



**Trauma Focused CBT  
Breakthrough Series Collaborative (BSC)  
Informational Conference Call  
June 24<sup>th</sup> 12:00 EST  
Duration: 1 hr**

**Conference Call Number: 1-866-851-9754, passcode #466544**

**NCTSN Centers Represented on Call**

- Child and Parent Support Services Center for Child and Family Health – Durham, NC
- Children’s Institute International – Los Angeles, CA
- Heartland International FACES Heartland Health Outreach – Chicago, IL
- Kansas City Metro Child Traumatic Stress Program at Univ. of MO – Kansas City, MO
- Mid-Maine Child Trauma Network at Maine General Medical Center – Augusta, ME
- Oklahoma Child Traumatic Stress Treatment Collaborative – Tulsa, OK
- Open Arms, Inc. – Albany, GA

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- Chadwick Center for Children and Families
- National Center for Child Traumatic Stress – Duke
- National Center for Child Traumatic Stress – UCLA

**Meeting Objectives**

- ❖ Clarify key issues – first 30 minutes
- ❖ Answer additional questions – remaining 30 minutes

**Agenda**

- ❖ Roll Call: *see listing above*
- ❖ Welcome and Introductions –
  - Chairs, Faculty, Planning Team Members, and Improvement Advisors on the call were identified.
  - Special note on Improvement Advisors: Jen Agosti and Lorrie Lutz have been asked to assist us with the Breakthrough Series implementation process. They come to us with great experience doing these BSCs with other agencies in child welfare and mental health.
  - This is a mutual exploration process – we are all trying to see how this process will work with our Network.
- ❖ All clarifications, questions, and responses will be posted on the Network’s internet site ([www.nctsn.org](http://www.nctsn.org)) by the end of the week.

- ❖ Plan is to briefly cover the following key areas on this call:
  - Funding
  - Expectations for Participation and Workload Requirements
  - Leadership
  - Team Composition
  - Team Selection

## **Key Clarifications**

### *Funding*

- ❖ Participating sites are responsible for the majority of BSC participation costs, but will share support for participation in Learning Sessions with SAMHSA
  - Costs of participation in the BSC will need to be 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. For example, a team with the maximum 10 members will have 5 members supported by the team and 5 members supported by SAMHSA.
  - 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).
  - Those teams who are participating in the BSC will have continued travel support for all team members from SAMHSA if NCTSN grant funding is not reviewed

### *Expectations for Participation and Workload Requirements*

- ❖ All participants will have prior TF-CBT training
  - All participants must have received some training (or must plan to receive training before the first Learning Session) on Trauma-focused Cognitive Behavioral Therapy.
  - At minimum, every team member will have read the TF-CBT manual and completed a four-hour training session. This could include: (a) review of the training videotapes recorded at a conference TF-CBT training (Snowbird Conference tapes); or (b) in-person TF-CBT training held in the context of a national conference or on its own (e.g., Pittsburgh Training in 2004).
  - The previous training does not need to have been delivered by the treatment developers themselves.
  - The previous training may have been billed as basic or introductory (as opposed to advanced).
  - Every member of the team must have had some training, though the levels of the familiarity and experience using the model may vary among team members.
  - The purpose of this BSC is not primarily on training on TF-CBT. The BSC will focus on continued expanding and improving TF-CBT skills, building clinical competency, and the adoption of TF-CBT in each setting.

- Applicant teams will be evaluated on the extent of their prior training. While we are looking for more experienced teams that have made a clear commitment to the model and have already begun adoption and implementation efforts at their centers, we are also looking for a diversity of teams (in terms of geography, populations served) who we anticipate will have varying levels of training in the TF-CBT model.
- ❖ Pre-work to begin as soon as teams are selected
  - Participating teams will commit to completion of “pre-work” immediately upon selection, including review of relevant materials, completion of self assessment, site selection, determination of core and extended team members, and participation in a series of conference calls that will be conducted prior to the first Learning Session to begin the work. The conference calls will be both for orientation purposes as well as to help teams complete the pre-work assignments.
  - Teams will be selected by July 20, 2005. These conference calls and the completion of the pre-work will take place between roughly the end of July and the beginning of September.
  - Please note, the “pre-work” phase actually involves fairly intense preparation for the first Learning Session. Participants should keep in mind there will be a significant amount of activity and work to be done during the period between July and September.
- ❖ Be realistic about the workload expected throughout the Breakthrough Series Collaborative. Although much of the BSC-related work will eventually become “the way you do work” rather than “in addition to the work we already have to do,” for the first few months it will definitely feel like it is “in addition to.” Some of the required tasks include:
  - Monthly All Collaborative Calls – all participants
  - Monthly Senior Leader Calls – approximately 1 ½ hours
  - Completion of the monthly reports (both qualitative and quantitative) – about 2 hours per month
  - Three two-day Learning Sessions
  - Review of information on extranet for exchange of ideas and stealing shamelessly – at least 1 ½ hours monthly
  - Testing Plan-Do-Study-Act (PDSA) cycles and documenting results – cycles, implementation, and spread – 2-3 hours weekly
  - Cluster (topic area/specific role) calls may also take place monthly
- ❖ Commitment to monthly reporting (including data)
  - We will rely heavily on the data collected during this Breakthrough Series to determine whether this process is successful for our Network.
  - The data will also help teams gauge their own site-level improvements over time and must be consistently collected monthly to help ensure that changes are resulting in improvements.
  - We must stress the importance of tracking and reporting data throughout the project. This will include regular and diligent use of tools such as Microsoft Access, Excel, manual counts – whatever is necessary to collect the required data.
  - Participants will use the extranet as their primary data tracking and reporting interface.

- ❖ Commitment to collaboration with other teams through calls and extranet
  - We are creating a “Collaborative” – not one-on-one training and consultation, which means if someone learns something, they share it and test it so others can learn about what works - and teams can “steal shamelessly” from one another!
  - Likewise, we share what doesn’t work so that other groups in the Collaborative do not have to make the same mistake twice.
  - Do not keep your changes in practice “in house.”
  
- ❖ All 5-10 Core Team members from each site must commit to participate (in person) at all three Learning Sessions. Further, the *same* 5-10 people should participate in the calls and attend the three Learning Sessions.

#### *Leadership*

- ❖ Each team must have strong commitment from their organization’s leadership. This is of great importance for organizational buy-in, to address barriers sufficiently, and to effectively spread changes etc.
  
- ❖ The Senior Leader must be an individual with authority to test and move changes throughout your organization.
  - The team members will be testing several PDSA cycles and will be implementing small changes over time in different areas, in order to ultimately create dynamic system-wide improvements. In order to move successful strategies out to the rest of the organization, you need to have buy-in by senior leaders.
  - This role is a pivotal force behind change and is critical to spreading ideas beyond the pilot site, which is why we ask that Senior Leaders make a binding commitment by signing the Memorandum of Agreement to these expectations (pg. 5 of the application).

#### *Team Membership*

- ❖ Core Team Membership will be static – that is, the same 5-10 people for entire year (not rotating membership)
  - *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.
  
- ❖ Extended Team members are defined with greater flexibility (pg. 6 of the application).

- It will take more than the 5-10 member Core Team to get things done.
- Teams in various BSCs have configured their extended teams quite differently. Typically, the Extended Team is comprised of additional individuals from the site (e.g. supervisors, clinicians, and trainers), additional community partners, family members, and others who are involved in this work.
- The purpose of this extended team is two-fold: 1) to serve in an advisory and consultative fashion to the Core Team and 2) to act as “champions” and “roll up their sleeves” and begin testing the changes. The most successful Extended Teams have been large teams that have broken up into specific subcommittees to focus on specific issues.

#### *Team Selection*

- ❖ Applications are due July 13<sup>th</sup> and within a one-week period a representative review panel will make their decisions. The team selection process will be based on a number of criteria including organizational readiness and commitment to adopting the TF-CBT model and to participating in the BSC process. We will also look at geography, and the potential for national and local level of spread.

#### **Concluding Remarks**

- Reminder: 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.

#### **Question & Answer Period**

- ❖ If your question is not addressed below or you have additional questions, please direct them via email to Cassie [CKisiel@mednet.ucla.edu](mailto:CKisiel@mednet.ucla.edu) or [Jan.markiewicz@duke.edu](mailto:Jan.markiewicz@duke.edu).

- 1) Q: We have had some staff turnover since our initial TF-CBT training - where can we obtain the conference videos to review? If the staff members who plan to participate review these tapes and are up to speed, then would they be allowed to participate? (Open Arms, GA)

A: Several copies of the conference trainings will be duplicated and made available. Please contact Cassie Kisiel or Jan Markiewicz for more information and a copy of the tapes to review. Yes, each participant will have at least, read the manual and reviewed the tapes.

Our planning team is also working on providing additional resources to support and increase your experience with the TF-CBT model, such as a list of experts in the model that can be contacted for additional consultation. For those who would like additional in-person training, we urge you to attend one of the upcoming trainings open to Network members – two are planned in September and one is planned for next January. These dates will be provided in the pre-work information.

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- 2) Q: We have a few people who have received training in Abuse-focused CBT and not Trauma-focused CBT. Should we mention that those staff members have received that training in our application? (Mid-Maine Child Trauma Network, ME)

A: Yes, it seems worth mentioning that training experience in the application since the two models are similar in some respects.  
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- 3) Q: I participated in the TF-CBT training in Pittsburgh last year. Would it count as prior training if we had our team members review the manual and materials I received? Also, we have some interested Collaborative participants in my agency already using TF-CBT, should I include that in my application? (KC Metro, MO)

A: All prospective participants should at least, review the TF-CBT manual *and* review the training videos. You may want to describe how you have been using TF-CBT in your application. You will also probably want to work within your NCTSN team to continue to refine and build TF-CBT skills and to do some additional training or attend TF-CBT training sessions even if the BSC has already gotten started.  
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- 4) Q: We have some community partners who are interested in implementing TF-CBT. Should we include their goals as part of application or focus on our own site? What about spreading TF-CBT to other mental health agencies? (Children's Institute International, CA)

A: Yes, we think if you could involve them that would be a good idea. You should also have the clinical supervisor at that community partner site linked up so that a single clinician isn't trying to implement TF-CBT without support from the larger organization.  
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- 5) Q: When we complete this Breakthrough Series Collaborative, will we be able to train other agencies? Will we be "certified" to train others? (Children's Institute International, CA)

A: You will not necessarily be able to go train in TF-CBT. Of course, this speaks to a fundamental issue we will face as we develop and test this model. That is, how do organizations continue this "spread" if they can't train in the model? We will have to continue to develop strategies for how to address this with our BSC faculty and Planning team. The short answer though, at this end of this process you will not have "certification" as trainers just by participating in the BSC.  
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- 6) Q: How can we amplify/stretch this model? For instance, we have connections with statewide systems and system-level leaders – should we encourage these people to participate or not? Part of the complication is that we have a "slightly different leader model" – that is, our senior leader is pushing TF-CBT in a different way than other agencies. So, he might be able to make changes on a state-wide level, but this would be different than what would be emphasized on a different level. For instance, in a community mental health center. (Mid-Maine Child Trauma Network, ME)

A: This sounds similar to child welfare BSCs we've done. It might make sense to include them as an extended team. The Core Team should be within your site, but a second layer would be to include people outside. Perhaps, the extended team would be "co-chaired" by the Senior Leader of your team plus another person higher up in the state system. There are

different ways to encourage these partnerships. However, it is probably best to start first with your own site. This seems like a good eventual partnership, but you should keep in mind that they might have different goals than your agency's goals.

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- 7) Q: This is a question about the family member or consumer to be included in the team. We work primarily with state care and foster care children. Is there an age range for the family consumer member? Are there any other specific details we should consider? Follow-up question: Should the family member be actively engaged in treatment? Won't that affect or change their treatment plan? (Open Arms, GA)

A: We are looking for families or consumers who have been through treatment - perhaps an older child and probably somebody who is at least 16-18 years old or a parent who has taken on more of an advocacy role or would be a good spokesperson for the successes/challenges/barriers to address to improve care for traumatized children. We would like them to be very actively involved in the process. We have learned that those that have been through the experience give some of the best input.

In most cases, it makes sense to involve a family member or young adult who was previously involved in treatment but is not currently active in treatment. We want you to encourage someone who has been through therapy and has been successful and is now really able to take on this advocacy role.

We are developing parallel structure for BSC faculty and the participating teams - involving clinicians, supervisors, administrators, consumers, and community partners. Consumers are essential to this BSC process and have also been involved in the Expert Panel in informing the framework and content of this BSC.

Finally, we want to stress that this is an ongoing learning process for how to best implement the BSC with our Network and we are open to your suggestions and input as we launch this exciting initiative and look forward to seeing the results!

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Respectfully submitted by  
Deborah Ling