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

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.

Learning from Improvement Science and Implementation Models in Healthcare

• Quality Collaboratives:
  ▪ 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)

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 model 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.
  ▪ Emphasizes 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

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 486 children received TF-CBT from participating clinicians.
• By the end of the collaborative, more than 70% clinicians were providing TF-CBT according to the model; represents an 85 percent increase over number providing prior to BSC.
• Approximately 30 supervisors were trained in model specific supervisory skills; number of sites offering regular supervision in TF-CBT increased from 5 to 10.

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 adopt best practices.
Collaborative Goals Framework – Guidelines for successful adoption and implementation of the practice developed by experts in the field.

- Provides guidelines for achieving mission and goals.
- Monthly improvement metrics – Simple measures used to guide participating organizations efforts to the adopt the intervention.
- Metrics help agencies gauge whether organizational and practice changes are helping them meet their goals.
- Faculty use metrics to inform collaborative activities.

- 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.
  - Primary exposure: 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.

Plan-Do-Study-Act Cycles – Small Tests of Change – Improvement method used by participating organizations to address barriers and quickly make changes necessary to realize the collaborative goals.

- Make key agreements - Ensure that the data collection process reflects the learnings.
- Determine metrics, processes, & outcomes - Create plan to test idea (who, what, when, where, why, how?)
- Document predictions and unexpected results - Formulate idea into testable hypothesis.
- Begin analysis of data - Carry out plan - Document predictions and unexpected results - Formulate idea into testable hypothesis.

Model for Improvement

- Increased use of TF-CBT
- Number of cases receiving TF-CBT
- Use of standardized assessments to evaluate client progress
- Percentage cases receiving routine 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 of 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

Plan-Do-Study-Act Cycles – Small Tests of Change – Improvement method used by participating organizations to address barriers and quickly make changes necessary to realize the collaborative goals.
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

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.

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.

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, adopt 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.

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.
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.

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.
- Setting clear goals for implementation and creates a method for feedback and focus on improvement for all members of the Learning Collaborative.

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) process capacity, and c) skill or fidelity and other identified indicators of progress. (NCCTS/Duke Evidence-Based Practice Implementation Center)

- 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.

References