



## 2019 Learning Collaborative

### Look Inside!



This application packet contains information to help you and your team understand the benefits of participating in TF-CBT Learning Collaborative, as well as important expectations to consider as you prepare for this exciting year-long journey.



# Learning Collaborative Application Packet

## Thank you for your interest in the 2019 Trauma Focused- Cognitive Behavioral Therapy (TF-CBT) Foundations Learning Collaborative!

The goal of this Learning Collaborative is to support the adoption and implementation of TF-CBT by community organizations in Georgia who serve trauma-exposed children and families. Over the course of one year, teams will work together to learn the model, as well as to implement systems and infrastructure to support the successful and sustained practice of TF-CBT. The Learning Collaborative will include three in-person trainings with TF-CBT Faculty Trainers in Atlanta (May and November 2019, April 2020), monthly consultation calls with Faculty, an on-line collaborative workspace for sharing ideas, and additional activities to support successful learning and implementation. A major aim is for teams to leave these trainings being able to implement and sustain TF-CBT with fidelity and improve outcomes for children and families.

**Location: Atlanta Habitat for Humanity  
(tentative) 824 Memorial Drive SE  
Atlanta, GA 30316**

If you are interested in participating, please complete and submit the attached application form. If you are interested in learning more about the Learning Collaborative, please join an **Informational Call: February 11<sup>th</sup> at 12pm or February 18<sup>th</sup> at 4pm**

Number: **1-888-468-1195**  
Passcode: **349636#**

This training is **Free of Charge** to participants.

The Georgia Center for Child Advocacy (GCCA) is dedicated to promoting the use of trauma-focused evidence-based treatments among mental health providers in Georgia and is hosting this Learning Collaborative with funding from the Substance Abuse and Mental Health Services Administration for Project Intersect as part of the National Child Traumatic Stress Network (See pg. 10 for more about GCCA and Project Intersect).



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## Key Dates

### Informational Calls

**February 11, 2019 @ 12pm**

**February 18, 2019 @ 4pm**

1-888-468-1195

Passcode: 349636#

### Application Due Date

**March 4, 2019**

### Acceptance Notification

**March 30, 2019**

### Welcome Call

**April 9, 2019, 1:00 pm**

### Learning Session 1

**May 20-22, 2019**

### Learning Session 2

**November 6-8, 2019**

### Learning Session 3

**TBD (~April 2020)**

# Section 1

## Background and Overview

### About TF-CBT

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is an evidence-based treatment for traumatized children and adolescents developed by Esther Deblinger, Judith Cohen and Anthony Mannarino. It is a components-based treatment that integrates trauma-sensitive interventions with cognitive-behavioral strategies to reduce negative emotional and behavioral symptoms. The treatment addresses distorted beliefs and attributions related to trauma and provides a supportive environment in which children are provided the skills and support to talk about their traumatic experiences. TF-CBT also helps caregivers and other supportive adults, who are valuable participants in the treatment, to cope effectively with their own emotional distress and develop skills that support their children. The treatment is appropriate for children and adolescents who have had a range of traumatic experiences including sexual abuse, physical abuse, witness to violence, natural disasters, traumatic grief, complex trauma, etc.

### About the Learning Collaborative Methodology

This Learning Collaborative will utilize methods 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. A Learning Collaborative (LC) differs from a traditional BSC because it includes extensive instruction in the evidence-based practice. The LC also includes training in methods designed to help participating agencies fully implement and sustain the evidence-based practice. Standard trainings typically only 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 and sustainability of the practice. In contrast, the LC model focuses on engaging an entire organization in the change process, requiring a substantial commitment from senior leaders and supervisors as well as practitioners.



### TF-CBT Learning Collaborative Fast Facts

- ✓ Organizations participate as a TEAM: a Senior Leader, Clinical Supervisor, and 2-4 Clinicians
- ✓ Teams attend 3 Learning Sessions (2 or 3 days each LS depending on role) over 1-year period
- ✓ Monthly Consultation calls with Faculty for Clinicians, Supervisors and Senior Leaders are required
- ✓ Online collaborative workspace available for sharing resources and ideas
- ✓ Up to **18 CEUs** available per Learning Session (48 total)
- ✓ Training meets requirements for TF-CBT National Certification
- ✓ This training is FREE of Charge to participants

# Key Elements of the Learning Collaborative Model

## Pre-Work Phase: March-May 2019

The purpose of pre-work activities is to ensure sufficient exposure to the practice (TF-CBT) prior to Learning Session 1 and to prepare the organization to fully participate in the LC (e.g., assess organizational capacity in relation to the collaborative goals). Activities include:

- **Pre-work readings**
- **Video Conference calls**
- **Preparation for Learning Session 1**

## Learning Session 1: May 20-22, 2019

Teams will come together for three learning sessions (2 or 3 days depending on role) over the course of 12 months. Learning sessions emphasize active learning and cross-team sharing and include separate tracks or break-outs for participants in different roles (e.g., senior leaders, supervisors, and clinicians).

## Action Period 1: May-November 2019

Periods between learning sessions are referred to as **Action Periods**. During the action periods, teams are expected to participate in collaborative calls, use the intranet (e.g., post and respond to questions on the discussion board, access resources, share improvements), and work together to practice new skills, implement and spread the practice, and develop the organizational capacity to sustain it. Activities include:

- **Monthly calls for clinicians, supervisors, senior leaders**
- **Submission of monthly metrics**
- **Small Tests of Change**

## Learning Session 2: November 6-8, 2019

The goals of Learning Session 2 are to advance clinical competencies and to address challenges with respect to case identification and implementation.

## Action Period 2: November 2019- April 2020

- **Monthly calls for clinicians, supervisors, senior leaders**
- **Submission of monthly metrics**
- **Small Tests of Change**
- **Sustainability Activities**

## Learning Session 3: TBD (Est. April 2020)

The goals of Learning Session 3 are to continue to advance clinical competencies with a specific focus on children who have experienced **Commercial Sexual Exploitation**, share cultural adaptations, as well as to address challenges of sustainability.

## Action Period 3: April 2020+

- **Monthly calls**
- **Submission of monthly metrics**
- **Small Tests of Change**
- **Sustainability Activities**

## Action Period Activities

### Consultation Calls

The consultation calls during the Action Periods focus on developing competencies to effectively deliver the intervention (TF-CBT), and also to address any implementation challenges that arise. Separate consultation calls are scheduled for TF-CBT providers, supervisors and senior leaders (Affinity Groups). All calls will be held on a video conference platform.

### Metrics

All improvement requires change, but not all change results in improvement. The LC model uses monthly metrics to help teams gauge whether their efforts are resulting in progress toward the goals. Teams are expected to collect data for, and regularly review, the metrics.

### Small Tests of Change

#### (Plan, Do, Study, Act or PDSAs)

Instead of spending weeks or months planning for massive changes, teams are encouraged to test small changes to address barriers to fully implementing the practice and to adapt successful changes to their clients and settings. Ideas for practice and system improvement do not come only from management. For example, a supervisor might test a different supervision strategy and a clinician might develop and try out new materials to engage families.



# Collaborative Expectations

**All participants are expected to commit to full participation as a team for the full length of the year-long Learning Collaborative.**

## Learning Session Attendance

### **Senior Leaders—**

- **Attend Days 1 and 2**
- **Day 3 optional – may join clinicians for additional TF-CBT learning**

### **Clinicians & Supervisors—**

- **Must attend all 3 training days each Learning Session**

### **Metrics Coordinators—**

- **Not required to attend**

*Each team must have at least one individual representing the following roles. Specific expectations for each team member are described below:*

#### **Clinicians**

Individuals who will be implementing TF-CBT with clients served by the participating organization.

#### **Clinical Supervisor**

Individuals who, with appropriate training, could and are willing to provide TF-CBT supervision to the team's clinicians.

#### **Senior Leader**

Individual with administrative responsibility within the larger organization (e.g., agency director, management staff) and the influence and authority to make systemic changes (e.g., to make changes to agency policies and procedures, to allocate funds from the agency budget).

#### **Metrics Coordinator**

This individual will be the point person for data collection and submission. All team members will contribute data, but this person will coordinate the process for the team. This person may or may not be a member of the core team that attends the learning session.

\* Based on agency composition, some team roles may be represented by the same person.

*Due to the demand for TF-CBT training, each organization will be asked to send no more than six people to the learning sessions. Additional team members will be accommodated as space allows.*

## **All members of the team are asked to:**

- **Participate** in pre-work conference calls and complete pre-work activities prior to the first learning session including completion of the TF-CBT online learning course (TF-CBT Web), organizational assessment and other pre-work measures.
- **Commit** to full participation for the length of the collaborative (thru the 3<sup>rd</sup> learning session & calls)
- **Attend** all required days of the learning sessions- typically 3 days each for Clinicians and Supervisors, 2 days for Senior Leaders.
- **Participate** in collaborative conference calls once per month.
- **Have** regular (monthly) team meetings to assess progress, share improvements, identify and address implementation barriers.
- **Collect** and use metrics to help to assess progress and guide future improvements.
- **Use** collaborative online workspace to regularly communicate and share with other teams & faculty.
- **Participate** in conference calls by topic area or role for enhanced learning and skill building.
- **Participate** in the collaborative evaluation.

# Role Expectations

## Senior Leaders

*The senior leaders are responsible for leading this initiative in their agencies. A senior leader is responsible for directing their team's efforts and ensuring its success. Senior Leaders are asked to:*

- **Identify** team-specific goals based on organizational assessment and connect LC goals to strategic initiatives at agency.
- **Ensure** agency provides time for all team members to attend all three learning sessions.
- **Ensure** all team members have regular access and use of email and the internet for ongoing support, information, and communication among teams.
- **Identify** a data manager (Metrics Coordinator) to coordinate certain tasks for metrics and the collaborative evaluation.
- **Ensure** team has resources to collect data for metrics and hold team accountable for submitting this data.
- **Review** metrics and progress reports with their team each month.
- **Help** team members obtain the resources necessary to implement the changes they choose to test including time, materials, equipment, and support from agency leadership.
- **Hold** team members accountable for initiating, maintaining, and evaluating the change process they test.
- **Ensure** team fully participates in the collaborative evaluation, may include questionnaires or focus groups.
- **Provide** continuing opportunities to disseminate what has been learned throughout the agency to sustain the spread of TF-CBT during and after the end of the collaborative.

## Clinical Supervisors

*Supervisors on the team are asked to:*

- **Implement** TF-CBT cases throughout the LC.
  - During the Action Period between Learning Sessions 1 and 2, each supervisor will be expected to identify and begin at least one TF-CBT case.
  - Before LS 3, each supervisor will be expected to have identified and begun at least 3 TF-CBT cases.
  - Before the conclusion of the LC, supervisors required to complete at least two cases.
- **Administer**, score, and report trauma assessments to all TF-CBT clients at the start and end of TF-CBT treatment.
- **Participate** in Supervisor conference calls on a regular (monthly) basis.
- **Offer** and/or facilitate regular TF-CBT supervision for clinicians on the team.
- **Identify** TF-CBT cases with unique clinical implementation challenges for case presentation at learning sessions and on conference calls.
- **Attend** appropriate break-out sessions during the learning sessions.

## Clinicians

*Clinicians on the team are asked to:*

- **Implement** TF-CBT cases throughout the LC.
  - During the Action Period between LS 1 and 2, each clinician will be expected to identify and begin at least two TF-CBT cases.
  - Before LS 3, each clinician will be expected to have identified and begun at least 4 TF-CBT cases.
  - Before the conclusion of the LC, clinicians are required to complete at least three cases.
- **Administer** collaborative clinical assessments to all TF-CBT clients at the start and end of treatment.
- **Identify** TF-CBT cases with unique implementation challenges for case presentation at learning sessions and on conference calls.
- **Attend** appropriate break-out sessions during learning sessions.

# What to expect at the Learning Sessions

- ❖ Expect to work with other clinicians from other organizations for parts of the training. This is to promote a community of learning, sharing, and support.
- ❖ Expect to participate in experiential activities such as role plays, and team-building activities. This is not a passive training. You will be up, out of your seats and putting TF-CBT to use from the first learning session!
- ❖ Expect to stay on site/nearby all day at each learning session. Lunch options will be announced prior to each learning session.
- ❖ Expect to provide daily feedback on your learning session experience.

## Cost Associated with Participating in this Learning Collaborative

*The primary costs associated with participating in the TF-CBT Foundations Learning Collaborative include the following:*

- Travel, lodging, associated expenses for all team members to participate in three, three-day learning sessions.
- Staff time to engage in the following activities throughout the length of the LC.
  - Completion of pre-work prior to learning sessions
  - Participation in Learning Sessions
  - Team meetings
  - Collection of data for improvement metrics and related activities
  - Implementation of small tests of change and documentation of these changes
  - Participation in evaluation activities
- Provision of additional resources as needed including materials, equipment, and access to key stakeholders

## Important Dates and Information

**Informational Calls: February 11, 2019, 12pm-1pm**  
**February 18, 2019, 4pm-5pm**

The informational call is for interested teams to ask questions about the Learning Collaborative and application process.

Please call in during the informational call to speak with our staff.

**Information Call:**  
**Number: 1-888-468-1195**  
**Participant Code: 349636#**

### ❖ **Pre-Work Calls with Foundations Faculty**

All accepted teams will receive an acceptance notification by March 30<sup>th</sup>, which will provide more detailed information about the Learning Collaborative and all pre-work activities.

### ❖ **Welcome Call: April 9, 2019, 1:00pm**

All team members are required to attend this introductory call. Faculty will discuss pre-work assignments, requirements for national TF-CBT certification for clinicians and supervisors, and expectations for each affinity group.

### ❖ **Senior Leader Call: TBD**

Senior Leaders will discuss organizational readiness and strategies for preparing their team.

### ❖ **Metrics Call: TBD**

All team members must attend this pre-work call. Faculty will discuss metrics and why they are important and how they will be used during this Learning Collaborative.



# Your TF-CBT Trainers



## Jennifer Wilgocki, LCSW

Jennifer Wilgocki, MS LCSW has been a child and family therapist for 26 years and a clinical supervisor/consultant for 21 years, specializing in the treatment of trauma, attachment disorders, children in foster care, and high-risk adolescent behaviors. She is the co-author of Maybe Days: A Book for Children in Foster Care. She is an approved national trainer and consultant for TF-CBT, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Bounce Back. Her private practice is in Madison, WI.



## Kelly Wilson, LCSW

Kelly Wilson, LCSW, is a clinician, consultant and trainer practicing in Madison, WI. She has over 20 years experience in children's mental health specializing in the treatment of child traumatic stress. Kelly has worked extensively with children in therapeutic foster care and in the outpatient treatment setting. She is a nationally recognized trainer of TF-CBT, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) and Psychological First Aid (PFA). Kelly has a passion for spreading evidence-based assessment and treatment models to frontline mental health professionals using the latest advances in Implementation Science.



## Kelly Kinnish, PhD

Kelly Kinnish, PhD, is the Director of Clinical Services at the Georgia Center for Child Advocacy and oversees the Center's clinical service programs to sexually abused and traumatized children. She is an approved national trainer and consultant for TF-CBT. She is also the Director of Project Intersect, a SAMHSA-funded program of the National Child Traumatic Stress Network that targets the mental health needs of Commercially Sexually Exploited Children. Project Intersect supports clinical services to CSEC-identified clients at the Georgia Center as well as the training of a network of providers throughout the state to serve commercially sexually exploited children and their caregivers utilizing trauma-focused evidence-based practices.

## Faculty Expectations

*The faculty of this Learning Collaborative will:*

- **Teach** the essential clinical components of the TF-CBT Intervention.
- **Teach** the LC Methodology.
- **Provide** information on successful strategies for implementing TF-CBT.
- **Offer** coaching and mentoring to teams at and in between learning sessions.
- **Lead** the development of interactive and engaging learning opportunities both face-to-face and virtual (internet, phone calls, etc.).
- **Provide** monthly metrics and regular progress reports from team data.
- **Develop** LC improvements based on collaborative evaluation results.
- **Facilitate** communication between teams, faculty, and other experts.





Project Intersect is a 5-year federally funded project aimed at improving the well-being of commercially sexually exploited children (CSEC) through the provision of high quality trauma-focused evidence-based treatment to exploited children and their families and the training of professional across child-serving systems to better recognize and respond to the needs of exploited children. The project will **build and sustain** a skilled network of therapists providing trauma-focused treatment to children and families; **improve Juvenile Justice** workforce knowledge of trauma and CSEC; **increase safe and supportive Foster Care** placements; and **increase access of Homeless/Runaway and LGBTQ youth** to trauma-informed care and trauma-focused treatment.

# Implementation Team

## CORE TEAM



**Kelly Kinnish, PhD – Project Director**

[kellyk@gacfca.org](mailto:kellyk@gacfca.org)

Kelly is the Director for Project Intersect. Her role is to support the rest of the team in the coordination of this Learning Collaborative.



**Camille Kramer, MPH – Project Coordinator**

[camillek@gacfca.org](mailto:camillek@gacfca.org)

Camille provides the primary support to the Learning Collaborative participants. She will also be overseeing the online shared workspace.



**Jennifer Hossler, MSW – Project Manager**

[jenniferh@gacfca.org](mailto:jenniferh@gacfca.org)

Jennifer provides support to the Clinical Team while managing the day to day activities of Project Intersect.



**Georgia Center for Child Advocacy Clinical Team**

Emily Andersen, LAPC  
JaKarynn Conyers, LPC  
Maggie Huddle, MSW  
Camelia Narez, ACSW  
Le’Keldric Thomas, PhD

The role of the GCCA Clinical Team will be to support the training and related activities associated with the Learning Community.

## METRICS/EVALUATION TEAM



**Shannon Self-Brown, PhD – Co-Director**

[sselfbrown@gsu.edu](mailto:sselfbrown@gsu.edu)

Shannon is the Co-Director for Project Intersect. She oversees all program evaluation activities.



**Katie Franchot, MPH – Research Coordinator**

[kfranchot@gsu.edu](mailto:kfranchot@gsu.edu)

Katie’s role is to help participants with the program evaluation and metric reports.

The Georgia Center for Child Advocacy (GCCA) is a private non-profit agency that has been serving sexually abused and traumatized children in the Atlanta area for over 30 years. GCCA provides an array of services including forensic interviews, therapy, family advocacy, and sexual abuse prevention training. Over its history, GCCA has served over 25,000 children and since 2007 has provided prevention training to over 100,000 adults. In addition, GCCA has been a leader in the effort to promote the use of trauma-focused evidence-based treatments by mental health providers in Georgia.



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FOR CHILD ADVOCACY**