BUILDING A TRAINING CURRICULA THAT FACILITATES REAL ATTITUDBINAL AND BEHAVIORAL CHANGES TOWARD EFFECTIVE AND SUSTAINABLE USE OF MAP

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Today’s Agenda

• Gauging the landscape
• Don’t just trust me...
• Evolution of MAP Training curricula
  − Dynamic engagement of material
  − Synthesizing agency/county expectations and the MAP model
• Expanding MAP Curricula beyond Clinicians
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Five Acres

- Five Acres promotes safety, well-being, and permanency for children and their families by building on their strengths and empowering them within communities.

- We served approximately 100,000 clients since our founding in 1888. We currently care for nearly 8500 children and family members annually across 5 counties.

- Residential, foster and adoption, community based services, Wraparound, and private health care.

- Staff ≈ 400

- Annual operating budget ≈ $37mm
Selecting EBPs

What are our clients needs?

Race/Ethnicity
- Hispanic: 62%
- African American: 17%
- Caucasian: 11%
- Other: 7%
- Unknown: 1%
- Asian: 2%

Age
- 0-5: 16%
- 6-12: 50%
- 13-17: 28%
- 18-21: 1%
- 22+: 5%

Primary Diagnoses
- Disruptive: 39%
- Depression: 25%
- Trauma: 22%
- Anxiety: 8%
- Other: 6%
DAY 30
I GAINED THEIR TRUST...

BY POOPING EVERYWHERE
“Most seasoned clinicians find MAP to be an exercise in busywork, that must be completed as a requirement to providing treatment. Convince me it's more than busy work, and I will use it more effectively.”
Identifying the Challenges

I HAVE TOO MANY PROJECTS. I'M FREAKING OUT.

EXPERTS SAY YOU SHOULD TACKLE THE MOST UNPLEASANT TASKS FIRST, SO YOU HAVE A FEELING OF ACCOMPLISHMENT AND CONTROL.

NOW I HAVE TOO MANY PROJECTS AND SOME EXTRA ANXIETY THAT I'M DOING THEM IN THE WRONG ORDER.

OFF YOU GO.
Identifying the Challenges

Initial Training

- Pressure about maintaining productivity
- Anxiety about high risk clients
- Overwhelmed with other trainings
Identifying the Challenges
Continued Consultations

- Missing basic skills
  - Engaging families
  - Case conceptualization
- Minimal support
- Difficulty with adapting guides to client needs
- Supervisors super hands off
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EBPs are integral to my ability to provide my clients with the best quality of care.
How prepared do you feel in implementing MAP?

- Not at all
- Slightly
- Somewhat
- Very
- Extremely

2016-17:
- 4% Not at all
- 33% Slightly
- 37% Somewhat
- 26% Very

2017-18:
- 32% Not at all
- 35% Slightly
- 32% Somewhat
- 26% Very
Internal vs. External MAP Training

The MAP training/consultation that I received was useful.

- **Internal**
  - Strongly Disagree: 33%
  - Disagree: 27%
  - Neutral: 40%
- **External**
  - Strongly Disagree: 14%
  - Disagree: 43%
  - Neutral: 29%
  - Agree: 14%

Believe MAP system can help clients & improve services.

- **Internal**
  - Strongly Disagree: 13%
  - Disagree: 20%
  - Neutral: 47%
  - Agree: 20%
- **External**
  - Strongly Disagree: 14%
  - Disagree: 29%
  - Neutral: 57%
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MAP Training 2.0

- Training leads in support departments
- Spread out training hours
- Reserved time in trainings to prep for sessions and to catch up on dashboards
- Case conceptualizations
- COW Exercises
- OM Training

Hate having to go, but when I’m there, I find it so helpful!

Thought MAP would never work with my clients, but tried it and was surprised that my client got a lot better!

It was A LOT of complex information and I had trouble keeping up!
MAP Training 2.1

• Cut down on content and focused on process
• Real examples showcasing flexibility within fidelity
• Audio taped sessions + one on one feedback sessions

Way better knowledge retention and skill development

Schedule is difficult...

We need you to MAP train folks every month...
MAP Training 3.0

• Re-structured training hours

• Cut down more content and added more experiential activities

• Required 2 audio taped sessions

• Provide concrete resources/activities to help staff implement practice guides flexibly

This MAP stuff is actually pretty cool!

The dashboard really helped me organize the work that I do with my clients!
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“Encouraging” the gears to turn

Activities should be created *with purpose* and help staff do things like...

- View information/skills from a different perspective
- Concretely see ways that they can integrate the information/skills with their orientation
- Reflect on how the information/skills apply and don’t apply to their clients
- Adapt information/skills to their clients unique needs
Teaching flexibility within fidelity

Live Theatre

Have providers...

• Review guide first

• Watch live theatre

• Compare their interpretation of the guide with what they saw

• Identify which steps were covered

• Discuss what adaptations they could make with their clients
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Additional Supports

• Discussion of how MAP provides organizational context for the work that they do
• Note writing training and guidelines
• Quarterly audits of dashboards
• Outcome measure completion billable
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Residential Care – Team based approach

- Collaborative curricula development
  - Trauma Informed Care
  - 3 levels of MAP training
    - Clinicians
    - Rehab Specialists
    - Cottage staff
What would you do?

Julian (7 years old) starts screaming and swearing at staff. Staff tries to talk to him to help him calm down, but youth escalates and starts hitting and throwing things.
Why is this happening?

ANTECEDENT
Peer takes youth’s comic book without asking

BEHAVIOR
Screaming and swearing

BEHAVIOR
Hitting and throwing

CONSEQUENCE
Peer punches youth and calls him a “wuss”

CONSEQUENCE
Youths taken to CIS office and placed on SAFE program

What skill(s) might this youth benefit from?
Why is this happening?

ANTECEDENT  
Youth told that he has to sweep the kitchen today

BEHAVIOR  
Screaming and swearing

CONSEQUENCE  
Youth told that if he doesn’t hurry up with the task, he may not be able to go to the movies

BEHAVIOR  
Hitting and throwing

CONSEQUENCE  
Youth taken to CIS office and placed on SAFE program

Trauma Context:  
Youth watched his dad beat his mom bloody with a broom
No matter how slow your progress is, **you’re still lapping everyone on the couch.**