Implementing Evidence Based Practice within Wraparound and Systems of Care

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Meet the presenters

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Learning Objectives

• 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

• Wraparound is an evidence-based **process**
• To be effective, systems of care and wraparound require availability of effective children’s behavioral health **treatments**
• EBP can be thoughtfully integrated into wraparound and individualized systems of care at the:
  – System level
  – Provider level
  – Youth/family/team level
Necessary Community and System Supports for Wraparound

- Hospitable System
  - Funding, Policies

- Supportive Organizations
  - Training, supervision, interagency coordination and collaboration

- Effective Team
  - Process + Principles
Opportunities to coordinate EBP and Wraparound

• System level:
  – Build EBPs into service array
  – Include intensive EBPs as alternatives to wraparound
Opportunities to coordinate EBP and 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
Opportunities to coordinate EBP and Wraparound

• 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
Everything you need to know ... in 3 minutes

• https://www.youtube.com/watch?v=1-83ZMDrvH4&feature=youtu.be
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
- Improved behavioral health outcomes at less cost
- Practices are clearly defined
  - Transparent accountability
  - Clear selection, training, coaching, & fidelity criteria
“Evidence-based practice” can be defined in a number of ways

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

--Institute of Medicine, 2001
What is “research evidence?”

• Washington House Bill 2536 requires that an intervention has:
  – At least 2 random-assignment trials
  – Tested across diverse populations
Let’s hear from you

- What EBPs are available to wraparound teams in your system of care?
Evidence based practice is about more than just research studies.

Individualized Care Based on Knowledge and Understanding of Child/Family

Best Available Research on Diagnosis, Treatment, and Rehabilitation

CLINICAL EXPERTISE

Respect for Past Experiences, Preferences, Concerns, and Expectations

EBP

BEST EVIDENCE

YOUTH AND FAMILY Preferences and Values
Common elements of effective treatments

- 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
What are common elements of effective treatments and strategies?

- Involvement of caregiver
- Role plays/experiential exercises
- Use of homework
- Shortened, goal oriented treatment with manual/guide
EBP and Wraparound

**EBP**
- May be focused on addressing a specific symptom or problem
- Defined and manualized
- 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...

• How can we coordinate EBPs within a Wraparound care planning process?
• 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

• 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
INTEGRATING EBP INTO WRAPAROUND AT THE SYSTEM LEVEL
System-level: Options for coordination

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

• Look to the literature
• Ask your practitioners and families
• Use your data
Quiz time!:
Looking at the Literature

• 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)
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)

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<thead>
<tr>
<th>Need</th>
<th>Baseline</th>
<th>6 Months</th>
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</thead>
<tbody>
<tr>
<td>Anger Control</td>
<td>65.1%</td>
<td>53.3%</td>
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<tr>
<td>Family Functioning</td>
<td>62.6%</td>
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<td>Oppositional</td>
<td>61.8%</td>
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</tr>
<tr>
<td>Impulsivity</td>
<td>56.2%</td>
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<tr>
<td>Judgment</td>
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<td>45.0%</td>
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</table>
And... back to the literature: Crosswalk your presenting needs and potential EBPs

<table>
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<tr>
<th>Need</th>
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<th>Potential EBPs</th>
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<tbody>
<tr>
<td>Anger Control</td>
<td>75%</td>
<td>Second Step Incredible Years</td>
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<tr>
<td>Family Functioning</td>
<td>70%</td>
<td>PCIT, FFT</td>
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<tr>
<td>Social Functioning</td>
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<td>Project Achieve, CBT</td>
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<tr>
<td>Impulsivity</td>
<td>60%</td>
<td>CBT, Medication Management</td>
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</table>
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

But... which EBPs?

- 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

Request for intensive services:
Review of referral, CANS and family information

Eligible for intensive services through the SOC?

- Yes
  - MST appropriate and eligible?
    - Yes: Commence MST (4-5 mos)
      - Needs met?
        - Yes: Transition out of formal SOC
        - NO: Needs not met or need for follow-on support
  - NO: Refer to wraparound

- NO: Refer to outpatient/family support

Wrap appropriate and eligible?

Refer to wraparound
Part 3

INTEGRATING EBP INTO WRAPAROUND AT THE PROGRAM LEVEL
Integrate or refer?
Who delivers the clinical services in your wraparound system of care?

- 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
Provider options for applying EBPs to wraparound populations

• 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
Coordinating Wraparound with EBP: Potential barriers

• Costs of EBP
  – Funding care coordinators, family and youth support, and other SOC features + EBP is challenging
• 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)
A new movement in EBP is to focus on **Practice Elements** of effective interventions.
Practice Elements Are the Parts of Treatments

Parent Training

Incredible Years

PCIT

Triple-P

Commands

Attending

Commands

Time Out

Praise

Attending

Rewards

Commands

Time Out

Rewards

Praise

These are the practice elements.
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.”
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.
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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<td>Elimination</td>
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<td>Problems</td>
<td>Mania</td>
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<td>Autism Spectrum</td>
<td>Substance Use</td>
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<td>Depression</td>
<td>Suicidality</td>
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<tr>
<td>Disruptive Behavior</td>
<td>Traumatic Stress</td>
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</table>
This tells you the treatment types that work for this problem.
This tells you the practice elements associated with those treatment types.
Dedicated Resources for Decisions and Action

Process Guides

Practitioner Guide

Motivational Enhancement

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

Steps:
1. 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.

2. Identify a small goal or a specific target behavior (e.g., substance use or exercise habits, poor study habits, etc.)
   - 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 kids say it’s a real hassle when adults are on their case about healthy eating or exercise habits, poor study habits, etc., and that they get frustrated when other people tell them how they should change.”)

3. Explain rationale
   - Help the child identify discrepancies between behavior and goals. For example, “Do you think they would be proud of you if you...?” and “What would happen if...?” Help the child identify a small change (e.g., does the child envision self as a substance using parent?)

4. Elicit the benefits of a specific behavior
   - Have the child think about the immediate and long-term benefits of a specific target behavior (e.g., reduction in use, existing curfew). To promote reflection, ask questions such as: “What benefits does this help you achieve?”

5. Foster self-efficacy
   - Have the child think about the immediate and long-term negative outcomes of the behavior. Ask questions such as: “What feels good about yourself when you...?”

Helpful Tips:
- Remember the importance of setting small steps toward change. If the child is overwhelmed by the idea of a larger goal, consider breaking it down into smaller, more manageable tasks.
- Increase reflection, self-efficacy, and commitment about behavior change.

Practice Guides
**Anatomy of a Practice Guide**

**Problem Solving**

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

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

**Steps:**

1. 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.

**Who It’s for:**

- For Child
Part 4

INTEGRATING EVIDENCE AT THE TEAM AND FAMILY LEVEL
The youth and family story

• Alicia, add an info here that you’d like to use to introduce this example. I put your graphics in.
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<th>Services</th>
<th>Date of Start</th>
<th>Goal</th>
<th>Outcome</th>
<th>Expected Date</th>
<th>Priority</th>
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<tbody>
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<td>1. Maintain access to all the services, retaining focus on the personal, social, and emotional well-being of the individual.</td>
<td>1/1/2023</td>
<td>Increased access to services, improved emotional well-being.</td>
<td>3/1/2023</td>
<td>High</td>
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<tr>
<td>2. Meet the needs of the individual by providing support in all areas of the individual's life, including education, employment, and leisure activities.</td>
<td>2/1/2023</td>
<td>Improved participation in community activities, increased confidence.</td>
<td>4/1/2023</td>
<td>Medium</td>
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<tr>
<td>3. Promote the individual's autonomy and independence by encouraging self-advocacy and decision-making.</td>
<td>3/1/2023</td>
<td>Increased self-advocacy skills, improved decision-making.</td>
<td>5/1/2023</td>
<td>Low</td>
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**Client and Family:**
- **Name:** John Doe
- **Phone:** 123-456-7890
- **Address:** 123 Main St, Anytown, USA

**Clinician:**
- **Name:** Jane Smith
- **Phone:** 987-654-3210
- **Address:** 456 Oak Rd, Anytown, USA

**Clinical Supervisor:**
- **Name:** John Doe
- **Phone:** 123-456-7890
- **Address:** 123 Main St, Anytown, USA

**Date of Assessment:** 1/1/2023

**Signature:**
- **Clinician:** Jane Smith
- **Clinical Supervisor:** John Doe
## Treatment Families

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<th>Treatment Families</th>
<th>Percent of Groups</th>
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<td>Multisystemic Therapy</td>
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<td>Family Therapy</td>
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<td>Social Skills</td>
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## Setting

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## Parent Plan

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<td>Problem Solving</td>
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<td>Psychoeducation - Counselling</td>
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<td>Tangible Rewards</td>
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<td>Response Tool</td>
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<td>Cognitive Behavioral Therapy</td>
<td>54</td>
</tr>
<tr>
<td>Measure Description</td>
<td>Type</td>
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<td>-------------------------------------</td>
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</tr>
<tr>
<td>CANS Strengths</td>
<td>Outcome</td>
</tr>
<tr>
<td>CANS Needs (Caregiver)</td>
<td>Outcome</td>
</tr>
<tr>
<td>Cross-Cutting Sx Youth</td>
<td>Outcome</td>
</tr>
<tr>
<td>PHQ-9</td>
<td>Outcome</td>
</tr>
<tr>
<td>Use grounding skills 100% of time</td>
<td>Objective</td>
</tr>
<tr>
<td>Self-harm (#/wk)</td>
<td>Objective</td>
</tr>
<tr>
<td>SI</td>
<td>Objective</td>
</tr>
<tr>
<td>Arguments with parents (3/wk)</td>
<td>Objective</td>
</tr>
<tr>
<td>Optimism/Confidence % of time</td>
<td>Objective</td>
</tr>
<tr>
<td># of prosocial activities /wk</td>
<td>Objective</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Objective</td>
</tr>
<tr>
<td>Resourcefullness</td>
<td>Objective</td>
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Matthew’s story

• 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.
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

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

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

Global Rating of Progress toward Meeting need
0-4

Indicator
Increase in positive days at home

Indicator
Decrease in office referrals at school

Goals are:
• Specific and measureable
• 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)?

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...

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

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

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

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

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

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

Task
Mona asks for help when needed, etc., John believes doing things as a family keeps the family strong...
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

• Should always be asking:
  – Are the needs clear?
  – Are the strategies tied to meeting needs?
  – Is progress happening?
Practical Applications of the Session

• 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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– Alicia Ferris: AFerris@communityyouthservices.org

Find us at:

– www.wrapeval.org

– www.wrapinfo.org