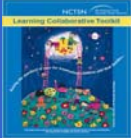


An Overview of the Learning Collaborative Model for the Adoption and Implementation of Evidence-Based Child Trauma Treatment




Jan Markiewicz, M.Ed.
Lori Ebert, Ph.D.
Lisa Amaya-Jackson, MD.
National Center for Child Traumatic Stress
Duke University Medical Center • Durham, NC

NCTSN The National Child Traumatic Stress Network

The Challenge: Making Best Practice Usual Practice

- Over the past 10 years, tremendous progress has been made in the development of evidence-based practices (EBPs) for child trauma.
- However, the challenge of adapting and broadly adopting these practices by community agencies who serve traumatized children remains.



2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network

Learning from Improvement Science and Implementation Models in Healthcare

- Quality Collaboratives¹:**
 - Designed to close the gap between actual and best practice
 - Bring together groups of practitioners from different organizations
 - Series of meetings to learn about best practice, about quality methods and to share experiences making improvements
 - Improve practice by testing and implementing changes quickly across organizations
- Learning Collaborative methodology informed by:**
 - Institute for Healthcare Improvement (www.IHI.org)
 - National Initiative for Children's Healthcare Quality (www.NICHQ.org)
 - Casey Family Programs (www.casey.org)
 - Center for Healthcare Quality (www.centerforhealthcarequality.org)

¹Ovretveit, J., Bate P., Cleary, S., Cretn D., Gustafson, K., McInnes H. et al. (2002) Quality collaboratives: lessons from research. *Quality and Safety in Health Care*, 11, 345-351.

NCTSN The National Child Traumatic Stress Network 2009, NCCTS and Duke EBP Implementation Center

Model Development

- Regional Learning Communities**
 - Organizations came together to receive training in a child trauma EBP
 - Training enhanced through:
 - Fostering collaboration across agencies
 - Application of adult learning principles
- NCTSN Breakthrough Series Collaborative**
 - Application of Institute for Healthcare Improvement's Breakthrough Series Collaborative model² to support full adoption and spread of a child trauma EBP - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
 - Focus on broad implementation of practice with fidelity, not basic training.
 - Emphasis on:
 - Organizational change and engagement
 - Training in and application of improvement methods
 - Cross-site collaboration - sharing of improvement strategies and lessons learned to accelerate progress

²Institute for Healthcare Improvement, (2003). *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Author.

NCTSN The National Child Traumatic Stress Network 2009, NCCTS and Duke EBP Implementation Center

Formative Evaluation of NCTSN BSC


- Twelve NCTSN sites participated in BSC - Sites selected based on self-described organizational readiness and prior training in TF-CBT.
- Over the course of nine months, approximately 485¹ children received TF-CBT from participating clinicians.
- By the end of the collaborative, more than 70¹ clinicians were providing TF-CBT according to the model; represents an 85 percent increase over number providing prior to BSC.
- Approximately 30¹ supervisors were trained in model specific supervisory skills; number of sites offering regular supervision in TF-CBT increased from 5 to 10.

¹11 of 12 sites reporting

NCTSN The National Child Traumatic Stress Network 2009, NCCTS and Duke EBP Implementation Center

Learning Collaborative Model

- Adaptation of the IHI's Breakthrough Series Collaborative.
- Designed to support successful adoption of child trauma evidence-based practices (EBPs) through:
 - Clinical competence via high quality training in the practice +
 - Implementation competence via a methodology developed to disseminate and adapt best practices.



2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network



NCTSN Learning Collaboratives

Collaborative (dates LS1-LS3)	Sites Trained (NonNCTSN)	Target Clinical Groups/Settings	Therapists Providing	Clients Receiving [‡]
SPARCS (10.06-5.07)	8 (4)	Adolescent in shelters, residential treatment, school & clinic-based treatment	39	105
OPPI (10.06-6.07)	4 (1)	Young children (0-5) exposed to family violence and their primary caregivers	18	49
Western TF-CBT (2.07-9.07)	8 (3)	Youth in shelters, residential treatment, home & clinic-based treatment	26	158
Eastern TF-CBT (3.07-10.07)	10 (3)	Youth in residential treatment, home & clinic-based treatment	52	141
National TF-CBT* (3.08-12.08)	11 (3)	Youth in residential treatment, foster care, home & clinic-based treatment	54	207
National OPPI* (6.08-3.09)	11 (2)	Young children (0-5) exposed to family violence and their primary caregivers	38	99
National CBITS* (8.08-4.09)	5 (1)	School-based treatment for youth (11-15) exposed to traumatic stressors	51	259

[‡] Only includes cases that were continuing or completed treatment at last report (i.e. "drop-outs" excluded).
* Current learning collaborative; report of clients receiving treatment ongoing.

2009, NCCTS and Duke EBP Implementation Center

Essential Components of a Learning Collaborative from NCCTS Guidelines for Conducting a Learning Collaborative⁹

WARNING TO CONSUMERS: DON'T TRY THIS AT HOME!

Copyright © Ebert, L., Amaya-Jackson, L., Markiewicz, J., Burroughs, J. (2008). The NCCTS Learning Collaborative Model for the Adoption & Implementation of Evidence-Based Mental Health Treatments: NCCTS Guidelines for Conducting a Learning Collaborative. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress and Duke University Evidence-Based Practice Implementation Center.

2009, NCCTS and Duke EBP Implementation Center

Model for Improvement¹

- **Collaborative Goals Framework** – Guidelines for successful adoption and implementation of the practice developed by experts in the field.
 - Specifies collaborative mission and goals
 - Provides guidelines for achieving mission and goals
- **Monthly improvement metrics** – Simple measures used to guide participating organizations efforts to the adopt the intervention.
 - **Primary purpose:** Participating agencies (teams) use metrics measure progress toward collaborative goals and mission.
 - Metrics help agencies gauge whether organizational and practice changes are helping them meet their goals.
 - Faculty use metrics to inform collaborative activities.

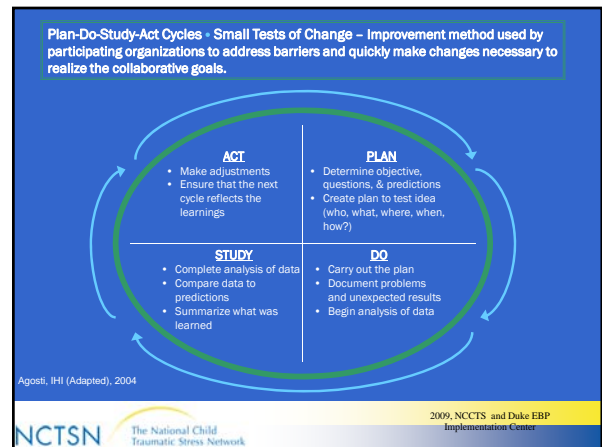
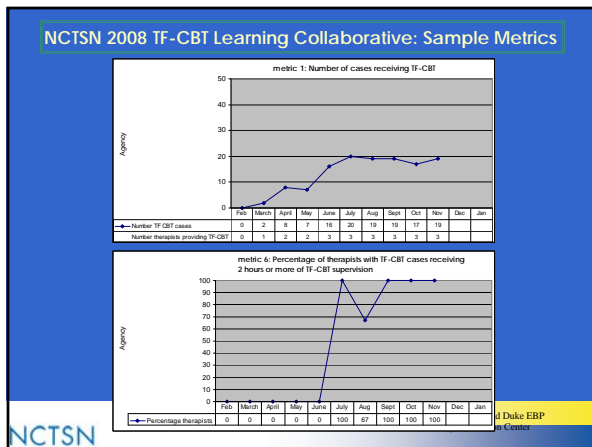
¹Langley, G.J., Nolan, K.M., Nolan, T.W., Norman, C.L., Provost, L.P. (1996). The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. San Francisco: Jossey-Bass Publishers.

2009, NCCTS and Duke EBP Implementation Center

NCTSN 2008 TF-CBT Learning Collaborative– Metrics evaluate progress toward mission and goals of:


- **Increased use of TF-CBT**
 - Number of cases receiving TF-CBT
- **Use of standardized assessments to evaluate client progress**
 - Percentage cases receiving requisite clinical assessments
- **Implementation of TF-CBT with fidelity and skill**
 - Percentage cases continuing in TF-CBT or successfully completed
 - Mean score for skill in implementing selected TF-CBT techniques (e.g. psychoeducation, cognitive processing, trauma narrative)
 - Percentage TF-CBT sessions with significant caregiver involvement
- **Capacity to deliver ongoing training/supervision in TF-CBT**
 - Percentage of therapists receiving ≥ 2-hours of TF-CBT supervision

2009, NCCTS and Duke EBP Implementation Center



Collaborative Leadership Team

- Leadership Team – Designs and implements the collaborative. Includes faculty and staff responsible for coordinating collaborative activities. Requires:
 - Expertise in the intervention (treatment developers or trainers)
 - Experience delivering the intervention in comparable settings
 - Experience in roles essential to implementing and sustaining the practice, including agency leadership
 - Expertise in implementation science or prior experience with the learning collaborative model
 - Expertise in training, including principles of adult learning
 - Project manager to plan and coordinate collaborative activities




2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network

Collaborative Teams




- Collaborative Teams – Groups of individuals from multiple organizations selected to participate in the collaborative.
 - Teams complete a written application that describes the collaborative and specifies expectations for participation.
 - Teams represent organizational roles and functions necessary to implement the intervention with fidelity and sustain it including senior leadership, clinical supervisors and clinicians.
 - 5-12 teams, with a minimum of 25 participants, are selected to participate.



2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network

Collaborative Structure

Pre-work Phase – Activities conducted prior to the first face-to-face meeting to ensure that all teams are adequately prepared for full participation in the collaborative.

Learning Sessions – Teams and faculty meet for three two-day “learning sessions” (face-to-face meetings) over a period of 9 to 12 months.


Action Periods – Activities and resources offered between learning sessions are designed to support the growth of both clinical competence in the intervention and the capacity to use and sustain it.

2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network

Guidelines for Learning Sessions


- Agendas crafted to address development of clinical competence necessary to skillfully deliver the intervention with fidelity and development of implementation competence necessary to broadly provide, adapt and sustain it.
- Sessions emphasize interactive, participatory learning techniques modeled on adult learning principles.
- Teams meet together for purposes of team building, to provide time and structure to address barriers and for sustainability planning.
- Design promotes engagement and collaboration across teams (e.g. participants in comparable roles at different organizations meet to share information and address common challenges, teams intermingle for activities.)
- Design engages senior leaders in task of implementing and sustaining intervention. Where practicable a senior leader track is offered at each learning session, with senior leader participation in Learning Session 2 a priority.




2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network

Guidelines for Action Periods




- Regular faculty-facilitated conference calls. Calls have a structured agenda and provide opportunities for teams to share challenges and solutions. Include:
 - Monthly (or biweekly) calls for all collaborative participants – Focus on developing competence in the intervention (e.g. engaging families, adapting the intervention for a particular cultural group) and addressing barriers to successful implementation.
 - Monthly calls for clinical supervisors – To enhance supervisors’ competence in the intervention and develop supervisory skills.
 - Bimonthly calls for senior leaders – To foster implementation competence and capacity to sustain the intervention.
- Monthly improvement metrics used to guide teams’ efforts in their local settings and collaborative activities.
- Collaborative Intranet used to support teaching, promote collaboration and share resources.



2009, NCCTS and Duke EBP Implementation Center

NCTSN The National Child Traumatic Stress Network


Applying Learning Collaborative Methodology within System of Care



A recently funded System of Care (SOC) grant, Alamance Alliance for Children and Families (AACF), will be utilizing this methodology to promote the successful adoption of wraparound practice and targeted early childhood clinical interventions over the course of the grant. AACF will promote the mental health and social and emotional well-being of children ages 0-5 with serious mental health needs and their families by developing a comprehensive early childhood SOC.

2009, NCCTS and Duke EBP Implementation Center

What Makes Learning Collaboratives and SOC a Good Fit?

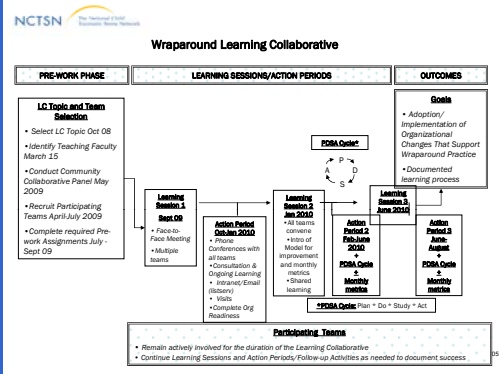


The Learning Collaborative methodology integrates many strategies that build on System of Care values and principles.

- Diverse composition of faculty and teams. Includes family members, direct service providers, supervisors, senior leaders, community partners and leadership.
- Respectful engagement of all participants and their strengths in the Collaborative as contributors, problem-solvers and innovators.
- Promotes creative, adaptive response to implementation barriers based on the community, child/family needs and culture.
- Engages all participants in a shared vision of creating a System of Care for young children and their families.
- Gathers data on implementation and creates a method for feedback and focus on improvement for all members of the Learning Collaborative.

2009, NCCTS and Duke EBP Implementation Center

Wraparound Learning Collaborative



The flowchart is divided into three main sections: PRE-WORK PHASE, LEARNING SESSIONS/ACTION PERIODS, and OUTCOMES. The PRE-WORK PHASE includes 'LC Topics and Team Selection' with steps like selecting a topic, identifying faculty, and recruiting teams. The LEARNING SESSIONS/ACTION PERIODS section shows a cycle of 'Learning Sessions' (1, 2, 3) and 'Action Periods' (1, 2, 3) with specific activities like face-to-face meetings, conferences, and implementation of a model. The OUTCOMES section lists 'Goals' such as 'Adaptation/Implementation of Organizational Changes' and 'Documented Learning Process'. A 'Participating Teams' box at the bottom states they remain actively involved and continue learning sessions as needed.

2009, NCCTS and Duke EBP Implementation Center

Evaluation

The effectiveness of this effort will be evaluated through a combination of methods inherent to the LC process and SOC National Evaluation.

- Monthly Metrics will provide data describing the progress of teams towards achieving Collaborative Goals. Metrics follow directly from the collaborative mission and goals including one or more indicators of a) use of the intervention or practice; b) supervisory capacity; and c) skill or fidelity and other identified indicators of progress. (NCCTS/ Duke Evidence-Based Practice Implementation Center, 2008).
- Child and Family Outcome Data will provide information regarding the impact of newly adopted interventions and practices on the children and families being served.
- Overall LC Evaluation will provide process evaluation of the learning collaborative (e.g. via questionnaires or focus groups) conducted to facilitate continuous improvement of the model.

2009, NCCTS and Duke EBP Implementation Center

Conclusion

"Barriers to adoption of EBPs in community settings include inadequate training, supervision, limited resources, lack of family and youth voice informing the process, wariness of change, and challenges inherent in transforming organizational policies, procedures, and complex systems" (Fixsen et al., 2005).

AACF proposes the integration of the LC methodology that addresses barriers utilizing the strengths and assets of the community to make systematic improvements to the overall System of Care serving young children and their families.

2009, NCCTS and Duke EBP Implementation Center

References

- Alamance County Department of Social Services. (2008). *Alamance Alliance for Children and Families*. Burlington, NC: Systems of Care Grant Application.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- NCCTS/ Duke Evidence-Based Practice Implementation Center. (2008, October 30 - DRAFT). *Guidelines for Learning Collaboratives on the Adoption & Implementation of Evidence-Based Mental Health Interventions*. Durham, NC: Ebert, Amaya-Jackson, Markiewicz, Burroughs.

2009, NCCTS and Duke EBP Implementation Center