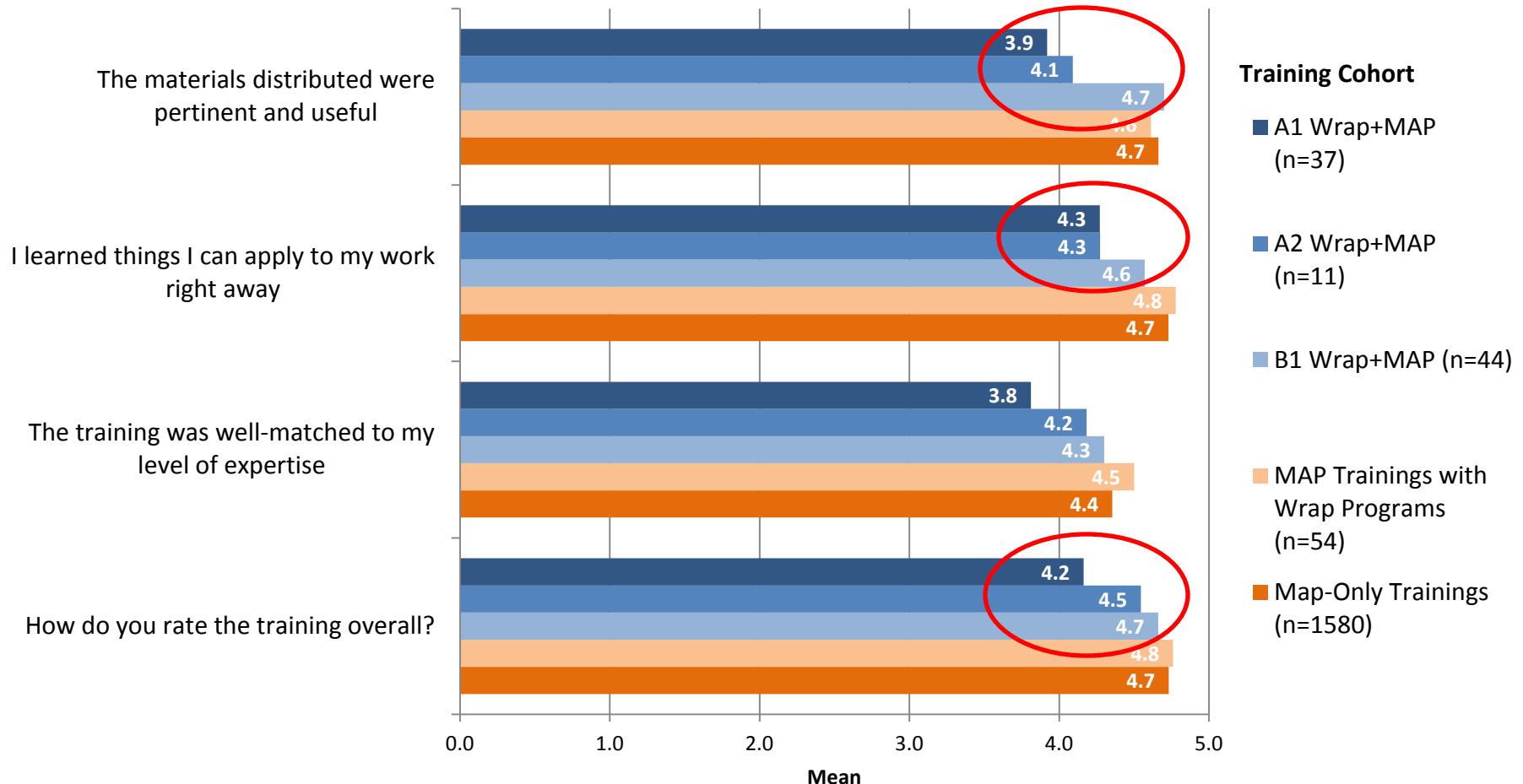


We continued improving in advance of Site #B training last month

- Preparation months before training
- Clarity and buy-in from Leadership
- Part of statewide children's Behavioral health planning
- Created an implementation guide
- Clarification on roles and who is responsible for tasks
- Training days and organization to facilitate role clarity
 - Pre-training: Clinicians exposed to MAP content by MAP certified agency sups
 - Training Days 1-2: Wrap+MAP concepts and Cross-role coordination for all roles
 - Day 3: Wrap training and Wrap+MAP rehearsal

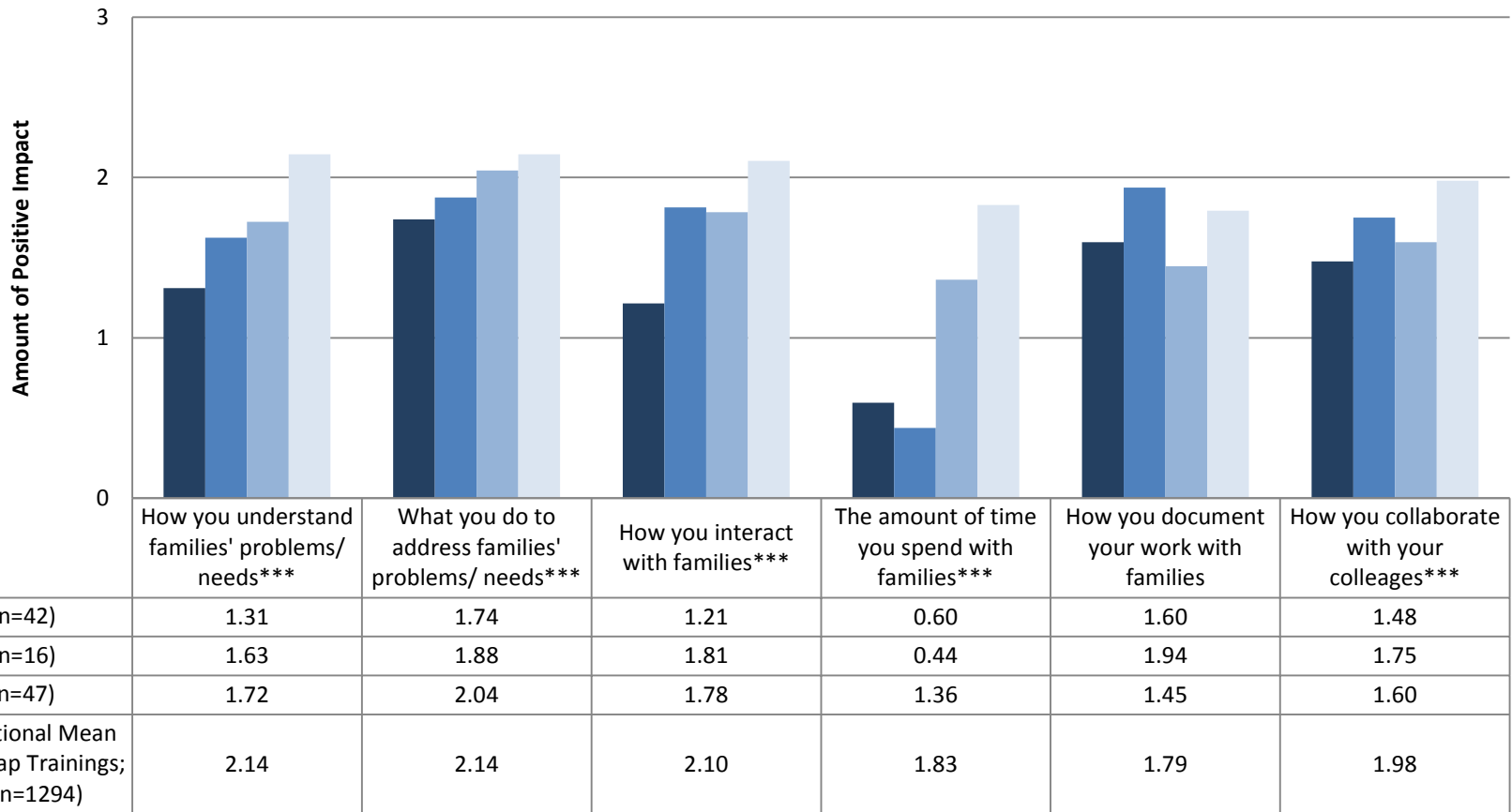
Trainings showed consistent improvement based on MAP training assessment

PracticeWise MAP Training Evaluation by Type of Training and Site



Expectations of training impact also improved in subsequent trainings

Type of Impact Expected as Reported on Baseline IOTTA



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Focus Group Findings

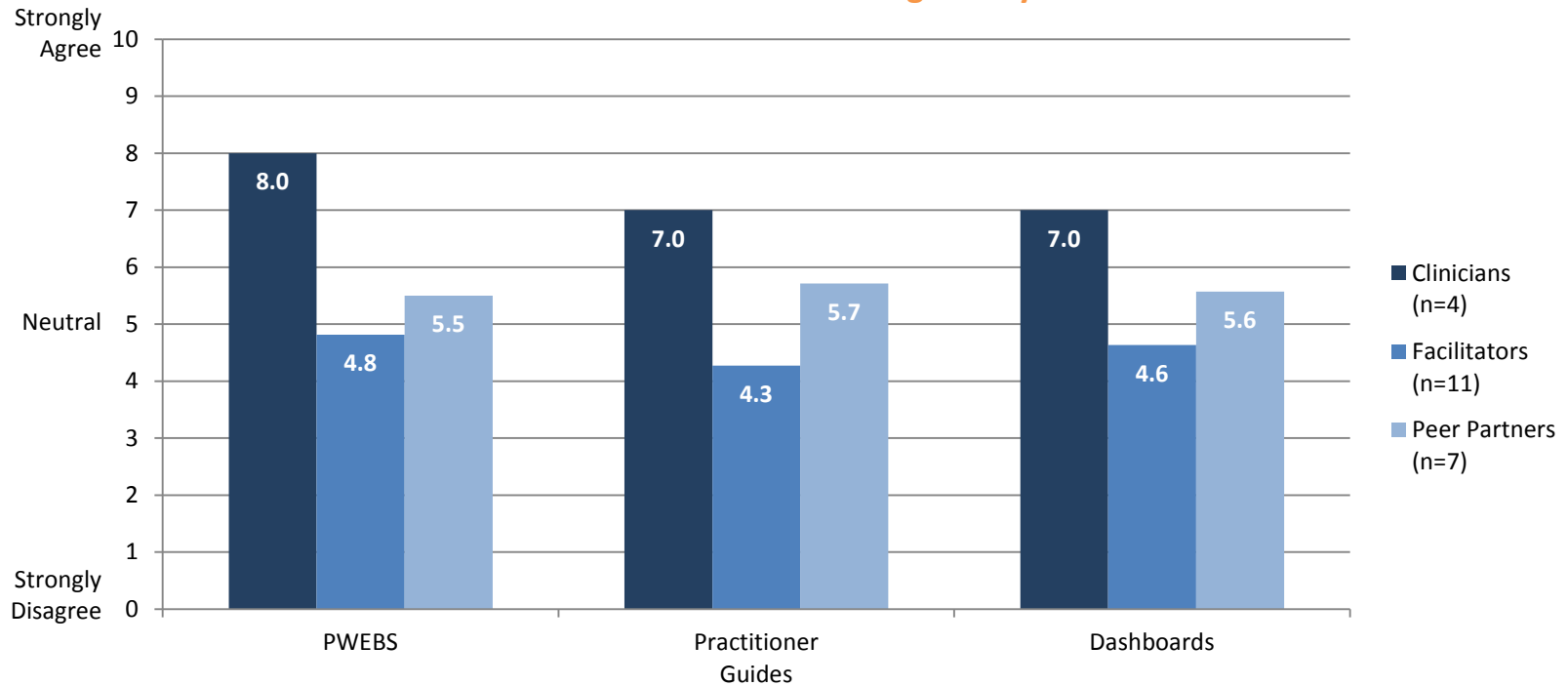
Site #A1

- Despite initial enthusiasm, the MAP system hasn't been widely implemented
 - Only a handful of clients have a dashboard
 - MAP is not being discussed in supervision
 - Tools and approach are only occasionally brought up in larger staff meetings
 - Still some role confusion
 - Only one agency participated in all-roll consultation calls
 - High turnover, especially among clinicians
- The new statewide practice model was a bigger priority than MAP implementation, and has had larger perceived impact on practice

Survey Data Results

Site #A1

Perceived Pertinence and Usefulness of core MAP Resources On 8-month Post-training Survey



Implementation findings from consult calls

Site #A2

- Overall, much better reception of the training and using Wrap+MAP in practice
 - Focus groups and follow-up surveys scheduled for late spring
- Participants report seeing the applications of MAP to Wraparound
 - How the team can play specific roles and work together
 - Staying on the same page and using a common language
 - Printing out Practice Guides to see what kinds of strategies might help meet priority needs
 - Reviewing information and dashboards during supervision

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Conclusions and Implications

- Wrap+MAP training organization, sequencing, content, and exercises improved with each iteration
 - Ratings of interest and expected impact improved over time
- However, context and preparation matter A LOT
 - Attention needs to be paid to impact of other change efforts
 - Change fatigue, training fatigue
 - Needs to be buy-in at every level

Conclusions and Implications

- Technology and logistics can distract from the big picture, and the Wrap+MAP “big ideas”
 - Availability of and fluency with computers
 - For PWEBS and dashboards
 - Concerns about the Clinical Dashboard duplicating records in agency EHRs
 - Rigidity of the formats of required documentation
- More post-training implementation supports would be useful

Conclusions and Implications

- MAP Resources are viewed as less relevant to facilitators than therapists
 - However, these differences narrowed and became small as training and readiness improved
- Parent peer support partners very enthusiastic about increasing their capacity to serve as clinical “care extenders”
 - However, agency rules around peer support partners’ activities vary greatly and may not allow certain types of follow-on support



Next Steps



- Continue improving trainings and implementation supports
 - Multi-role training is a little messy, but needed
 - Concepts resonate
 - Format and multi-role exercises generally feasible
- Continue gathering implementation process and outcomes data
 - Focus groups and follow-up surveys
 - Family record and plan of care review
- Began analyzing client-level outcomes data