

# Implementing Evidence Based Practice within Wraparound and Systems of Care

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# Learning Objectives

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- Understand the term “evidence-based practice”
  - Including realities and misconceptions about EBP
- Understand the many roles evidence and EBPs play in Wraparound
- Review the most common clinical needs of wrap-enrolled youth – and potential EBPs to meet those needs
- Integrate the above information so you coordinate EBP and wraparound across system, program, and practice levels

# Main Points

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- It is important that we use effective and cost-effective strategies in children's behavioral health
- EBP can be thoughtfully integrated into wraparound and individualized systems of care at the:
  - System level
  - Provider level
  - Youth/family/team level
- Wraparound is, itself, evidence-based

# Practical Applications of the Session

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- System level:
  - Build EBPs into service array
  - Include intensive EBPs as alternatives to wraparound
- Program level:
  - Train clinicians in the SOC on EBPs and use of evidence
  - Coordinate your clinical care, care coordination, and youth/parent peer support
  - Train facilitators and peer partners on how to use/support EBP
- Practice level:
  - Brainstorm effective strategies for wraparound plans
  - Measure progress and adjust accordingly
  - Communicate clearly to families, youth, and team members
  - Supervise based on data and understanding of EBP

# The whole session in 3 minutes

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- <https://www.youtube.com/watch?v=1-83ZMDrvH4&feature=youtu.be>

Part 1

# WHAT IS EVIDENCE BASED PRACTICE AND HOW DOES IT RELATE TO WRAPAROUND?



# Why Implement Proven Practices?

Because 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
  - Unstudied programs may or may not be effective
  - Some programs, once studied, found to be harmful
- Improved behavioral health outcomes at less cost
  - Fiscally responsible
  - A well implemented program can move quickly towards sustainability
  - Prevention of future problems has huge long-term benefits
- Practices are clearly defined
  - Transparent accountability
  - Clear selection, training, coaching, & fidelity criteria



# “Evidence-based practice” can be defined in a number of ways

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**“...the integration of the best research evidence with clinical expertise and patient values.”**

**--Institute of Medicine, 2001**

# Criteria for “evidence based”

Highest level of support

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- Washington House Bill 2536 requires that an intervention has:
  - At least 2 random-assignment trials
  - Tested across diverse populations

# Criteria for “Research-Based”

Next highest level of support

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- Washington House Bill 2536 requires that an intervention has:
  - At least one randomized or well controlled study, with demonstrated sustained outcomes

# Let's hear from you

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- What EBPs are available to wraparound teams in your system of care?

# Evidence based practice is about more than just research studies

Best Available  
Research on  
Diagnosis,  
Treatment, and  
Rehabilitation

**BEST  
EVIDENCE**

**YOUTH AND  
FAMILY  
Preferences  
and Values**

Respect  
for Past  
Experiences,  
Preferences,  
Concerns, and  
Expectations

**EBP**

**CLINICAL  
EXPERTISE**

Individualized Care Based on  
Knowledge and Understanding  
of Child/Family

# What are common elements of effective treatments and strategies?

- Treatment elements
  - Skill-building
    - e.g., managing disruptive behaviors
  - Behavioral activation
    - e.g., pleasant events scheduling for depression
  - Challenging negative thoughts or cognitive distortions
  - Exposure
  - Relaxation techniques
  - Thought stopping
  - Trauma narratives
- Other themes:
  - Involvement of caregiver
  - Role plays/experiential exercises
  - Use of homework
  - Shortened, goal oriented treatment with manual/guide

# EBPs are not a Panacea

- There is not an EBP applicable to every problem under every circumstance
- EBPs do not provide a solution to every problem that occurs within a disorder
- EBPs are not always inherently culturally sensitive
- EBP are often not easy to initially implement
  - Front-end expenses
  - New and different strategies to learn
  - Require additional training and supervision time for staff
- EBPs may not always be initially well-accepted by practitioners
  - ...Or a good fit between the program and the agency

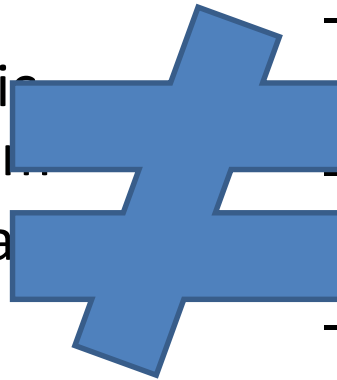
# EBP and Wraparound

- 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 strategies
- Individualized, holistic, flexible
- Family and youth directed
- Engages community and natural supports
- Support persists until needs are met





# What do you think? With a partner – Brainstorm...

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- What are the biggest potential benefits of coordinating EBPs with Wraparound?
- What are the biggest barriers or problems?

# Coordinating Wraparound with EBP: Benefits

- 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

# Wraparound is Based on Evidence

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- Engagement activities
  - Active listening, understanding the family story
  - Examining and overcoming potential barriers
  - Basing treatment on youth/family expression of needs
- High-quality teamwork
  - Clearly prioritized needs, Defining a team mission, robust brainstorming
- Building social support
- Modeling and celebrating success
- Monitoring progress and feeding it back

Part 2

# INTEGRATING EBP INTO WRAPAROUND AT THE SYSTEM LEVEL



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# System-level: Options for coordination

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1. Analyze local EBP availability
2. Invest in intensive, community-based EBPs that can meet youth and family needs
3. Ensure a community team is regularly reviewing data on needs and outcomes of youth and families to direct investment in the service array

# 1. Analyzing your system's needs

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- Look to the literature
- Ask your practitioners and families
- Use your data

# Quiz time!

## Looking at the Literature

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- What are the most common disorders among youth (of all ages) with serious emotional and behavioral disorder?

# *Literature review:* The most common problems faced by youth

- Most common mental health conditions of youth with “serious emotional disorders”
  - **Disruptive behavior disorder**                      **70%**
  - **Anxiety disorder**    **27%**
  - **Depression**    **20%**
  - **Substance use**    **16%**
  - **ADHD**    **13%**

(Data from Great Smoky Mountains Study; Costello, 2006)

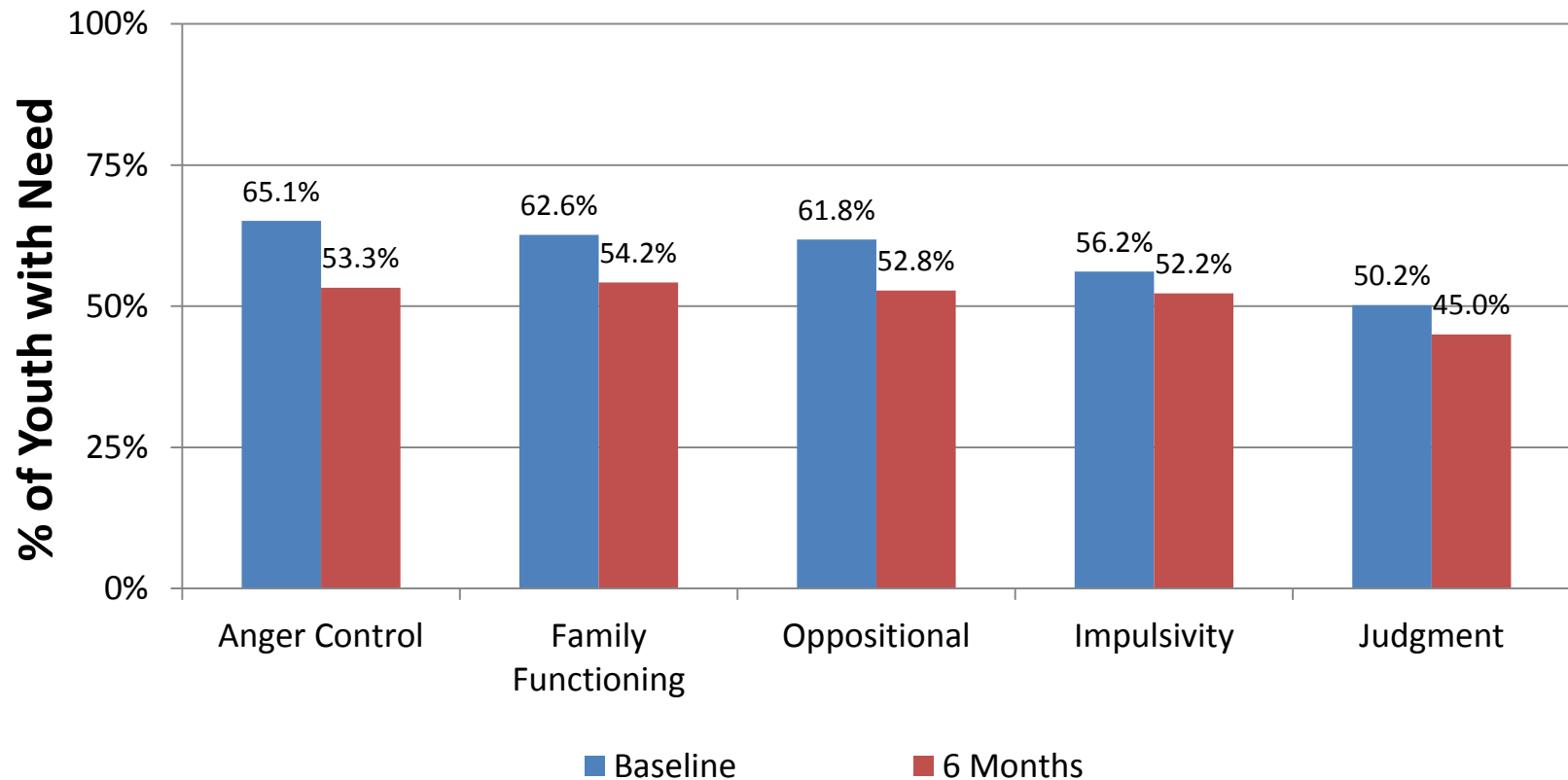


# *Ask the people who know:* Wrap practitioners in WA state report use of different EBPs (n=14)

- Reduce negative impact of anxiety/depression 43%
- Reduce negative effects of past trauma 36%
- Improve social functioning 29%
- Educate family about mental health challenges 29%
- Behavior management 21%
- Improve self care 21%
- In home behavioral functional assessment 14%
- Support social networks 7%
- Support employment objectives 7%

# What Needs are Most Common? Which ones are least likely to be met?

**Most prevalent needs (rated 2 or 3) at Baseline and 6 Months (n=~4000)**

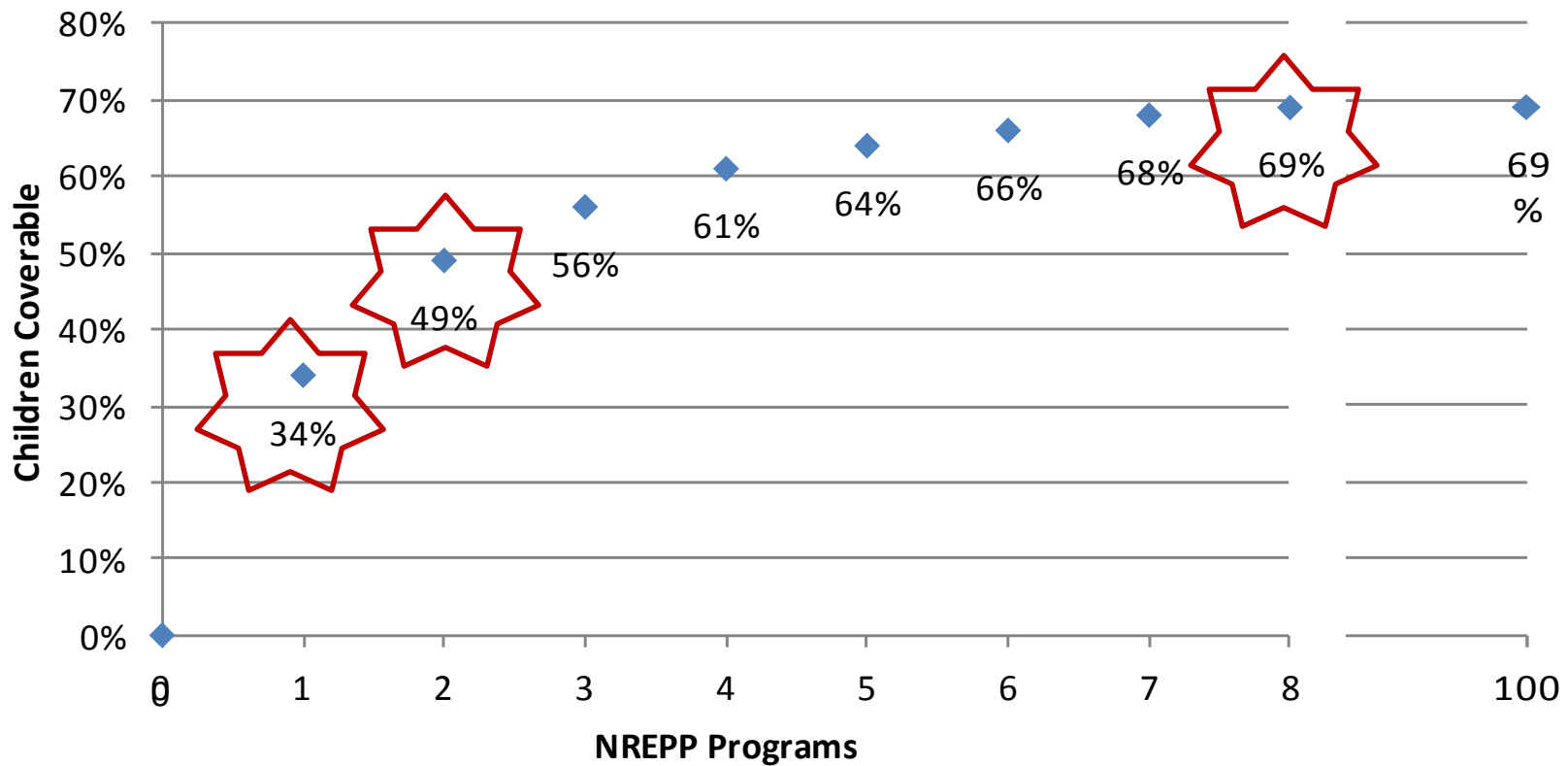


# And... back to the literature: Crosswalk your presenting needs and potential EBPs

Need	Baseline Prevalence	Potential EBPs
Anger Control	75%	Second Step Incredible Years
Family Functioning	70%	PCIT, FFT
Social Functioning	60%	Project Achieve, CBT
Impulsivity	60%	CBT, Medication Management
School problems	68%	???

# A few EBPs can go a long way... and more than 2-3 may be overkill

“Coverage” of youth problem areas (by age, gender) provided by different numbers of EBPs



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.

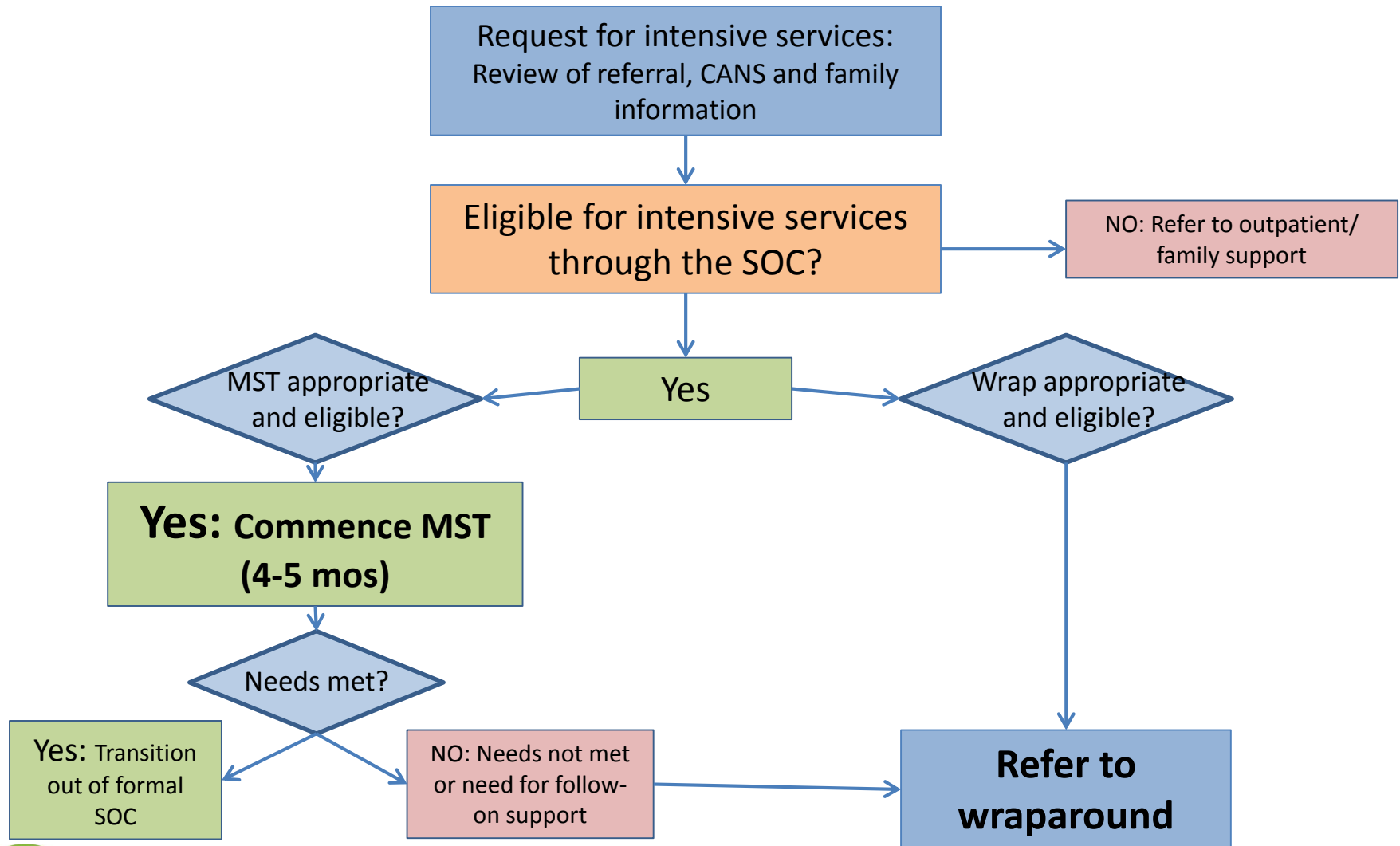
# But... which EBPs?

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- *Intensity of need is not the same as complexity of need*
- “If you know what to do, do it. If you don’t know what to do, do wraparound...”

–Pat Miles

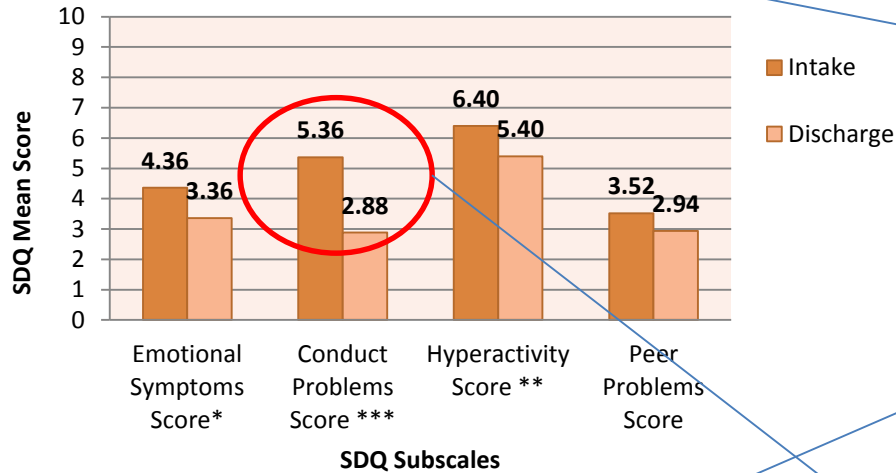
# Matching intensive needs to options: Example from one system of care



# Needs and Outcomes for 100 Youth

*In a system with both MST and wrap*

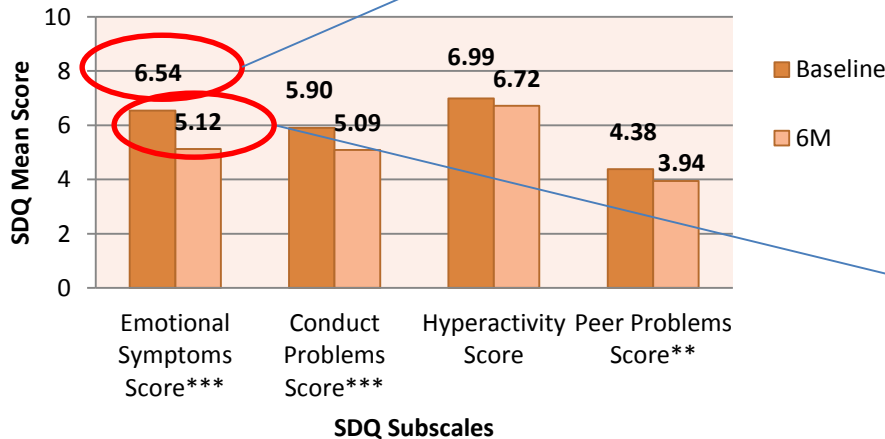
Mean Scores for SDQ at Intake and Discharge of MST Services (N=25)



MST only relevant for 25% of youth with complex needs

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

Mean Scores for SDQ at Baseline and Six Months for Wraparound Enrolled Youths (N=75)

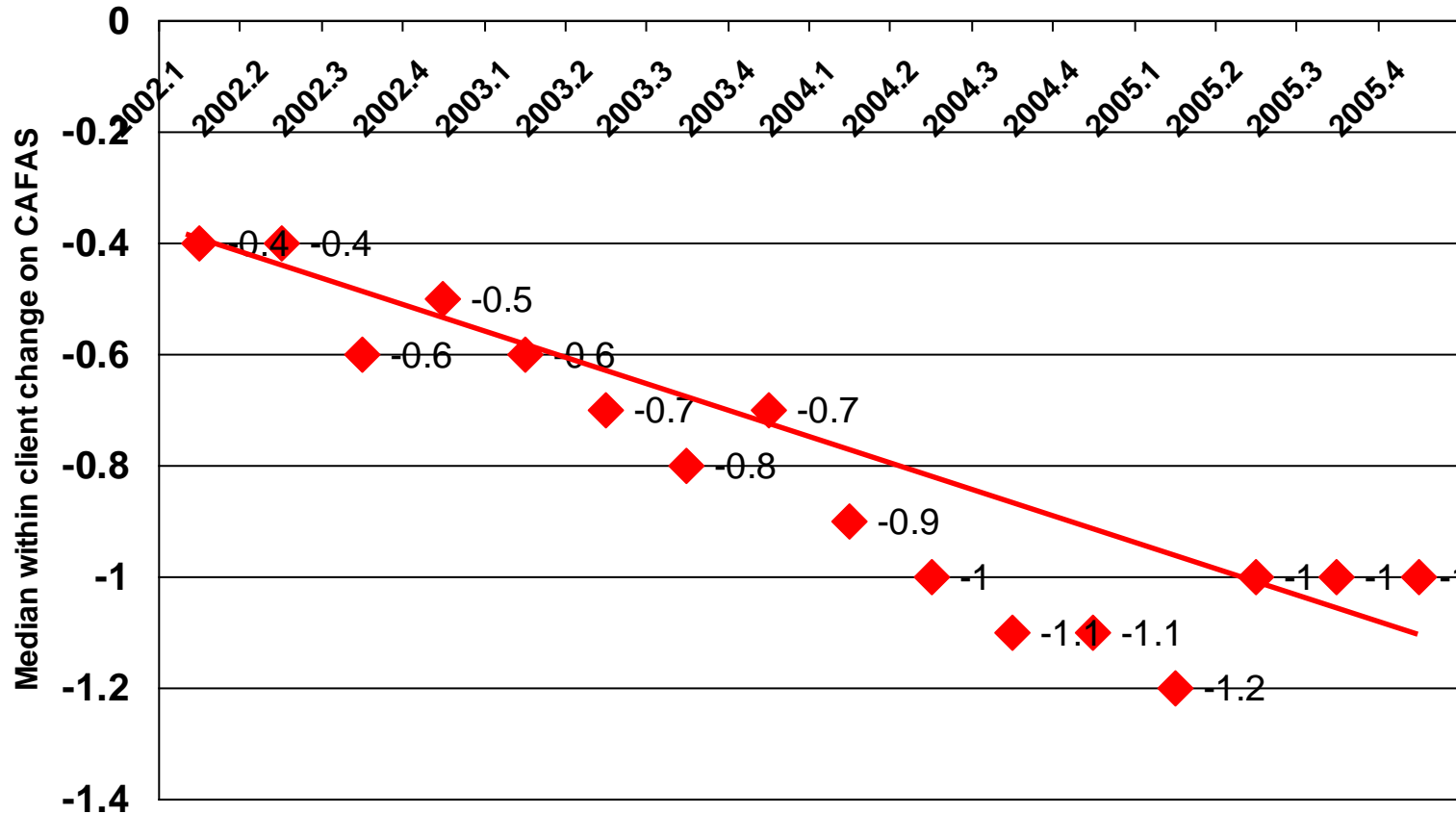


MST youth show greater improvement in conduct problems

Wraparound youth show greater improvement in emotional symptoms

# Benefits of a thoughtful system response

Wrap+EBP in Hawaii led to greater improvement over time





Part 3

# INTEGRATING EBP INTO WRAPAROUND AT THE PROGRAM LEVEL



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# Integrate or refer?



# Who delivers the clinical services in your wraparound system of care?

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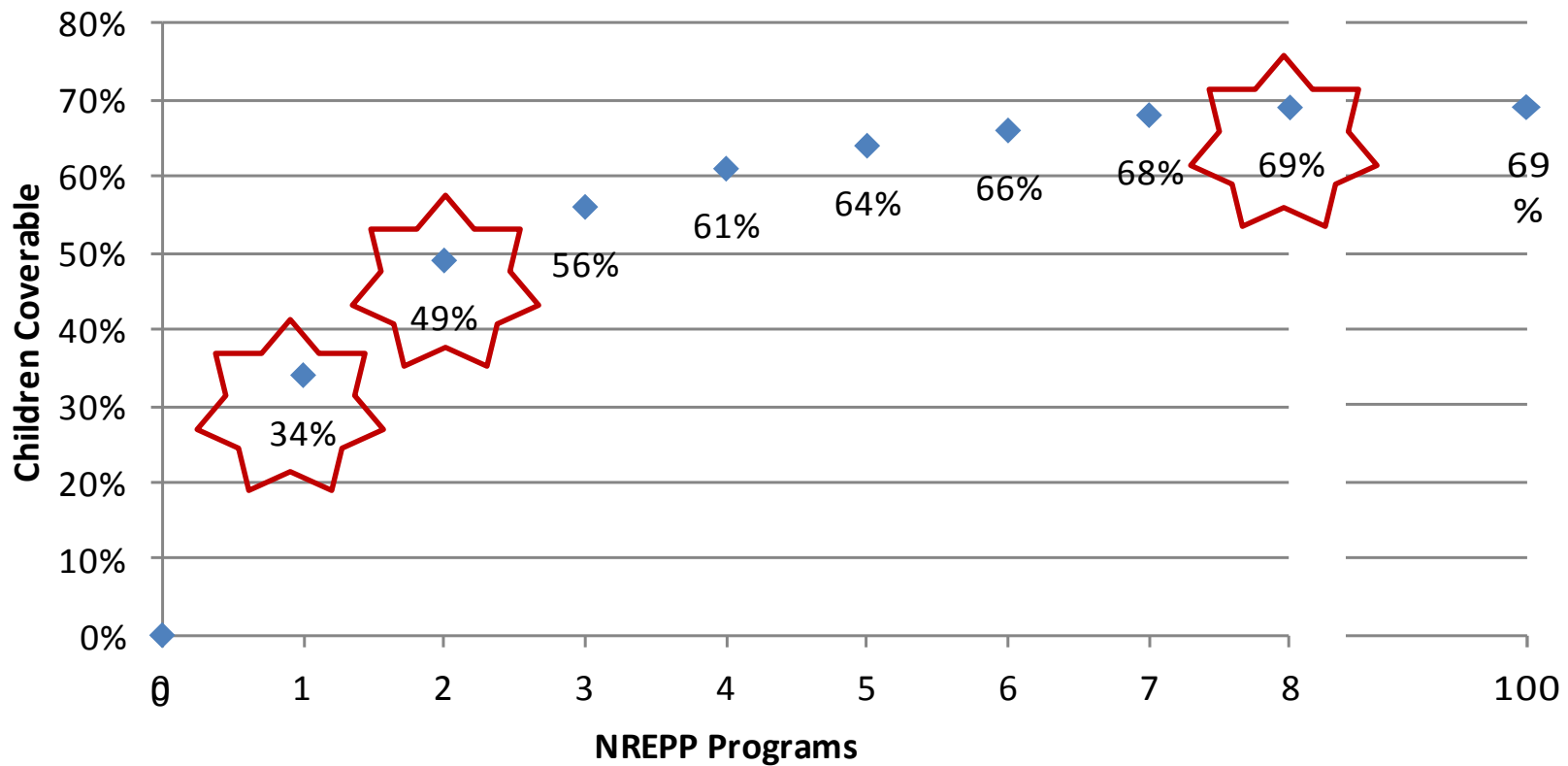
- Mostly, people from the same organization as host our care coordinators
- Mostly, people from outside the care coordination agency
- A mix of both

# 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

# A few EBPs can go a long way... and more than 2-3 may be overkill

“Coverage” of youth problem areas (by age, gender) provided by different numbers of EBPs



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# Coordinating Wraparound with EBP: Potential barriers

- EBPs may 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

# Typical Components of some major MH interventions

## Behavior Therapy

- token economy  
(points system)
- time-out
- structure

## Cognitive-Behavioral Therapy

- problem-solving skills
- social skills
- changing irrational or very negative thinking
- stress reduction (e.g., relaxation)

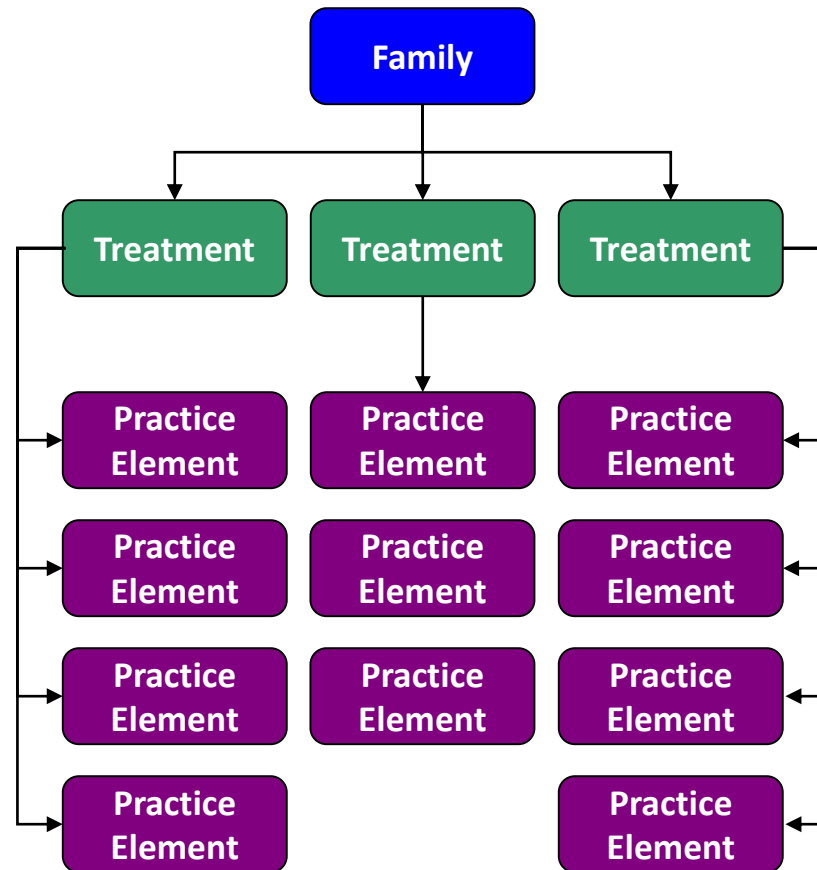
## Parent Skills Training

- Praise, attending
- encourage positive behavior
- track behavior
- establish rules
- interrupt conflict
- implement consequences
- communication
- family fun

## Family Education and Support

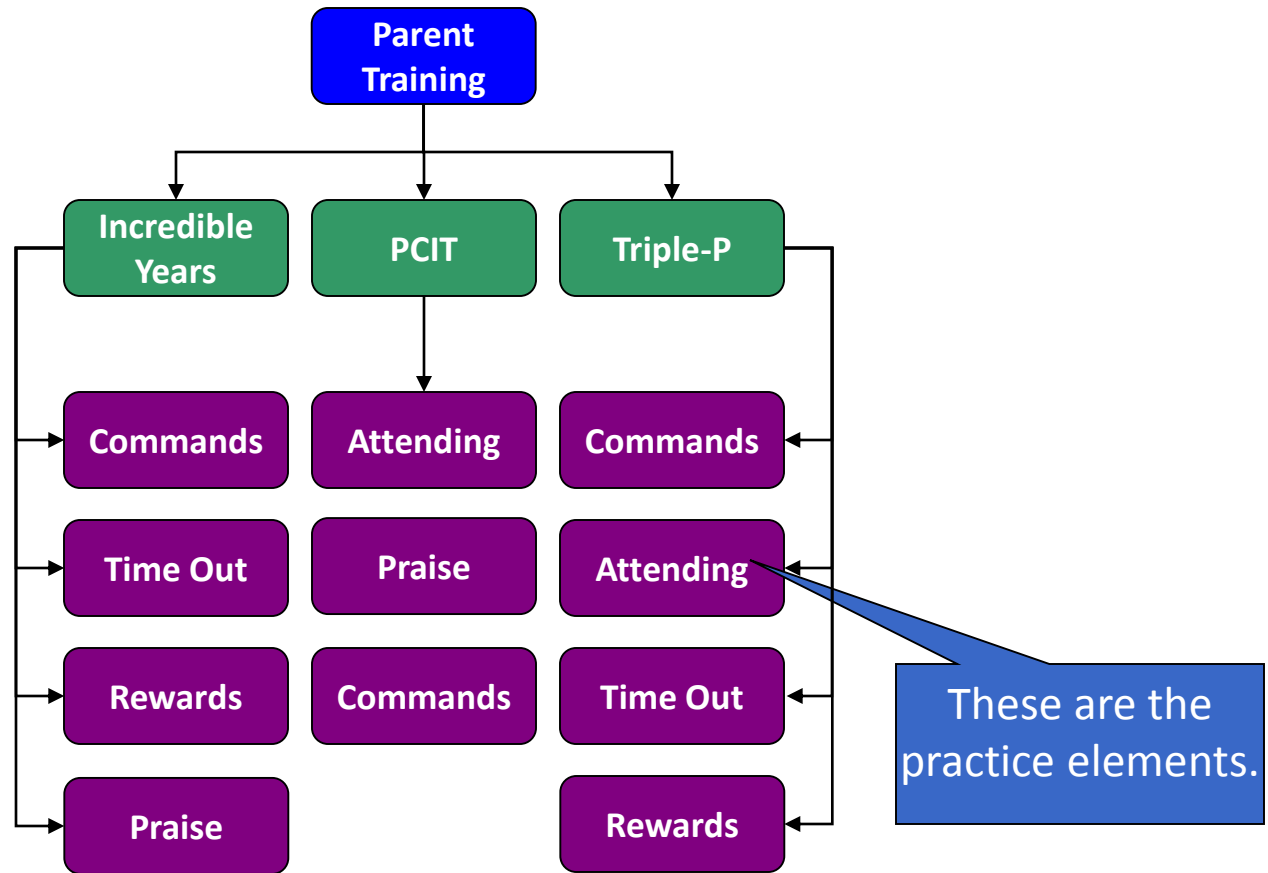
- education to increase understanding of condition/disorder
- education about services
- managing the child's symptoms and behaviors
- caregiver stress reduction -- taking care of self
- support from sharing

# A new movement in EBP is to focus on Practice Elements of effective interventions





# Practice Elements Are the Parts of Treatments



# Focusing on the “common elements” of effective treatment can help you avoid information (and Treatment Manual) Overload



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

# The PracticeWise Evidence based treatment (PWEBS) Database

The screenshot shows a web browser window with the URL <http://www.practicewise.com/pwebs6/index.aspx>. The browser's address bar and menu bar are visible. The website content includes a navigation sidebar on the left with links for Home, Youth Treatments, Treatment Protocols, Treatment Practice, Research Papers, Overview, Exit, and Display Options. The main content area features a 'Welcome' message, a title for the 'Evidence-Based Youth Mental Health Services Literature Database', and a detailed description of the database. It also lists search options for Youth Treatments, Treatment Protocols, Treatment Practice, and Research Papers, each with a brief explanation of what users can find. A footer at the bottom of the page contains the copyright information: © 2012 PracticeWise, LLC.

PracticeWise

## Welcome

### Evidence-Based Youth Mental Health Services Literature Database

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

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

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

##### Search Youth Treatments

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

##### Treatment Protocols

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

##### Treatment Practice

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

##### Research Papers

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

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

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# PWEBS: How Does It Work?

## YOU CAN SELECT:

- Strength of Evidence
- Problem Type
- Age
- Gender
- Ethnicity
- Treatment Setting
- Diagnosis

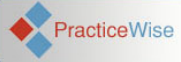
## YOU GET BACK:

- “Families” (types) of treatments that have been shown to work
- Settings where the treatments took place
- Formats of how the treatments took place
- The components (skills or practices) of those treatments

# PWEBS: Problem Types Reviewed

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- Anxiety
- Attention Problems
- Autism Spectrum
- Depression
- Disruptive Behavior
- Eating
- Elimination
- Mania
- Substance Use
- Suicidality
- Traumatic Stress



## Summary of Youth Treatments

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

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](#)

[Modify](#)

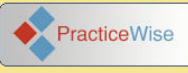
This tells you the treatment types that work for this problem.

### 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, Multiethnic

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

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



## Summary of Youth Treatments

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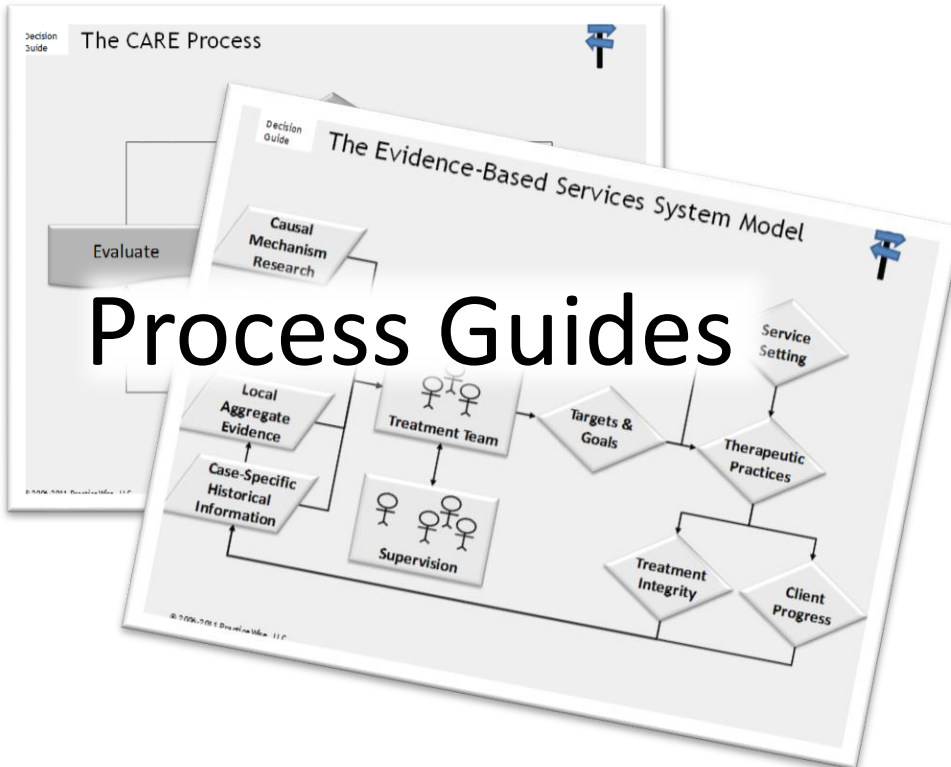
Your current search criteria are: **Problem Type:** Anxiety **Age:** 12 **Gender:** Male **Strength of Evidence:** 2 Good Support or Better Modify

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

PRACTICE ELEMENT	PERCENT OF GROUPS	Parent Child	10
Exposure	90	Mu	7
Relaxation	67	Fa	3
Cognitive			
Psychoeducational-Child			
Psychoeducational-Parent			
Self-Monitoring	43		
Self-Reward/Self-Praise	43		
Maintenance/Relapse Prevention	40		
Modeling	33		
Tangible Rewards	33		
Therapist Praise/Rewards	33		
Problem Solving	30		
Relationship/Rapport Building	27		
Assertiveness Training	17		
Praise	17		
Attention Diversion	17		

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

# 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"> <li>• How important is it for you to achieve these goals? Why?</li> <li>• What would it take for you to reach your goals?</li> <li>• Have you ever done something like this before?</li> <li>• What did it take for you to achieve your goals in the past?</li> </ul> Ask: "How will [the behaviors] help you achieve your goals?" "How will
<input type="checkbox"/> Respond with reflect	
<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 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?

**Helpful Tips:**

- Remember the imposing speed increase resistance
- Remember the

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?).



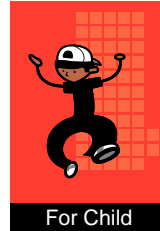
# Anatomy of a Practice Guide

Practice  
Guide

## Problem Solving

### Use This When:

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



What It  
Is

ives:

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

es clearly defining the problem, generating possible solutions, examining the solutions, implementing a solution and evaluating its effectiveness

When to  
Use It

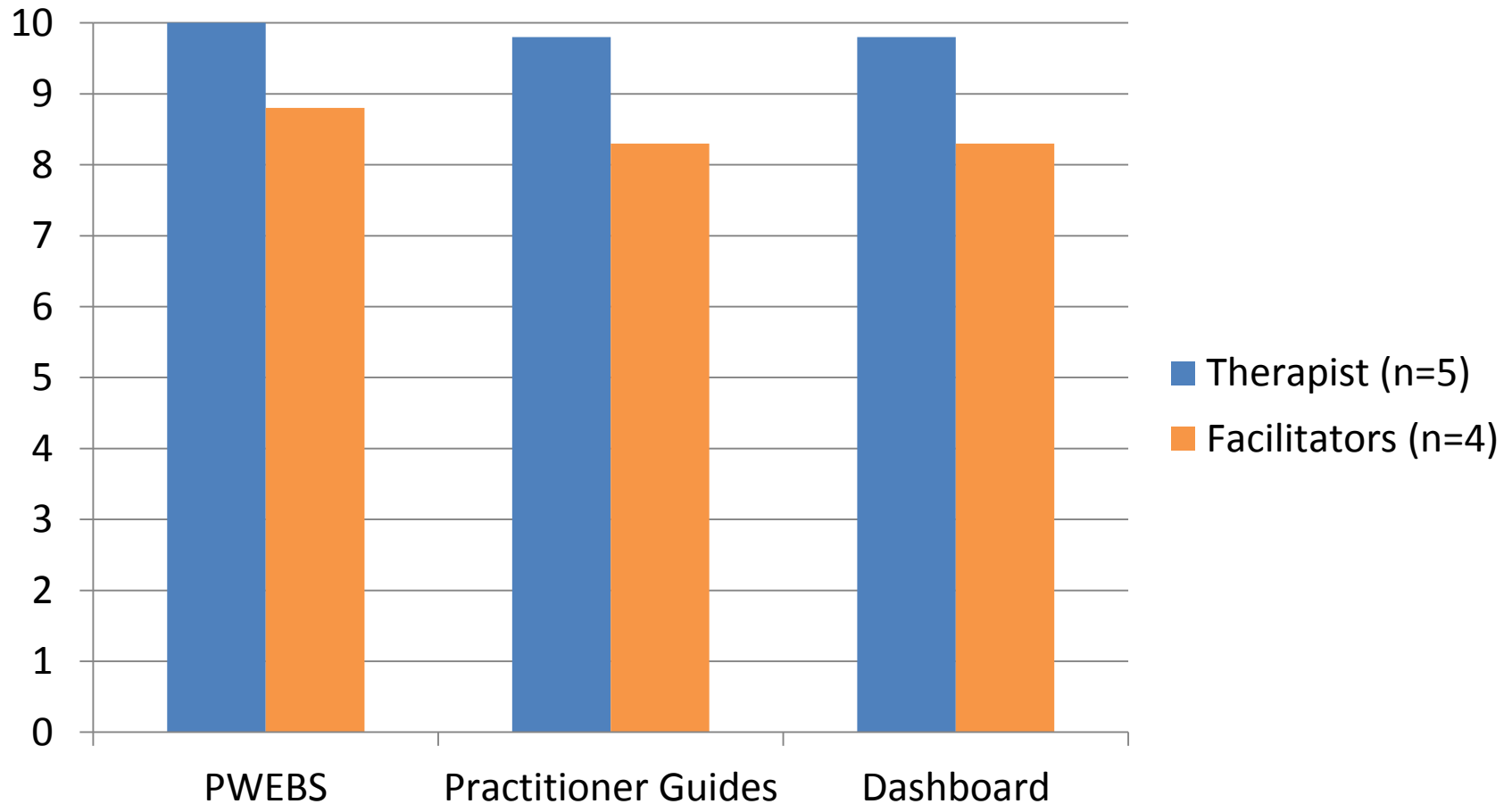
ize probl

e all have problems, every day. Solving problems can make us feel good, and not solving them can make us feel bad.

he types of problems that children face are more specific and varied than those of adults. Appropriate solutions are often more creative and imaginative.

Who It's  
for

# Facilitators Rated Usefulness of MAP Tools Almost as Highly as Therapists



# What About Peer Support Partners?



Part 4

# INTEGRATING EVIDENCE AT THE TEAM AND FAMILY LEVEL



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# Practical Applications of the Session

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- System level:
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- Program level:
  - Coordinate your clinical care, care coordination, and youth/parent peer support
  - Train clinicians in the SOC on EBPs and use of evidence
  - Train facilitators and peer partners on how to use/support EBP
- Practice level:
  - Brainstorm effective strategies for wraparound plans
  - Communicate clearly to families, youth, and team members
  - Measure progress and adjust accordingly
  - Supervise based on data and understanding of EBP

# Matthew's story

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- Matthew is a 15-year-old male of African-American and Caucasian heritage.
- He currently lives with his adoptive parents, Mona and John, and little brother, Steven, who is 3 years old.
- Mona and John adopted Matthew when he was 14. Mona originally met Matthew through her job at a local outpatient mental health clinic where she was his caseworker. Mona has worked with Matthew since he was 11

# Matthew's story

- Matthew and his family were referred to Wraparound by his mother's co-worker when she learned from Mona that Matthew had assaulted her.
- Matthew began showing signs of aggression about 1 year ago and within the past 6 months he has started skipping school, his grades are dropping, and he seems angry all the time.
- His behaviors have escalated and he is now staying out late, disobeying the rules, and starting fights with peers at school. Matthew's parents report when Matthew gets angry, he hits things, slams doors, and follows them around the house yelling.
- He is currently on probation for 6 months. Matthew has been hospitalized a total of 3 times in the last year.

# Matthew's story

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- Matthew was born in another state and only resided with his biological parents for a short time before he was placed in foster care. Matthew witnessed domestic violence on a daily basis.
- While in his first foster home, Matthew was sexually abused.
- He bounced through 2 more foster homes before being placed with an adoptive family. However, before the adoption could become final, his foster father lost his job and the state would not allow the adoption to go through.



# Matthew's story

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- Mona and John report that Matthew is sweet, kind, shy, loves sports, and is very friendly.
- He was and still is a star football player. She would often attend his games with her husband. Mona and John describe Matthew as a leader on the field.
- Mona was afraid he would be removed from yet another foster home and talked to her husband about taking in Matthew. They both had grown to love Matthew and want to give him the same opportunities they had to move beyond their past.

# Matthew's story

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- Mona reports that she has heard Matthew crying in his bedroom and it breaks her heart. John feels like Matthew needs to 'pull himself up by his bootstraps and move on'.
- If Mona tries to walk away from him, Matthew will yell at her and say she doesn't love him and will abandon him like everyone else does.

# Matthew's strengths

- He hasn't given up hope of being a permanent member of a family.
- He steps up to help out with his little brother, is patient with him, and will protect him.
- He is close to Mona and talks to her about everything.
- He is able to build relationships with adults he trusts.
- He is a leader on the football field.
- He likes being part of a team and the sense of family a team gives him – 'someone always has your back'.
- He responds to structure and routine and his coach provides this for him daily.
- Does his best when he is able to stay physically active and busy.

# Mona's strengths

- She learns from past mistakes and experiences and builds off those lessons learned and experiences to help others.
- She confides in Michelle (her co-worker) and they work out together every other day.
- She has a passion for working with youth and supporting their needs in her professional life and as a volunteer.
- She makes long-term commitments and isn't afraid to go "all in"
- She values the importance of education and worked hard to accomplish her own educational goals. She also gives back so others can pursue the same in her tutoring work.
- Mona is the rock of the family and gets things done.

# John's strengths

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- He works hard to support his family and wants to pass on the value of hard work to his kids.
- He learns from watching others.
- He believes in picking yourself up and moving forward despite obstacles.
- He believes doing things as a family keeps the family strong and together
- He attends all Matthew's sporting events and looks for activities to keep Matthew busy.

# Carter Family Strengths

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- Steven looks up to Matthew and enjoys spending time with him.
- Steven has a calming effect on Matthew
- The family bond when they do things all together outside of the home.
- They believe in the importance of giving back to their community – they especially like volunteering for Habitat for Humanity.
- They are all good with their hands and enjoy staying active.
- They are working hard to stick together and willing to ask for help to do so

# Adam (Therapist)

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- He comes from a long line of football fanatics and uses his knowledge of football to connect with Matthew.
- He is very handy with tools and does wood working in his spare time.
- Has a strong foundation in trauma work and really believes in Mona's and John's love for Matthew as a foundation for success.
- He is patient with Matthew and as a result Matthew opens up to him.

# Coach Smith

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- He believes the team is like family and we stand up for one another.
- He goes above and beyond for kids and will step up when asked to take on tasks.
- He sees the leadership capabilities of Matthew and knows how to push him.
- He has a way of making sure discipline and fun both come together when he is coaching youth in football.



# Brainstorming strategies!

- The first underlying need Matthew's team is working on is: "***Matthew needs to know people can be permanent parts of his life...***"
- What are some things you think might be included in Matthew's plan of care?
  - Remember to consider:
    - Community supports
    - Natural supports
    - Formal services (including EBPs)

**Underlying Need**  
Matthew needs to know people can be permanent parts of his life

**Action Step**  
John will take Matthew back to his old neighborhood and share stories of how he grew up

**Task**  
John will check his work schedule and find a Saturday within the next 3 weeks for the trip

**Task**  
Mona will check in when they get back to see how it went

**Action Step**  
Adam (therapist) will work with family to explain depression and trauma and how these are related to the aggressive behaviors

**Task**  
Adam to provide psychoeducation around depression, trauma, and disruptive behaviors and how these could be related to the behaviors the family is experiencing

**Action Step**  
Matthew will be Coach Smith's assistant and help out with other sports between football activities

**Task**  
Coach Smith will provide the team with a schedule of coaching events including games, practices, etc.

**Task**  
Mona and John will work out a transportation schedule

**Action Step**  
The family will create an "I liked it when..." box that all family members will put notes in daily about something they liked that another family member did

**Task**  
Michelle (Mona's friend) will give a raffle box to Mona to use

**Task**  
Matthew will find a place for the box and will cut paper strips for family members to write on

**Action Step**  
Adam (therapist) will implement TF-CBT with Matthew

**Task**  
Adam to initiate TF-CBT for 16 weeks

**Strengths**  
Matthew is a leader on the football field, is able to build relationships with adults he trusts, etc. Mona asks for help when needed, etc., John believes doing things as a family keeps the family strong...

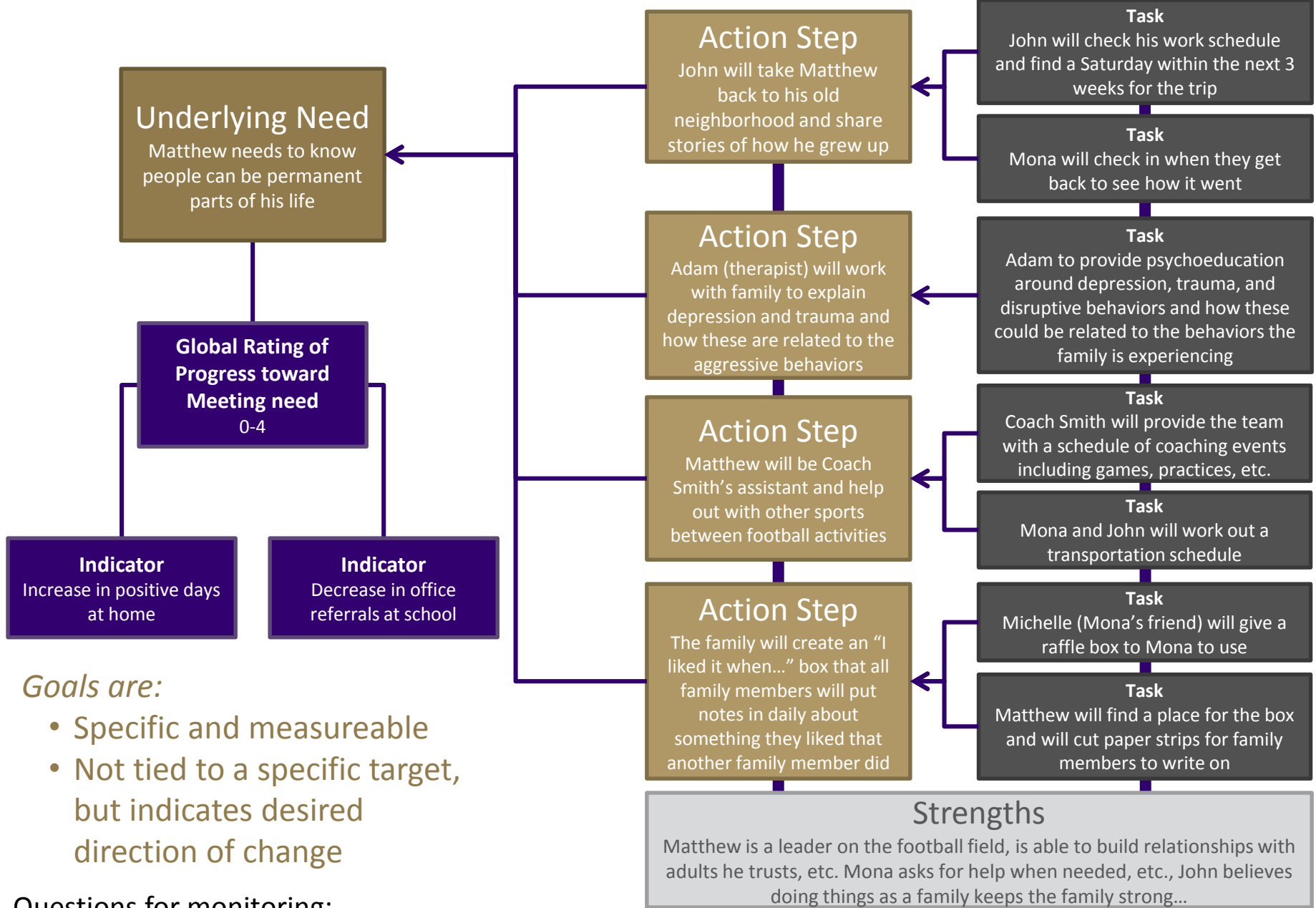
# 10 Strategies to meet 1 need

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1. John will take Matthew back to his old neighborhood, show him around, and share the stories of how he grew up.
2. Mona will join ancestry.com and show Matthew how he fits in their family tree. Mona and John will pay for half of a 6-month subscription and discretionary funds will be used to pay the other half.
3. Adam (MAP therapist) will work with Matthew, Mona, and John to explain depression and trauma and how these are related to the aggressive behaviors they are experiencing.
4. Adam (MAP therapist) will also work with Matthew individually 1x/week for 16 weeks targeting his depression and the impact of his past trauma experiences on his life now.
5. Matthew wants to help out more with Coach Smith so Matthew is going to be Coach Smith's assistant and help out with other sports between football activities.

# 10 Strategies to meet 1 need

- Sue will get tickets to university games that Matthew and the coach will attend
- Tina (parent partner) will work with Mona and John to create a behavior contract with Matthew that includes rewards and consequences.
- The family will create an 'I liked it when...' box that all family members will put notes in daily about something they liked that another family member did. The notes will be read on Wednesday night after dinner and on Fridays before Matthew's games.
- Michelle and Mona will continue to work out every day and during that time Michelle will check in with Mona about Matthew's behavior. She will keep a record of good days and bad days and report it back to the team.
- Jennifer will check in with the school weekly to find out about office referrals and report it back to the team.



*Goals are:*

- Specific and measurable
- Not tied to a specific target, but indicates desired direction of change

Questions for monitoring:

*Is meeting the need getting us closer to the family's vision for the future?*

*Is implementing the action steps getting us closer to meeting the underlying need?*

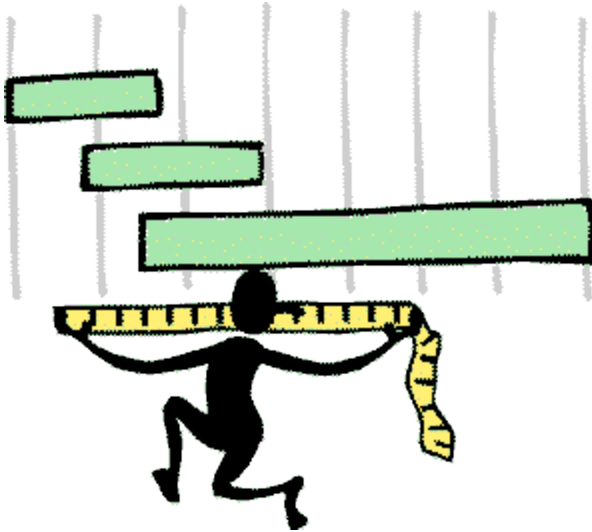
*Were the tasks completed fully and in a timely manner (i.e., are the action steps being implemented as planned)?*

# Specify how progress will be measured

For each need...

## Detail how progress will be measured

- What, specifically will be tracked?
- Who will track the behaviors/events?
- How frequently will the information be tracked and shared?



# What's going on here?

## *Example of a simple data table*

**Family vision**: To love unconditionally and work hard on the important things.

**Need 1**: Matthew needs to know that people can be permanent parts of his life.

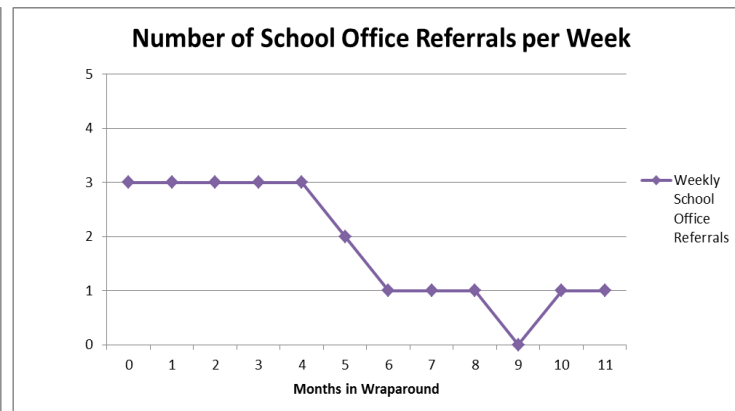
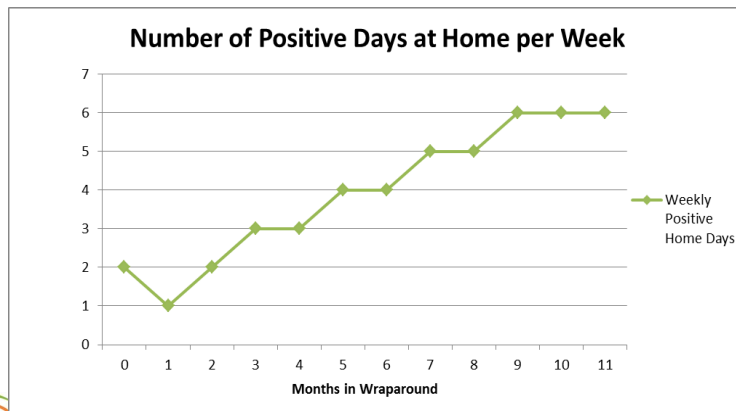
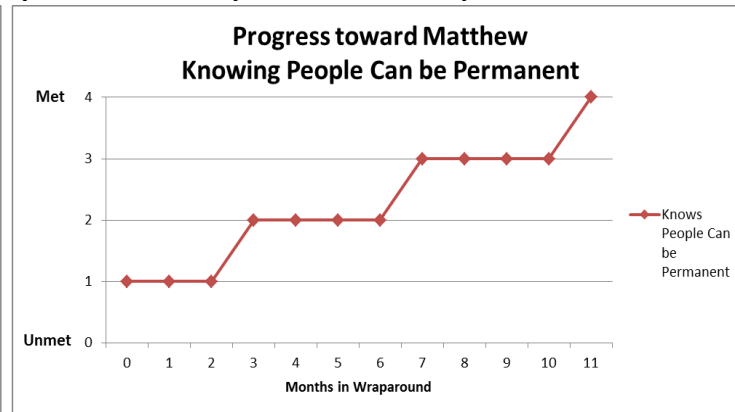
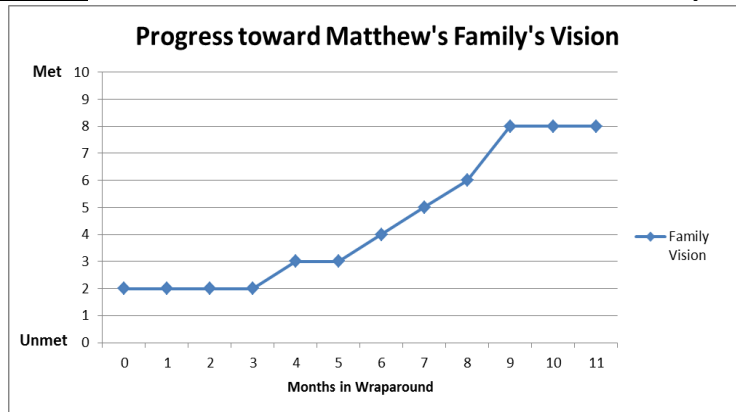
	Month											
Outcome	0	1	2	3	4	5	6	7	8	9	10	11
Progress toward achieving the family vision (rated on a scale of 0-10)	2	2	2	2	3	3	4	5	6	8	8	8
Progress toward meeting underlying need (rated on a scale of 0-4)	1	1	1	2	2	2	2	3	3	3	3	4
Typical number of positive days at home each week	2	1	2	3	3	4	4	5	5	6	6	6
Typical number of office referrals at school each week	3	3	3	3	3	2	1	1	1	0	1	1

# What's going on here?

*Example of a graph for each item being tracked*

**Family vision:** To love unconditionally and work hard on the important things.

**Need 1:** Matthew needs to know that people can be permanent parts of his life.



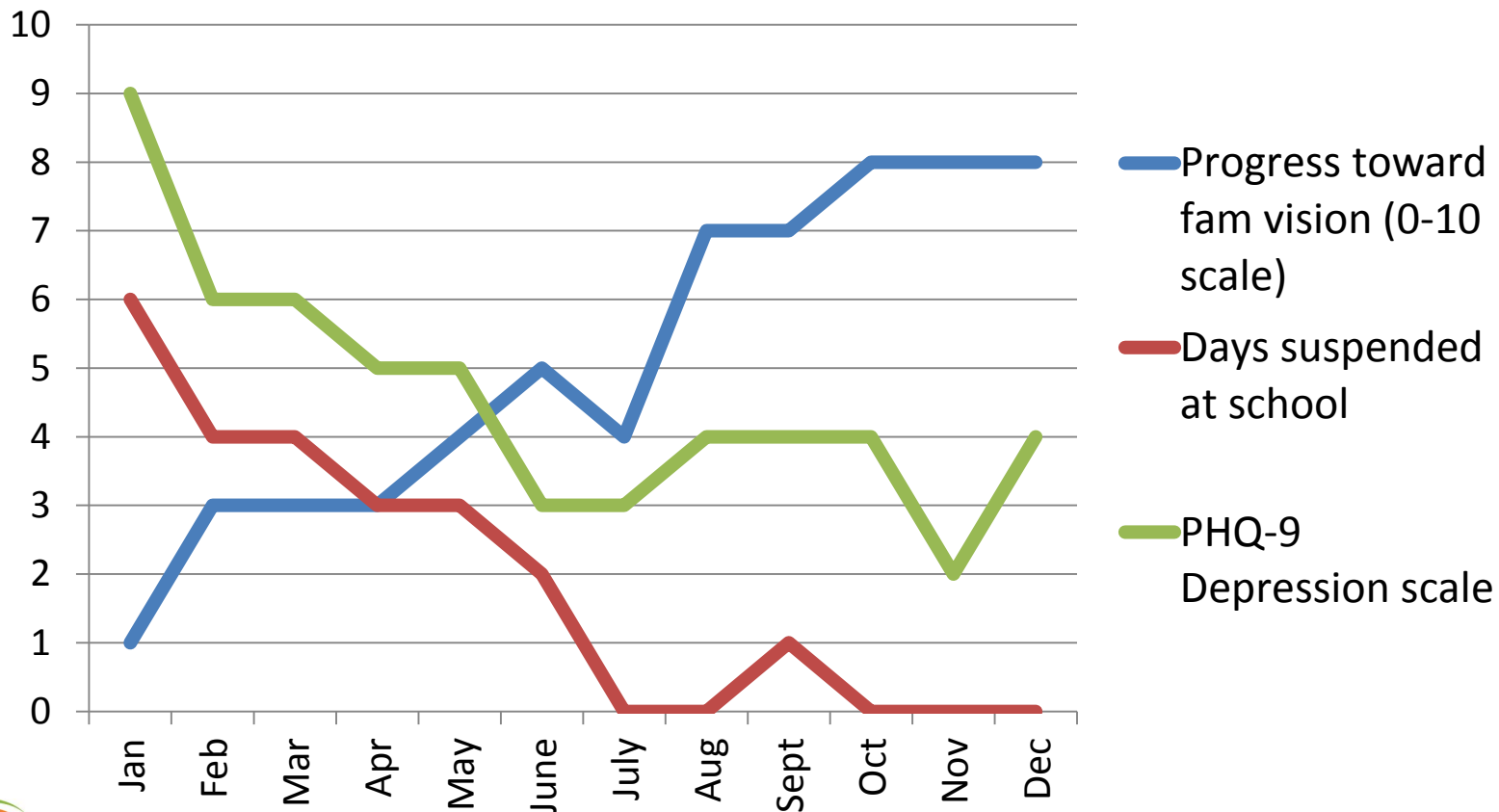


# What's going on here?

*Example of a charting everything on one graph*

**Family vision:** To love unconditionally and work hard on the important things.

**Need 1:** Matthew needs to know that people can be permanent parts of his life.



# Adjust the plan

- Based on progress or lack of progress, assess the following:
  - What is and isn't working?
  - Why?
    - Are strengths being utilized in action step selection and task assignments?
    - Are team members involved?
- Based on discussion and shifts
  - Develop new action steps and assign new tasks
  - Determine when transition is warranted

# Supervision

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- Should always be asking:
  - Are the needs clear?
  - Are the strategies tied to meeting needs?
  - Is progress happening?

# Practical Applications of the Session

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- System level:
  - Build EBPs into service array
  - Include intensive EBPs as alternatives to wraparound
- Program level:
  - Coordinate your clinical care, care coordination, and youth/parent peer support
  - Train clinicians in the SOC on EBPs and use of evidence
  - Train facilitators and peer partners on how to use/support EBP
- Practice level:
  - Brainstorm effective strategies for wraparound plans
  - Measure progress and adjust accordingly
  - Communicate clearly to families, youth, and team members
  - Supervise based on data and understanding of EBP

# Any Questions?



# THANK YOU!!

## Please complete the evaluation

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Find us at:

- [www.wrapeval.org](http://www.wrapeval.org)
- [www.wrapinfo.org](http://www.wrapinfo.org)