



NC Child Treatment Program (CTP)

KEY PROJECT DATES

July 28, 2010

Applications Released

August 6, 2010

1:00 pm

Information Call

August 20, 2010

5:00 pm

Applications Due

August 27, 2010

Team Selections

Announced

September 16, 2010

Orientation

Durham, NC

September 30 &

October 1, 2010

NC CTP Web Orientation
calls

October 13-14, 2010

Learning Session 1

Durham, NC

January 19-20, 2011

Learning Session 2

Durham, NC

May 11-12, 2011

Learning Session 3

Durham, NC

2010/2011 Learning Collaborative in Trauma-Focused Cognitive- Behavioral Therapy Informational Brochure



Look inside to find....

- Information about this state of the art training in Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- Information on the benefits of participating
- Important expectations to consider as you prepare for this year-long learning experience.



“TF-CBT leads to decreased child traumatic stress, behavioral, and depressive symptoms; feelings of shame; as well as improved parental sense of efficacy.”

Learning Collaborative Application Packet

Thank you for your interest in the NC CTP TF-CBT Learning Collaborative (LC)! The goal of this project is to support the adoption and implementation of the evidence-based practice, Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), across North Carolina.

Trauma-Focused Cognitive-Behavioral therapy is an evidence based model of mental health treatment designed to treat children experiencing symptoms related to sexual abuse and other forms of serious trauma. The model has demonstrated efficacy in eight different randomized controlled clinical studies in reducing both externalizing symptoms, including sexual behavior problems, and posttraumatic stress symptoms related to the trauma. These positive results have been found to last several years after completion of treatment. TF-CBT has earned extremely high ratings on several reliable evidence based practices clearinghouses, including the California Evidence Based Clearinghouse (a score of 1 with 1 being the highest possible score) and the National Registry of Evidence Based Programs and Practices (a score of 3.7 with 4 being the highest possible score).

As described on the National Child Traumatic Stress Network’s website, “Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models.” TF-CBT utilizes a gradual exposure approach and combines individual parent and child sessions with sessions involving both the child and his or her primary non-offending caregiver. Therapy generally lasts approximately 18 weeks.

The North Carolina Child Treatment Program began as a pilot project in 2006. At that time, the goal was to train 50 clinicians in the Northeast region of North Carolina who would then treat 300 children using TF-CBT. Since that time, CTP has trained 218 clinicians and approximately 520 children have received TF-CBT. CTP has spread to several parts of the state and has as its goal to be able to facilitate the provision of evidence based treatment to children in every community in North Carolina.

Project Faculty and Staff

Clinical Faculty

- **George Ake, PhD**, Clinical training expert in TF-CBT and other trauma-specific evidence based treatments.
- **Lisa Amaya-Jackson, MD, MPH**, Co-Director of the NC Child Treatment Program and expert trainer in TF-CBT.
- **Leila Keen, LCSW**, Clinical training expert in TF-CBT and other trauma-specific evidence based treatments.
- **Donna Potter, LCSW**, Clinical training expert in TF-CBT and other trauma-specific evidence

based treatments.

- **Kelly Sullivan, PhD**, Clinical training expert in TF-CBT and other trauma-specific evidence based treatments.

Administrative Faculty and Staff

- **Robert Murphy, PhD**, Executive Director for the Center for Child and Family Health.
- **Dana Hagele, MD, MPH**, Co-Director of the NC Child Treatment Program.
- **Dace Collins**, Program Administrator for the NC Child Treatment Program.

Project Background & Overview



Training through this project will be conducted within the framework of a **learning collaborative** and is designed not only to provide clinical instruction in TF-CBT but also to enhance fidelity and practice uptake while overcoming implementation barriers.

The NC CTP Learning Collaborative will be based on guidelines established by the National Center for Child Traumatic Stress. These guidelines, as published in, "The NCCTS Learning Collaborative Model for the Adoption and Implementation of Evidence-Based Mental Health Treatment" (NCCTS 2008), describe the underlying quality improvement

methodology used by the model and how it can be used to disseminate evidence-based interventions at the community level.

In addition to the standard Learning Collaborative, each clinician is paired with a clinical trainer endorsed by the model developers. Through this one on one relationship, clinicians will be able to receive expert individual consultation regarding their TF-CBT cases session by session. The result will be an integrated training and quality improvement process.

NC CTP aims to serve community-based agencies and teams of individual clinicians serving children ages 3 to 18 along with their primary caregivers. Selected teams will receive Intensive training and Clinical Consultation.

Administrators and supervisors will also attend learning opportunities designed to address infrastructure and

readiness issues related to Initiating and sustaining a TF-CBT program at the community level.

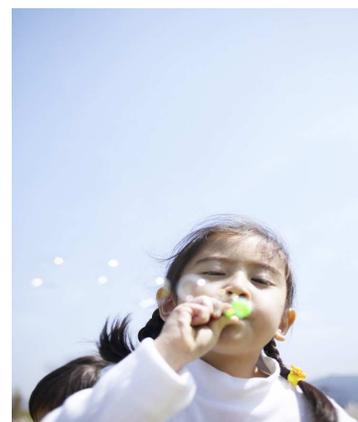
NC CTP Mission

- *To improve access for children and their families across North Carolina to the evidence-based treatment Trauma Focused Cognitive Behavioral Therapy (TF-CBT), implemented with fidelity.*
- *To build organizational capacity necessary for participating agencies to implement, sustain and continue to improve the delivery of TF-CBT.*

Who should apply?

Groups of 5 connected clinicians who can assemble a team can apply for participation in the learning collaborative. Teams must include at minimum an agency senior leader and five practicing clinicians. A clinical supervisor (if applicable to their agency's staffing structure) or clinical team leader should be one of the five clinicians. Teams should complete this application collaboratively.

At this time, the project will not be open to individual clinicians who do not have a team, although this may become an option in later training cycles.



Interested clinicians should assemble a team and apply!

Learning Collaborative Methodology



The Learning Collaborative model focuses on engaging an entire organization in the change process, requiring substantial commitment from senior leaders and supervisors as well as practitioners.

The Learning Collaborative methodology was adapted from the Breakthrough Series Collaborative (BSC) methodology developed in 1995 by the Institute for Healthcare Improvement and Associates in Process Improvement. The BSC is a quality improvement methodology focused on spreading, adopting, and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices. The BSC has been used extensively in the fields of health, pediatrics, and child welfare.

In 2005, Duke University and University of California, Los Angeles (functioning as the NCTSN-National Center for Child Traumatic Stress) launched a BSC focused on the adoption and implementation of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). Overall, the 12 teams that participated in the BSC realized substantial gains in their ability to adopt TF-CBT and to establish trauma-informed services more broadly. In addition to the BSC, Duke University has conducted other Learning Collaboratives, and continues to adapt the Learning Collaborative model to meet the needs of communities and states trying to change how they deliver services to children and families.

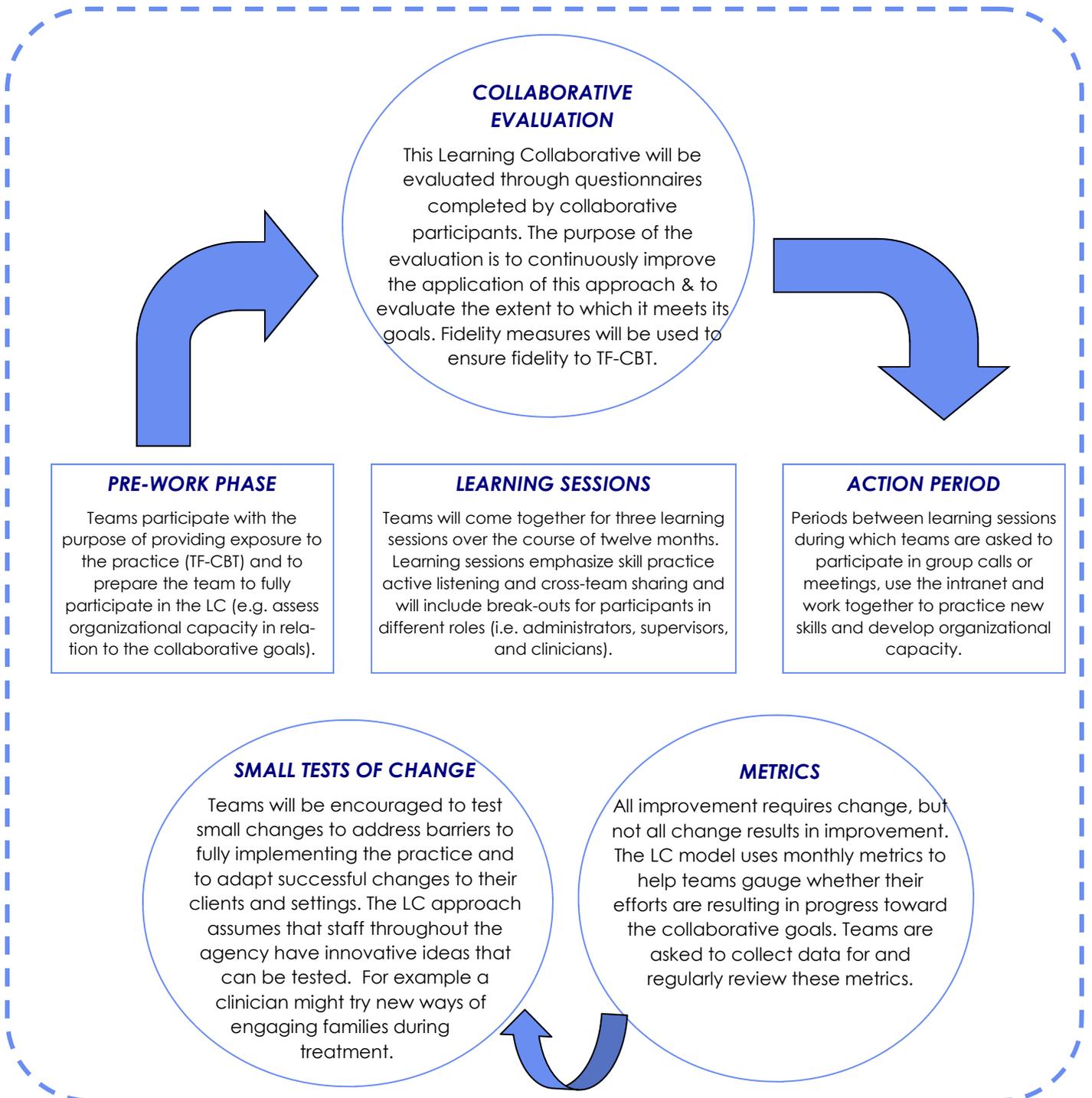
The Learning Collaborative differs from the traditional BSC because it includes extensive training in the particular practice model. Like the BSC, the Learning Collaborative includes training methods designed to help participating agencies fully implement and sustain the practice. In contrast, standard trainings typically engage a small number of practitioners with a focus on knowledge or skill-building in a specific practice. The degree to which trainees understand and accept the practice varies, as does the support (e.g. ongoing supervision) they receive in applying it. Further, there is often no emphasis on what needs to be changed on an organizational level in order to support the adoption of the practice.



Key Elements of a Learning Collaborative

Collaborative Goals Framework (CGF)

The CGF is the key document that guides all work of participating teams. Based on recommendations from an expert panel, this framework specifies the overall goals of the collaborative and describes what sites and staff in various roles must do to successfully implement and adopt an Evidence-Based Practice. An assessment utilizing this framework will help teams identify organizational practices and structures that need to be changed or solidified in order to adopt an Evidence-Based Practice like TF-CBT, as well as assist in specifying site-specific goals.





Team Requirements for Participation in NC CTP Learning Collaborative

The nature of TF-CBT requires commitment from Team leaders to provide the resources necessary to implement the model with skill and fidelity. The first indication of this commitment is, of course, the completion of the project application. As teams work through the application there will certainly be discussion regarding readiness and resources.

What is a Team?

A team applying for participation in the learning collaborative must have the following expertise / experience represented among its members:

Senior Administrative Leader (*one per team*) This individual should have administrative responsibility within the larger organization and/or within the local mental health community (e.g. agency director, management staff, LME Leader, SOC director) and influence and authority to make systematic changes (e.g. changes to agency policies & procedures, to allocate funds from the agency budget).

Clinicians (*5 per team*) Clinicians on each team should be licensed as a clinical social worker, marriage and family therapist, professional counselor, psychological associate, psychologist, child psychiatrist, nurse specialist, or nurse practitioner. Provisional licenses will be considered. All clinicians must be participants in the NC Medicaid program. Clinicians should be active in clinical practice of traumatized children and adolescents, aged 3-18.

Supervisors *Preference will be given to teams in which one of the Clinicians can also act as a Clinical Supervisor for the team of TF-CBT clinicians, providing TF-CBT-focused clinical supervision on a regular basis..*

All Team Members

- Must serve children within the appropriate age range (3 to 18) and their caregivers for a length of time sufficient to complete treatment.
- Must allow time for trainees to participate in ongoing training and consultation for approximately 12 months (Please see clinical rostering requirements).
- Must provide internet access for clinicians to engage in on-line training calls and to access training resources.
- Must have a designated senior leader who will participate in training action period activities as required.

All Senior Leaders

- Must attend the orientation and one day of learning session 3
- Must participate in four calls with faculty

All Clinical Supervisors

- In addition to all clinician requirements, all clinical supervisors must also participate in 4 additional calls with faculty over the course of a year.

Cost Associated with Participation



Thanks to the generosity of the Duke Endowment, the Kate B. Reynolds Charitable trust, and the North Carolina Division of Social Services, this intensive clinical training opportunity will be offered

at the subsidized rate of \$2,500 per team. Planning for this collaborative, faculty time and expertise, training resources (learning session venues, conference calls, materials etc.) are all included in this cost. Team tuition fees (certified check or money order) are due by 9/9/10 and must be payable to Child and Parent Support Services

411 West Chapel Hill Street, suite 908
Durham, NC 27701

The primary costs for teams associated with participating in the North Carolina Child Treatment Program's Learning Collaborative include the following:

- Team resources necessary to utilize the project intranet and to access on-line training resources.
- Staff time for completion of all pre-work activities and action periods activities as designated by the project faculty.
- Agency resources necessary to utilize required clinical assessment measures.
- Staff time for bi-monthly TF-CBT peer supervision meetings and monthly LC teleconferences.
- Implementation of small tests of change and documentation of these changes.
- Staff time to participate in project evaluation activities.

Clinical Rostering

Clinicians who meet all rostering requirements listed will be highlighted as TF-CBT therapists on the NC Child Treatment Program's established roster that will be publicly accessible on the internet. In addition to being rostered with CTP, clinicians will also receive 42 CEUs from Eastern AHEC.

Because TF-CBT is generally completed within 4 months, it is anticipated that participating clinicians will have sufficient time to meet all rostering requirements by June 2011. In the event that a clinician is not able to meet all rostering requirements within this timeframe, their agency will be responsible for negotiating continued consultation with project faculty.

Rostering through this project does not endorse a clinician as a trainer in TF-CBT. After meeting rostering requirements clinicians are encouraged to teach peers in their own agencies about TF-CBT in order to insure sustainability within the agency.

Rostering also does not translate to automatic national certification, which will be partially dependent on number of cases completed.

North Carolina Child Treatment Program Rostering Requirements:

- Complete the "TF-CBT" 10 hour web based training course and submit the certificate of completion to CTP by fax or email by Wednesday, October 6, 2010 by going to <http://fcbt.musc.edu/>.
- Attend a One day Orientation Training on Thursday September 16, 2010 in Durham
- Participate in one web orientation call on either September 30, 2010 or October 1, 2010 at noon.
- Attend in their entirety three, two day learning sessions in Durham NC on 10/13 -10/14/2010, 1/ 19 - 1/20/2011, & 5/ 11 -5/12/2011
- Enroll at least one sexually traumatized patient/client by 12/15/2010
- Complete TF-CBT (with fidelity score of 2.0 or greater) with at least one sexually-traumatized patient/client by 6/1/ 2011
- Submit all electronic paperwork through the NC CTP website (med.unc.edu/ncctp) in a timely fashion, including:
 - Client/patient enrollment form within 1 week of first clinical contact
 - Clinical encounter forms within 1 week of clinical contact
 - Client/patient exit form within 1 week of clinical contact
- Participate in biweekly, one-on-one consultation calls with your assigned clinical faculty member (to assure clinical quality)
- Participate in monthly conference calls with agency TFCBT supervision group and clinical faculty member

Key Project Dates



All noted calls are scheduled at 12PM and can be accessed by calling 1-800-920-7487 and entering the participant code 27715415.

During the 8/6/10 information call program staff will answer questions regarding the project as well as questions specific to the application process.

All training days run from 8:30-4:30

EXCEPT orientation on 9/16/10 which runs 9-4pm.

July 29, 2010	Applications Released
August 6, 2010, noon	Project information call for interested teams
August 20, 2010	Application deadline
August 27, 2010	Team selection finalized and applicants notified
September 16, 2010	Orientation
September 30 & October 1	NC-CTP website orientation
October 13 & 14, 2010	Learning Session 1
January 19 & 20, 2011	Learning Session 2
May 11 & 12, 2011	Learning Session 3

Orientation and Learning Sessions will be held in Durham, NC at the Eno River Unitarian Universalist Fellowship building. An address and directions to the training location will be emailed to all participants prior to the training.

Application Process

Part II of this document is the application form for participation in this learning collaborative.

Applications should be completed collaboratively by team members.

Teams are encouraged to participate in the information call on August 6, 2010 or to contact the programs administrator with any questions about the project or the application process.

The deadline for receipt of completed application through email is **5:00 PM August 20, 2010.**

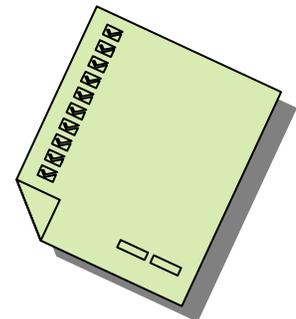
Applications can be emailed to: dace.collins@duke.edu

or mailed to:

Dana Hagele
 NC Child Treatment Program
 c/o Center for Child and Family Health
 411 West Chapel Hill St.
 Suite 908
 Durham, NC 27701

Submissions will be noted by project staff and teams will be notified of receipt by e-mail. If a team does not receive this notification, they are responsible for contacting project staff to determine if the application was received.

Incomplete applications or those received after this deadline will not be considered for participation in this training cycle.



Questions?

Any additional questions can be submitted to Dace Collins, program administrator, by email at dace.collins@duke.edu, or by phone at 919-419-3474 ext. 300