



# Managing and Adapting Practice (MAP)

*Direct Service Training Program*

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## DIRECT SERVICE TRAINING PROGRAM

### OVERVIEW

The MAP system is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving clinicians easy access to the most current scientific information and by providing user-friendly measurement tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or, alternatively, can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. Whether services are delivered through existing evidence-based programs or assembled from components, the MAP system also adds a unifying evaluation framework that tracks outcomes and practices on a graphical "dashboard."

The MAP Direct Service Training Program teaches mental health professionals to use the MAP system to improve their direct care to clients. The program's primary aim is for professionals to develop proficiency in the selection, organization, and delivery of common practices used in evidence-based treatments.

Once the training has been completed, interested professionals who wish to train and provide consultation to others (for example, within their agency) may enroll in a subsequent Trainer Development Program.

Those professionals who meet the highest training standards by completing one of the Intensive Direct Service Training Program options followed by the Trainer Development Program are eligible to become MAP Training Professionals.

### LEARNING OBJECTIVES

1. To become skilled with an evidence-based decision-making model for improving care by outlining common decisions and identifying the best available evidence for making those decisions
2. To demonstrate fluency with the three fundamental MAP practice support tools:
  - a. PracticeWise Evidence-Based Services (PWEBS) Database
  - b. Practitioner Guides
  - c. Clinical Dashboard
3. To apply the practice tools as part of direct service by:
  - a. Identifying evidence-based programs matching client characteristics
  - b. Building individualized treatment plans from components of evidence-based treatments
  - c. Delivering client care using a components approach
  - d. Evaluating client progress throughout the course of service delivery
  - e. Making empirically informed adaptations to practice

## PRACTICE TOOLS

### PracticeWise Evidence-Based Services (PWEBS) Database

The PracticeWise Evidence-Based Services (PWEBS) Database is an online database summarizing randomized clinical trials and treatment programs for children's mental health in the areas of childhood anxiety, depression, disruptive behavior, eating disorders, substance use, traumatic stress, ADHD, and autism. The PWEBS database allows a therapist to enter child and setting characteristics and obtain a summary of research studies, treatment programs, and common practices matching that particular case.

### Practitioner Guides

The Practitioner Guides are a collection of one-page summaries describing the most common practices used in evidence-based treatments. The main steps in each practice are illustrated in a checklist format to guide therapists in skill performance during delivery of care. These common practices are used as the building blocks for assembling promising interventions as needed, and they are introduced and rehearsed throughout the training program.

### Clinical Dashboard

The Clinical Dashboard is a Microsoft Excel™ based tool that presents a convenient visual summary of individual client progress along with the history of practices delivered. This tool tracks up to five measures of client progress and records the specific practices delivered. Professionals use this tool to evaluate service quality and efficiency through regular inspection and interpretation of the record of child progress and of specific clinical practices used.

## TRAINING FEATURES

### 5-Day Training

The initial 5-day training introduces the overall decision model underlying the MAP system, covers the use of decision support technologies used to select and manage programs and practices, and offers review, demonstration, and rehearsal of more than 20 of the most common practices drawn from the evidence-based treatment literature. The 5-day training is conducted in groups of 24 trainees.

### Phone Consultation

Participants in the 5-day training subsequently participate in phone consultation groups, ranging in size from 6 to 8 therapists per call. Participants take part in one-hour telephone conference calls (twice per month) with a MAP consultant to evaluate delivery of care to their clients using the practice support tools (i.e., the PWEBS Database, the Practitioner Guides, and Clinical Dashboards).

### Booster Trainings

One-day booster trainings are offered at three months and nine months after the initial training. The three-month booster is intended to ensure that call participants are progressing as expected and are not having difficulties with implementation of any parts of the MAP system. The nine-month booster is designed to address remaining goals or concerns of trainees.

## Skill Review

During the follow-up consultation period, trainees in the intensive training series submit two audiotapes of therapy sessions. These tapes will be reviewed by a consultant for consistency with the Practitioner Guides as well as overall quality of implementation. Trainees will receive feedback for each of these tapes that can inform objectives for the nine-month booster training. The skill review is one of the prerequisites toward development as a MAP Training Professional.

## Community Development Team

The California Institute for Mental Health (CIMH) Community Development Team (CDT) Model is a multifaceted training and technical assistance strategy that has grown out of CIMH's efforts to promote innovation in mental health services and operations. Community Development Teams are composed of a group of counties/agencies that are committed to adopting a new practice in concert, and are designed to promote sustainable model adherent implementation of evidence based programs in real world public mental health settings.

Training and technical assistance are provided through a series of multi-agency meetings and augmented by individualized agency-specific technical assistance, as needed. CDT activities include clinical training provided by model developers, and organizational supports provided by CIMH, in the context of a peer-to-peer learning environment.

Clinical training and consultation, as outlined in the Intensive Training Series option will be provided by PracticeWise MAP trainers. Organizational supports (provided over a 12 month period) will include:

- Implementation planning to prepare agencies/counties in advance of the clinical training
- Monthly group conference calls with administrative leads (champions) to support participation in training and quality improvement activities, share successes, and address any implementation challenges
- Program performance outcome reports, including preformatted (Excel) databases, analysis and report generation, to support quality improvement activities
- Individualized teleconference technical assistance, as needed

## SUMMARY OF TRAINING OPTIONS, FEATURES, AND COSTS

Features	Intensive Training Series with CDT	Intensive Training Series	Core Training Series	Materials Only *
PracticeWise EBS Database	✓	✓	✓	✓
Clinical Dashboards	✓	✓	✓	✓
Practitioner Guides	✓	✓	✓	✓
5-Day Training	✓	✓	✓	
Phone Consultation	One year, 24 calls, 6 therapists per call group	One year, 24 calls, 6 therapists per call group	Six months, 12 calls, 8 therapists per call group	
Booster Sessions	Boosters at 3 and 9 months	Boosters at 3 and 9 months		
Clinical Review for Model Proficiency	✓	✓		
Prerequisite for MAP Supervisor	✓	✓	✓	
Prerequisite for MAP Training Professional	✓	✓		
Advanced Implementation Planning	✓			
Administrators Conference Calls	✓			
Program Performance Outcome Reports	✓			
Individualized Technical Assistance	✓			
Tuition and Fees (per trainee)	\$3500 for training and consultation; \$180 for materials.	\$2900 for training and consultation; \$180 to \$205 for materials, depending on group size.	\$1900 for training and consultation; \$180 to \$205 for materials, depending on group size.	\$166 to \$205 for full set, depending on group size.
Venue Fees (per trainee) **	\$590	\$590	\$420	

CDT = Community Development Team. \* The PracticeWise Evidence-Based Services Database, Practitioner Guides, and Clinical Dashboards are available for subscription at [www.practicewise.com](http://www.practicewise.com). Clinicians and organizations may download and use these materials at any time, consistent with the online terms of agreement. Minimum costs in the Materials Only option are based on a group size of 100 or more—see website for details on group orders. \*\* Venue fees can be waived at the discretion of the training team for single agency/county projects for which trainees are prepared to provide the venues.