Managing and Adapting Practice (MAP) Training Program

The Evidence Based Treatment and Dissemination Center (EBTDC) is very excited to offer clinics serving children an opportunity to improve clinical outcomes, enhance accountability and increase the knowledge and skills of the workforce. As organizations prepare to meet the challenges of the changing behavioral healthcare system, the role of practitioner friendly decision support tools to promote effective practices that demonstrate measurable outcomes will become increasingly critical. The focus of this project is to offer organizations access to resources designed to provide practitioners with information and state of the art online decision support tools to guide and improve practice.

Recently, decision support tools and resources have been developed to address the need for more reliable and easily accessible resources to support clinical decisions. An online decision support system called Managing and Adapting Practice (MAP) is currently being implemented in a number of mental health organizations in the United States.

The MAP system was developed by Drs. Bruce Chorpita & Eric Daleiden, www.practicewise.com. MAP is an online resource that assists practitioners to coordinate and supplement the use of evidence-based practice for children’s mental health. The MAP system is designed to improve the quality, efficiency, and outcomes of children’s mental health services by giving administrators and practitioner’s easy access to the most current scientific information and by providing user-friendly monitoring 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 to track outcomes and practices.

MAP consists of three online tools:

1. **Practice Wise Evidence-Based Service**: online database that can make recommendations about formal evidence-based programs OR about specific components of evidence-based treatments based on the clinical problem and client characteristics

2. **Practitioner Guides**: Provides practitioners with a description of a broad range of evidence-informed clinical interventions and their components in a user friendly way. The majority of these practice guidelines refer to cognitive-behavioral and psycho-educational approaches.

3. **Clinical Dashboard**: A graphic display that tracks and monitors outcomes and associated practices on a graphical clinical dashboard

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**EBTDC MAP at a Glance:**

- Offers NYS OMH Clinician and Supervisor Certification upon successful completion
- EBTDC will provide intensive clinical training and consultation on a broad range of evidence-based treatments for children and adolescents
- Follows NYS Training Protocol modeled from the PracticeWise MAP developers training model
- NYS/NYC consultants trained by and work closely with MAP developers to adapt MAP for NYS context
- Supervisor, Administrative and Milieu support for settings as they implement
EBTDC MAP

- Offers NYS OMH Clinician and Supervisor Certification upon successful completion
- EBTDC will provide intensive clinical training and consultation on a broad range of evidence-based treatments for children and adolescents
- Follows NYS MAP Training Protocol modeled from the PracticeWise MAP developers training model
- Highly trained NYS/NYC MAP trainers and undergoing extensive training with the MAP developers
- Supervisor, Administrative and Milieu support for settings as they implement
- Resources and Supports offered **free of charge** to participants
- Offers training in Anxiety, Depression, Disruptive Behavior and Trauma among other content areas

Informational Meetings will be held across NYS and via webinar for all interested parties.

- March 25, 2013  11 a.m. to 12:30 p.m.  Go-to Meeting
- April 10, 2013  12:30 p.m.  to 2 p.m   Go-to-Meeting

From April – July 2013, MAP trainings will begin regionally.

- Day 1  In-Person Training  Overview of MAP and PracticeWise Online Resources
- Day 2  Webinar  Anxiety content area
- Day 3  Webinar  Depression content area
- Day 4  Webinar  Disruptive behavior content area
- Day 5  In-Person Training  C3 (Connect, Cultivate & Consolidate)

Days 1 and 5 will be longer training days but days 2-4 will end by 2:30 p.m to allow attendees to see clients in the afternoon/evening hours.

In addition to the trainings listed above, monthly supervisor calls and bi-weekly clinician calls will also be included for 9 months after training, followed by three months of sustainability calls.

Criteria for participation:
- Internet access for web-conferencing training
- Room equipped with a computer, and a telephone
- Laptop access for each clinician
- Sufficient child case load to complete a full course of MAP treatment

For EBTDC MAP Project Questions
For clinical questions:
Contact: Alissa Gleacher, PhD
Project Director EBTDC & AHRQ
Licensed Clinical Psychologist
Assistant Professor of Research
New York University, Child Study Center
Office: (646) 754-5089

For Program Questions:
Contact: Susan Albamont
NYS Office of Mental Health
Division of Children and Families
Office (518) 408-2899

To participate, please submit the attached application (pages 8 - 9) as soon as possible.

Final deadline April 20, 2013.

We anticipate beginning training in late April 2013 through July 2013.

Please submit via email or fax to:
Alissa A. Gleacher, Ph.D.
Alissa.Gleacher@nyumc.org
Fax: 646-754-5210
Application Deadline: April 20, 2013

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Alissa.Gleacher@nyumc.org
Fax: (646) 754-5210

Please type or print legibly.

County: ______________________ Region: ______________________

I. Agency information

Agency Name: ______________________
Address: ______________________

Executive Director Name: ______________________
Phone: __________ Email (req’d): __________

Contact Person Name: ______________________
Phone: __________ Email (req’d): __________
Fax: __________

1. Which counties does your agency serve (list):
   ______________________
   ______________________
   ______________________

2. How would you describe the areas you serve (check all that apply):
   ______ Urban
   ______ Rural
   ______ Suburban

3. Does your organization serve children?
   ______ Yes
   ______ No

4. What is the total number of people who work in your agency? ______________________

5. How many clients does your agency serve annually?
   a. How many of the clients are children (birth to 21): ______________________
II. Program information (please complete one application for each program site)

Program type                                      Operating Certificate #

  _____ RTF                        — — — — — — — —
  _____ Inpatient                  — — — — — — — —
  _____ OMH Psych Center          — — — — — — — —

Name of program: __________________________________________________________
Address: ....................................................................................................
Name of program director: __________________________________________________
Phone: ___________________________ Email: ________________________________

Name of contact person (if not program director): _____________________________
Phone: ___________________________ Email: ________________________________

III. Computer resources

1. Do all computers have internet access in your office? Yes ___ No ___
2. Do all clinicians have access to the internet for training days? Yes ___ No ___
   a. If not, do you have access to an OMH regional office? Yes ___ No ___

IV. Client flow

1. Do you have sufficient child cases so that all participating clinical staff
   could see at least 2 MAP cases over the nine-months? Yes ___ No ___

V. Staff Information

1. Number of clinicians applying: ________________________________
2. Number of supervisor/clinicians* applying: ________________________________
3. Number of supervisors (of staff in the training program) applying:
   ________________________________

* Supervisor/clinicians are supervisors who will also implement this treatment with their
  own clients
VII. Agency investment of staff time & resources

Participation in this project will require significant staff time. Please circle below to indicate whether your agency will support staff or relieve staff of other duties so that they may:

Yes ___ No ___ Attend the full 5-day training program
Yes ___ No ___ Participate in every two week 45-1 hr. consultation telephone calls (monthly for supervisors)
Yes ___ No ___ Administer evidence-based assessments
Yes ___ No ___ Prepare for each session with clients and parents/guardians
Yes ___ No ___ Prepare for case presentations
Yes ___ No ___ Provide internet access & long distance telephone access

VIII. Submission of this application indicates your agency’s commitment to participate in and fully support implementation of these techniques. Further, it indicates the willingness of your agency and program to intervene to resolve implementation barriers which may arise. Finally, it is your promise to incorporate trauma informed care into your ongoing operations and spread it throughout your facility.

This application has been reviewed and approved by:
Agency director:  
Program director:  
Chief of service:  
Others:  

_________________________________________