



# Highlights from Pathways' work

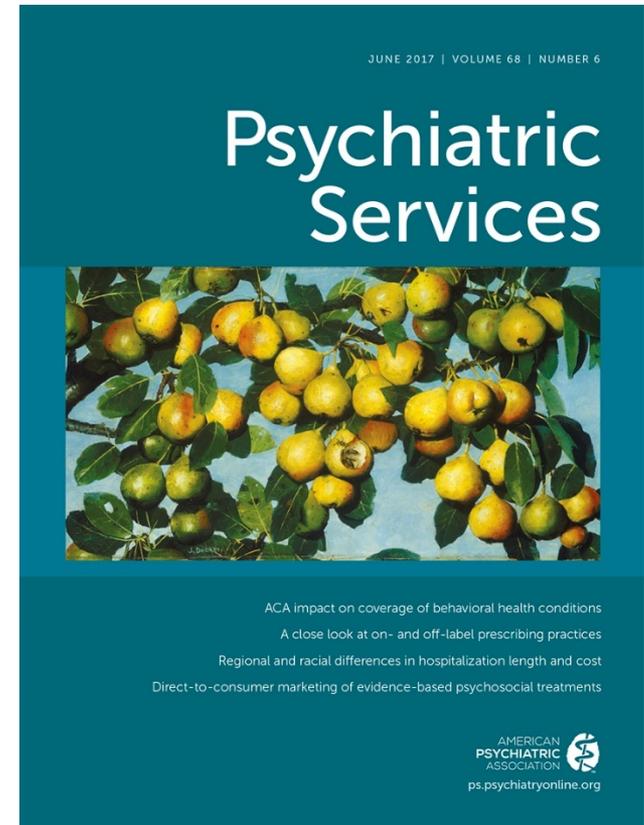


**Braiding three strands:  
Common factors/common elements,  
peer-delivered services, and  
effective training**

# Maturation of the EBP “movement”

Newer studies illuminating challenges implementing and sustaining EBPs

- Fewer than half of EBPs studied in CMHCs sustained over 6 years
- Costs cited as top barrier
  - Ongoing training / coaching was largest cost component
- One study\* showed ongoing costs
  - Mean total 1-yr cost to agency \$65,192
  - Mean cost per client \$1,896

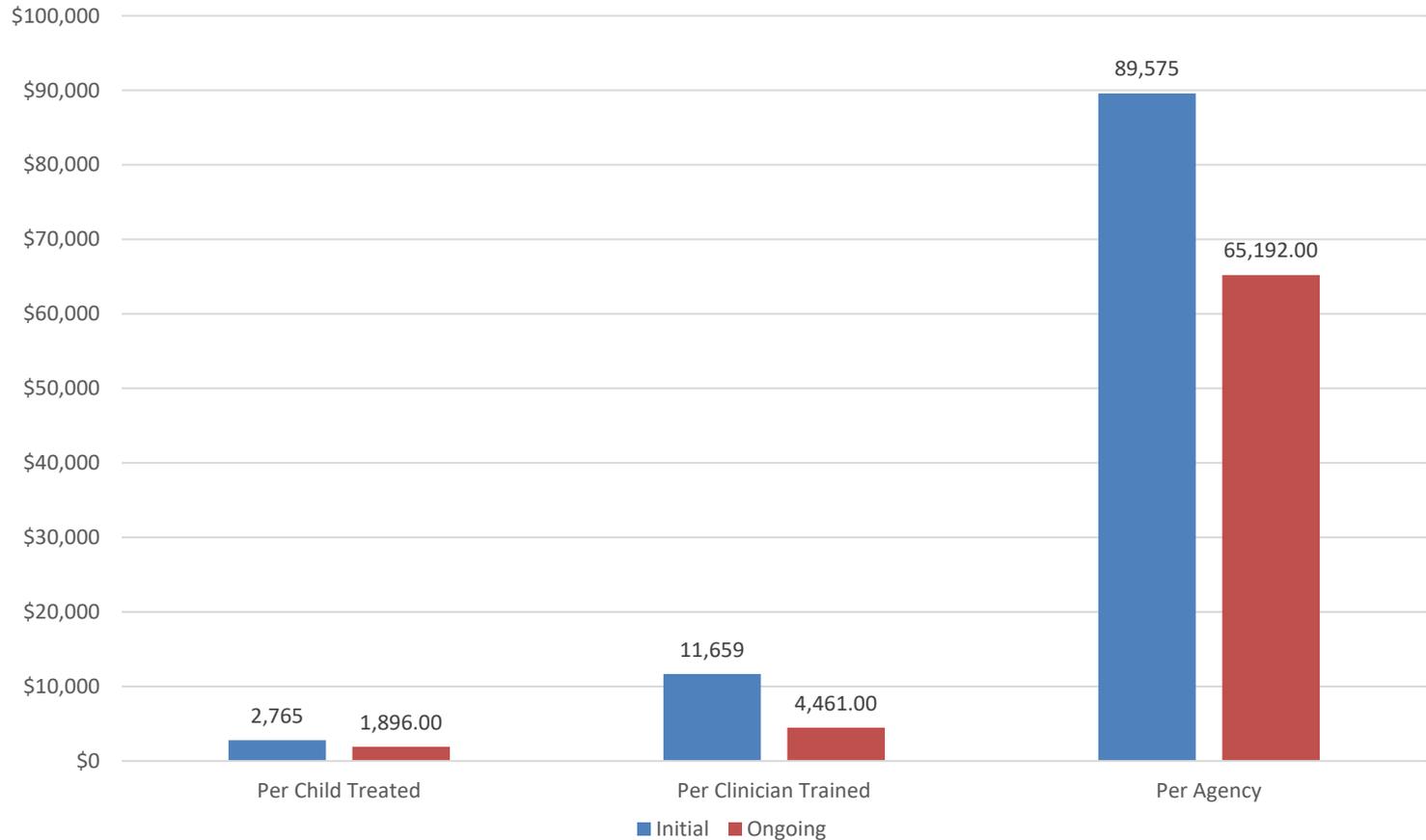


Bond, G.R., Drake, R.E et al. (2014). Long-term sustainability of evidence-based practices in community mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(2), 228–236.

Roundfield KD & Lang JM. *Psychiatric Services*. 2017 Sep 1;68(9):876-882.



# Cost: Two Studies of TF-CBT



# Going it “lite”

- EBPs come with implementation supports, including coaching and monitoring practice quality/certification
- In the absence of well-structured interventions, implementation support tends to be much less:
  - Eclectic unstructured practice– less client engagement and low effectiveness
    - providers believe they are integrating elements of EBPs but rarely do
    - Large proportion of time in unstructured “chat”
  - Training without follow-up coaching (largely ineffectual in producing practice change)
  - Supervisors often don’t know the practice
  - Train-the-trainer--competence tends to drop off with each step of remove from the purveyor
- Constant turnover and churning

# Another option

- Capitalize on what is held in common across effective approaches
  - Common elements or “bits” of intervention (what to do)
  - Common factors or relationship/interpersonal aspects (how to do it)
    - Build engagement and alliance, which robustly predicts outcomes in mh treatment (including youth MH)
- “Modular” approaches— particularly in childrens’ MH
- For Pathways’ population, primary focus for young people required a recovery/ rehabilitation approach versus clinical approach more narrowly

# What are key features of effective approaches for working with emerging adults with SMHCs?

Based on research reports, reviews, expert consensus statements

- Person-centered planning based on YP's perspective
- Incorporates and builds on strengths
- Fosters connections to positive people and community contexts
- Supports/motivates skill building
  - Self-determination skills
  - Skills to function in positive relationships/contexts



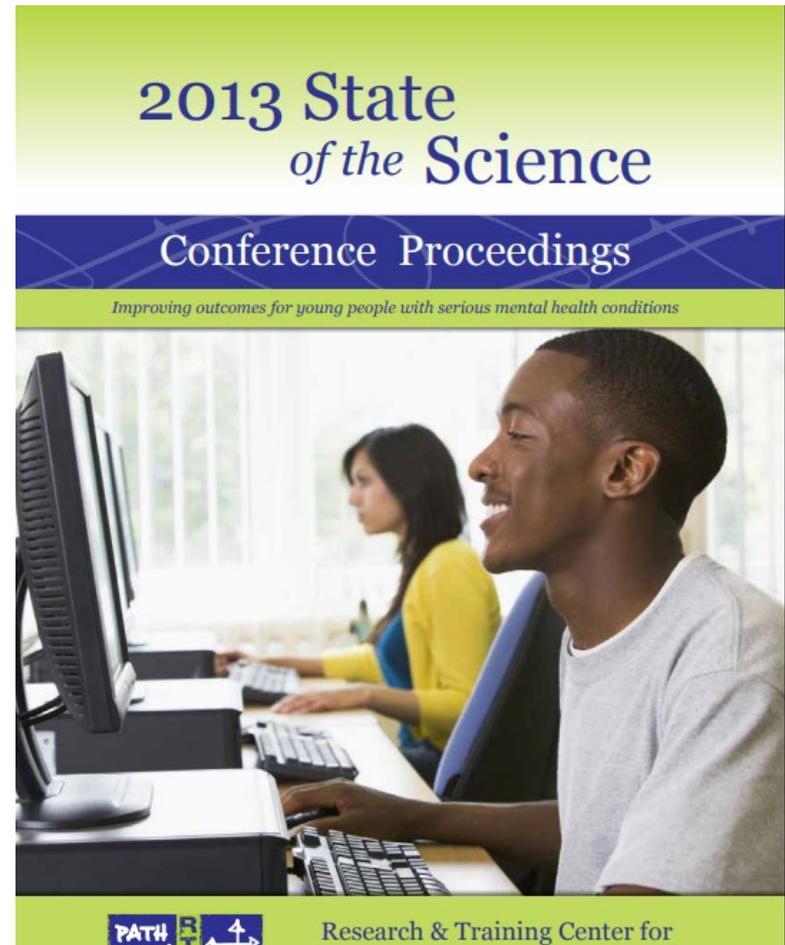
\*Walker, J.S. (2015). A theory of change for positive developmental approaches to improving Outcomes among emerging adults with serious mental health conditions. Journal of Behavioral Health Services & Research, 42(2), 131-149.

# Common factors/ common elements approach

- What to do (elements):
  - Facilitate person-centered planning
  - Teach self-determination skills
  - Support activity in the community
  - Promote positive connections to “contexts” and people
  - Support acquisition of skills to function in “contexts”
- How to do it (factors):
  - elicit and build on young people’s perspectives
  - “re-moralize,” build confidence and self-efficacy
  - “motivational” approach to building connections and skills (may be through accessing MH treatment/therapies)
- These factors/elements were incorporated into two randomized studies proposed in 2009
- Each study developed through participatory research with young people who had been heavily system involved.
  - Better Futures
  - Achieve My Plan
- Also a focus of qualitative research and theory development
- Validated through a process of structured stakeholder review

# Common factors/ common elements approach

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  - elicit and build on young people’s perspectives
  - “re-moralize,” build confidence and self-efficacy
  - “motivational” approach to promoting connections and skill



# Better Futures

- Aimed to improve transition to college/post-secondary training among youth with SMHCs and history in foster care
- Based in shared elements/ factors, incorporated near-peer support/coaching, YA advisory group
- RCT favored intervention (6 months post-) vs ILP+
  - Post-secondary participation, hope, mental health empowerment, self-determination



Phillips, L., Powers, L. E., Geenen, S., Schmidt, J., et al. (2015). Better Futures: A Validated Model for Increasing Postsecondary Preparation and Participation of Youth in Foster Care with Mental Health Challenges. *Children and Youth Services Review*, 57, 50-59.

# Project FUTURES

- RCT wrapping up now
- Aims to improve college retention and engagement among foster/former foster young people with SMHCs
- Model retains shared factors/elements, focus on college context
- Includes near-peer coaching/mentoring, network of college “champions,” YA advisory
- Preliminary results are positive for intervention



This brief shares best practices learned on the *Project Futures* research study being conducted at *Portland State University* and local community colleges in Portland, Oregon. The study is testing evidence-based mentoring strategies for underserved students, in this case college freshmen with lived experience in foster care and with mental health stressors. Campus-based mentoring is an increasingly popular strategy to better support under-represented students, who in addition to navigating the typical challenges of college life, may face additional barriers to student success, such as:

- Homelessness or housing instability and/or financial insecurity with no safety net,
- Mental health and trauma,
- Starting college academically behind their peers, or
- Lack of belonging or difficulty finding ways to engage with peers and community.

To learn more about addressing the needs of these under-represented students, *Project Futures* provided one-on-one near-peer mentoring. This approach is based on previous research<sup>1</sup> showing that such students respond well to coaching by near-peer mentors, with similar lived experience, who are trained to help them identify and work towards academic and social goals.

To better connect participants to additional campus resources, *Project Futures* introduced the *Campus Champions* model for training faculty and staff across campus to support underserved students. Students report that having access to people who understand their lived experiences helps them to be more successful in school. Findings so far suggest that combining these two strategies – near-peer mentoring plus access to trained faculty and staff – provides a uniquely accessible network of support to underserved students, such as those with foster care experience and mental health stressors.

*Findings so far suggest that combining near-peer mentoring with access to trained faculty and staff provides a uniquely accessible network of support to underserved students, such as those with foster care experience and mental health stressors.*

1. Phillips, L.A., Powers, L.E., Gaenen, S., et al. (2015). Better Futures: A validated model for increasing postsecondary preparation and participation of youth in foster care with mental health challenges. *Children and Youth Services Review*, 57(7), 50-59; Gaenen, S., Powers, L.E., Phillips, L.A., et al. (2015). Better Futures: An randomized field test of a model for supporting young people in foster care with mental health challenges to participate in higher education. *The Journal of Behavioral Health Services & Research*, 42(2), 150-171.



# Achieve My Plan

- Explicit goal to capitalize on common factors/ elements to enhance providers' skills to work in an engaging and developmentally appropriate way.
- RCT with young people (15-18) participating in Wraparound model of team-based treatment planning and care coordination
- Developed through participatory process

[This is an Accepted Manuscript of an article published by Springer in *Journal of Child and Family Studies* on May 3, 2017, available online: <http://link.springer.com/article/10.1007/s10826-017-0738-0>]

## Increasing Youths' Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound

Janet S. Walker, Celeste L. Seibel, & Sharice Jackson

### Abstract

Wraparound is a frequently implemented approach for providing individualized, community-based care for children and adolescents with serious mental health conditions and, typically, involvement in multiple child- and family-serving systems. Both Wraparound's principles and its theory of change stress the importance of youths' active participation throughout. However, research focusing on the experiences of youth in Wraparound indicates that they are often not particularly engaged in the process or participating actively with their teams, and the findings point to a lack of alliance between the young people and their teams. This article describes a randomized study testing the Achieve My Plan (AMP) enhancement for Wraparound, which is intended to increase young people's satisfaction, active engagement and self-determined participation in Wraparound, as well as their alliance with the team. Study findings showed that, relative to youth who received "as usual" Wraparound, young people who received Wraparound with the AMP enhancement participated more—and in a more active and self-determined manner—with their teams. They also rated their alliance with their Wraparound teams significantly higher. Furthermore, adult team members in the intervention condition rated team meetings as being more productive, and they were more likely to say that the AMP meetings were "much better than usual" team meetings. Findings support the idea that it is possible—using a low-cost, low-"dose" intervention—to enhance young people's self-determination and their engagement in Wraparound without detracting from team functioning or the satisfaction of other team members.

### Introduction

Wraparound is a frequently implemented, comprehensive approach for planning and providing individualized, community-based care for children and adolescents with serious mental health conditions and, typically, involvement in multiple child- and family-serving systems (Walker et al. 2008). According to estimates from the most recent state survey (Sather and Bruns 2016), Wraparound is now available in almost every state, with at least 75,000 young people and their families enrolled in close to 700 Wraparound initiatives in the United States. The

core work of Wraparound is carried out by a team that includes the child and family members, service providers that work with the child and family, and people from the family's network of social support (Bruns et al. 2010). The work of the Wraparound team is typically facilitated by a Wraparound care coordinator, who is responsible for ensuring that team members work together collaboratively to develop, implement, and monitor an individualized plan of care that coordinates and adjusts services and supports for the child/youth and family.

Increasing Youths' Participation in Team-Based Treatment Planning: The Achieve My Plan...

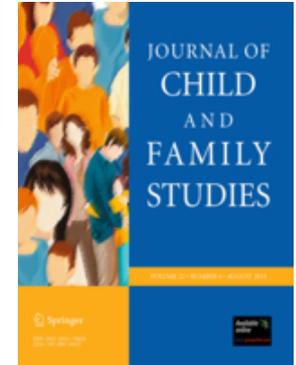
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Walker, J. S., Seibel, C. L., & Jackson, S. (2017). Increasing Youths' Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound. *Journal of Child and Family Studies*, 26, 1-11.



# Why enhance practice?

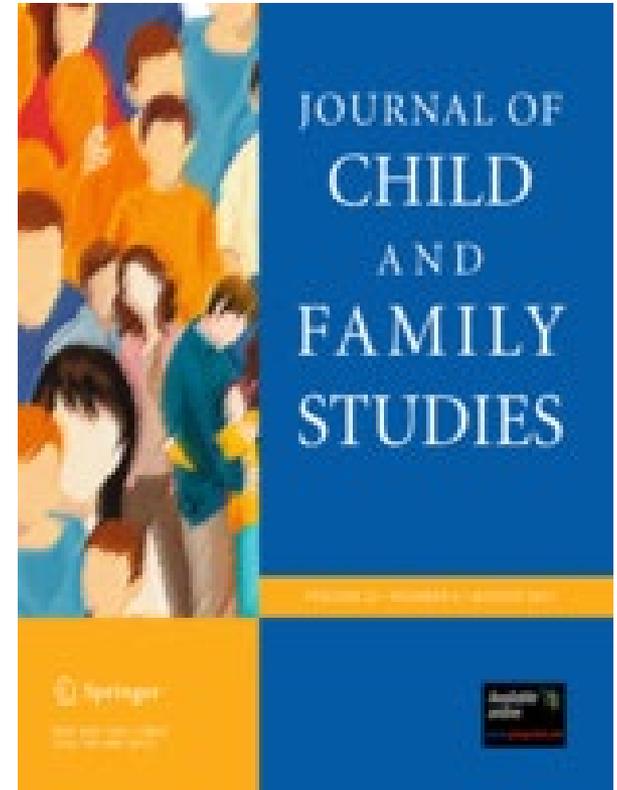
- Engagement and retention are challenging
- Providers unclear about how to implement the elements\*
  - Person-centered planning/ strengths-based approach lack structure/definition
- Planning processes don't appear to be driven by Y/YA perspectives
  - Young people often not engaged
    - IEP, Systems of Care, Wraparound
  - Professionals also dissatisfied with level of/skills for Y/YA engagement and participation
- Ongoing data gathering reinforces the need



\* Walker, J. S., & Flower, K. M. (2016). Provider Perspectives on Principle-Adherent Practice in Empirically Supported Interventions for Emerging Adults with Serious Mental Health Conditions. *Journal of Behavioral Health Services & Research*, 43(4), 525-541.

# AMP RCT

- Young people received Wrap with AMP vs Wrap “as usual”
- Intervention was delivered by near-peers, about 2/3 with extensive system experience
- Findings strongly favored the intervention condition
  - Participation, engagement, alliance with treatment team; meetings more productive and “better” (youth /team members)



Walker, J. S., Seibel, C. L., & Jackson, S. (2017). Increasing Youths' Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound. *Journal of Child and Family Studies*, 26, 1-11.

# AMP+ (now “PLUS”)

- Skills enhancement for young adult peer support providers and their supervisors
- Build clarity around the role; and specificity and skill around practice focused on integrating elements/factors
  - Quite similar to AMP/Futures but explicit focus on “peerness”
- Training delivered or co-delivered by peers, “remotely” over 4 month period with individualized coaching
- Findings:
  - High satisfaction PSS/supervisors; PSS could use modules/elements with fidelity
  - Pre- post- improvement in PSS skills in each area as assessed by video and self-report
  - Significant decrease in PSS’ work anxiety

*This paper is part of the 2018 State-of-the-Science Series from the Research & Training Center for Pathways to Positive Futures.*

## The AMP+ Skills Enhancement Training for Peer Support Providers

*By Janet Walker, Caitlin Baird & Mary Beth Welch*

The existing research literature identifies a number of key challenges to successful implementation of the Peer Support Specialist (PSS) role for youth and young adults with serious mental health conditions. Among the top challenges are a lack of clarity regarding the role and its specific activities, and a lack of high-quality, developmentally appropriate training and coaching to support the role.

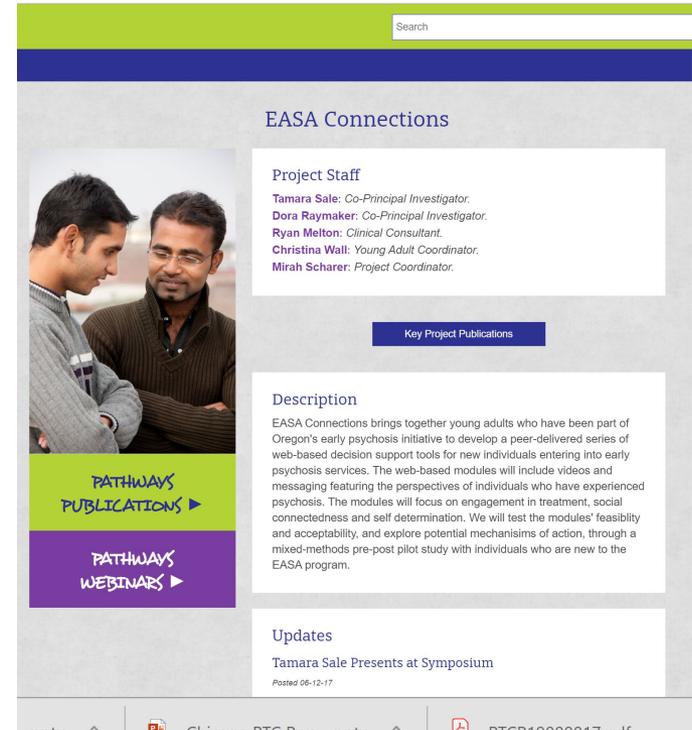
Pathways RTC is exploring a response to these challenges by developing and testing an enhancement for the youth/young adult peer support role called AMP+. AMP+ is intended to be an “enhancement” that complements other, more general trainings that PSSs may have received. AMP+ focuses on building skills that PSSs need to support young people as they identify and carry out goals, plans, and activities in the community. AMP+ responds to the challenges noted above by providing a class model for teaching

AMP+ is an adaptation and extension of the empirically-supported Achieve My Plan enhancement (i.e., “original” AMP) that is designed to be implemented by (non-peer) providers who work with youth and young adults to build self-determination and create person-centered plans (e.g., transition, treatment, Wraparound or other types of service/support plans). A randomized study showed that AMP was effective in building youths’ self-determination skills, engagement, and participation and alliance with the



# EASA Connections

- Study wrapping up
- Developed through participatory process
- Web-based decision support tools for new individuals entering into early psychosis services
- Tools are peer-delivered



The screenshot shows the EASA Connections website. At the top is a search bar. Below it is the title "EASA Connections". To the left is a photo of two men talking. To the right of the photo is a "Project Staff" section listing: Tamara Sale: Co-Principal Investigator, Dora Raymaker: Co-Principal Investigator, Ryan Melton: Clinical Consultant, Christina Wall: Young Adult Coordinator, and Mirah Scharer: Project Coordinator. Below this is a "Key Project Publications" button. Further down is a "Description" section with text about the program's goals. At the bottom is an "Updates" section with a link to "Tamara Sale Presents at Symposium" dated 08-12-17. At the very bottom, there are navigation icons and a footer with "PATHWAYS PUBLICATIONS" and "PATHWAYS WEBINARS" buttons.

# Effective training and coaching

- Used video/feedback process to train young people as coaches to implement Futures/AMP
  - 6-8 weeks of training
- Process incorporated elements of evidence-based practice-focused staff development:
  - observation of practice (either live or via audio- or video recording)
  - provision of feedback in a manner that is
    - connected to the intervention theory and
    - based on objective criteria
  - repeated until specific benchmarks achieved

(Dorsey et al., 2013; Kolko, Baumann, & Davis, 2010; Milne, Sheikh, Pattison, & Wilkinson, 2011; Garland, 2013; Herschell, 2014)



# Practice Change in Real-World Settings

## High quality coaching

- Live or video “observation”
- Feedback is relevant and objective
- Continues over a period of months

## Practice with feedback

- Behavioral rehearsal
- Demonstrate skill in controlled setting

## Exposure to new information

- Increased knowledge, favorable attitudes

# Training alone is not enough

- Training alone did not result in practitioner behavior change. We recommend that training no longer be used as a stand-alone implementation strategy.
- ...workshops and manuals are insufficient in producing significant change in providers' skills or clients' outcomes

# Why Observation is so Important...

- “Unskilled and Unaware”– Dunning-Kruger effect
- People are extremely inaccurate reporters on their own skill



# Virtual Coaching Platform (VCP)

- Trainees can log on to VCP and *watch examples of actual practice* (both good and not so good)
- VCP allows users to submit video of *actual practice* for trainers to review.
- Trainers *observe* practice and provide direct feedback regarding specific techniques.
- Trainers then generate a *feedback* report and create clips of strengths and improvables for users to view.
- Trainer provide specific *coaching* related to strengths and improvables.
- Remote training makes it easier to spread training over time and move from basic to advanced skills with coaching

# Virtual Coaching Platform

AMP

Admin

Workflow

Clips

Users

Preparations

Files

1 2 3 4 5 6 7 8 9

strengths example (scored by Janet Walker)



Theme: Youth Driven 

Not Observed

present

Theme: Strengths 

Not Observed

Present

Theme: Positive Connection to People and Community 

Not Observed

Present

Theme: Expanding Skills and Promoting Discovery 

Not Observed

Present

Theme: KIOT/Guiding 

Not Observed

Present

Save & Continue to Next Segment

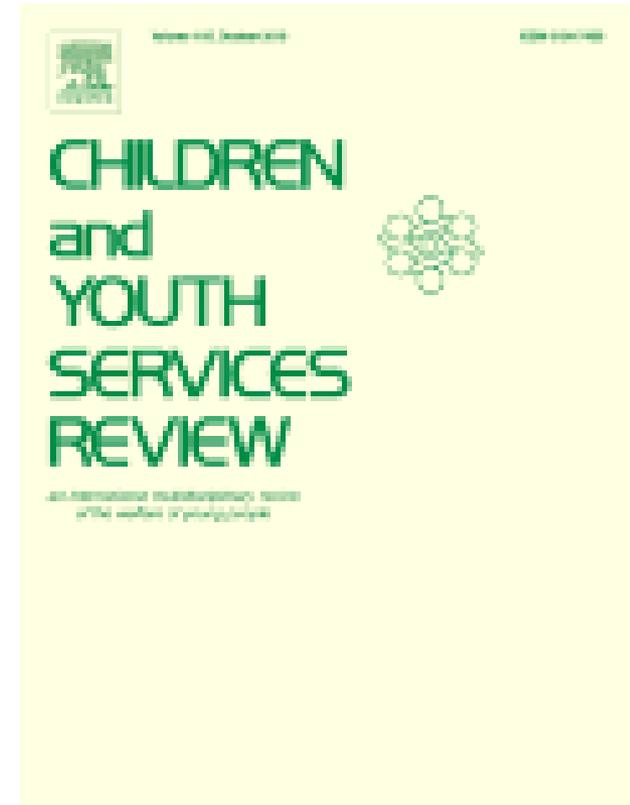
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Finish

Toggle Choice Labels

# “Remote” training and coaching

- Used to train AMP+ PSS and CCs implementing “regular” AMP.
- Four month process
  - Eight web conferences
  - Eight video uploads and feedback calls
  - Homework on VCP
  - Quiz, benchmarks to pass
- High satisfaction, skill acquisition (self report and video coding)
- Time (~20-14 hrs) and cost (~1800pp) comparable to 4-day training to a central state location (no coaching etc.)



Walker, J. S., & Baird, C. (2019). Using "Remote" Training and Coaching to Increase Providers' Skills for Working Effectively with Older Youth and Young Adults with Serious Mental Health Conditions. *Children and Youth Services Review*, 100, 119-128.

# Comics and e-learning tools...

- From the perspectives of youth and young adults
- Aimed at key do's and don'ts in services and supports
- Engaging, fun
- Easy to integrate into professional development activities
- Primary focus on everyday life (“community integration”)
- Treatment, diagnosis may come up but is not the starting point





Pathways comics are created by and for young adults and the people that care about them. To start the story at the beginning, read the older comics (at the bottom) first.

- “Natural Support” touches on
  - The importance of asking for help
  - Identifying natural supports
  - Roleplaying as a way to practice asking for help
  - What asking a natural support for help can look like
  - How a supportive pet can help



Jarvis, Dog



Mike, Good guy, neighbor, ally



- “Not so good” touches on
  - Stigma
  - Unhelpful therapy/services being pushed on a young person
  - Respect for young person’s decisions
  - The shock of having your mental health discussed without you
  - Positive power of humor, exercise and pets

- “Some afternoons” touches on
  - Meeting people where they’re at
  - Being understanding when someone turns down an offer of help
  - Positive power of humor, friendship and pets
- Introduces the idea of a peer-run drop-in center



# e-Learning tools

Intended to provide engaging, thought-provoking experiences that can be easily integrated into trainings, staff meetings or other professional development activities.

May also be used by individuals seeking an engaging learning experience.

## AMP E-Module: Youth-Driven Conversation – Avoiding Some Common Mistakes

This interactive module will enhance learners' skills with effective interviewing techniques by helping them examine conversational patterns, relationship-building, framing, and methods to enhance self-determination.



**Youth-Driven Conversation: Avoiding Some Common Mistakes**

This exercise depicts a young person and a provider having a conversation. At various points, you will be asked to choose among options for what the provider says to the youth. For the purposes of the exercise, please identify the two worse responses first. Before you click on one of the not-so-good responses, try to formulate a specific reason why the response is not optimal. Then you can compare your reason to the reasons provided in the exercise. After you have tried both of the not-so-good responses, select the best option and continue the conversation.



[Start Course](#)

[View Module \(Web Page\)](#)

## E-Module: Youth-Driven Conversation: Avoiding Some Common Mistakes

[Study Guide](#)

### What is the Point?

It takes skills to facilitate a conversation that promotes another person's perspective and position. This can be particularly true of conversations that are intended to be youth- or young adult-driven. Our providers who have youth-driven practice can understand more their own assumptions, into conversations with young people. This can be especially true if the provider has not seen how the youth-driven practice is used or outside observers, but the impact can still be significant.

When supporting young people to identify themselves, make a plan, or set an agenda, it is easy for providers to identify the common traps that take the conversation away from being youth-driven. These include leading the conversation one's own way, making suggestions, offering advice, favoring one of the young person's ideas, and doing leading questions. Though all of these may come with the intention of helping or supporting the young person, they are all methods that disconnect the relationship between the young person and the provider and limit the young person's opportunities to build skills and confidence in the long term.

Regardless of a provider's intentions, young people will not see or feel the skills message beyond leading questions, suggestions, or advice from providers. When a provider makes a suggestion instead of giving a young person the space to develop their own ideas, the young person may get the impression that their voice is not valued or that the provider sees them as incapable of formulating their own solutions.



**Youth-Driven Conversation: Avoiding Some Common Mistakes**



[Start Course](#)

Remember to consider:

Furthermore, the provider is sending the message that they have more knowledge or expertise than the young person and the young person may feel that the provider's suggestion is not their own. If the provider makes a suggestion without taking the time to explore the situation with the young person, the young person may feel respect for the provider when the suggestion seems unrealistic or not based on the young person's information. They may feel that the provider is not listening to their own ideas and that their own ideas are not valued or that they are being marginalized.

It is important for providers to be mindful of this "Cultural effect" – that is, the importance of

<https://www.pathwaysonline.org/learning-tool>

[Download Study Guide \(PDF\)](#)



...I'm stressing out about what classes to take and I really need to get that figured out. I don't want to take any classes I don't need.



*Click the responses below (save the best response for last)!*

Ugh yes, I remember in my last term of college I found out about a class that was required for my major and I didn't even know about it. What do you think could help with figuring out the class situation?

It's pretty easy to go on the college website and see what you need to take to graduate.

I'm hearing that you're stressed out. Why do you think that is?



# Not-so-good response and “diagnosis”



Do you think I'm stupid? I already tried that.

Provider is offering a suggestion before exploring more about what Gerald has already tried or his ideas for other strategies.

Continue

?

◀



# Acknowledgments/Funders



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