

TF-CBT



 Foundations

2019 Learning Collaborative

Application





Section 2

Application Form

**Instructions**

* Answer *all* of the questions on this form. (completion may alter formatting—this is okay)
* *Teams:* For each team member identified below, you will be asked to identify their role—senior leader, clinical supervisor, clinician, or other. We recognize that individuals may have dual roles in the agency (e.g., senior leader and supervisor). Each team member can choose a primary and a secondary role (if applicable). The identified primary role will be used to assign team members to appropriate tracks at the learning sessions and collaborative calls. It is still important to capture each member’s secondary role to assist the faculty in planning the activities for the learning sessions. A team needs to include *at least* ONE senior leader, ONE clinical supervisor, and TWO clinicians.
* Get input from all the members of your proposed team.

* To check boxes double click on the box you would like to check. A window will pop up under default value you can select “checked” to mark the box.

Submit completed application to Camille Kramer: CamilleK@gacfca.org

Due Date: March 4th, 2019

Organization Information

Name:

Mailing Address:       Telephone Number:

       Fax Number:

**General Description:** Briefly describe your organization: Size; client population; key referral sources; traumas experienced, services, provided, etc.

Counties Served:

Services Provided:

Clinical Intake and Assessment Process (instruments, tools, protocol for service planning), specifically include trauma screening and assessment process (if not routinely done, please state):

**Primary Author of this Application:**

Name:       Title:

Email Address:

Telephone Number:

Team Members

**Senior Leader:**

Name:        Education/Licensure:       Title:

Email Address:

Secondary Role: [ ]  Clinician [ ]  Clinical Supervisor Other:

**Supervisor:**

Name:        Education/Licensure:       Title:

Email Address:

Secondary Role: [ ]  Clinician [ ]  Clinical Supervisor Other:

Has this participant completed the TF-CBT Online Training? [ ]  Yes [ ]  No

**Clinician:**

Name:        Education/Licensure:       Title:

Email Address:

Has this participant completed the TF-CBT Online Training? [ ]  Yes [ ]  N0

**----------**

**Clinician:**

Name:        Education/Licensure:       Title:

Email Address:

Has this participant completed the TF-CBT Online Training? [ ]  Yes [ ]  No

**----------**

**Clinician:**

Name:        Education/Licensure:       Title:

Email Address:

Has this participant completed the TF-CBT Online Training? [ ]  Yes [ ]  No

**Metrics Coordinator:**

Name:

Email Address:

My organization would like to request to have more than 5 participants: [ ]  Yes [ ]  No

Agency and Staff Commitment

**Instructions:** *Discuss as a team and submit goals you would like to accomplish as an organization during this Learning Collaborative.*

**General Statement of Interest:**

Describe your Organization, Staff, Stakeholder/Consumer goals and how integrating TF-CBT aligns with these goals?

Please describe what your team would like to accomplish through participation in this Learning Collaborative? What goals would your team like to address first?

**Barriers and Opportunities:**

Please identify some key barriers and challenges that your organization anticipates in participation with this Learning Collaborative and how your organization plans to address each barrier/challenge?

What are the key challenges your organization faces implementing and sustaining TF-CBT? Areas to consider include (1) level of support from staff at all levels of the agency, particularly senior leadership; (2) capacity to identify and screen referrals; (3) experience using standardized assessments to evaluate client progress; (4) agency commitment to providing ongoing supervision in evidence-based practices; and (5) capacity to continue to monitor progress toward adoption of TF-CBT, including treatment fidelity.

**Previous Experience with TF-CBT and EBTs:**

Please describe any previous experience the agency and team members have had implementing TF-CBT. For example, is TF-CBT currently being used in other programs in the organization?

Please describe prior agency and team experiences with implementation of other evidence-based practices. Please list the names of all evidence based practices described in the response.

**Training:**

Describe training (e.g. any evidence-based treatments, trauma/trauma-informed care) received by your team members that would enhance your participation in this Learning Collaborative.

**Supervision:**

What is the current supervision structure at your organization? Describe how training experiences are reinforced in supervision.

**Data:**

Describe how your organization collects and uses data (Does your agency collect client level data or program evaluation data? if so, (how) is this information used to inform and improve practice, communicate with staff, partners, stakeholders, etc?).

Team Expectations

***Instructions:*** *Please complete this self assessment as a team (either in a face-to-face format or through synthesizing feedback from each team member).*

***Choose the response that best describes your team’s ability to meet these expectations:***

* *If “No” or “Not Sure” is selected, then “challenges and proposed solutions” must be addressed.*
* *If “Yes” is selected, it is not necessary to address “challenges and proposed solutions.”*

|  |  |  |
| --- | --- | --- |
| Team Requirements:  |  Yes | No/Not Sure |
| 1. Participate in all Pre-Work Phase activities including conference calls and assignments. | [ ]  | [ ]  |
| 2. Attend all 3 Learning Sessions and complete assignments to prepare for learning sessions. (Teams should anticipate attending the full 3 days at each session). | [ ]  | [ ]  |
| 3. Identify TF-CBT appropriate families to include in treatment. | [ ]  | [ ]  |
| 4. Submit data and use metrics to help assess progress and guide future improvements. | [ ]  | [ ]  |
| 5. Convene regular (i.e. at least monthly) team meetings to assess progress, share improvements, identify and address implementation barriers, etc.  | [ ]  | [ ]  |
|  6. Use the online workspace to regularly communicate and share information with other teams and faculty.  | [ ]  | [ ]  |
| 7. Participate in collaborative evaluation activities, which may include questionnaires and focus groups.  | [ ]  | [ ]  |
| For ALL “No/Not sure” responses, please identify Challenges and Proposed Solutions      |

**Senior Leader Requirements:**

In addition to the team requirements, the Senior Leader agrees to:

For ALL “No/Not sure” responses, please identify Challenges and Proposed Solutions:

|  |  |  |
| --- | --- | --- |
| Requirements | Yes | No/Not Sure |
| 1. Attend and participate in the Senior Leader track at all 3 Learning Sessions (Senior Leaders are also expected to participate with their team in other portions of the learning session).  | [ ]  | [ ]  |
| 2. Participate in one 60-minute conference call per month (designed specifically for organization administrators).  | [ ]  | [ ]  |
| 3. Ensure that all team members have regular access to email and the Internet for ongoing support, information, and communication among teams.  | [ ]  | [ ]  |
| 4. Identify a Metrics Coordinator to coordinate certain tasks for the metrics and the collaborative evaluation.  | [ ]  | [ ]  |
| 5. Help team members obtain the resources, including time, materials, and equipment and support from leadership, necessary to fully implement TF-CBT.  | [ ]  | [ ]  |
| 6. Provide continuing opportunities to disseminate what has been learned throughout the organization and work to sustain and spread TF-CBT after the end of the Learning Collaborative. | [ ]  | [ ]  |

**Clinician Requirements:**

In addition to the requirements listed above under team requirements, clinicians agree to:

|  |  |  |
| --- | --- | --- |
| Requirements | Yes | No/Not Sure |
| 1. Participate in one 60-minute conference call per month.  | [ ]  | [ ]  |
| 2. Identify and begin at least 2 TF-CBT cases during Action Period 1, 4 cases by Action Period 2 and complete at least 3 cases by the end of the collaborative.  | [ ]  | [ ]  |
| 3. Identify TF-CBT cases with unique clinical implementation challenges for case presentation at learning sessions and on collaborative calls.  | [ ]  | [ ]  |
| 4. Administer, score, and use standardized assessments to guide delivery of TF-CBT.  | [ ]  | [ ]  |
| 5. Ensure all TF-CBT clients complete and receive feedback on clinical assessments at the start and end of TF-CBT treatment.  | [ ]  | [ ]  |

For ALL “No/Not sure” responses, please identify Challenges and Proposed Solutions:

**Clinical Supervisor Requirements:**

In addition to the team requirements listed above, the clinical supervisor(s) agree to:

|  |  |  |
| --- | --- | --- |
| Requirements | Yes | No/Not Sure |
| 1. Participate in two 60-minute conference calls per month (1 clinician/1 supervisor).  | [ ]  | [ ]  |
| 2. Identify and begin at least 1 TF-CBT case during Action Period 1, 3 cases by Action Period 2, and complete at least 2 TF-CBT cases by the end of the collaborative.  | [ ]  | [ ]  |
| 3. Identify TF-CBT cases and unique clinical implementation challenges for case presentation at learning sessions and collaborative calls.  | [ ]  | [ ]  |
| 4. Administer, score, and use standardized assessments to guide delivery of TF-CBT.  | [ ]  | [ ]  |
| 5. Ensure all TF-CBT clients complete and receive feedback on clinical assessments at the start and end of treatment.  | [ ]  | [ ]  |
| 6. Offer or facilitate regular TF-CBT supervision (At least 2 hours per month) for clinicians on the team.  | [ ]  | [ ]  |

For ALL “No/Not sure” responses, please identify Challenges and Proposed Solutions:

**Metrics Coordinator Requirements:**

The metrics coordinator plays another role on the Learning Collaborative team, he or she will need to fulfill the requirements of his or her role in addition to the requirements below. The metrics coordinator agrees to:

|  |  |  |
| --- | --- | --- |
| Requirements |  Yes | No/Not Sure |
| 1. Each month, review status of submission of data for metrics and follow up with team members who have not completed their submissions by the due date.  | [ ]  | [ ]  |
| 2. Help to address questions about metrics submissions.  | [ ]  | [ ]  |
| 3. Assist with evaluation activities if needed.  | [ ]  | [ ]  |

For ALL “No/Not sure” responses, please identify Challenges and Proposed Solutions:

Clinician/Supervisor Self Assessment

**Instructions:** *Have each participating clinician and supervisor fill this assessment out individually.*

Name:       Title:       Agency:

In the past six months, when treating clients under the age of 18, what percentage of time was spent with the:

|  |  |  |
| --- | --- | --- |
| **Child Alone** | **Parent Alone** | **Child & Parent Together** |
| [ ]  < or equal to 10% | [ ]  < or equal to 10% | [ ]  < or equal to 10% |
| [ ]  Between 11 and 25% | [ ]  Between 11 and 25% | [ ]  Between 11 and 25% |
| [ ]  Between 26 and 50% | [ ]  Between 26 and 50% | [ ]  Between 26 and 50% |
| [ ]  Between 51 and 75% | [ ]  Between 51 and 75% | [ ]  Between 51 and 75% |
| [ ]  Between 76 and 100% | [ ]  Between 76 and 100% | [ ]  Between 76 and 100% |

In the past 6 months, how many clients have been referred to you for trauma treatment?

In the past 6 months, what has been the length of an average course of treatment for a child in your practice, assuming successful treatment completion?

[ ]  1-5 sessions [ ]  11-15 sessions [ ]  21-25 sessions [ ]  31-40 sessions

[ ]  6-10 sessions [ ]  16-20 sessions [ ]  26-30 sessions [ ]  > 40 sessions

In the past 6 months, what has been the rate of clients who do not successfully complete treatment (drop out)?

[ ]  < or equal to 25% [ ]  Between 26 and 50% [ ]  Between 51 and 75% [ ]  Between 76 and 100%

What do you consider the most common reason clients drop out or do not complete treatment prior to successful completion?

Please rate your comfort level in adhering to a manualized, evidence-based practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Uncomfortable | Somewhat Uncomfortable | Unsure | Somewhat Comfortable | Very Comfortable |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please list any evidence-based practices you currently use in your clinical practice.

Please describe your personal experience with TF-CBT including training dates and durations.

Describe your personal goals while in this Learning Collaborative. What would you like to address first?

Please describe any barriers or challenges you foresee that would hinder you from accomplishing your goals.