APPENDIX 1

National Breakthrough Series Collaborative

Adoption and Implementation of Trauma-Focused Cognitive Behavioral Therapy

Change Package

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 approximately 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. The Change Package that follows will serve as the foundation for this BSC.

ABOUT THIS CHANGE PACKAGE

This Change Package is comprised of the following elements: Collaborative Mission; Collaborative Philosophy, Principles, and Values; Goals for the Collaborative; The Challenge; and the Summary Framework. The Summary Framework will help focus the work of participating sites in the BSC through a diagram that depicts the relationship between the key components that must be addressed in this work and a summary that provides descriptions and strategies for achieving the success described in the Goals for the Collaborative. The strategies will serve as a launch pad for the small tests of change that sites will be conducting throughout this BSC.

COLLBORATIVE MISSION

The mission for participating Network sites in this Collaborative is twofold:

1) Improve capacity to deliver high-quality services and supports through the adoption and adaptation of evidence-based practice models; and

I. ORGANIZATIONAL READINESS

1. Demonstrate a *minimum threshold* of organizational readiness and build the capacity to implement a new practice model.

   A. Leadership and staff at all levels are committed to implementing evidence-based practices with appropriate clients;
   B. Agency leadership explicitly addresses the organizational policy and cultural barriers, both internally and externally, that impede successful implementation of evidence-based practices;
   C. Agency utilizes systematic and standardized approaches to compiling implementation outcome information (including the Core Data Set) so that success in implementation of evidence-based practices can be effectively monitored on an ongoing and continuous basis;
   D. Organizational incentives are in place to support the staff at all levels in making the shift to evidence-based practice models; and
   E. Agency leadership balances caseloads with productivity requirements so that practitioners are able to learn and implement new evidence-based practices.

2. Provide support and infrastructure to monitor and evaluate clinical processes and outcomes on an ongoing and continuous basis.

   A. Agency provides administrative and financial support for practitioners to utilize standardized approaches and to see and measure progress with individual children and families;
   B. Agency provides the resources (technology, staffing, and training) required to collect, aggregate, and report clinical data to see and measure agency progress;
   C. Agency demonstrates a commitment to utilizing standard assessment approaches, including the Core Data Set;
   D. Agency identifies and address internal and external barriers to data collection; and
   E. Agency uses clinical data, including compiled case narratives, to facilitate effective care and to "make the case" both internally and externally for the model on an ongoing and continuous basis.

II. CLINICALLY COMPETENT PRACTICES IN THE IMPLEMENTATION OF TRAUMA-FOCUSED CBT

3. Demonstrate clinically competent therapeutic practices in the implementation of Trauma-focused CBT.

   A. Clinicians are committed to ongoing development of their skills and knowledge base in child trauma treatment;
   B. Clinicians receive initial and ongoing training on the use of TF-CBT and evidence supporting it and demonstrate understanding, enthusiasm, and belief in the benefits of utilizing TF-CBT as a treatment model;

C. Clinicians receive initial and ongoing training on the use of evidence-based assessment and monitoring of recovery in making thoughtful treatment decisions;
D. Clinicians and supervisors demonstrate an ability to integrate assessment information collected through interviews, observations and standardized measures in terms of its implications for determining presenting concerns and diagnoses, i.e. appropriateness of TF-CBT;
E. Clinicians utilize the following clinical techniques (PRACTICE) as indicated in the treatment of trauma:

- P- psychoeducation: Clinicians utilize psychoeducation about child abuse and can convey effectiveness of TF-CBT, typical reactions of trauma survivors, normalization of reactions, safety skills and healthy sexuality in their interaction with clients (as appropriate)
- P- parenting skills: Behavior management and effective communication
- R- relaxation: Focused breathing, muscle relaxation
- A- affective expression and regulation: Express emotional vocabulary; feeling identification and expression; emotional regulation (mindfulness, etc.), thought stopping
- C- cognitive coping and processing: Cognitive triangle, processing and reframing, which consists of exploration and correction of inaccurate attributions about the cause of, responsibility for, and results of the abusive/traumatic experiences; view of oneself and world
- T- trauma narrative - Clinicians effectively facilitate the construction of the trauma narrative by gradual exposure through verbal, written and/or symbolic recounting (i.e. utilizing dolls, puppets, etc.) of abusive event(s)
- T- traumatic grief:
- I - in vivo exposure:
- C - conjoint parent/child treatment: See component 5
- E- enhanced safety skills and developmental trajectory:

F. Clinicians are sensitive to trauma-specific influences on developing and maintaining a therapeutic relationship;
G. Clinicians effectively integrate community professionals who are critical to the child's recovery environment (e.g. teachers, caseworkers, medical staff, foster parents, clergy, coaches) into ongoing treatment planning;
H. Clinicians understand and incorporate the history and culture of the child and family in engagement, treatment and enhancing the recovery environment of the child; and
I. Clinicians are committed to appropriate self-monitoring, health self-care and additional forms of support.

4. Demonstrate quality clinical supervisory and training skills.

A. Supervisors receive training and consultation that promotes supervisory skills in:
- Core clinical competencies
- Meeting individual training needs
- Assessing and supporting various learning styles of their supervisees
- Balancing fidelity, flexibility and creativity;

B. Supervisors are trained to understand the use of TF-CBT;
C. Supervisors are given the time required to effectively oversee quality clinical work;
D. Supervisors support clinicians in decision-making at all points of treatment, including initial assessment, development of a treatment plan, evaluation of progress, ongoing treatment, and conclusion of treatment;
E. Supervisors continuously maintain cultural competency relevant to the population of children and families being served by staff; and
F. Supervisors continually assess effective documentation of the use of TF-CBT.

III. EFFECTIVE PARENT AND CHILD ENGAGEMENT IN THE IMPLEMENTATION OF TRAUMA-FOCUSED CBT

5. Clinicians are effective in engaging family/caregivers and children in TF-CBT.

A. Clinicians educate the family/caregiver about the TF-CBT model prior to treatment to ensure that families will be effectively engaged throughout the child's treatment process in a culturally competent manner;
B. Clinicians review assessment findings with families/caregivers and children and collaborate with families/caregivers and children in developing and agreeing upon the treatment plan;
C. Clinicians actively engage and support children, families and caregivers in their treatment plans, including identification of specific needs and practical strengths and resources and utilize the clinical techniques outlined in PRACTICE;
D. Clinicians sequence and flexibly adapt the components of the TF-CBT treatment based on the individual cultures, settings, and developmental capacities of the family/caregiver being served;
E. Clinicians provide families/caregivers instruction in child behavior management strategies in a culturally competent manner; and
F. Clinicians implement joint work between families/caregivers and children to enhance communication and create opportunities for therapeutic discussion regarding the trauma or abuse.