

# Adoption and Implementation of Trauma-Focused Cognitive Behavioral Therapy Breakthrough Series Collaborative

## Part I

### *Application Information*

#### Section 1. Background and Overview

The goal of the National Child Traumatic Stress Network (NCTSN) is to improve the quality, effectiveness, provision, and availability of therapeutic services delivered to all children and adolescents experiencing traumatic events. The Network works to develop and disseminate effective evidence-based treatments for child trauma; collect data for systematic study; and help to educate professionals and the public about the effects of trauma on children. The NCTSN is a groundbreaking effort that blends the academic best practices of the clinical research community with the wisdom of front-line community service providers.

In order to achieve its overall goal, the Network is sponsoring a Breakthrough Series Collaborative (“Collaborative” or “BSC”) focused on the Adoption and Implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This BSC will include roughly 15 Network sites that are committed to providing TF-CBT with sufficient fidelity in order to appropriately serve and improve outcomes for children and families. Participating sites are committed to testing small, rapid changes that are quickly implemented to accomplish this goal. These sites will share their adoption and adaptation successes and learnings in real time to further accelerate their achievement of improved outcomes.

Each selected site will put together a **five to ten member** team that includes clinicians, supervisors, agency administrators, and may also include trainers, family members or consumers, and community partners. The teams will work together to make changes and implement new systems over the course of one year. Teams will come together for three, two-day Learning Sessions and with the support of a national BSC faculty will be expected to study, test, and implement the latest knowledge and evidence available and measure the impact of these changes between the Learning Sessions. The teams will be expected to contribute to knowledge building and the exchange of strategies across the collaborative.

**Please review the Change Package in Appendix 1** as you prepare your application. This Change Package will serve as the foundation for this BSC. It is intended to guide the work of all participating teams and outline the changes and improvements that sites are expected to test through this process.

## **Application Packet Contents**

### **Part I**

Section 1. Background and Overview

Section 2. About the Breakthrough Series Collaborative (BSC) Methodology

Section 3. Collaborative Expectations

Section 4. Criteria for Team Selection

Section 5. Informational Call

Section 6. Application Checklist and Key Dates for Collaborative

### **Part II**

Collaborative Application Questions and Contact Information

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### **Part III**

Appendix 1. Change Package

## Section 2. About the Breakthrough Series Collaborative (BSC) Methodology

The BSC methodology was developed in 1995 by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API). This quality improvement method has been used extensively in the field of health care for more than ten years. Beginning in 2000, the BSC method was tested and adopted by Casey Family Programs, an operating foundation focused on child welfare. The IHI and Casey Family Programs have now led has led BSCs in over 30 different topic areas, including reducing delays and waiting times in emergency rooms; reducing Caesarean section rates; improving critical care; reducing disparities for children in child welfare; and supporting kinship care

The BSC is a specific quality improvement method that is designed to enable participating teams to make dramatic improvements in a focused practice topic over a short period of time. The intention of a BSC is not to create an entirely new body of knowledge. Instead it is intended to fill the gap between what has been identified as best practice and what is actually practiced in the field. Oftentimes, agency policies already reflect these best practices, but for many reasons these are not always being implemented in the actual practices of agency staff. The key to a BSC is using a variety of techniques to bridge this gap between what is known and what is done. There are several critical characteristics of the BSC methodology that help agencies and organizations quickly test and then fully implement these practices in ways that are appropriate for the individual agency as well as sustainable over time.

- 1) *All BSC work is grounded in a comprehensive Change Package* – Each BSC is based upon a nationally developed comprehensive Change Package that guides the work of the teams. The Change Package for this BSC (see Appendix I) was developed over the course of several months and included input from experts at all levels and various perspectives in the field of child trauma. This Change Package identifies five key components of an ideal system for the adoption and implementation of Trauma-focused CBT and will be used to guide agencies in testing and implementation of best practices. Rather than selecting one of these components to focus on, each team must commit to work simultaneously in all component areas to ensure complete system-wide impact. It is the synergy that occurs when working on these components simultaneously that creates maximum system improvement.
- 2) *Rapid Plan-Do-Study-Act (PDSA) cycles are used* – PDSA cycles are one of the keys to the rapid changes that are witnessed in a BSC. Instead of spending weeks, months, or years planning for massive changes, teams are encouraged to test small changes or an idea as soon as it occurs.
- 3) *Anyone can have and test ideas* – Ideas for practice and system improvement do not come only from management. Practitioners throughout the agency, supervisors, managers, families, community members, and everyone involved in the system have a great deal of experience and knowledge, and thus all have good ideas they can test.
- 4) *Consensus is NOT needed* – Instead of spending time trying to convince one another of a “better way” of practice, the BSC encourages team members to test their ideas in the field instead of simply talking about their ideas in a meeting room. Team members do not need to

agree with one another for an idea to be tested; instead the convincing comes naturally once people start to see the results of the tests.

- 5) *Changes happen at all levels (not just at the top)* – All people have valuable knowledge and expertise, whether they are the Senior Leader of the project or a family member. It is important that every person involved is willing to test and make changes.
- 6) *Ideas are “stolen shamelessly”* – This methodology is entitled the Breakthrough Series Collaborative for a very distinct reason. Each participating team in the BSC can benefit greatly from the successes and learnings of all the others. In-person meetings, a project Extranet site, and monthly conference calls present opportunities for teams to capitalize on the successes of others as well as to learn from their mistakes.
- 7) *Successes are spread quickly* – Many pilot projects begin and then remain in a pilot site, or, in other instances, once a “project” is completed, the pilot disappears. The BSC method prevents this from happening. Once a change has been tested successfully and fully implemented throughout the target site, the team is responsible for spreading that specific small change immediately throughout the entire organization and within their local communities. Lessons learned are shared between and across the agency, and each site has the opportunity to modify change strategies in order to ensure that the practice change works for the specific geographic, cultural or ethnic community being served.
- 8) *Measurement is for improvement, not for research* – Measurement is a critical aspect of the BSC methodology, as the BSC strives to gauge improvements over time. In this BSC each participating team will be required to select, track, and report on several specific improvement metrics on a regular basis. By looking at progress in these metrics each month, even when the numbers are small or not scientifically tracked, teams can tell if they are making an impact on children and families.

#### *Application to NCTSN*

Our primary goal in using the BSC approach with our Network is to promote the adoption of trauma-focused treatment practices, in particular Trauma-focused CBT, in diverse settings including Network sites and their local communities. The BSC does involve some training in TF-CBT but is more focused on encouraging team members to apply knowledge in this model, refine and develop their skills, and test changes in their particular settings. Therefore, participating teams must have received some exposure or training in TF-CBT prior to entering the collaborative and they will be encouraged and supported in identifying creative ways to continue expanding and improving their TF-CBT skills and clinical competency over the course of the BSC.

### Section 3. Collaborative Expectations

Each selected team will be expected to make widespread, systemic changes that result in the adoption and implementation of Trauma-focused CBT. Teams will do this by first focusing within a single target area. This area may be a single supervisory unit or a specific target population as determined by the site itself.

The BSC Faculty will support the sites' broader efforts of spreading the innovations from the target areas across the full site by coaching and working with the Senior Leaders in each agency.

*The Chairs, Faculty, and Planning Team of this Breakthrough Series will:*

- ❖ Teach the Breakthrough Series Collaborative methodology;
- ❖ Provide information on successful strategies for adopting and implementing Trauma-focused CBT;
- ❖ Offer coaching and mentoring to teams at and between Learning Sessions; and
- ❖ Facilitate communication between teams, faculty, and other experts.

Participating teams will design and test changes with guidance from the BSC staff, faculty, and published materials. These Core Teams will be expected to identify the critical components of successful efforts toward systemic change and will be required to track improvement metrics for success, chosen in consultation with the collaborative faculty.

*The Senior Leaders of selected teams are responsible for leading this initiative in their agencies and are expected to:*

- ❖ Have administrative responsibility within the larger organization (e.g., agency director, management staff) and the influence and authority to spread changes throughout the organization;
- ❖ Select and convene a target area and Core Team according to requirements and recommendations described in this application;
- ❖ Provide the team with the resources, including time, materials and equipment, access to local experts, and unequivocal support from agency leadership, necessary to implement the changes they choose to test;
- ❖ Attend and participate in all three two-day Learning Sessions;
- ❖ Participate in conference calls on a regular (once every two months) basis;
- ❖ Connect the BSC goals to strategic initiatives of the agency;
- ❖ Provide time for the entire Core Team to attend all three Learning Sessions;
- ❖ Hold team members accountable for initiating, maintaining, and evaluating the change processes they test;
- ❖ Facilitate the implementation of successful changes throughout the agency;
- ❖ Provide continuing opportunities to disseminate what has been learned and to continue change processes within the agency; and
- ❖ Sign a Memorandum of Agreement that formalizes the expectations stated above.

*The Day-to-Day Manager of the Core Team has the following roles and responsibilities:*

- ❖ Lead the Core Team in ensuring that the team conversation is genuine and that all voices, including those of participating family members, consumers, and community partners are heard;
- ❖ Lead the Core Team in testing changes;
- ❖ Serve as the primary team liaison to the BSC project staff and faculty;
- ❖ Submit required PDSA reports and other BSC assignments in a timely manner;
- ❖ Ensure that data, monthly reports, and lessons learned are shared with team members and agency staff;
- ❖ Attend all three Learning Sessions; and
- ❖ Update the Senior Leader on progress in the target site and team challenges in real-time.

*The entire 5-10 person Core Team is expected to actively test changes in the target site as well as:*

- ❖ Attend all three Learning Sessions (the Core Team must remain the same individuals throughout the entire project);
- ❖ Participate in the completion of the pre-work and attend the first Learning Session with clear goals for practice and system improvements;
- ❖ Ensure that family members and consumers are actively engaged as true and equal partners within the Core Team, extended workgroup, and in larger system discussions;
- ❖ Communicate regularly with other teams, BSC staff and faculty;
- ❖ Participate on BSC conference calls once per month;
- ❖ Participate in cluster calls by topic area or role (e.g., clinician, supervisor, administrator) for enhanced learning and skill building
- ❖ Participate and share learnings on the BSC Extranet as required;
- ❖ Use required improvement metrics to help assess progress and guide future improvements;
- ❖ Initiate, maintain, and evaluate the tests of change in the target site; and
- ❖ Share results of tests of change on a regular basis with the Collaborative.

*The Extended Workgroup members are expected to:*

- ❖ Actively engage in the change process to support the adoption and implementation of Trauma-focused CBT;
- ❖ Provide feedback and insight to the Senior Leader and to the Core Team about practice and policy changes and improvements;
- ❖ Use required improvement metrics to help assess progress and guide future improvements;
- ❖ Serve as vocal and active champions of this work throughout the broader community; and
- ❖ Conduct their own small tests of change in the spirit of the BSC method.

## Section 4. Criteria for Team Selection

*Teams interested in participating in this Breakthrough Series Collaborative must:*

- ❖ Have received some training or exposure to Trauma-focused CBT prior to the first Learning Session;
- ❖ Demonstrate the commitment of a **Senior Leader** to removing necessary barriers and supporting changes throughout the system. The Senior Leader must commit to:
  - Participating in regularly scheduled conference calls with the Senior Leaders of other teams;
  - Integrate the system and practice change decisions into the organizational strategic directions;
  - Meeting with the team on a regular basis;
  - Facilitating the removal of barriers that inhibit or limit tests of change as they are identified by the team;
  - Providing monthly reviews of the team’s progress;
  - Ensuring that data collection and information systems are able to respond to the team’s need for outcome data in a timely way;
  - Supporting the creativity and innovation of the team;
  - Providing an environment which supports “trial and learning”; and
  - Committing to spread the successes quickly throughout the entire agency.
- ❖ Commit to full participation of a five to ten member Core Team (including the Senior Leader) for 13 months. The Core Team must have the following expertise/experience represented among the five to nine members:
  - ♦ *Day-to-Day Manager:* This individual will oversee the activities of the target site and guide the work of the Core Team. S/he must have immediate access to the Senior Leader. This may involve a project director, manager or supervisor.
  - ♦ *Two clinicians (at minimum):* These should be individuals working directly in the target site with training in TF-CBT.
  - ♦ *Clinical Supervisor:* This should include individuals working directly with clinical staff in the target site with exposure to TF-CBT.
  - ♦ *Up to Five Additional Slots:* These slots may include trainers/training directors, family members or consumers, community partners who interact regularly with the site (e.g., representatives from child welfare or foster care agencies, other community providers), additional supervisors, and/or additional clinicians. Note that in the selection process, preference will be given to teams that include at least one community partner and/or one family member or consumer on the Core Team.
- ❖ Commit to completion of “pre-work” immediately upon selection of teams, including review of relevant materials and participation in a series of conference calls that will be conducted prior to the first Learning Session to begin the work;

- ❖ Commit to convening an extended workgroup that will meet throughout the duration of this BSC that includes additional family members, community partners, and staff. The extended group must represent the diversity of the children and families served;
- ❖ Exhibit a desire and commitment to innovate in order to improve outcomes for children and families who have experienced trauma and display a willingness to implement rapid and widespread changes in organizations and the services they provide;
- ❖ Demonstrate capacity for tracking the improvement metrics required by the BSC; and
- ❖ Ensure that all team members have regular access to and use of email and the Internet for ongoing support, information, and communication among teams.

### *Team Selection Process*

A review panel consisting of National Center, Network and SAMHSA representatives will select teams for participation in this BSC. Teams will be selected based on the combined rating of BSC application questions using criteria that include site readiness and commitment to adopting TF-CBT and to participating in the BSC process.

### *Costs Associated with Participation and Support for Teams*

The primary costs associated with participating in a BSC include the following:

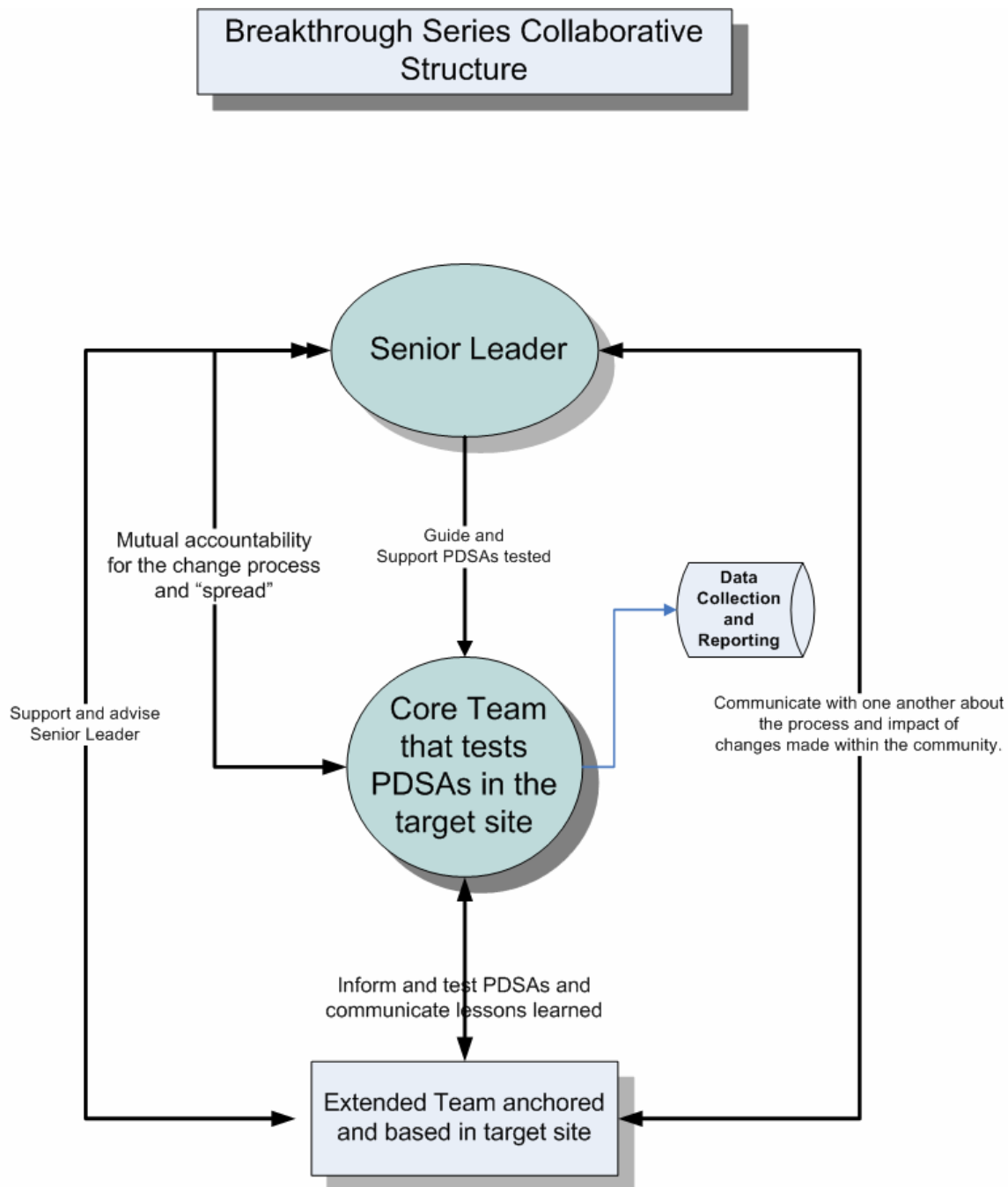
- Travel/lodging/associated expenses to participate in three two-day Learning Sessions for all Core Team members;
- Staff time to participate in the following activities throughout the 13 months BSC:
  - Completion of pre-work prior to Learning Sessions
  - Participation in three two-day Learning Sessions
  - Participation on all monthly Collaborative Calls
  - Testing of PDSAs
  - Documentation of PDSAs and learnings
  - Engagement of extended team (including monthly to bimonthly meetings)
  - Core Team meetings (typically on a weekly basis)
  - Completion of monthly reports (Day-to-Day Manager and possible data analyst/staff)
- Provision of additional resources as needed including materials, equipment, and access to local experts

Costs of participation in the BSC will need to borne, in large part, by the participating teams. However, SAMHSA has agreed to provide a one-to-one match for participation in the three Learning Sessions. That means that for every team member sent to the Learning Sessions and paid for by the team, SAMHSA will pay for the travel/transportation and lodging of one “matching” team member. In the case of even-numbered teams, the match will be exactly one-to-one. In the case of odd-numbered teams, SAMHSA will support one fewer team member than the team

supports (that is, SAMHSA will support two people for a five-person team, three people for a seven-person team, and four people for a nine-person team).

All teams participating in the BSC are responsible for supporting the costs associated with dedicated staff time described above. For teams from sites in their last year of SAMHSA funding that do not receive another grant, SAMHSA will pay for the travel/transportation and lodging for all team members to attend the two remaining Learning Sessions. The remainder of the costs of participation in the BSC must be borne by the site.

The Diagram below depicts the relationship between BSC participants:



## Section 6. Informational Call

All prospective applicants have the option to participate in an information call to learn more about the BSC expectations and the team selection process as well as to ask specific questions about this application and the BSC process.

**A conference call to provide answers to questions about criteria for selection, Collaborative requirements and expectations, and the application has been scheduled for**

**June 24, 2005**

**12:00 EST**

**Dial-in number: 1-866-851-9754**

**Passcode: 466544**

**Teams will be selected by July 20, 2005 and begin pre-work at this time.** The first Learning Session will take place on **September 8-9, 2005** in the Washington DC area.

Please note these dates and times to ensure that all proposed Core Team members are able to participate in the pre-work and attend the first Learning Session.

## Section 7. Application Checklist and Key Dates for Collaborative

- Participate in Technical Assistance/Q&A Conference Call (optional)  
**June 24, 2005, 12:00 pm EST**
  
- Submit Completed Application via E-mail only. Applications must be sent to Nancy Timmons at [ntimmons@mednet.ucla.edu](mailto:ntimmons@mednet.ucla.edu). (Application cannot exceed 10 pages and no attachments or additional materials will be accepted.)  
**Applications are due July 13, 2005, 5:00 pm EST**
  
- Receive E-mail Notification Confirming Receipt of Application  
**Within One Business Day of Application Submission**
  
- Follow Up Via Phone if E-mail Notification Is Not Received  
**After One Business Day of Application Submission**
  
- Teams Notified of Selection and begin Pre-work activities  
**July 20, 2005, 5:00 EST**
  
- Learning Session 1 for Selected Teams  
**September 8-9, 2005** in Washington DC area
  
- Learning Session 2 for Selected Teams tentatively planned for  
**January 24-25, 2006** in San Diego
  
- Learning Session 3 for Selected Teams tentatively planned for  
**Early-mid June, 2006** (location to be determined)

**Please complete Part II: Collaborative Application Questions and Contact Information (attached) to be considered for participation in this BSC.**