Raising the standard of care for traumatized children and their families...

Painting by Sherry Atef Georgy, age 12, from Egypt. www.icaf.org

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Raising the standard of care for traumatized children and their families...
Facts of Publication
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A particular thanks to the Southern Regional Learning Collaborative teams from Mississippi, Georgia, and Tennessee and the lead faculty, Laura Merchant, for their faith and willingness to pilot some of the concepts that later formed the framework for the Learning Collaborative model reflected in this Toolkit.
About the Toolkit

The NCTSN Learning Collaborative Toolkit presents the process for successfully developing and leading Learning Collaboratives. The recommendations and resources have been drawn from multiple Learning Collaborative demonstration projects conducted by the National Center for Child Traumatic Stress for the National Child Traumatic Stress Network (NCTSN).

The NCCTS and the NCTSN continue to evaluate the Learning Collaborative methodology—they seek to better understand the most effective ways of promoting the implementation, adoption, and spread of evidenced-based practices for the benefit of traumatized children and their families.

About the Network

The NCTSN is a ground-breaking effort that blends the best practices of the academic clinical research community with the wisdom of front-line community service providers. The work of NCTSN members ranges across settings, disciplines, age groups, and trauma types, developing and delivering high-quality services to large numbers of children and their families. The NCTSN’s mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.
How to Use This Toolkit

The toolkit is divided into 11 Modules

The Toolkit outlines sequentially the process for successfully developing and leading a Learning Collaborative. The recommendations and resources have been created as a result of multiple Learning Collaborative demonstration projects conducted by the National Network for Child Traumatic Stress (NCCTS). The NCCTS and the Network continue to evaluate the Learning Collaborative methodology in order to better understand the most effective means to promote successful implementation, adoption and spread of evidenced-based practices to benefit traumatized children and their families.

Icons are used to pinpoint particular resources

The icons below are used throughout the manual to denote various kinds of information and to facilitate locating this information more quickly.

- Checklist
- Tips
- Frequently Asked Questions
- Templates/Samples
- Activity or Presentation Ideas
- Supplemental Material on CD

Color Coding Explanation

Color is used to denote the audience to whom various information is aimed. Find your color and look for it throughout the manual for quick reference.

- Participant Information
- Supervisor Information
- Various Sidebar Information
- Senior Leaders/Administrators

Use of CD

The accompanying CD contains the Support Materials described in the Learning Collaborative Toolkit. The purpose of this CD is to provide templates, handouts, and checklists that can be adjusted to support the reader facilitating a Learning Collaborative. Running this CD requires Microsoft Office; all of the documents are in Microsoft Word, Excel, or PowerPoint. Notice that most of the documents on the Support Materials CD have a header that displays the NSTSN Logo and a footer that cites the Learning Collaborative Toolkit. If material from the CD is printed or copied, please retain the header and footer in order to credit the Network and the Learning Collaborative Toolkit.

List of Additional Resources

At the end of the manual there is a list of resources which can be referred to for further information on various topics.
The Learning Collaborative Approach

The Learning Collaborative (LC) approach focuses on spreading, adopting, and adapting best practices across multiple settings and creating changes in organizations that promote the delivery of effective interventions and services.

This approach is being adapted from the Breakthrough Series Collaborative (BSC) model, developed by the Institute for Healthcare Improvement (IHI) and identified within the Kauffman Report as a recommended method for dissemination of best practices. The IHI helps organizations around the world transform “what if” thinking into the reality of better health care for clients and patients everywhere, with a constant focus on innovation, collaboration, and results. For more information about IHI, visit its web site at www.ihi.org.

The BSC approach has been implemented with several national initiatives, largely within healthcare, pediatrics, and foster care. The NCTSN has implemented one large-scale BSC—the National Breakthrough Series on Trauma-Focused CBT—as well as several smaller-scale, regional collaboratives, utilizing an adapted version of the LC model.

We have learned a great deal through this pilot testing process. While we closely adhere to some elements of the Breakthrough Series model, we have also made adaptations specific both to mental health and child trauma and to the needs of our Network. This toolkit provides information on and guidance for adapting the BSC approach to include training on specific trauma-focused practices as an important component of disseminating and effectively implementing the model.

The ultimate goal of this approach for our Network is to promote the dissemination and adoption of trauma-focused treatments and practices in diverse settings, including Network sites and their local communities.

National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.
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# What a Learning Collaborative Is and Is Not

The overall goal of a Learning Collaborative is to get results and to close the gap between usual practice and the best care for a specific topic.

## A Learning Collaborative Is

### A model that:

- Focuses on adopting best practices in diverse service settings.
- Emphasizes adult learning principles, interactive training methods, and skill-focused learning.
- Requires focused work by each team to adapt effective practices to their settings during a 9–12 month learning process.
- Uses methods for accelerating improvement in settings and capitalizes on shared learning and collaboration.

### An ongoing process that:

- Brings together teams from NCTSN centers to work on improving a process, practice, or system.
- Enables participants to share and learn from their collective experiences and challenges.
- Ensures organizational give and take about critical issues related to adopting and adapting practices.
- Includes the following components:
  1. Approximately three in-person training sessions within a 9–12 month period.
  2. Follow-up consultation activities (through phone and Internet), feedback loops, and resources to support sustained learning.
  3. Opportunities to practice new skills and share progress through the Collaborative.

## A Learning Collaborative Is Not

- A single or one-time training event.
- A research model to develop new clinical knowledge.
- Single-setting, single-site, or individual clinician-focused.
- A model for implementing small changes within existing systems.
Why Is the Network Utilizing This Approach?

There are several important reasons for offering the LC approach at this stage of our Network’s development.

1. While many Network members are getting exposure to or receiving training on a range of evidence-based practices for childhood trauma through different venues, several NCTSN centers continue to face challenges in adopting particular treatment practices in their setting.

2. We now recognize that the Network has developed to a point where we need to provide alternative approaches to training and apply proven methodologies for increasing successful implementation and adoption of trauma-focused practices.

3. Many Network centers are struggling with these adoption and adaptation challenges and are trying to overcome these challenges largely on their own, without sufficient resources.

4. If we create a forum for the exchange of experiences and ongoing feedback, the learners will become each other’s teachers.

5. We believe that the resulting improvements associated with the LC approach have the potential to propel the whole child trauma field forward.

“Traumatized children deserve the best care possible. The Learning Collaborative Toolkit, with its emphasis on getting effective treatments to take hold where children receive services, is designed to do just that.”

John Fairbank, PhD
Co-Director
National Center for Child Traumatic Stress
## How a Learning Collaborative Works

### Key Features

- The LC model generally involves regionally based teams from a limited number of Network centers and possibly their local community partners (typically 4 to 6 sites).
- The collaboratives focus on successfully adopting a single practice or intervention, are hosted or facilitated by an NCTSN site, and involve only a few teaching faculty (typically 2 or 3).

### An Outline of the LC Approach

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
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<tr>
<td>1.</td>
<td>Select Topic</td>
</tr>
<tr>
<td></td>
<td>A topic is selected that represents an area where there is a gap between knowledge and practice.</td>
</tr>
<tr>
<td>2.</td>
<td>Identify Learning Objectives</td>
</tr>
<tr>
<td></td>
<td>A group of experts convene (in person or via distance-learning technology) to identify and develop the content and learning objectives for the LC, based on the identified topic.</td>
</tr>
<tr>
<td>3.</td>
<td>Create Change Package</td>
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<tr>
<td></td>
<td>A Change Package is devised, which describes the values and primary components of best practice in the chosen topic area. The Change Package becomes the overarching framework for the LC, which guides all changes that are tested as part of the process.</td>
</tr>
<tr>
<td>4.</td>
<td>Choose Teaching Faculty</td>
</tr>
<tr>
<td></td>
<td>Teaching faculty members are chosen to design and conduct Learning Sessions and to provide consultation between Learning Sessions.</td>
</tr>
<tr>
<td>5.</td>
<td>Select Teams</td>
</tr>
<tr>
<td></td>
<td>Teams apply to participate in the LC and are selected.</td>
</tr>
<tr>
<td>6.</td>
<td>Begin Prework Phase</td>
</tr>
<tr>
<td></td>
<td>All selected teams participate in a prework phase to prepare for the LC and to ensure sufficient training exposure to the model. Teams complete an organizational readiness assessment, review readings and/or videos, and participate in conference calls.</td>
</tr>
</tbody>
</table>
7. **Hold Learning Sessions**

Teams either come together for three, two-day Learning Sessions over the course of 9 to 12 months, or have the first Learning Session on-site and meet for the final two sessions with other teams.

8. **Implement Action Periods**

Periods between Learning Sessions are referred to as Action Periods. With the support of the faculty, teams study, test, and implement the latest knowledge and evidence available as well as various skills and techniques, and then measure the impact of these changes between Learning Sessions.

9. **Plan, Do, Study, Act**

Teams implement PDSA Cycles, which are integral to the Model for Improvement that is a core aspect of the LC. A PDSA Cycle consists of four steps: Plan, Do, Study, and Act. During these cycles, ideas and techniques are tested quickly. Teams then identify the successes and challenges they experienced while implementing their practice model, and share them with the collaborative to enhance learning for the entire group.

10. **Work in Teams**

Action Periods also involve interaction with other LC participants via teleconferences, video conferences, e-mail listservs, web-based intranets, and ongoing group consultation with expert faculty.

Teams meet for approximately 9 to 12 months, including three Learning Sessions and Action Periods.

11. **Prepare Final Report**

A final report is prepared by the LC organizers, outlining the work of the collaborative and capturing significant learning for a broader community within the Network and beyond.

12. **Measure Changes**

The overall goal is to make changes that will lead to improvement in care for traumatized youth and their families, measured by clear indicators of improvement over the specified timeframe.
Module 1:
The Faculty Role in the Learning Collaborative

Learning Outcomes for Faculty

This module focuses on the diverse roles and responsibilities of faculty members during the Learning Collaborative (LC) experience. The LC methodology encourages the faculty to expand its role beyond the traditional role of “expert.” Learning objectives for faculty in this module are:

- Faculty will be able to identify key aspects of their role related to organizing the collaborative structure.
- Faculty will be able to utilize different techniques in the design of Learning Sessions that effectively engage adult learners.
- Faculty will be able to describe the activities that promote cross-site sharing between participating teams.
# Table of Contents Module 1

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“Seeing therapists, supervisors, administrators, family members, and other stakeholders so dedicated to implementing the TF-CBT model through the Breakthrough Series Collaborative has been a unique experience for me. Serving as a faculty member for this collaborative allowed me to better understand the BSC methodology but more importantly, to see the depth of commitment that so many NCTSN members have to using this new methodology to implement our treatment model. The time, effort and creativity invested by network members, their partners and especially the participating family members, has inspired me.”

Judith A. Cohen
Center for Traumatic Stress in Children and Adolescents
Faculty, Breakthrough Series and Eastern TF-CBT Learning Collaborative

**Priority Tasks for Faculty**

1. **Organize the logistics related to the collaborative experience.** Faculty members and their staff will need to establish a timeline for all activities far in advance of the start of the collaborative. Active collaborative participation and availability often hinges on the effective communication of key dates/times/locations to participant members.

2. **Promote the key elements of the Learning Collaborative model.** Although learning the competencies related to the intervention are imperative to successful adoption, it is ONE element of Learning Collaborative methodology and the Change Package. The faculty is instrumental in expanding the understanding for participants that in order to change practice there must be a change in systems also.

3. **Utilize innovative teaching methods in Learning Sessions and Action Periods.** Faculty will be guided by adult learning principles in the design of both the Learning Sessions and the activities during the Action Period. Interactive, experiential Learning Sessions immediately begin to promote the concept of shared learning and the dynamic use of the concepts being presented in the session.
4. **Share expertise regarding the intervention and its implementation.** The faculty serves as consultant and coach to teams as they implement the newly learned intervention within their community. The knowledge and experience of faculty in implementing or supervising implementation of the intervention in different settings is valued by teams as they are challenged in their implementation process throughout the collaborative experience.

5. **Foster and cultivate the transition of participant-learners to participant-experts in implementing improvements related to the adoption of the intervention.** A gradual transition occurs within the collaborative experience as early adopters share their expertise and facilitate the learning of other teams in the process of adoption. Faculty will provide the environment and strategic opportunities for innovators to highlight their skills and share their experiences with the collaborative membership.

6. **Facilitate cross-site sharing of innovations and improvements.** The Action Period activities can become important vehicles for collaborative sharing among teams. Using the Intranet and discussion boards, posting small tests of change, and highlighting improvements through measurement are all ways to promote the collaborative relationship among teams.

7. **Develop flexibility in response to emerging needs of collaborative teams.** Although the LC methodology recommends a certain approach and implementation of the process, faculty members need to be flexible and adaptive based on the unique teams in the collaborative and the challenges and strengths they bring to the experience.

“The faculty was great because they were so supportive, they had great ideas, and they were very approachable. They helped us feel like we really could make a difference with this Learning Collaborative.”

Robyn Igelman
Chadwick Center
Participant, Breakthrough Series and Faculty, Western TF-CBT Learning Collaborative
Priority 1:

Organize the logistics related to the collaborative experience.

Tips:

➽ In advance, review the entire timeline for the collaborative and commit to important dates. Clearly establish the roles of each faculty or planning staff for the collaborative experience. (See sample timeline in Support Materials section).

➽ Designate one person to coordinate the logistics for the collaborative. Make sure the go-to person is known to all members to ensure a consistent, reliable response to all questions. Confusion may result when too many individuals are responding with slightly different responses.

➽ Convene your faculty and planning staff on a regular basis to communicate and review progress regarding the implementation of the Learning Collaborative.

➽ Communicate location, date, and time for Learning Sessions and Prework/Action Period calls in the application or acceptance packet to provide sufficient advance notice and ensure maximum participation of collaborative members.

Priority 2:

Promote the key elements of Learning Collaborative model.

Tips:

➽ All faculty members need to become knowledgeable about the use of the Model for Improvement in order for it to be used effectively within the collaborative. If one faculty is seen as just the intervention or content expert but never references the broader implementation issues or Model for Improvement, the experience can become fragmented and the message inconsistent about the value of the entire Learning Collaborative methodology as an approach to system change.

➽ The faculty can benefit by conducting small tests of change concerning areas of improvement within the Learning Collaborative. The more experienced and fluent the faculty become regarding the utility of PDSAs (Plan-Do-Study-Act tools), the easier it is to communicate the benefits of the approach to the collaborative.

➽ Keep metrics front and center! Using the information from monthly metrics can inform improvements for teams. It is also a great way to reinforce and celebrate successes among teams in the collaborative. (See Module 4)
Priority 3:

Utilize innovative teaching methods in Learning Sessions and Action Periods.

Tips:
➽ Traditional teaching models have historically utilized a didactic format and relied on experts to convey information to students. The LC methodology assumes learning will be taking place in many ways throughout the experience, including through the incorporation of techniques that are cognizant of diverse learning styles of adults.

➽ Assume there is a balance of didactic, interactive small groups, dyads, and collaborative learning activities utilized in the design of the Learning Session. Examples of each type of teaching technique are available in the Support Materials of Module 8.

➽ There are many resources available to help insert content into different delivery approaches. Experiment with delivery approaches and get feedback from participants regarding their effectiveness. Note the resources mentioned in the Resources Appendix.

Priority 4:

Share expertise regarding the intervention and its implementation.

Tips:
➽ Faculty members who are perceived as approachable and accessible to participants often foster relationships conducive to learning. Because of the variable design used in LCs, participants will have an opportunity to experience faculty in multiple ways (via phone consultation, discussion boards, face-to-face Learning Sessions, written materials including books, articles, tip sheets, and so forth) and establish relationships that expand the role of faculty.

➽ Try to limit consultation with individual teams. When faculty members share ideas and thoughts about barriers to implementation, it may have utility for a broader audience within the collaborative. Maximize the faculty time and expertise by working with all the teams together and extending the benefits of this consultation via the joint experience and wisdom of the collaborative.
Foster and cultivate the transition of participant-learners to participant-experts in implementing improvements related to the adoption of the intervention.

Tips:

➽ Faculty can create the forum for participants to share their expertise at both Learning Sessions and during the Action Period. Carve out time at the first Learning Session to highlight the expertise that teams bring (possibly through the use of storyboards or introductory activities) to set the stage for future sharing.

➽ Plan in advance to have specific teams share improvements and innovations on calls.

➽ Pair teams up to learn from each other if they have similar interests, challenges, and populations.

➽ During the second Learning Session, include early adopters as presenters in areas where they have shown improvement or had innovations that other would benefit from being shared with others in more detail. For example, during a second Learning Session one team demonstrated a unique supervision method it had created as an improvement to its traditional supervision methods.

➽ Offer team-teaching led by individuals who have shown expertise in specific areas of implementation of the intervention. For example, in one collaborative a faculty member and participant co-led a mock demonstration of a group session. It can be inspiring to others to see the advances that other participants are making and encourage them in their adoption process.
Priority 6:

**Develop flexibility in response to emerging needs of collaborative teams.**

**Tips:**

» Early in the LC’s life, create a communication system for participants to give feedback regarding the collaborative experience. For example, an online survey was established so that participants could give immediate feedback regarding collaborative calls during the Action Period.

» One size does NOT fit all. For example, some collaboratives have benefited from very structured calls during the Action Period and the structure facilitated the learning process. However, one collaborative felt stilted and confined by the structure and it led to many long silences and awkward moments on the conference calls. Being able to adjust to the specific needs of the membership is important and demonstrates active use of the Model for Improvement.

» Make sure the success of the collaborative is owned mutually by participants and faculty. If something is not working don’t try to fix it in isolation of the participants. Engage the supervisor group to help brainstorm ideas or the broader collaborative group to create solutions.
### Frequently Asked Questions

<table>
<thead>
<tr>
<th><strong>Q:</strong> How many faculty members should there be in an LC?</th>
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<tbody>
<tr>
<td><strong>A:</strong> Typically Learning Collaboratives have had two to three faculty and one administrative person supporting the logistics and coordination.</td>
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<table>
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<tr>
<th><strong>Q:</strong> What kind of expertise and backgrounds should faculty have?</th>
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<tbody>
<tr>
<td><strong>A:</strong> The faculty, between them, should have expertise in the clinical intervention, supervision and organizational implementation of the intervention. It is important that faculty can relate and speak to issues regarding implementation as well as clinical competencies. The faculty should all be familiar with the Model for Improvement and at least one person should be able to coach teams in the use of PDSAs as linked to goals.</td>
</tr>
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<table>
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<tr>
<th><strong>Q:</strong> How do you determine if a team is ready for participation in a collaborative?</th>
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<tbody>
<tr>
<td><strong>A:</strong> The application can give faculty valuable information concerning the readiness of the team and the completion of the organizational readiness assessment can further explore the issue of readiness.</td>
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</tbody>
</table>
Q: How much time does it take to lead a collaborative?

A: There are many considerations when estimating the time and resources necessary to coordinate a Learning Collaborative. A rough estimate of the staff time to coordinate a Collaborative of 40 participants is outlined below. This outline presumes that all participating teams are not local and will be required to travel to Learning Sessions.

- An administrative project assistant (approx. average of 5 days per month for 12 months). Tasks include: announcements, coordination of all Collaborative and Faculty calls, preparation of all materials, data entry for metrics, posting materials to the intranet, logistics (hotel, training space, ground transportation, etc), trouble-shooting and on-site staffing at Learning Sessions.

- Coordination of Faculty (approximately 4 days per month for 12 months). Activities: Oversight of Learning Collaborative process (Application process, Prework Phase, Learning Sessions 1, 2, & 3, Action Periods). Facilitates the development of agendas for calls and Learning Sessions.

- Improvement Advisor/Evaluation (approx. average of 3 days per month). Activities include: development of metrics, collecting data and creating reports for metrics, coaching faculty regarding the use of the Model for Improvement, reviewing PDSAs, assisting teams in maximizing the metrics, co-facilitating some conference calls. Conducting the overall evaluation.

- Two Content Faculty (approx. average 2 days per month, more intensive in early phases and levels out over course of collaborative). Activities include: modification of application, review of applicants, modification of Change Package, development of agendas for Learning Sessions, conducting Prework calls, planning and implementation of three Learning Sessions.
Glossary of Terms for Module 1

**Early Adopters:** The team or individual who brings in new ideas from the outside, tries them and uses experiences with positive results to persuade others in the organization or the collaborative to adopt the successful changes.

**Model for Improvement:** An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.

**Implementation:** Taking a change or practice and making it a permanent part of the system.

**Cycle or PDSA Cycle:** PDSAs are used to rapidly execute small tests of change in an effort to break down and “test” the essential components of a complex practice in an effort to adopt this practice in real life settings. The PDSA method provides a structure for planning changes, making changes, studying the impacts of those changes, and then acting again based on what was learned as the changes grow towards full implementation and are spread throughout an entire site.

“As the model developer, the opportunity to engage in creative dialogue with learners who were adapting and applying the TARGET model was invaluable as a source of expert clinical feedback on the model and its application to a wide variety of traumatized youths and families.”

**Julian Ford**
University of Connecticut
Faculty, Target Learning Collaborative
Module 1 – The Faculty Role in the Learning Collaborative

List of Support Materials

➽ Faculty Checklist

Faculty Checklist Module 1

Timeline for development of Learning Collaborative

- Identify faculty who will be leading the Learning Collaborative. (4-5 months prior to LS1*)
- Create a flyer to alert sites about the Learning Collaborative, projected timeline and informational calls. Include fact sheet and links to additional information regarding the practice. (3-4 months prior to LS1)
- Schedule informational calls for prospective participants to respond to questions and outline expectations. The first call is focused at all organizations potentially interested. The second call is focused on those prepared to apply. (3 months prior to LS1)

  Date and Time: ___________________
  Date and Time: ___________________

- Modify NCCTS Intervention Change Package with consultation from the NCCTS to be used as a guiding framework for the collaborative experience. The NCCTS can provide samples. (3 months prior to LS1)

- Identify schedule for 3 Learning Sessions over 12-18 months and possible locations. The 2nd session should be 3-4 months after the initial session and the third will be 6-7 months later. (3 months prior to LS1 for inclusion in application)

  1st Learning Session: ______________
  2nd Learning Session: ______________
  3rd Learning Session: ______________

- Identify schedule for prework calls. Typically at least two calls will be held, one focused on organizational readiness and the second focused on preparation for 1st Learning Session. (3 months prior to LS1 for inclusion in application)

  Date and Time: ___________________
  Date and Time: ___________________

- Create an application process. This process helps faculty understand who will be part of the collaborative and ensures they understand the level of commitment to be involved in collaborative experience. (3 months prior to LS1)

- Participate in screening of potential applicants and assess level of readiness. May include phone contact with applicants. (2 months prior to LS1)

- Create an acceptance package including: acceptance letter, materials for orientation to the intervention, organizational readiness assessment and preparation for LS1. Materials can be posted on the intranet site designated for the Learning Collaborative. May include videos, audio presentations, articles, etc. (2 months prior to LS1)

  Materials to utilize in prework: __________
  ___________________________________________________________________
  ___________________________________________________________________
Module 1 – The Faculty Role in the Learning Collaborative

- Identify schedule for consultation calls during action periods. At least one call per month with all participant sites. One call per month is recommended for supervisors also. One call every two months for senior leaders/administrators. (2 months prior for inclusion in acceptance package)
  
  Date and Time: ___________________
  
  Date and Time: ___________________

- Create evaluation package, including metrics to be used during the collaborative. (2 months prior)

- Conduct prework calls. (6 weeks prior to LS1)

- Design Learning Session 1 utilizing highly interactive, skill focused activities. (1 month prior to LS1)

- Prepare materials for Learning Session. (2 weeks prior to LS1)

- Arrange for copying of materials for Learning Session. (1 week prior to LS1)

- Conduct LS1.

- Debrief following LS1 and consider evaluation feedback.

- Begin Action Period activities
  
  - All Collaborative calls
  
  - Supervisor calls
  
  - Senior Leader calls
  
  - Metrics submitted and posted

- Based on input from teams, faculty designs Learning Session 2. (3-4 months after LS1)

- Action Period activities follow LS2**
  
  - All calls from previous Action Period
  
  - Posting of metrics
  
  - Posting of improvements, sharing innovations and adaptations

- Based on input from teams, faculty designs Learning Session 3

- Learning Session 3. (6-7 months after LS2)

- Overall evaluation and final report.

*LS1- Learning Session 1

**LS2- Learning Session 2
Module 2: Creating a Learning Collaborative

Learning Outcomes for Faculty

Presented here are important steps and timeline considerations for the faculty and planning team in their preparation and creation of a Learning Collaborative. This module focuses on the following objectives:

- Faculty will be able to identify the steps for leading a Learning Collaborative.
- Faculty will be able to develop a Change Package utilizing resources provided.
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Module 2 – Creating a Learning Collaborative

Priority Tasks for Faculty

1. **Topic Selection: Choose a practice or intervention for a Learning Collaborative.** While most planning teams reaching this point have a specific collaborative topic already in mind, it is important to consider carefully why you chose this topic. It is critical to be able to spell out to collaborative participants, funding agencies, and key stakeholders within and outside the organization why embarking on this venture is worthy of time and money.

2. **Identify design, time frame, and duration of the Learning Collaborative.** Planning team members must identify the design, location, and schedule for the Learning Collaborative over the recommended 12 to 18 month time frame. This schedule should incorporate adequate time for the following key steps:
   - Faculty selection
   - Information calls
   - Application phase
   - Team selection process
   - Prework phase (to be done immediately before the first Learning Session, typically 4 to 6 weeks in advance)
   - Learning Session 1 (LS1)
   - Action Period 1 (period between LS1 and LS2)
   - Learning Session 2 (LS2), typically 3 to 4 months after LS1
   - Action Period 2 (between LS2 and LS3)
   - Learning Session 3 (LS3), typically 6 to 7 months after LS2

3. **Choose a Faculty.** Be thoughtful about the selection of faculty—they round out the “dream team” with the planning team. The planning team is typically composed of individuals who will coordinate the activities of the LC. Sometimes the faculty and planning team are the same individuals. Faculty members should have expertise in the clinical content area (e.g., the specific intervention) but also in areas such as organizational structure (administration and supervision), learning and teaching-improvement strategies, and methods of establishing and working with teams. The faculty and planning team should also include a noted

“Assembling the faculty is a key challenge. Ensuring that there is expertise represented on the Faculty that can address issues across the Change Package is difficult but adds a broader and crucial perspective to the experience.”

Jan Markiewicz
National Center for Child Traumatic Stress Training Director
authority (other than a treatment developer) on the collaborative topic.

4. **Prepare faculty around LC Goals, Change Package objectives, and the “right kind” of data collection.** The role of the faculty is specific to achieving the adoption and implementation of the designated intervention. Training on clinical competence is a necessary but insufficient component to facilitate successful implementation; the Goal Statement and Change Package will need to steer faculty to address some additional key components.

5. **Create a clearly designated Goal Statement.** A specific, measurable, time-sensitive statement of expected results of this collaborative process is the starting point in the planning process. The Learning Collaborative is clearly more than just training on a specific treatment model—but how much more? Each agency team can individualize its goal statement. (See Support Materials for Sample Goal Statement).

6. **Develop the Change Package for your collaborative.** The Change Package delineates the conceptual model (mission, philosophy, principles, and values), summary framework, goals, and strategies to successfully train clinicians, facilitate the delivery of the specified intervention to clients, and promote the adoption of the intervention within an organization.

The template Summary Framework (in the Support Materials) is organized by the following components: (1) organizational readiness, (2) clinically competent practice, and (3) effective youth and family engagement. This template is designed to be used and modified based on the content of your collaborative and is intended to provide a roadmap for approaching each piece in the infrastructure necessary for successful implementation. The NCCTS Intervention Change Package included for your use has been “genericized” to allow your faculty and planning team to apply to your specific intervention. Suggestions for adaptation are included.

“I don’t think we could have adopted any of these interventions as fully or as deeply if the collaborative structure wasn’t provided for us. We’ve started to use a version of the Learning Collaborative locally as we serve as “experts” to other agencies here. In terms of training we are becoming more insistent that one-day or one-shot trainings don’t create practice change, and so we’re offering a 6-month to 1-year collaboration with local agencies who want to change their practice. We’re using a lot of the methodology and format of the collaboratives to guide our involvement with local agencies. This is a brand new approach to training and having gone through several collaboratives with the network, I feel so much more confident in ‘selling’ this approach.”

Jennifer Wilgocki
Mental Health Center of Dane County, Inc.
Participant, Breakthrough Series and SPARCS Learning Collaborative
Module 2 – Creating a Learning Collaborative

Priority 1:

Topic Selection: Choose a practice or intervention for a Learning Collaborative.

Tips:
The Institute for Healthcare Improvement recommends being able to articulate the basis and criteria for your topic selection in any of the following categories:

➤ Closes the gap between science and practice.
➤ Is an example of best performance that has been accomplished in other settings.
➤ Makes sense from a business perspective; it can improve agency outcomes, positively impact patients, positively impact the agency, and makes financial sense.

Delineating clearly and upfront to organizations that are participating in the Learning Collaborative, what the level of evidence is for the intervention topic is important. Some interventions are chosen based on level of evidence. Other interventions are chosen because they fill a gap in services, even though the empirical support may be less strong than for other interventions. When level of evidence is lower, some Learning Collaborative evaluation strategies may lean toward additional data collection. This should be taken into consideration in your topic selection.

Priority 2:

Identify design, time frame, and duration of Learning Collaborative.

Tips:
➤ Carefully consider the needs of the collaborative membership and the challenges involved in implementation and adoption when choosing a design. Some practices require extensive prework and preparation for introducing a new practice, so a longer Prework Phase might be recommended. Practices that include partnering with other systems (e.g., a school-based intervention or one involving juvenile justice) might require a different level of groundwork before the introduction of the intervention to clinicians. Enhanced involvement of senior leadership might be recommended for a collaborative that requires extensive partnering with other agencies. Alternate designs are included in the Support Materials.
There is considerable detailed planning prior to LS1 that requires timeline consideration. Below is a list of events and a sample timeline that illustrate necessary considerations beyond the planning time for the individual Learning Sessions.

After LS1 the primary focus switches to scheduling Action Period activities such as organizing and eliciting participant involvement in conference calls, facilitating the use of the Intranet, and supporting not only clinical competence and fidelity to the model but also implementation and its metrics.

LS2 should be 3 to 4 months after LS1.

LS3 begins 6 to 7 months after LS1.

### Events to consider

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Sample timeline</th>
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<tr>
<td>Faculty selection</td>
<td>5/15</td>
</tr>
<tr>
<td>In–person or phone conference orienting faculty to Learning Collaborative model and planning protocol for calls and meetings</td>
<td>5/26</td>
</tr>
<tr>
<td>Date applications are sent out and announcement for informational call for potential applicants</td>
<td>6/15</td>
</tr>
<tr>
<td>Scheduling of second informational call for applicants (optional)</td>
<td>6/24</td>
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<tr>
<td>First faculty call</td>
<td>6/28</td>
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<tr>
<td>Application deadline</td>
<td>7/13 5pm EDT</td>
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<tr>
<td>Applications reviewed and scored—review call with faculty</td>
<td>7/14–7/18, 7/19</td>
</tr>
<tr>
<td>Team selection announced</td>
<td>7/20 5pm EDT</td>
</tr>
<tr>
<td>Prework Package set out</td>
<td>7/25</td>
</tr>
<tr>
<td>Prework activity and call(s)</td>
<td>7/26–9/8</td>
</tr>
<tr>
<td>LS1</td>
<td>9/8–9/9</td>
</tr>
<tr>
<td>LS2</td>
<td>1/19–1/20</td>
</tr>
<tr>
<td>LS3</td>
<td>July or August</td>
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</tbody>
</table>
Choose a faculty.

Tips:

- Faculty should be knowledgeable on the clinical / technical content and how to communicate ideas to teams.
- Consider expert clinicians in the field—for example, credible real practitioners who have experience with implementation in different settings and can help move the ideas forward.
- Consider experts in other areas of leadership such as supervision, administrative direction (senior leadership in an agency), and community partnering.
- Consider involving a consumer parent or consumer "graduate" of the intervention—who can voice comfortably the components of the intervention that they considered helpful or not-so-helpful in the delivery of the intervention to them.
- Consider a practitioner with special interest or expertise in culturally specific areas that will be relevant to the practice of interest.
- Alert faculty ahead of time regarding faculty expectations in terms of time (about 5-7 hrs per month, including three months prior to LS1) and the shared learning atmosphere that will be required for success.

Prepare Faculty around LC goals, Change Package objectives, and the “right kind” of data collection.

Tips:

- A clear Goal Statement (per Priority 5, below) will assist faculty in delineating appropriate data to collect. Faculty will need to put careful thought into the kind and amount of data they recommend site participants collect. Learning Collaboratives on evidence-based practices should limit measurement to bare-bones metrics that simply monitor for participants their progress in implementation and improvement and are far removed from an academic research approach. Collaboratives on promising practices may choose to incorporate data measurement to enhance the evidence base.
- Faculty should have sufficient time prior to the Prework phase to be oriented to the goals and objectives of the change package, the timeline of calls and activities, and their roles. Structured discussion of these topics as well as introduction and subsequent finalization of what metrics will be used should be done via calls, e-mail, and in some cases in-person meetings. Decisions about metrics and the use of monitoring progress should
be finalized before any prework calls with participants. The best scenario is for baseline (basic!) data collection to be done before and then presented (grouped data) at LS1 if there is already some exposure to the intervention among participating teams.

Faculty will need to decide on the kind of measures they consider critical for participants to collect. Practitioner, administrator (“senior leader”), and consumer representation on the faculty should weigh in heavily, despite their inclination to defer to the research-oriented faculty. Universal feedback from prior collaborative participants is to keep data measurement to a minimum and to recognize that participants will struggle with both the logistics and buy-in on all data collection until (and even after) they begin to see the benefit and payoff on what monitoring does.

**Priority 5:**

**Establish a clear Goal Statement.**

**Tips:**

- A strong clear aim gives necessary direction to improvement efforts and is characterized as:
  - Deliberate, planned, unambiguous, specific, concrete
  - Measurable with a numeric goal, preferably one that provides a “stretch” to motivate significant improvement
  - Aligned with other organizational goals or strategic initiatives
  - Agreed upon and supported by those involved in the improvement and leaders

- Make your aim actionable and useful. Include:
  - General description of what you hope to accomplish
  - Specific population who will be the focus
  - Some guidance for carrying out the activities to achieve your aim
Module 2 – Creating a Learning Collaborative

Priority 6:

Develop a Learning Collaborative Change Package.

Tips:

➽ The faculty/planning team should review the template Change Package and have a clear understanding of and familiarity with each element and component. Particular attention should be paid to the Goals and the Summary Framework. The template Intervention Change Package is in a generic format that allows transportability (with modification) to your specific intervention in most cases.

➽ In modifying this template Change Package, there are designated places (indicated by blank spaces) to note aspects specific to your intervention. Acknowledging or modifying each component to the particulars of your intervention is recommended unless a specific component is clearly not applicable.

➽ Either minor or major adaptations may be necessary to adjust the descriptive requirements for your implementation—the level and kinds of changes will depend on the target population. Examples of target populations for whom major adaptation may be necessary are parents in the home, school personnel, and clients in residential settings. Learning Collaboratives built around topics involving large-scale system change should refer to the experiences of IHI /Casey programs for examples involving multi-agency/cross-community involvement and the many modalities involved.
## Frequently Asked Questions

### Q: The faculty from our Learning Collaborative would like to use the collaborative experience to gather additional evidence regarding the intervention. Is that an acceptable use of the collaborative experience?

**A:** Learning Collaboratives are aimed to facilitate training and implementation. Each experience warrants evaluation given the time, energy, and funding usually involved. Burdening participants with additional measures should be done cautiously, and participant applicants must be fully informed up front as to the level of data collection they will be required to complete. For interventions that are considered promising practices, we have found that it is reasonable and achievable for Collaborative Teams to replicate positive outcomes and garner feedback on protocol and implementation strategies.

### Q: We are organizing a collaborative and would like to include non-Network members. Is that acceptable?

**A:** This is a great way to accomplish spread! It is important to consider how expenses for their participation will be met, and their team should be assisted by faculty to be fully involved in the shared-learning experience of the collaborative.

### Q: We are not funded for dissemination activities but want to lead a collaborative. Can we charge participants for their involvement in the Learning Collaborative?

**A:** Most Network-led collaboratives have attempted to use cost-saving strategies to facilitate participant and faculty involvement when resources are limited. This includes requesting teams to take turns in being the host city (arranging logistics such as meeting space, etc.) (See Priority tasks for Faculty in Module 8.). Charging participants for their involvement is something that IHI has done successfully, but which the NCTSN has tried to keep to a minimum.
Glossary of Terms for Module 2

**Action Period:** The period between Learning Sessions when teams work on improvement in their home organizations. They are supported by the Collaborative Faculty and they are connected to other Collaborative Team members.

**Change Package:** The change package in a Learning Collaborative is the key document that guides all work of participating teams. It contains the following elements: Collaborative Mission; Collaborative Philosophy, Principles, and Values; Goals for the Collaborative; The Challenge; and a Summary Framework.

**Collaborative Faculty:** A small group of experts in the topic area who assist the Planning Group and chair in teaching and coaching participating teams. Usually the group contains representatives from the disciplines that are involved in the change process.

**Learning Session:** A two-day meeting during which participating teams meet with faculty and collaborate to learn key changes in the topic area, including how to implement changes, an approach for accelerating improvement, and a method for overcoming obstacles to change. Teams leave these meeting with new knowledge, skills, and materials that prepare them to make immediate changes. Learning Sessions are abbreviated as LS.

**Planning Team:** A steering committee for the collaborative consisting of the faculty, improvement advisor, and often representatives from sponsoring or stakeholder organizations.

**Prework Phase:** The time prior to the first Learning Session when teams prepare for their work in the collaborative, including selecting team members, scheduling initial meetings, consulting with senior leaders, preparing their aim, and initiating data collection.

**Summary Framework:** A document developed to guide the work of the Collaborative.

"I believe the Learning Collaborative approach to training within the Network has been an incredibly significant innovation. I particularly like the group learning model which, over time, builds a learning community."

**Judy Holland, MPH**  
National Center for Child Traumatic Stress Liaison
**List of Support Materials**
- Faculty Checklist
- Sample Goal Statement by NCCTS for TF-CBT Breakthrough Series Collaborative
- Sample NCCTS Intervention Change Package to Adapt for Your Use
- IHI Collaborative Evaluations: Mistakes in Planning and Operations
- Designs for a Learning Collaborative

**Faculty Checklist Module 2**

**Creating a Learning Collaborative**

- Choose a practice for the Learning Collaborative.
- Identify the design, time frame and duration of the Collaborative.
- Choose and invite the faculty and clearly describe the activities and time commitment involved in their role.
- Development of goal statement by the faculty describing the desired outcome for the collaborative experience.
- Develop/adapt the Change Package for this Collaborative experience.
Module 2 – Creating a Learning Collaborative

Sample Goal Statement for Implementing TF-CBT
(from the NCTSN Breakthrough Collaborative Series)

By October 31, 2006, the TF-CBT Breakthrough Series Collaborative (BSC) will increase the availability at participating agencies of TF-CBT provided with sufficient fidelity to improve outcomes for traumatized children and their families. Twelve NCTSN centers and their affiliated agencies are participating in this initiative.

This initiative will use the BSC model to effect improvement in three domains: (1) clinical competence in the implementation of TF-CBT, (2) child and caregiver engagement in TF-CBT, and (3) organizational practices that support implementation of evidence-based practices.

Example goals each team should set are:

1. 90% of children referred for psychotherapy are screened for referral to TF-CBT using a protocol that incorporates standardized assessments
2. 95% of clinicians who provide psychotherapy to traumatized children receive basic training in TF-CBT
3. 100% of clinicians who provide TF-CBT receive ongoing supervision in the model
4. 100% of clinicians who provide TF-CBT implement the model using a fidelity checklist
5. 95% of children designated to receive TF-CBT have documentation of the core components in their case records
National Center for Child Traumatic Stress Intervention Change Package

For a Learning Collaborative on Adoption and Implementation of ______________________

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 Learning Collaborative ("Collaborative" or "LC") focused on the Adoption and Implementation of ________. This LC will include approximately ______ sites that are committed to providing _______ 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 LC.

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 LC 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 LC.

COLLABORATIVE 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

2) Adopt and implement _______ in diverse settings, including Network and non-grant sites and their local communities.
COLLABORATIVE PHILOSOPHY, PRINCIPLES, AND VALUES

This Change Package is built upon nine foundational principles. These principles express the overarching values that must guide all work in adopting and implementing evidence-based practices in child trauma. They are interrelated and work together in a dynamic, synergistic way. The order does not reflect a judgment of each principle’s respective worth or relevance. We believe that:

1. Children and families deserve the highest quality of services, including assessment and treatments delivered by professionals knowledgeable and skilled in the use of evidence-based practices.

2. Children and families have strengths and resiliency, can recover from trauma, and can regain a sense of hope and opportunity.

3. Children and families are courageous to seek and engage in trauma treatment and this courage is recognized and acknowledged by treatment providers.

4. Clinicians believe that children and families have the ability to heal from trauma.

5. Children are parts of family units and larger support systems and as such engaging the family and these support systems as partners in defining the treatment process is critical to effective intervention.

6. Children and families exhibit a range of responses to traumatic events. This range of responses requires the individualized application of practices tailored to meet the needs of the child and family.

7. Understanding the developmental, cultural, and environmental dimensions of the child and family are basic to effective treatment.

8. Collaboration between multiple agencies and service systems (e.g., child welfare, juvenile justice, schools, healthcare), the community, clinicians, and children and families is often necessary for effective treatment and for enhanced support within the recovery environment.

9. Agency leadership takes responsibility and provides support for adopting and implementing evidenced-based practices at all levels of the organization (e.g., time off for training, consideration of staff productivity requirements).
GOALS OF THIS COLLABORATIVE

The Collaborative Goals fall into six key categories. The ultimate goal of this Collaborative is for each participating site to achieve measurable improvements in each of these categories. The six categories for improvement include:

➽ Awareness and knowledge of _______
➽ Skill in use of _______
➽ Fidelity to _______ model
➽ Provision of training, supervision, and support for using _______
➽ Youth engagement and satisfaction in _______
➽ Improved functioning and outcomes for youth receiving _______

Note: Each Specific Learning Collaborative Faculty/Planning group should suggest specific targets to the participating teams in the LC for each of the above goals. They will do this in the form of a Goal Statement. The suggested targets listed in the goal statement will likely need to be individualized by each agency team in order to be useful, achievable targets for the above goals by each of the individual teams.

THE CHALLENGE

The President’s New Freedom Commission on Mental Health was established in April 2002 to transform the mental health system in part by accelerating the process of identifying and adopting evidence-based practices. Over the last 10 years, the field of child trauma has made tremendous progress in identifying evidence-based practices, however, the challenge of broadly adapting and adopting these practices in the field remains.

The NCTSN and other practitioners across the country are committed to providing the highest quality of treatment for children and families that have been traumatized. The prevalence and seriousness of child traumatic stress requires that increasing numbers of these mental health professionals be provided tools, best practice guides, support, and encouragement so that they can deliver the highest quality services and treatments possible to traumatized children and their families. While training on these evidence-based practices plays an important part in the adoption of new practices, it is not enough to ensure true understanding, increased skills and full implementation of these practices.

The Network has found that while many Network members are getting exposure to or receiving training on a range of evidence-based practices for childhood trauma through different venues, several Network sites continue to face challenges around the adoption of a particular treatment practice in their settings. As many Network sites are struggling with these adoption and adaptation challenges, they are trying to overcome these challenges largely on their own. This Collaborative provides a systematic way for sites to simultaneously test ideas, exchange experiences, and share ongoing feedback that will enable the learners to become each other’s teachers.

____________ is an intervention that has proven to be effective treatment for traumatized youth who have been physically or sexually abused, exposed to domestic or community violence or traumatic loss. Through participation in this Learning Collaborative, approximately _____ sites will strive to fully implement _____________ in their diverse settings.
SUMMARY FRAMEWORK

While the Philosophy, Principles, and Values provide an overarching foundation for this work, the components describe what sites and staff at various levels must do to apply these principles. In this framework, there are three levels of components identified:

1) Organizational readiness practices, 2) Clinically competent practices in the implementation of _______, and 3) Effective family and youth engagement specific to _______. It is organized in this way because in order to successfully implement _______, changes must occur at the agency, management, and practitioner levels. An organization must have the capacity to implement a new evidence-based practice model, must have worked through organizational culture barriers to implementing evidence-based practice, and must have an infrastructure in place that allows for data collection and analysis. Additionally, _______ will be most successful when the clinical practice of the agency has a strong understanding of trauma’s impact on child development and family systems.
In this Learning Collaborative, agencies are expected to test ideas within each of these component areas. The diagram above illustrates the inter-connectedness of these three component areas. The work in these component areas will not be sequential; it will be simultaneous. Furthermore, work in one component area will often be related to, if not overlapping with, work being done in another component area. This synergy is what causes small tests of change in a LC to result in dramatic system-wide improvements.

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
   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
   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
Module 2 – Creating a Learning Collaborative

II. CLINICALLY COMPETENT PRACTICES IN THE IMPLEMENTATION OF

3. Demonstrate clinically competent therapeutic practices in the implementation of ______.

   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 ______ and evidence supporting it and demonstrate understanding, enthusiasm, and belief in the benefits of utilizing ______ 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 ______

   E. Clinicians utilize the following clinical techniques as indicated in the treatment of trauma:

      1. Please insert relevant items regarding the intervention

      2.

      3.

      4.

      5.

      6.

   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

   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 _______.
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.
F. Supervisors continually assess effective documentation of the use of _______.

III. EFFECTIVE YOUTH AND FAMILY ENGAGEMENT IN THE IMPLEMENTATION OF TRAUMA SYSTEMS THERAPY

5. Clinicians are effective in engaging youth and families in _______.
   A. Clinicians educate the youth/family/caregiver about the _______ model prior to treatment to ensure that youth will be effectively engaged and family/caregivers will be appropriately supportive throughout the youth’s treatment process in a culturally competent manner.
   B. Clinicians review assessment findings with youth and families/caregivers in developing and agreeing upon the treatment plan.
   C. Clinicians actively engage and support youth in their treatment plans, including identification of specific needs and practical strengths and resources and utilize the clinical techniques outlined.
   D. Clinicians flexibly adapt the components of the _______ treatment based on the individual cultures, settings, and developmental capacities of the family/caregiver being served.
   E. Clinicians monitor content and process of treatment to ensure relevancy and likelihood of skill implementation within the context of youth’s social environment/culture.

1 This project was funded in part by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS), The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of HHS, SAMHSA, or CMHS.

Collaborative Evaluations:

**Mistakes in Purpose and Preparation**

**Error #1:** Choosing a subject which is too difficult or for which a collaborative is not appropriate

**Error #2:** Participants not defining their objectives and assessing their capacity to benefit from the collaborative

**Error #3:** Not defining roles or making clear what is expected of individuals taking part in the collaborative as faculty or participants

**Error #4:** Neglecting team building and preparation by teams for the collaborative

**Mistakes in Fostering a Learning Community Focused on Improvement**

**Error #5:** Teaching rather than enabling mutual learning

**Error #6:** Failing to motivate and empower teams

**Error #7:** Teams not having measurable and achievable targets

**Mistakes in Post-Collaborative Transition**

**Error #8:** Failing to learn and plan for sustaining change

**Error #9:** Failing to learn and plan for spread

From: J Ovretveit, Quality and Safety in Health Care, 2002 As cited in: 2004 Institute for Healthcare Improvement Breakthrough Series College
Module 2 – Creating a Learning Collaborative

- Learning Collaborative Approach
  - Basic Design (6–12 months time frame)

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Learning Collaborative Approach
Alternative Design (6–18 months time frame)

**Prework Phase**

**LC Topic and Team Selection**
- Select LC topic
- Identify teaching faculty
- Develop Change Package
- Establish participating Network teams
- Schedule Learning Sessions
- Complete required Prework Assignments

**Learning Collaboration Approach**

**Learning Sessions/Action Periods**

**Learning Session 1**
- Face-to-face training/meeting
- Multiple teams
- Primary focus the intervention
- Exposure to metrics
- Supervisory track

**Action Period/Follow-up 1**
- Phone conferences with all teams
- Consultation and ongoing learning
- Intranet/E-mail (listserv)
- Visits

**Learning Session 2**
- All teams convene
- In depth Model for improvement
- Shared learning
- Supervisory track

**Action Period/Follow-up 2**
- PDSA Cycle
- Monthly metrics
- Senior Leader call

**Learning Session 3**
- Innovations and successes shared
- Plan for sustainability developed
- Supervisory track

**Action Period/Follow-up 3**
- PDSA Cycle
- Monthly metrics

**Goals**
- Adoption/implementation of organizational changes that support new practices
- Documented learning process

**Participating Network Teams**
- Remain actively involved for the duration of the Learning Collaborative
- Continue Learning Sessions and Action Periods/Follow-up Activities as needed to document success

**Supervisors**
- Initial training of intervention
- Focus on role of supervisor in leading practice change

* PDSA Cycle
  - Plan • Do • Study • Act

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Learning Outcomes for Faculty

Organizing and preparing for the start of the Learning Collaborative is time-consuming, but it is a fundamental element of the collaborative process for faculty. This module focuses on the following objectives:

- Faculty will be able to develop a comprehensive application that interested teams will use to establish clear expectations for participation.
- Faculty will be able to identify key elements of a successful informational call for the collaborative.
- Faculty will be able to respond to potential teams regarding their involvement in the collaborative experience.
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“It was completely different and completely successful compared to other attempts to learn new treatments. The structure of the collaborative helped our momentum continue throughout the life of the collaborative and beyond.”

Jennifer Wilgocki
Mental Health Center of Dane County, Inc.
Participant, Breakthrough Series and SPARCS Learning Collaborative

Priority Tasks for Faculty

1. **Establish clear criteria for inclusion in the Learning Collaborative for potential teams.** Teams benefit greatly when they understand the level of commitment and resources (staff, time, and financial) needed prior to committing their organization to participating in the Learning Collaborative.

2. **Develop an application process for potentials teams.** A comprehensive application that is disseminated early to organizations with clear timelines is important for recruiting teams.

3. **Communicate expectations clearly to potential collaborative members.** The application will contain concise information concerning required team membership, logistics, financial commitment and time involved in the collaborative experience.
| **4.** Provide information to organizations in multiple ways to facilitate a clear understanding of the collaborative experience and the intervention or practice being adopted. | “The Learning Collaborative opportunities to practice the model, helped me on my caseload in terms of implementing the TARGET Model, and helped me to have increased knowledge of the model so that I felt more equipped to supervise other clinical staff who are using it at my center.”
Kristine Buffington
Cullen Center of Toledo Children’s Hospital
Participant, Target Learning Collaborative |
<table>
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<tr>
<td><strong>5.</strong> Conduct an informational call with prospective teams. Faculty will have a live opportunity via phone conference to share information about the intervention, collaborative experience, and requirements and to respond to questions from potential teams.</td>
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<tr>
<td><strong>6.</strong> Communicate quickly to teams that have been accepted into the collaborative and be willing to exclude teams if they are not ready. Teams appreciate a quick turnaround, particularly if they are accepted and need to jump into the Prework Phase. Some teams are not able to meet minimum criteria (e.g., cannot send a supervisor or unable to commit to assessments to be utilized) and can be offered other recommendations to learn about the intervention and better prepare them for a future collaborative.</td>
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Establish clear criteria for inclusion in the Learning Collaborative for potential teams.

Tips:
Faculty will delineate the minimum requirements for each team to join the collaborative. Typical minimum requirements are:

➽ A team must include the supervisor of attending clinicians.
➽ Teams must attend all three Learning Sessions.
➽ Team members commit to participating in phone conferences during the Prework Phase and Action Period.
➽ Teams are willing to conduct a minimum level of assessment as part of the implementation of the intervention or practice. Dependent on the specific intervention, there will be different assessments that will be relevant to the implementation.

Develop an application process for potential teams.

Tips:
➽ It is important for teams to have plenty of time to consider their involvement in the Learning Collaborative. Faculty should create a timeline that allows a number of opportunities for teams to learn about the intervention and the Learning Collaborative methodology. See the sample application included in the Support Materials section.
➽ Create materials that convey information about the intervention, target population, level of clinical background necessary to implement the intervention, and current level of evidence to help inform potential participants.
Priority 3:

Communicate expectations clearly to potential collaborative members.

Tips:
- Be explicit! It is not easy to implement, adopt, and potentially spread a new practice. The Learning Collaborative structure supports teams in many ways through the process, but they need to know what they are committing to when they join a collaborative. It can be detrimental to the overall functioning of the collaborative if teams are not prepared to participate actively in the experience.

Priority 4:

Provide information to organizations in multiple ways to facilitate a clear understanding of the collaborative experience and the intervention or practice being adopted.

Tips:
- Try multiple methods and vehicles to convey information regarding the collaborative. Faculty have found it helpful to post and send materials regarding the intervention, conduct one or two informational calls, send out the application, and speak individually with teams if necessary.
- Create a list of sites that have successfully adopted the intervention in case a team would like to connect with another organization that is currently implementing it.
Module 3 – Participating in a Learning Collaborative

Priority 5:

Conduct informational calls with prospective teams.

Tips:

➽ Prepare for the informational call by creating a brief presentation about the intervention and the requirements for participating in the Learning Collaborative. (An outline for an informational preparation call is included in the Support Materials Section.)

➽ Teams may have many questions about both the intervention and participation in the collaborative, so leave plenty of time for discussion.

➽ Including the application with the announcement for the informational call can assist participants in understanding criteria and give them an opportunity to clarify issues on the informational call.

Priority 6:

Communicate quickly with teams accepted into the collaborative and be willing to exclude teams if they are not ready.

Tips:

➽ Create a comprehensive acceptance package that can be sent out via e-mail to participating teams shortly after decisions have been made. (Sample package included in the Support Materials.) Items included may be:

• Manual, book or protocol regarding the intervention
• Organizational readiness assessment to be completed by the team
• Videos, DVDs, audiotapes, or other written resources about the intervention
• Links to valuable web sites
• Introduction to the Intranet and login information
• Instructions regarding storyboards (if the faculty has opted to include these for LS1)
• Timeline of calls during the Prework Phase and agendas for each call
• Assignments for all activities during the Prework Phase

➽ Write an optimistic acceptance letter to welcome participants to the year-long experience of learning and sharing with other organizations as they adopt the intervention.
<table>
<thead>
<tr>
<th><strong>Frequently Asked Questions</strong></th>
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<tr>
<td><strong>Q:</strong> What is the optimal number of teams or participants in a Learning Collaborative? What is the minimum?</td>
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<tr>
<td><strong>A:</strong> The number of participants should be based on several issues:</td>
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<tr>
<td>• How large is the faculty? The number of faculty necessary to respond effectively to the needs of the collaborative, run small group activities, and give feedback on calls can sometimes dictate the number of participants.</td>
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<tr>
<td>• How complex is the intervention and how much consultation will be necessary to effectively support teams in learning and implementing it? The ratio of faculty-to-participants will need to be considered in determining the number of participants to involve in the collaborative.</td>
</tr>
<tr>
<td>• The space available for Learning Sessions can sometimes dictate the size of the collaborative.</td>
</tr>
<tr>
<td>The collaborative does require a certain critical mass with a diversity of perspectives to provide momentum regarding sharing improvements and innovations. At least 20 total participants from three different organizations has been a useful guideline.</td>
</tr>
<tr>
<td><strong>Q:</strong> Is it a problem to have a team join that is not ready to implement but wants to learn about the intervention?</td>
</tr>
<tr>
<td><strong>A:</strong> • Observer Teams (or individuals from different agencies who are not ready to implement) have been part of past collaboratives, but it can be very challenging to create opportunities for them to learn when teams break off to meet individually.</td>
</tr>
<tr>
<td>• If faculty decide to involve Observer Teams, it would be useful to think creatively in advance about how to provide the best learning experience for observers in order to better prepare them for implementing the intervention in the future.</td>
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<tr>
<td><strong>Q:</strong> We would like to get started soon. Does the Prework Phase require six entire weeks?</td>
</tr>
<tr>
<td><strong>A:</strong> Teams have found it challenging to complete all Prework Activities in six weeks. The Prework Phase is extremely important in preparing teams for the first Learning Session and helping them maximize the face-to-face opportunity.</td>
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</table>
Glossary of Terms for Module 3

Informational Call: One or two conference calls established to announce the Learning Collaborative to potential participant teams. Typically, information regarding the intervention or links to information are provided prior to the call and the application for the Learning Collaborative is provided. It offers teams an opportunity to ask faculty questions regarding both the intervention and the Learning Collaborative process.

Learning Collaborative Team: Participating teams in the Learning Collaborative are typically composed of a day to day manager, clinical supervisor and clinicians. Some teams bring a community partner relevant to their implementation process.

Storyboard: A “storyboard” is a way for participant teams to provide information about their team to others in the collaborative, including faculty and other teams. It must fit into a space approximately four feet by four feet. It may be created from a collection of letter-sized sheets or one large poster. Creativity is encouraged.
Module 3 – Participating in a Learning Collaborative

Support Materials Module 3

List of Support Materials

- Faculty Checklist
- Information Call Preparation
- Sample Application
- Flyer for Informational Call
- Organizational Readiness Assessment
- Intranet Flyer
- Instructions for Storyboard Assignment
- Acceptance Package

Faculty Checklist

Participating in a Learning Collaborative

- Develop application with faculty. (Sample template in Support Materials.)
- Create timeline for activities in Prework Phase and the overall Learning Collaborative experience for inclusion in the application.
- Promote the Learning Collaborative through distributing materials regarding the intervention, informational calls, and the application. (See the sample flyer for Informational Call included in Support Materials.)
- Prepare and conduct Informational Calls. Take roll during the informational calls to be able to identify teams who may be interested in joining the collaborative. Communicate clearly the application deadline.
- Receive and review applications from interested sites and evaluate for inclusion in the collaborative.
- Contact teams that have not been accepted with recommendations for other opportunities to learn about the treatment or trauma treatment in general.
- Send out acceptance package to teams who will be joining the collaborative. The acceptance package typically contains:
  - An optimistic acceptance letter to welcome participants to the year long experience of learning and sharing with other organizations as they adopt the intervention.
  - Assignments for all preparation activities during the prework phase.
  - Organizational readiness assessment to be completed by the team.
  - Links or access to videos, DVDs, audiotapes or other written resources about the intervention.
  - Links to valuable web sites.
  - Introduction to the intranet and login information.
  - Timeline of calls during the prework phase and agendas for each call.
  - Logistics for LS1 (location, hotel, meals, etc).
- Begin Prework Phase.
Application Packet Contents

Part I

Section 1. Background and Overview

Section 2. About Learning Collaborative Methodology

Section 3. Collaborative Expectations

Section 4. Criteria for Team Selection

Section 5. Informational Call

Section 6. Application Checklist and Key Dates for Collaborative

Part II

Collaborative Application Questions and Contact Information
Learning Collaborative: Adoptions and Implementation

Part I
Application Information

Section 1. Background and Overview

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 frontline community service providers.

In order to achieve its overall goal, the Network is sponsoring a Learning Collaborative (LC) focused on the Adoption and Implementation of ___________. This learning collaborative will include roughly ___ Network sites and _____ non-Network sites that are committed to providing _______ with sufficient fidelity in order to appropriately serve and improve outcomes for youth. 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.

Each selected site will put together a two to five member Core Team that minimally includes clinicians and supervisors. Agency administrators, day to day managers, trainers, family members/consumers, and community partners are recommended as potential members of your core or extended team. At minimum, someone in a leadership position at your agency (e.g., agency director, management staff) must be included in your extended team. The teams will work together to learn the intervention, make changes and implement new systems over the course of one year to support the successful adoption of __________. Core Team members will come together for three, two-day Learning Sessions and with the support of the _______ faculty will be expected to study, test, and implement the latest knowledge and evidence available and measure the impact of these changes between the Learning Sessions. The teams will be expected to contribute to knowledge building and the exchange of strategies across the collaborative.
Section 2. About the Learning Collaborative Methodology (LC)

The LC methodology was adapted from the Breakthrough Series Collaborative (BSC) methodology developed in 1995 by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API). This quality improvement method has been used extensively in the field of health care for more than ten years. Beginning in 2000, the BSC method was tested and adopted by Casey Family Programs, an operating foundation focused on child welfare. The IHI and Casey Family Programs have now led has led BSCs in over 30 different topic areas, including reducing delays and waiting times in emergency rooms; reducing Caesarean section rates; improving critical care; reducing disparities for children in child welfare; and supporting kinship care.

The LC utilizes a specific quality improvement method that is designed to enable participating teams to make dramatic improvements in a focused practice topic over a short period of time. The intention of a LC is not to create an entirely new body of knowledge. Instead it is intended to fill the gap between what has been identified as best practice and what is actually practiced in the field. Oftentimes, agency policies already reflect these best practices, but for many reasons these are not always being implemented in the actual practices of agency staff. The key to a LC is using a variety of techniques to bridge this gap between what is known and what is done. There are several critical characteristics of the LC methodology that help agencies and organizations learn the intervention, quickly test and then fully implement these practices in ways that are appropriate for the individual agency as well as sustainable over time.

1) *All LC work is grounded in a comprehensive Change Package* – Each LC is based upon a developed comprehensive Change Package that guides the work of the teams. This Change Package, developed with input from experts at all levels and various perspectives in the field of child trauma, identifies five key components of an ideal system for the adoption and implementation of an evidenced-informed practice and will be used to guide agencies in testing and implementation of best practices (e.g., Organization provides support and infrastructure to monitor and evaluate clinical processes and outcomes on an ongoing and continuous basis). Rather than focusing exclusively on clinically competent therapeutics practices, each team must commit to working in all component areas to ensure complete system-wide impact.

2) *Rapid Plan-Do-Study-Act (PDSA) cycles are used* – PDSA cycles are one of the keys to the rapid changes that are witnessed in a Learning Collaborative. Instead of spending weeks, months, or years planning for massive changes, teams are encouraged to test small changes or an idea as soon as it occurs to further the adoption and implementation of the intervention.

3) *Anyone can have and test ideas* – Ideas for practice and system improvement do not come only from management. Practitioners throughout the agency, supervisors, managers, families, community members, and everyone involved in the system have a great deal of experience and knowledge, and thus all have good ideas they can test.
4) **Consensus is NOT needed** – Instead of spending time trying to convince one another of a “better way” of practice, the LC encourages team members to test their ideas in the field instead of simply talking about their ideas in a meeting room. Team members do not need to agree with one another for an idea to be tested; instead the convincing comes naturally once people start to see the results of the tests.

5) **Changes happen at all levels (not just at the top)** – All people have valuable knowledge and expertise, whether they are the Senior Leader of the project or a family member. It is important that every person involved is willing to test and make changes.

6) **Ideas are “stolen shamelessly”** – This methodology is entitled the Learning Collaborative for a very distinct reason. Each participating team in the LC can benefit greatly from the successes and learnings of all the others. In-person meetings, a project Intranet site, and monthly conference calls present opportunities for teams to capitalize on the successes of others as well as to learn from their mistakes.

7) **Successes are spread quickly** – Many pilot projects begin and then remain in a pilot site, or, in other instances, once a “project” is completed, the pilot disappears. The LC method prevents this from happening. Once a change has been tested successfully and fully implemented throughout the target group (e.g., your Core Team), the team is responsible for spreading that specific small change immediately throughout the entire organization and, where feasible, within their local communities. Lessons learned are shared between and across the agency, and each site has the opportunity to modify change strategies in order to ensure that the practice change works for the specific geographic, cultural or ethnic community being served.

8) **Measurement is for improvement, not for research** – Measurement is a critical aspect of the LC methodology, as the LC strives to gauge improvements over time. In this LC each participating team will be required to select, track, and report on several specific improvement metrics on a regular basis. By looking at progress in these metrics each month, even when the numbers are small or not scientifically tracked, teams can tell if they are making progress toward implementing the practice with sufficient fidelity to make an impact on children and families.

**Application to NCTSN**

Our primary goal in using the Learning Collaborative approach with our Network is to promote the adoption of trauma-focused treatment practices, in particular ________ in diverse settings including Network sites and their local communities. The LC differs from the traditional BSC because it does involve extensive training in the intervention but is also focused on encouraging team members to apply knowledge in this model, refine and develop their skills, and test changes in their particular settings.
Section 3. Collaborative Expectations

Each selected team will be expected to both learn the _______ intervention and make systemic changes that result in the adoption and implementation of _______ as a sustainable practice.

The Faculty of this Learning Collaborative will:

- Teach the essential clinical competencies of the _______ intervention
- Teach the Learning Collaborative methodology;
- Provide information on successful strategies for adopting and implementing ______
- Offer coaching and mentoring to teams at and between Learning Sessions; and
- Facilitate communication between teams, faculty, and other experts.

Participating teams will learn the intervention and design and test changes with guidance from the LC faculty, and published materials. These Teams will be expected to identify the critical components of successful efforts toward systemic change and will be required to track improvement metrics for success, chosen in consultation with the collaborative faculty.

The leadership of selected teams ("Senior Leader") is responsible for leading this initiative in their agencies and are expected to:

- Have administrative responsibility within the larger organization (e.g., agency director, management staff) and the influence and authority to make systemic changes and spread these throughout the organization;
- Provide the team with the resources, including time, materials and equipment, access to local experts, and unequivocal support from agency leadership, necessary to implement the changes they choose to test;
- Attend and participate in at least the Second Learning Session if possible;
- Participate in conference calls on a regular (once every two months) basis;
- Connect the LC goals to strategic initiatives of the agency;
- Provide time for the Core Team to attend all three Learning Sessions;
- Hold team members accountable for initiating, maintaining, and evaluating the change processes they test;
- Facilitate the implementation of successful changes throughout the agency;
- Provide continuing opportunities to disseminate what has been learned and to continue change processes within the agency; and
- Sign a Memorandum of Agreement that formalizes the expectations stated above.

The Day-to-Day Manager or Supervisor of the Team has the following roles and responsibilities:

- Lead the Team in ensuring that the team conversation is genuine and that all voices, including those of participating family members, consumers, and community partners are heard;
- Lead the Team in testing changes and making improvements;
Serve as the primary team liaison to the faculty;
Coordinate data collection as needed;
Submit required data, PDSA reports and other assignments in a timely manner;
Ensure that data, monthly reports, and lessons learned are shared with team members and agency staff;
Attend all three Learning Sessions; and
Update the Senior Leader on progress regarding team challenges in real-time.

The entire Team is expected to actively test changes and make improvements as well as:
- Attend all three Learning Sessions (the Core Team must remain the same individuals throughout the entire project);
- Participate in the completion of the pre-work and attend the first Learning Session with clear goals for practice and system improvements;
- Meet regularly to share successes, identify challenges and discuss next steps for practice and system improvements;
- Communicate regularly with other teams and faculty;
- Participate on Collaborative conference calls once per month;
- Participate in cluster calls by topic area or role (e.g., clinician, supervisor, administrator) for enhanced learning and skill building;
- Participate and share learnings on the Intranet as required;
- Use required improvement metrics to help assess progress and guide future improvements;
- Share results of tests of change on a regular basis with the Collaborative.

The Extended Team members are expected to:
- Actively engage in the change process to support the adoption and implementation of ________;
- Provide feedback and insight to the Senior Leader and to the Core Team about practice and policy changes and improvements;
- Use required improvement metrics to help assess progress and guide future improvements;
- Serve as vocal and active champions of this work throughout the broader community; and
- Conduct their own small tests of change in the spirit of the LC method.
Section 4. Criteria for Team Selection

Teams interested in participating in this ______ Learning Collaborative must:

- Demonstrate the commitment of a Senior Leader to removing necessary barriers and supporting changes throughout the system. The Senior Leader must commit to:
  - Participating in a pre-work call prior to the First Learning Session that focuses on organizational readiness;
  - Participating in regularly scheduled conference calls during the collaborative experience with the Senior Leaders of other teams;
  - Attendance to the Second Learning Session or a virtual Learning Session for Senior Leaders;
  - Integrating the system and practice change decisions into the organizational strategic directions;
  - Meeting with the core team on a regular basis;
  - Facilitating the removal of barriers that inhibit or limit tests of change as they are identified by the team;
  - Contributing to monthly reviews of the team’s progress;
  - Ensuring that data collection and information systems are able to respond to the team’s need for outcome data in a timely way;
  - Supporting the creativity and innovation of the team;
  - Providing an environment which supports “trial and learning”; and
  - Committing to spread the successes quickly throughout the entire agency.

- Commit to full participation of a two to five member Core Team (including a supervisor) for 10-13 months. The Core Team must have the following expertise/experience represented among the two to five members:
  - *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.
  - *At least one clinician (at minimum)*: These should be individuals working directly in the target site who will be implementing SPARCS.
  - *Clinical Supervisor (at minimum)*: This should include individuals working directly with clinical staff in the target site who will be implementing SPARCS.
  - *Up to Five Members in total*: 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.

- Commit to completion of “pre-work” immediately upon selection of teams, including review of relevant materials and participation in a series of conference calls that will be conducted prior to the first Learning Session to begin the work;

- Exhibit a commitment to providing high quality services (i.e. delivering evidence-based treatments with good fidelity) in order to improve outcomes for children and families who have experienced trauma;
- Exhibit a desire to innovate and display a willingness to implement rapid and widespread changes in organizations and the services they provide;

- Demonstrate capacity for tracking the improvement metrics required by the LC; and

- Ensure that all team members have regular access to and use of email and the Internet for ongoing support, information, and communication among teams.

**Costs Associated with Participation and Support for Teams**

The primary costs associated with participating in the ______ Learning Collaborative include the following:

- Travel/lodging/associated expenses to participate in three two-day Learning Sessions for all Core Team members to ______________________;
- Staff time to participate in the following activities throughout the 10-13 months LC:
  - Completion of pre-work prior to Learning Sessions
  - Participation in three two-day Learning Sessions
  - Participation on all monthly Collaborative Calls
  - Testing of PDSAs
  - Documentation of PDSAs and learnings
  - Core Team meetings (typically on a weekly basis)
  - Administration of the assessments typically used as part of the ____________ to group members prior to and following the intervention
  - Completion of monthly reports
  - Collection of improvement metrics
  - Participation in evaluation activities (e.g., completing self-report measures of ______ use and fidelity)
- Provision of additional resources as needed including materials, equipment, and access to local experts

**Section 5. Informational Call**

All prospective applicants have the option to participate in an information call to learn more about the LC expectations and to ask specific questions about this application and the Learning Collaborative process.

_A conference call to provide answers to questions about Collaborative requirements and expectations, and the application has been scheduled for_

**DATE**

**TIME**

**CALL IN**
Section 6. Application Checklist and Key Dates for the Collaborative

☐ Participate in Technical Assistance/Q&A Conference Call (optional)

☐ Submit Completed Application via E-mail only. Applications must be sent to _______. Applications are due

☐ Receive E-mail Notification Confirming Receipt of Application Within One Business Day of Application Submission

☐ Follow Up Via Phone if E-mail Notification Is Not Received After One Business Day of Application Submission

☐ Teams Notified and begin Pre-work Activities. To be announced

☐ Learning Session 1 for Teams.

☐ Learning Session 2 for Selected Teams.

☐ Learning Session 3 for Selected Teams.

Please complete Part II: Collaborative Application Questions and Contact Information (attached) to be considered for participation in this LC.
# Part II

*Collaborative Application Questions and Contact Information*

Please complete the following information for consideration as a participating team in this NCTSN Learning Collaborative.

## Site Contact Information

<table>
<thead>
<tr>
<th>Agency/Site Name</th>
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<tbody>
<tr>
<td>Name of Contact Person*</td>
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</tr>
<tr>
<td>Contact Person’s Title</td>
<td></td>
</tr>
<tr>
<td>Contact Person’s Telephone Number</td>
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<tr>
<td>Contact Person’s Fax Number</td>
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<tr>
<td>Contact Person’s E-mail Address</td>
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<tr>
<td>Contact Person’s Mailing Address</td>
<td></td>
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<tr>
<td>Name of Proposed Senior Leader for Agency/Site</td>
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<tr>
<td>Proposed Senior Leader’s Title</td>
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* This “Contact Person” will be your site’s main point person and will receive all communications and materials regarding the _________ Learning Collaborative application process.
Questions to Be Completed by Applicant

Please answer all questions listed below. You may answer directly on this form or in a separate document. Your completed application may NOT exceed ten printed pages.

1. Briefly describe your agency or site (including type of organization, size, client population, types of trauma served, key referral sources, etc.). Of the number of children and families served, approximately how many have experienced trauma and are coming to the site specifically for trauma-focused services?

2. Describe how you currently assess trauma history and track clinical changes. Does your agency use standardized assessments to screen youth and to assess clinical progress/outcomes? NCTSN grantees should also describe their progress toward implementing the NCTSN Core Data Set.

3. Describe any previous experience your agency and your staff have had with treatments guided by a manual.

4. Learning and implementing a new intervention takes extra time, planning, and consultation. Other than sending staff to the Learning Sessions, how will you provide administrative support and change clinicians’ schedules/responsibilities in order to accommodate for the time required to a) implement a new practice, b) recruit potential clients, and c) evaluate the program?

5. While training in evidence-based practices plays an important part in dissemination, it is not enough to ensure adoption of a new practice (i.e. continued delivery of the practice with good fidelity and its spread within the agency). How will your agency work to ensure that ___________ (intervention/practice) takes hold and continues to be implemented with sufficient fidelity (e.g., youth continue to be screened and evaluated using standardized assessments, supervision/consultation in ___________ (intervention/practice) continues to be available)? To what extent are staff, including senior leadership (agency management), committed to actively participating in the Collaborative (attending team meetings, participating in conference calls) to anticipate and overcome challenges around the adoption of ___________ (intervention/practice)?

6. ___________ (intervention/practice) was designed for ______________________ (insert description of target population). How do you plan to identify and recruit potential children/youth that are appropriate for this treatment? Will you be able to begin the process of identifying potential children/youth prior to the first Learning Session? How?

7. Implementing a new intervention requires a good deal of planning and coordination that occur both prior to and following the actual training date. The “start-up phase”, which will occur approximately 6 weeks prior to the first Learning Session, will include participation in 2-3 consultation conference calls with the faculty and other members of the collaborative, as well as any steps that
need to be taken to ensure organizational readiness prior to the first training. Will your clinicians and supervisors be available to participate in the conference calls during the start-up phase? Will you be able to meet as a team to discuss organizational readiness? Will senior leadership be able to participate in these discussions?

8. When implementing a new intervention, it is always best to have a very short amount of time elapse between the training and the use of the model. Will your clinicians be able to begin implementing within 3-4 weeks of the first Learning Session? How easy or difficult will this be?

9. Do you currently have on-site case consultation supervision (as opposed to administrative only)? Will your clinicians and supervisors be available for ongoing consultation calls following the first Learning Session (clinicians: bi-monthly; administrators/supervisors: bi-monthly for the first month, then monthly; some calls will include both clinicians and administrators/supervisors)? How will staff be afforded time and access to phones to participate in the calls?

10. Please answer the following questions if you will be partnering with staff from another location to implement________ (e.g. a school, outpatient, home-based, after school program, etc.):
   a. Have you implemented_____(intervention/practice) at this location before? If yes, please describe.
   b. How will you assess trauma history?
   c. How do you plan to orient staff at your partnering agency to the _____(intervention/practice) model and program?
   d. Do you currently collect assessment information before and after treatment at this location? If yes, please describe. If no, please describe your partner’s ability and commitment to supporting program evaluation & assessing current functioning of identified children/youth.

11. Are you able to conduct the assessments typically used as part of the ______ (intervention/practice) for each of the children/youth prior to and following the intervention? (Assessments include a brief trauma history interview and self-report questionnaires).

12. Are your Core Team and other staff, as appropriate, willing to complete assessments evaluating your implementation of _______ (e.g., measures of fidelity and use of ______) and perceptions of the Collaborative experience? Who will be responsible for coordinating this type of data collection?

13. What are the key challenges you face in the implementation of ______(intervention/practice) and other evidence-based practices? 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) agency commitment to providing ongoing supervision in evidence-based practices,
(4) capacity to monitor progress toward implementation and (5) use of standardized assessments to evaluate client progress.

14. Who will be represented on the Core Team? Why have these participants been selected? Please include the names, titles, and affiliations of the people who will comprise this Core Team. (Note that at least one supervisor/administrator is required).

15. Do all proposed Core Team members have e-mail and Internet access? If not, please explain.
   □ Yes.
   □ No. Explanation:

Submit Completed Application via E-mail only. Applications must be sent to

Please direct questions about this application to Jan Markiewicz, Training Director, at jan.markiewicz@duke.edu
Information Call Preparation

Instructions for Presenters

Thank you for agreeing to hold this Information Call for Network members and their partners interested in joining a new NCTSN Learning Collaborative focused on implementation of your treatment intervention. Remember that this session will be recorded and put on our web site so it may be more far reaching than just those on the call or in the Network.

Date and Intervention Confirmation:

As a reminder, your Information Call is ________________ Your topic/time: ______________

Goals:

This Information Call has two main goals. First, for you to have some time to very briefly exhibit the intervention that you want to disseminate to the NCTSN and beyond; and second, for potential Learning Collaborative members to ask you questions about the methodology for adoption and implementation of your intervention.

You should be prepared to discuss:

a) The application requirements for this LC—both in terms of organizational resources required and past clinical experience needed for participating Team members

b) Expectations and time/energy commitment required - try to be as candid and straightforward as possible when discussing this

c) Your projected timeline for the Learning Collaborative – including when you intend to start/end the application process as well as any potential dates you may be considering for Learning Sessions

Presentation Format and Content:

Introductions: You will probably want to begin by having participants in the call introduce themselves and say a bit about the population of traumatized children they serve at their site and/or their affiliation with the Network or a Network center. You can have them add any information you wish that might be insightful as you later review the list of participants and their interests. Someone from the NCCTS will introduce you and take a roll call of sites/individuals on the call prior to introductions of participants.

Brief Overview of Intervention: If there are many centers or their partners present who are significantly unfamiliar with your intervention, you may want to give a very brief overview of the treatment.
**Intervention Learning Collaborative Discussion:** Be sure to include in your discussion the information you want potential Learning Collaborative Teams/sites to know about your program (what it is, why they might want to consider it in their sites, what it takes to implement, what they need to do first and any other prerequisites/contraindications). You can break up these presentation subjects with questions/answer periods if you wish.

**Application, Logistics, Dates, and Details:** You should discuss the application process and the application itself if you have it completed. It is also important to include all of the details regarding LC expectations, pertinent dates, and requirements for participation that you know of at this time.

If you have any questions about the content of your discussion, please contact Jan Markiewicz at Jan.Markiewicz@duke.edu or (919) 682-1552 x261.

**Materials:**

Please submit all materials you want distributed by (date).

If you have not already given an Intervention Miniseries Presentation, you will want to complete the following.

- Clear, concise, and numbered power points.
- A completed fact sheet on your intervention. We suggest using the format developed for the Cultural Competence Guidelines Project (attached). This template covers many important aspects of your intervention, including its use with different populations.*
- A completed “Training Opportunities Template” (attached), listing training requirements, upcoming training events, etc.

Having these materials available to participants ahead of time will allow you to use the call time more efficiently. All of these materials will be posted on the NCTSN web site along with the audio recording of your presentation.

**A Few Guidelines:**

- Your audience for the teleconference will be primarily other NCTSN members. However, keep in mind that familiarity with the various trauma interventions and experience in using them amongst Network members will likely vary.
- During the Q&A, encourage people to identify themselves and/or where they are from to give you a better idea of sites interested adoption and implementation of your intervention.
- Please prepare only a few (3-8) key PowerPoint slides on your intervention for your presentation. PowerPoint slides are NOT required for these calls. You may send a longer presentation or additional information for people to read ahead of or after the session (see next page).
Supplemental Materials:

If you would like to share PowerPoint slides or post any other materials that you think might interest teleconference participants, including unpublished manuscripts, bibliographies or reference lists, articles, case vignettes, and other resources - PLEASE read the following statement regarding permission to post published materials on the web site:

If you would like to post previously published materials or materials that may be copyrighted by someone other than the author on NCTSN.org, the NCCTS must be provided with a copy of the publisher’s/copyright holder’s signed permission form or the publisher's/copyright holder’s policy that would allow us to post the material. Please send this information to Cybele Merrick, Research Associate of the National Resource Center at Cybele.M.Merrick@Dartmouth.edu. If you are unsure about the status of your materials, please contact Cybele by e-mail or phone at (802) 295.9363 x5902. Cybele can also work with you to provide limited, copyright-compliant access to materials, through bibliographies or links to publishers’ web sites where appropriate. (rev. 3/2/2006)

If you have questions about posting published materials, please contact Cybele Merrick at Cybele.M.Merrick@Dartmouth.edu or (802) 295-9363 x5902.

New Learning Collaborative Information Call

Child-Parent Psychotherapy
Presenter: Patricia Van Horn - ETTN UCSF
Wed. July 26, 1pm PST (4pm ET)
Dial 1(866) 295-5950
Participant Code: 5006647#

Please join this informational call to learn about the formation of a NEW Learning Collaborative on Child-Parent Psychotherapy including:

- An opportunity to ask the intervention developer(s) questions about joining the Learning Collaborative
- Specifics about logistics, application process, and expected timeline
- Introduction to other organizations interested in the adoption of Child-Parent Psychotherapy

Questions about this and/or other NCTSN Learning Collaboratives can be directed to Jan Markiewicz at Jan.Markiewicz@duke.edu (or until July 19, to Debbie Ling at dling@mednet.ucla.edu)

Want to access materials to learn more about Child Parent Psychotherapy? Try searching for “CPP” in the KNOWLEDGE BANK at http://kb.NCTSN.org
### Organizational Readiness and Capacity Assessment

This assessment is intended to help your agency identify issues that are known to impact readiness for adoption of a new practice. Please circle the number that corresponds to how true each statement is with respect to current conditions and practices at your agency.

<table>
<thead>
<tr>
<th>Clients</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clients are currently able to be screened for trauma-related symptoms that could qualify them for the new practice.</td>
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<tr>
<td>2. We already have many clients who will benefit from the new practice based on their clinical presentation, diagnosis, and histories.</td>
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</table>

<table>
<thead>
<tr>
<th>Leadership/Clinicians/Staff</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Clinicians in our agency agree with the rationale for using the new practice.</td>
<td></td>
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<tr>
<td>4. Agency and clinical leadership actively support the adoption of the new practice for reasons clinicians can share.</td>
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<tr>
<td>5. We have on staff seasoned professionals to whom clinicians look to for support, consultation, and guidance.</td>
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<tr>
<td>6. All staff who will be affected by the new practice know changes are coming and are prepared to offer feedback for its success.</td>
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<tr>
<td>7. Our agency has a tradition of learning and changing so we do not become entrenched in the status quo.</td>
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<tr>
<td>8. The clinical orientation of the new practice is not inconsistent with that of the existing staff and leadership.</td>
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<tr>
<td>9. Staff at all levels perceives the advantage of implementing the new practice.</td>
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<tr>
<td>10. Our staff has opportunities for interaction with others in our community or around the nation who have or are currently implementing the new practice.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Our supervisors are clear about how the new practice will benefit clients.</td>
<td></td>
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<tr>
<td>12. Our agency currently provides case specific, clinical supervision (as opposed to administrative supervision) to our clinicians.</td>
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<tr>
<td>13. Supervisors are prepared to learn about the new practice through training.</td>
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<tr>
<td>14. Weekly one hour clinical supervision is the norm for new treatments implemented in our agency.</td>
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<tr>
<td>15. Clinician direct care hours can be adjusted to allow for supervision in the new practice.</td>
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</tr>
</tbody>
</table>

Circle the number that corresponds to how true each statement is with respect to current conditions and practices at your agency.

<table>
<thead>
<tr>
<th>Internal and External Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. We have collected information about key stakeholders within our agency (e.g. intake, records, and billing personnel) that might be affected by the new practice.</td>
</tr>
<tr>
<td>17. Internal and external champions or cheerleaders are in place to support implementation of the new practice.</td>
</tr>
<tr>
<td>18. We have or are developing targeted information for our identified stakeholders that answers their specific questions about the new practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program/Culture/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Our supervisors, clinicians, and staff are generally positive about changes in practice especially when they can see how it will benefit the clients.</td>
</tr>
<tr>
<td>20. There are components of the new practice that are consistent with on-going practice in our agency.</td>
</tr>
<tr>
<td>21. Case load and direct care hours can be adjusted in response to the requirements of the new practice.</td>
</tr>
<tr>
<td>22. We have measurement systems that will provide feedback on our progress in adoption of the new practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finance and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Current reimbursement mechanisms cover the new practice.</td>
</tr>
<tr>
<td>24. Current service definitions, units, provider qualifications, or financing mechanisms can accommodate the new practice.</td>
</tr>
<tr>
<td>25. Funds are available to pay for the added cost of implementing and delivering the service, even if they must be shifted from other areas.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Therapists have adequate time to formally learn about the new practice.</td>
</tr>
<tr>
<td>27. We traditionally provide ongoing learning opportunities and consultation to clinicians learning a new practice.</td>
</tr>
<tr>
<td>28. We can provide financial and time to clinicians wishing to learn a new practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Our clinicians and supervisors have high speed, broadband access to the internet, intranet, internet, email, and learning and feedback about the new practice.</td>
</tr>
</tbody>
</table>

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*This project was funded in part by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of HHS, SAMHSA, or CMHS.*
Announcing the Learning Collaborative Intranet

Get Connected! With all your collaborative partners from across the country!

http://intranet.nctsnet.org

A password protected “intranet” site has been set up to provide a common workspace and information-sharing forum for all participants of the National Breakthrough Series and Regional Learning Collaboratives. The site is currently being populated so feel free to browse as soon as you receive your log-in information.

**We expect to be able to register new members by the first week of August. Each participant in the Learning Collaborative will receive log-in and password.**

The site will feature the following:

- **Events Calendar**: one master calendar for all Learning Collaborative activities.
- **Learning Session Meeting Space**: to share documents, agendas, tasks, bulletins, list of attendees, etc. with your Learning Collaborative team members.
- **Contacts/Participants Database**: will include all Learning Collaborative participants. Each person can be designated as part of one or several Learning Collaborative teams.
- **Announcements**: for all general updates on NCTSN training and adoption activities including the NCTSN Training and Adoption Bulletin.
- **Links**: a place to post helpful or interesting web site addresses for others to visit.
- **Tasks**: lists of items that can be assigned to a particular team or person.
- **Meeting Space**: members with MSN passports can sign on simultaneously to “meet” online and work in a common space.
- **Document Upload/Share Space**: members can upload any documents to be shared with their team. You can also create a workspace to share comments or post your input on a particular document. For instance, you can post a MS Word survey and each participant can post their completed survey.
- **Online/Dynamic Survey/PDSA Cycles/Collaborative Measures**: There will be the capability to post certain monthly updates, PDSA cycles, and required measures in an online survey so that real-time progress can be charted and compared in Excel spreadsheets and graphs.
The faculty for the Western Trauma-Focused Cognitive-Behavioral Therapy Learning Collaborative is pleased to inform you that your application for participation in the Collaborative has been accepted!

We are beginning an exciting year-long journey by a group of organizations committed to adopting and implementing TF-CBT with children and their non-offending caregivers. Sites throughout the Network and partner settings will be participating in this unique learning community. The organizations attending the first Learning session are:

- Presbyterian Children’s Homes and Services
- SCAN Inc.
- Montana Center for Investigation and Treatment of Childhood Trauma
- Methodist Children’s Home
- ITS-Girls
- Child and Adolescent Traumatic Stress Services Center of Southern Arizona
- DePelchin Children’s Center

We are hoping to create a group experience and environment that promotes the best opportunity for adoption and implementation of TF-CBT within each organization participating in the Collaborative. Here are some of the elements that will be a part of the Learning Collaborative experience.

- A face-to-face learning session with TF-CBT program developer Dr. Anthony Mannarino.
- Three face-to-face learning sessions with Roy Van Tassell, MS, LPC, Family & Children Services and Dr. Robyn Igelman, Chadwick Center for Children & Families.
- Two pre-learning session calls to discuss organizational readiness and the pre-work prior to the learning session. Each team will complete an organizational readiness assessment as a group to consider their strengths and needs as an organization changing practice.
- Twice monthly group telephone consultation with expert faculty on relevant topics related to successful adoption and implementation of TF-CBT.
- Participation by clinical supervisors in all sites in all phases of the collaborative experience.
- Access to a website specially designed for this learning collaborative to facilitate communication among participants and provide easy access to information about the group.
- Utilization of a continuous quality improvement model to capture small trials of change. Simple, focused measures will be devised to monthly gauge success.
- Materials and resources available to support the learning experience. Feedback and evaluation from participants will inform and help shape the learning collaborative experience.

We look forward to meeting everyone in Tucson and want to encourage each of you to contact us if you have any questions regarding your participation in the Learning Collaborative!

Roy Van Tassell
Robyn Igelman
Jan Markiewicz
Travel Information for Learning Session 1

- **Start/End Time:** The Learning Sessions will begin at 8:30 am and conclude each day at 5:00 pm. Please make every effort to stay for the entire session on the second day.
- **Location:** The first Learning Session is scheduled in Tucson, Arizona on February 23 and 24. The Child & Adolescent Traumatic Stress Services Center of Southern Arizona is hosting the Learning Session but no hotel or conference room has been booked at this time.

More information about hotel arrangements, the conference room where the training will take place, meals during the day, and the ground transportation to and from the airport will be relayed to you as soon as it is confirmed.

### Announcing the Learning Collaborative Intranet

Get Connected! With all your collaborative partners from across the country!

http://intranet.nctsnet.org

A password protected “intranet” site has been set up to provide a common workspace and information-sharing forum at for all participants of the National Breakthrough Series and Regional Learning Collaboratives. The site is currently being populated so feel free to browse as soon as you receive your log in information.

**The site will feature the following:**
- **Events Calendar** – one master calendar for all Learning Collaborative activities
- **Learning Session Meeting Space** – to share documents, agendas, tasks, bulletins, list of attendees, etc. with your Learning Collaborative team members.
- **Contacts/Participants Database** – will include all Learning Collaborative participants. Each person can be designated as part of one or several Learning Collaborative teams.
- **Announcements** – for all general updates on NCTSN training and adoption activities including the NCTSN Training and Adoption Bulletin.
- **Links** – a place to post helpful or interesting website addresses for others to visit
- **Tasks** – lists of items that can be assigned to a particular team or person
- **Innovative Ideas to Steal and Share** – collaborative members have a place to share relentlessly innovations and improvements. (and steal, too)
- **Meeting Space** – members with MSN passports can sign on simultaneously to “meet” online and work in a common space.
- **Document Upload/Share Space** – members can upload any documents to be shared with their team. You can also create a workspace to share comments or post your input on a particular document. For instance, you can post a MS Word survey and each participant can post their completed survey.
- **Online/Dynamic Survey/PDSA cycles/Collaborative Measures** – There will be the capability to post certain monthly updates PDSA cycles and required measures in an online survey so that real-time progress can be charted and compared in Excel spreadsheets and graphs.
The pre-work phase includes a diverse set of activities aimed at preparing teams for Learning Session 1. Conference calls, increasing exposure and understanding of the intervention and meeting with your team to discuss readiness to adopt a new practice are essential aspects of this phase of the collaborative experience.

Pre-work Calls

** All calls will use the same conference line:
Dial: 1-888-296-6500
Participant code: 235501

Senior Leader’s Call
December 15 at 10 a.m. PST/1 p.m. EST
Call Information– Dial 1-866-295-5950; Guest 5006647

Logistics Call
January 5 at 11 a.m. PST/ 2:00 p.m. EST (Optional)
30 minutes
Brief call to review lodging, travel and respond to other questions about the Learning Collaborative

Pre-work Call 1
January 12 at 11 a.m. PST/ 2 p.m. EST.
Agenda
Welcome to all Teams
Brief introduction of all teams and faculty
Review of the Pre-work phase and assignments
Discussion about readiness to implement 2-4 weeks after LS 1
Brief overview of the collaborative experience
Questions

Pre-work Call 2
February 16 at 11 a.m. PST/ 2 p.m. EST.
Agenda
Roll call
Presentation by faculty regarding key clinical competencies related to the intervention
Questions

Pre-work Activity

Storyboard
It is suggested that teams start working on their Storyboard before the first pre-work call. More information on this activity is given on page 2 of this package.

Pre-reading/Work

The following tutorial and readings are required for all participants prior to attending the Learning Session 1 in March. The second Pre-work call will reference these readings as part of the discussion.


Storyboard Activity

CREATING YOUR TEAM NAME AND MOTTO

Building your Core Team is critical to the success of this work. We think that developing a team name and a short team motto will help you discuss and define your team and goals in a creative, fun and (hopefully) light-hearted way. It will also help you communicate your identity to the Faculty and to other teams. Keep in mind that these names and mottos will be yours throughout the Collaborative!

PREPARING A STORYBOARD

Each Learning Session is designed to create an environment conducive to sharing and learning. At the initial Learning Session we will be asking you to share information about your team through developing a storyboard.

A “storyboard” is a way for you to provide information about your team to the others in the Collaborative, including faculty and other teams. It must fit into a space approximately four feet by four feet. It may be created from a collection of letter-sized sheets or one large poster. (You will need to transport it with you to the Learning Session, so keep it manageable!) Boards, pushpins, scissors, and other supplies will be provided for you at the Learning Session.

Your audience will be the other participating teams and faculty who are not familiar with your site or your team. Therefore, your storyboard should be as clear and concise as possible.

Recommended Storyboard Outline

- Provide a brief description of your site with the site’s name shown prominently;
- List your team name, team motto, team members (including Senior Leader), and their titles;
- Provide a brief description of your pilot population (the target children and youth you will be utilizing the intervention with);
- Help us know your team and their strengths! Be creative! What qualities and characteristics of your team members make them unique.
- Introduce us to your community, culture, region---we want to know the context that your team is delivering this intervention.

Organizational Readiness

All teams are asked to complete the Organizational Readiness Assessment as a team by December 8th and send it to Ben Uhrich (benjamin.uhrich@duke.edu). This is in preparation for the Senior Leader’s Call on December 15th facilitated by Charles Wilson (Call Information: Dial 1-866-295-5950; Guest Code is 5006647). Here are some suggestions about conducting the assessment:

- Use the questions as an opportunity to discuss with your team your readiness to change and do things differently as an organization.
- Make sure all team members have a voice in responding to the questions.
- Identify key successes and challenges revealed in the assessment.
- Prioritize the key areas your team will focus for improvement.

Assessment attached on email.
Overall Timeline for Western TF-CBT Learning Collaborative

SENIOR LEADERS CALL  DECEMBER 15, 10:00 AM PST / 1:00 PM EST

LOGISTICS CALL  JANUARY 5,  11:00 AM PST / 2:00 PM EST

PRE-WORK CALL  JANUARY 12,  11:00 AM PST / 2:00 PM EST

PRE-WORK CALL  FEBRUARY 16,  11:00 AM PST / 2:00 PM EST

LEARNING SESSION 1  FEBRUARY 23-24 IN TUSCON, ARIZONA

ACTION PERIOD 1

On-going Consultation Calls with Faculty
Metrics Posted by the 10th of each month

LEARNING SESSION 2:  JUNE 21-22 IN SAN DIEGO, CALIFORNIA

ACTION PERIOD 2

On-going Consultation Calls with Faculty
Metrics Posted by the 10th of each month

LEARNING SESSION 3:  LATE SEPTEMBER IN HOUSTON
Module 3 – Participating in a Learning Collaborative

Instructions for Storyboard Assignment

Creating Your Team Name and Motto

Building your Core Team is critical to the success of this work. You will be working closely together for the next year and taking some risks as you test new things in your system. We intentionally do not have much guidance for this exercise; we simply think that developing a team name and a short team motto will help you discuss and define your team and goals in a creative, fun and (hopefully) light-hearted way. It will also help you communicate your identity to the Faculty and to other teams. Keep in mind that these names and mottos will be yours throughout the Collaborative!

Preparing a Story Board

Each Learning Session is designed to create an environment conducive to sharing and learning. At each Learning Session we will be asking you to share information about the work you have done, and the improvements you have made. One way that we plan to do this is by having each team design a “storyboard.”

A “storyboard” is a way for you to provide information about your team to the others in the Collaborative, including faculty and other teams. It must fit into a space approximately four feet by four feet. It may be created from a collection of letter-sized sheets or one large poster. (You will need to transport it with you to the Learning Session, so keep it manageable!) Boards, pushpins, scissors, and other supplies will be provided for you at the Learning Session.

Your audience will be the other participating teams and faculty who are not familiar with your site, your team, or the priorities of your team. Therefore, your storyboard should be as clear and concise as possible.

Recommended Storyboard Outline

➽ Provide a brief description of your site with the site's name shown prominently
➽ List your team name, team motto, team members (including Senior Leader), and their titles
➽ Provide a brief description of your pilot population
➽ Include your team priorities
➽ Help us know your team and their strengths! Be creative!
➽ Introduce us to your community, culture, region---we want to know the context that your team is delivering this intervention
Learning Outcomes for Faculty

The establishment of measurement or data collection systems that provide feedback on agencies’ efforts to implement and adopt a new treatment or practice is central to the Learning Collaborative methodology. This module focuses on the key features of measurement as an aspect of the Model for Improvement. Learning objectives for faculty are:

- Faculty will be able to identify benefits of utilizing monthly improvement metrics to support the implementation and adoption of a new practice.
- Faculty will be able to make appropriate recommendations on metrics that participating teams may use to track progress toward implementation of the practice.
- Faculty will be able to offer teams’ suggestions about how to use the monthly metrics and also be able to use metrics to gauge teams’ progress toward collaborative goals.
- Faculty will be able to describe their role in supporting teams’ efforts to implement monthly metrics and incorporate measurement for improvement into standard practice.
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<td>Priority Tasks for Faculty</td>
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<tr>
<td>Faculty Tips for Priority Tasks</td>
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<td>Frequently Asked Questions</td>
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<td>Support Materials</td>
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</tbody>
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“I felt like this was something my whole agency took on, versus me just learning something new. We were making changes and evaluating them at all levels.”

Donna Potter
The Center for Child and Family Health-North Carolina
Participant, Breakthrough Series and CPP Learning Collaborative

Priority Tasks for Faculty

1. Understand and communicate the value of monthly improvement metrics. The ability for an agency to measure progress and performance is crucial in the process of learning, implementing, and sustaining a new practice. Measurement plays an important role in evaluating how well collaborative activities are supporting implementation and adoption efforts and in ensuring that the collaborative meets its objectives.

2. Emphasize the use of measurement for improvement, NOT for research. Participating agencies may be accustomed to collecting data for others’ use—for example, to meet the reporting requirements of government agencies or for research. In contrast, the purpose of improvement metrics is to provide timely feedback to participating agencies on their progress toward implementation and adoption and to help facilitate and sustain that progress. Faculty, in conjunction with NCCTS improvement consultants, will play a key role in assisting teams to understand, implement, and utilize metrics to improve practice.
3. **Utilize metrics that are linked directly to the goals of the Learning Collaborative.** Improvement metrics should be closely linked to the Collaborative Goals as stated in the Change Package. Some metrics will focus specifically on the primary objective(s) of the collaborative (e.g., to implement and adopt a new treatment). Others may track changes in agency practice or other improvements necessary for teams to achieve those objectives (e.g., the development of supervisory capacity in the treatment model). Faculty are encouraged to clearly explicate and repeatedly emphasize the link between goals and metrics.

4. **Ensure that data collection is quick and easy.** It is essential that Faculty “think small” in selecting improvement metrics. This contrasts practice in research, where brevity and ease of administration is often no a primary consideration.

5. **Know a good improvement metric when you see it.** An improvement metric is a single value intended to summarize a team’s current performance in a particular area and track performance or progress in that area from month to month. Therefore, metrics must be responsive to change and provide meaningful information in a single number.

6. **Plan to provide timely feedback that is visually displayed.** In order for participating teams to utilize the information from monthly metrics to inform improvement strategies, the information must be up-to-date and easily digestible. Similarly, current and informative summaries of team progress allow faculty to tailor collaborative activities to meet Collaborative Goals. Metrics are typically displayed as time series graphs referred to as “run charts.”

“The benefit of focusing on new skills, while simultaneously hearing how other sites were implementing TARGET, led to a greater understanding of the range of possibilities for using TARGET. The continual exposure to the process of implementing new strategies also contributed to continued attempts to implement across settings.”

Connie Black-Pond
Southwest Michigan Children’s Trauma Assessment Center
Participant, Target Learning Collaborative
Understanding and communicating the value of monthly improvement metrics.

**Tips:**

Key reasons for collecting monthly metrics to recognize and convey to collaborative participants:

- Measures are crucial elements teams use to evaluate their progress toward the Collaborative Goals.
- Measures are necessary to determine if the changes teams are testing (e.g., PDSA cycles) result in improvements.
- Measures can be used to refine changes and focus the team's efforts where they are most needed.
- Continuing to measure progress over time has proved critical for sustaining best practices.

**Presentation Idea**

Communicate the potential value of monthly metrics by using a “real life” analogy, for example, beginning a weight loss or fitness program. Without a metric such as weight, inches, or heart rate, how would one determine if one was making consistent progress toward a goal? Similarly, without any type of measurement, it would be difficult to ascertain if one’s change efforts, be they diet or exercise, were having the intended effects. Finally, sustaining one’s gains (or in using this example, losses) is likely to depend on continued measurement, at least in the short term.
Priority 2:

Emphasize the use of measurement for improvement, NOT for research.

Tips:

First and foremost, improvement metrics should provide meaningful and useful feedback to collaborative participants.

- Remember this information is for THEM. As much as the planning team, developers, and faculty would like to know about the use of the practice in community settings, monthly metrics are a means for teams to assess their own progress toward implementation and adoption and factors affecting that progress.

- Faculty should carefully consider which measures can usefully and feasibly be collected monthly and which need only be administered once or twice and are therefore better suited to the overall evaluation of the collaborative. (See Module 5: Evaluation)

- Faculty can provide valuable examples of how monthly metrics can be used to support implementation and adoption or make the case for more consistent usage or widespread implementation of the practice (e.g., in team meetings or supervision, in presentations to boards or potential funding sources). For example, in a prior collaborative, metrics data helped one team secure funds to support broader implementation of the practice. Metrics data also alerted teams to low levels of caregiver participation in treatment, therefore indicating the need for greater support for improvements in this area.

Presentation Idea

Provide an opportunity, preferably at a Learning Session, for participants to become familiar with how to use metrics. For example, distribute sample data for metrics and ask participants to brainstorm about their meaning and possible reasons for the patterns observed, with practical suggestions and discussion of how they might apply this information.
Priority 3:

Utilize metrics that are linked to the goals of the Learning Collaborative.

Tips:

➽ All improvement requires change, but not all changes lead to improvement. It is crucial that participants understand the relationship between Collaborative Goals, metrics, and their efforts to change and innovate. Help teams understand this vital connection so that they are not developing small tests of change without carefully considering their goals and spreading those changes without consulting their metrics.

➽ There are two broad categories of metrics—outcome and process. Outcome metrics follow directly from the collaborative’s primary goal(s). Where the primary goal is to provide training in a new treatment and support its implementation and adoption, measures of use and fidelity are logical outcome metrics. Examples include number of youths receiving the treatment during the past month and percentage of therapists implementing all components of the treatment (for all cases seen) during this period.

➽ Process metrics focus on changes in organizational practices or other systems and procedures that may require improvement to successfully implement and adopt the new treatment. These practices (e.g., use of standardized assessments to measure client progress, the capacity to provide ongoing supervision in the treatment) should be outlined in the Change Package. Examples of process metrics include the percentage of clients receiving the treatment who have completed the NCTSN Core Data Set and the average number of hours of supervision specific to the treatment or practice received during the past month.

Activity

At the Learning Session, during a phone consultation or other forum in which faculty can serve as improvement consultants, give participants the opportunity to get hands-on experience working with goals, metrics, and PDSAs. Ask teams to use the Change Package and Collaborative Goals to (1) identify an area or process in which an improvement would be beneficial, (2) develop a metric to track progress in that area, (3) discuss the area or process and come to a shared understanding of potential barriers and limitations to making changes, and (4) identify one or more small tests of change to improve the process.
Priority 4:

Ensure that data collection is quick and easy.

Tips:

➽ Consider developing a small number of metrics (two or five) required of all participating teams. Then, work with teams to identify one or two additional metrics specific to potential implementation challenges faced by their particular agency (e.g., the use of standardized assessments or obtaining appropriate referrals from schools).

➽ Use instruments that are brief and straightforward (one to five items). In some cases, a single measure can be used to generate more than one metric, thereby minimizing burden while maximizing information that is gathered.

➽ Utilize existing data wherever possible (e.g., information in electronic record systems, case notes, and assessment tools already being used).

➽ Leverage technology. In some cases, collection of data for metrics can be automated by incorporating requisite information into electronic record systems. For example, including a field that codes any type of evidence-based treatment clients are receiving allows an agency to automatically track the total number of current cases receiving a particular treatment. Additionally, commercially available programs, such as Microsoft Excel, can be used to streamline the process of computing and graphing metrics.

“The overall structure, mission and design of the BSC/Learning Collaborative provided a format—including the use of specific measures—which “holds your hand to the plow”, so to speak, and was very helpful for keeping our energy and focus on implementing the model.”

Roy Van Tassell
Family and Children’s Services/Oklahoma Child Traumatic Stress Treatment Collaborative
Participant in Breakthrough Series and Faculty for Western TF-CBT Learning Collaborative
Module 4 – Measurement for Improvement: Monthly Metrics

Priority 5:

Know a good improvement metric when you see it.

Tips:

In general, a measure does not constitute a metric. Instead a single value or statistic must be calculated from a measure or other data. To be useful indicators of improvement, metrics must be appropriately responsive to change. In creating metrics:

➽ Be certain that baseline levels are not too high (e.g., you want a fidelity metric that can show improvements over the course of the collaborative).

➽ Make sure that change could be expected within the time frame specified. For example, it is best not to use metrics requiring data that cannot be collected until the end of treatment, such as percentage of youth completing treatment.

➽ Use statistics that are not unduly affected by outliers (e.g., median, or middle score, rather than mean or average).

➽ Consider “extreme percentage” statistics to measure the high or low end of the scale (e.g., the percentage of clinicians receiving less than one-hour of supervision in the treatment during the past month rather than average hours of supervision).

➽ Use ratios (percentages) to adjust for the impact of natural changes to the system (e.g., the percentage of children seen at an agency that are screened for referral to the treatment rather than the number of children screened).

“Therere were so many things that impacted the way I think and do business in my position at Chadwick. Learning about PSDA cycles has been invaluable to our office and has helped us to make some great changes to our policies and procedures. Also, thinking about monitoring the changes we make and whether or not they are working has been very helpful.”

Robyn Igelman
Chadwick Center
Participant, Breakthrough Series and
Faculty, Western TF-CBT Learning Collaborative
**Priority 6:**

**Plan to provide timely feedback that is visually displayed.**

**Tips:**

➽ Metrics should be plotted in time order on a regular basis. These plots are called “run charts.”

➽ Ensure that visual displays of metrics are easy to understand and informative. Annotating run charts with key changes tested by teams and other events (e.g., collaborative activities) can provide useful feedback.

➽ If faculty assume responsibility for computing and plotting metrics, be sure to provide feedback to teams in a timely fashion (e.g., within five business days).

➽ Faculty should review run charts/metrics regularly to assess teams’ progress and glean other information to guide collaborative activities. Charts can be integrated into a monthly (or bi-monthly) collaborative progress report.

---

**Graph:**

Plan to provide timely feedback that is visually displayed.

<table>
<thead>
<tr>
<th>(BL)</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>11</td>
<td>17.1</td>
<td>29</td>
<td>42</td>
<td>41</td>
<td>75</td>
<td>67</td>
<td>70</td>
<td>69</td>
<td>78</td>
<td>80</td>
</tr>
</tbody>
</table>

- Began distribution, care over pamphlet
- Introduced TF-CBT screening protocol
- Learning Session 1
- Learning Session 2

**Goal:** 75%
### Frequently Asked Questions

**Q:** When should teams establish monthly metrics?

**A:** In collaboratives where participants are receiving training in a treatment that they have not implemented previously, we recommend that teams begin collecting metrics when they first begin implementing the new treatment. To meet that target, faculty should be ready to introduce an initial set of metrics at or before the first Learning Session. It is recommended that teams be given the option to subsequently add one or two individualized metrics once they have identified implementation goals and challenges specific to their agency (e.g., through consultation faculty at the second Learning Session).

**Q:** Should one person on a team be responsible for tracking and reporting the monthly metrics, or should the responsibility be shared among team members?

**A:** Procedures for tracking and reporting metrics are likely to vary across teams. For example, in some cases one person will be responsible for all functions related to metrics, whereas in other cases one person may collect the data, another person enter it, while a third person is responsible for providing feedback to the team. At the same time, we suggest that each team identify a primary contact person to whom faculty and other collaborative participants can direct communications regarding metrics.

**Q:** How is a metric different from a typical measure or assessment instrument?

**A:** A metric is a single value which may be generated from an existing instrument or from a newly developed short reporting form. In either case, the key is that the resultant metric is meaningful and useful as a stand-alone value (i.e., without having to refer to each individual assessment). It is also critical that the measure chosen to produce this metric be brief and easy to implement in a community agency setting.
<table>
<thead>
<tr>
<th>Q: Do faculty need IRB approval to receive and share metrics among collaborative participants?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: By definition, improvement metrics are collected for purposes of quality improvement, not research. Moreover, reported metrics should not include private health information or any identifiable information on clients receiving the treatment. As long as these parameters are adhered to, implementing improvement metrics should not require IRB review. However, if faculty plan to ask collaborative participants to collect additional data for research while gathering metrics, such efforts must be approved (or designated exempt) by the faculty's local IRB.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Should teams continue to collect and review metrics after the third Learning Session?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Across a variety of healthcare improvement initiatives, continuing to measure progress and performance, along with ongoing support from senior leaders, has proved to be a critical factor for sustaining best practices. Moreover, teams often do not fully meet their implementation goals by the end of the collaborative. Therefore, we recommend that teams continue to collect and actively use improvement metrics even after the collaborative formally ends. However, teams may want to use fewer metrics, or different ones, or collect and review metrics less frequently (e.g., quarterly rather than monthly).</td>
</tr>
</tbody>
</table>
Glossary of Terms for Module 4

**Monthly Improvement Metrics:** Monthly improvement metrics are measures designed to summarize a team’s current progress toward the collaborative’s goals and to track progress toward those goals over time. Each metric is a single value which may be generated from an existing instrument or from a newly developed short reporting form.

**Outcome Metric:** Outcome metrics follow directly from the collaborative’s primary goal, which typically is to implement and adopt a new treatment with good fidelity.

**Process Metric:** Process metrics focus on changes in organizational practices or other systems and procedures that may require improvement to successfully achieve the collaborative’s primary goal.

**Run Chart:** A run chart, also known as a line chart, tracks progress/performance in a particular area by plotting data over time. Typically monthly improvement metrics are displayed as run charts.

“There was so much ongoing support, consultation, and guidance in this Learning Collaborative. I got to learn so much from my peers, from their successes, failures, and challenges. In the past, when I have been to workshops to learn interventions, without the ongoing support and consultation, it was very difficult to stick with it and fully implement new things that I learned in a workshop-only situation.”

Kristine Buffington
Cullen Center of Toledo Children’s Hospital
Participant, Target Learning Collaborative
Module 4 – Measurement for Improvement: Monthly Metrics

List of Support Materials

- Faculty Checklist
- Sample Collaborative Goals and Associated Metrics
- Sample Metrics: The Sample Improvement Metrics Summary Form provides an example of a set of metrics for a Learning Collaborative and describes how these metrics would be collected
- Sample Measures Used for Metrics
- Overview of Metrics Presentation

Faculty Checklist

Measurement for Improvement: Monthly Metrics

- Identify priority areas to track using the monthly metrics; these areas should reflect the goals of the collaborative.
- Specify a set of metrics and develop any forms necessary to collect information required to compute the metrics.
- Develop procedures for gathering data collection forms, computing and graphing metrics, and making metrics available to teams in a timely manner.
- Develop a plan for introducing teams to monthly metrics; plan should clearly convey the potential benefits of utilizing improvement measures as well as instructions for collecting the metrics.
- Develop mechanisms for helping teams use the metrics by incorporating metrics into activities at the Learning Sessions and during the action periods.
Sample Collaborative Goals and Associated Metrics

Assessment

➤ **General Goal:** Children referred for psychotherapy are screened for referral to TF-CBT using a protocol that incorporates standardized assessments.

➤ **Specific Measurable Goal:** By December 2007, 80% of all children age 7 or older who are referred for psychotherapy will be screened for referral to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) using the trauma screen from the NCTSN Core Data Set and the UCLA PTSD-RI.

➤ **Sample Metric:** Percentage of children age 7 or older who had a psychotherapy intake during the past month who were screened for TF-CBT using the NCTSN trauma screen and UCLA PTSD-RI, as documented in the case record. (Case record should indicate use of these assessments and referral decision.)

Fidelity

➤ **General Goal:** Clinicians who provide TF-CBT will implement the model with adequate fidelity.

➤ **Specific Measurable Goal:** By December 2007, clinicians providing TF-CBT will consistently administer all TF-CBT PRACTICE Components unless clinically contraindicated or circumstances preclude (e.g., no caregiver involvement in treatment is possible).

➤ **Sample Metric:** Percentage of clinicians currently providing TF-CBT who “Almost Always” administered all TF-CBT PRACTICE Components, based on supervisor report. (A comparable metric could be developed from documentation in the client record or case management system.)

Training

➤ **General Goal:** Agency staff who provide psychotherapy to traumatized children receive basic training in TF-CBT

➤ **Specific Measurable Goal:** By December 2007, 90% of agency staff who provide psychotherapy to traumatized children will have attended an in-person basic training in TF-CBT or have completed the online TF-CBT training (TF-CBTWeb).

➤ **Sample Metric:** Percentage of staff providing psychotherapy to traumatized children who have completed basic training in TF-CBT (i.e., attended an in-person training or completed TF-CBTWeb) as documented in their personnel file.

Supervision

➤ **General Goal:** Clinicians who provide TF-CBT receive ongoing supervision in the model.

➤ **Specific Measurable Goal:** By December 2007, clinicians who are currently providing TF-CBT will receive a minimum of two hours of supervision in TF-CBT per month. Group supervision, individual supervision, or expert consultation can be used to fulfill this requirement.

➤ **Sample Metric:** Percentage of clinicians with an open TF-CBT case who reported receiving at least two hours of supervision in TF-CBT during the past month.
<table>
<thead>
<tr>
<th>No.</th>
<th>Metric Name</th>
<th>Description of Metric</th>
<th>Data Collection Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Number of cases receiving TF-CBT</td>
<td>Number of cases identified as receiving at least one session of TF-CBT during the past month. Only clients who are receiving the full TF-CBT treatment model according to the manual are included in this count.</td>
<td>Metric will be computed from QIII of Monthly Tracking Form for Therapists. [Minimum number is 0, Maximum is 25]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Percentage of TF-CBT clients that are currently receiving or successfully completed TF-CBT</td>
<td>Percentage of clients (i.e., children and their caregivers) who received one or more session of TF-CBT through agency who are still receiving TF-CBT or completed treatment (i.e., percentage who did not drop out before completing treatment).</td>
<td>Metric will be computed on tally from QIII of Monthly Tracking Form for Therapists. Only clients who began TF-CBT since the start of the collaborative should be included in calculating this percentage. [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>2.2</td>
<td>Percentage of therapists providing Psychoeducation Component with moderate skill or better</td>
<td>Percentage of therapists who reported implementing the TF-CBT PRACTICE Component - Psychoeducation with moderate skill or better during the past month.</td>
<td>Metric will be computed from QIV.1 of Monthly Tracking Form for Therapists. Only therapists who provided TF-CBT during the past month and used this component are considered in calculating this percentage. [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>2.3</td>
<td>Percentage of therapists providing Parenting Skills Component with moderate skill or better</td>
<td>Percentage of therapists who reported implementing the TF-CBT PRACTICE Component - Parenting Skills with moderate skill or better during the past month.</td>
<td>Metric will be computed from QIV.2 of Monthly Tracking Form for Therapists. (See data collection plan for Metric 2.2 for instructions for computing this metric.) [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>2.4</td>
<td>Percentage of therapists providing Cognitive Coping and Processing Component with moderate skill or better</td>
<td>Percentage of therapists who reported implementing the TF-CBT PRACTICE Component - Cognitive Coping and Processing with moderate skill or better during the past month.</td>
<td>Metric will be computed from QIV.6 of Monthly Tracking Form for Therapists. (See data collection plan for Metric 2.2 for instructions for computing this metric.) [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>2.5</td>
<td>Percentage of therapists providing Trauma Narrative Component with moderate skill or better</td>
<td>Percentage of therapists who reported implementing the TF-CBT PRACTICE Component - Trauma Narrative with moderate skill or better during the past month.</td>
<td>Metric will be computed from Monthly Tracking Form for Therapists. (See data collection plan for Metric 2.2 for instructions for computing this metric.) [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>2.6</td>
<td>Percentage of therapists providing Enhanced Safety Skills Component with moderate skill or better</td>
<td>Percentage of therapists who reported implementing the TF-CBT PRACTICE Component - Enhanced Safety Skills with moderate skill or better during the past month.</td>
<td>Metric will be computed from QIV.7 of Monthly Tracking Form for Therapists. (See data collection plan for Metric 2.2 for instructions for computing this metric.) [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>3.1</td>
<td>Percentage of therapists who received 2-hours or more of supervision in TF-CBT</td>
<td>Percentage of therapists with one or more current/open TF-CBT cases who report receiving 2-hours or more of TF-CBT supervision through their agency during the past month.</td>
<td>Metric will be computed from QII of Monthly Tracking Form for Therapists. Any therapists who provided TF-CBT or had an open TF-CBT case during the past month should be considered in calculating this percentage. [Min. percentage is 0, Max. is 100]</td>
</tr>
<tr>
<td>4.1</td>
<td>Percentage of TF-CBT sessions with significant caregiver involvement</td>
<td>Percentage of TF-CBT sessions provided during the past month for which therapists reported that caregiver participated in an individual caregiver meeting or a conjoint meeting of 25 minutes or longer.</td>
<td>Metric will be computed from QIII of Monthly Tracking Form for Therapists. Metric is percentage of total sessions for which a caregiver or conjoint session of 25 minutes or longer was reported. Only clients who received at least one TF-CBT session during the past month should be included in this count. [Min. percentage is 0, Max. is 100]</td>
</tr>
</tbody>
</table>

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**Module 4 - Measurement for Improvement: Monthly Metrics**

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**Sample Improvement Metrics Summary Form from TF-CBT Learning Collaborative**

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Learning Collaborative Toolkit • National Child Traumatic Stress Network • www.NCTSN.org
### Module 4 – Measurement for Improvement: Monthly Metrics

#### Sample Monthly Tracking Form for Therapists from TF-CBT Learning Collaborative

**Your TF-CBT LC ID:** ______  
**Reporting period:** ______ / ______  

*Please e-mail or fax a copy of this form to [NCCTS RA] on or before the 5th of each month (e-mail: [NCCTS RA e-mail]), fax: 919-667-2350, ph: 919-682-1552, x258.*

**I. How much consultation in TF-CBT did you receive from the Collaborative faculty (e.g., through participation in conference calls) during the past month? (Check only one)**

- [ ] 1 Did not receive TF-CBT consultation this past month
- [ ] 2 less than 30 minutes
- [ ] 3 30-59 minutes
- [ ] 4 60-119 minutes
- [ ] 5 120-179 minutes
- [ ] 6 180 minutes or more

**II. How much supervision in TF-CBT did you receive during the past month? Include individual, group, or peer supervision with TF-CBT cases and guidance in TF-CBT components/skills that you received through your agency. Do not include consultation in TF-CBT received from collaborative faculty. (Check only one)**

- [ ] 0 Did not receive supervision in TF-CBT through agency
- [ ] 1 less than 30 minutes
- [ ] 2 30-59 minutes
- [ ] 3 60-119 minutes
- [ ] 4 120-179 minutes
- [ ] 5 180-239 minutes
- [ ] 6 240 minutes or more

☐ Check here if you had no open TF-CBT cases anytime this month in which case you do not need to complete the remainder of this form.

**III. Please complete the table below for clients who, during the past month, (1) received one or more sessions of TF-CBT or (2) terminated TF-CBT (i.e., dropped out of or completed TF-CBT). Remember to delete client identifiers before submitting.**

<table>
<thead>
<tr>
<th>Client Identifier (e.g., initials, med rec #)</th>
<th>Western TF-CBT LC Client Identification Number (enter 3-digit ID)</th>
<th>Number of TF-CBT sessions received this past month1 (circle response)</th>
<th>No. of times– met/ spoke individually with caregiver or met conjointly with child &amp; caregiver– for 25 min. or more in the past month (circle response)</th>
<th>Treatment Status as of the end of this reporting period/past month (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 ≥ 5</td>
<td>0 1 2 3 4 ≥ 5</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3 4 ≥ 5</td>
<td>0 1 2 3 4 ≥ 5</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3 4 ≥ 5</td>
<td>0 1 2 3 4 ≥ 5</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td>1 continuing 2 completed 3 dropped out</td>
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<td>0 1 2 3 4 ≥ 5</td>
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<td>1 continuing 2 completed 3 dropped out</td>
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<tr>
<td>0 1 2 3 4 ≥ 5</td>
<td>0 1 2 3 4 ≥ 5</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td>1 continuing 2 completed 3 dropped out</td>
<td></td>
</tr>
</tbody>
</table>

1 Count as one TF-CBT session 1) a session where you met individually with the child only, 2) a session where you met individually with the child and also met individually with his/her caregiver, or 3) a session where you met individually with the child (or caregiver) and also met conjointly with the child and caregiver.

**IV. Please choose the response that best describes your understanding and skill in implementing each of the specified components of TF-CBT during the past month.**

| TF-CBT PRACTICE Component | Your understanding and skill in implementing component during the past month:  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychoeducation (e.g., directive education about normal reactions to trauma)</td>
<td>Did not use</td>
</tr>
<tr>
<td>2. Parenting Skills (e.g., time out, praise, selective attention, reinforcement plans)</td>
<td>Did not use</td>
</tr>
<tr>
<td>3. Relaxation (explained physiology of relaxation and/or instructed on relaxation methods)</td>
<td>Did not use</td>
</tr>
<tr>
<td>4. Affective Expression (assisted child in accurately identifying feelings) and Regulation (e.g., using imagery, positive self-talk)</td>
<td>Did not use</td>
</tr>
<tr>
<td>5. Cognitive Coping and Processing (e.g., educating child on &quot;cognitive triangle&quot;)</td>
<td>Did not use</td>
</tr>
<tr>
<td>6. Trauma Narrative (developing and working with child to modify cognitive distortions throughout narrative)</td>
<td>Did not use</td>
</tr>
<tr>
<td>7. In Vivo Exposure (worked on in-vivo desensitization plan to resolve avoidant behaviors)</td>
<td>Did not use</td>
</tr>
<tr>
<td>8. Conjoint Parent-Child Treatment (shared trauma narrative or other conjoint activity)</td>
<td>Did not use</td>
</tr>
<tr>
<td>9. Enhanced Safety Skills (e.g., developed a safety plan)</td>
<td>Did not use</td>
</tr>
</tbody>
</table>
Overview of Metrics Presentation

Overview of Monthly Improvement Metrics

Lori Ebert, Ph.D.
NCCTS, Duke University

Introduction

**WHY is the SPARCS Collaborative using improvement metrics?**

- The ability for an agency to measure progress and performance is critical to the process of learning, implementing, and sustaining a new practice.
- Measurement plays an important role in evaluating how well collaborative activities are supporting implementation efforts and in ensuring that the collaborative meets its objectives.
Module 4 – Measurement for Improvement: Monthly Metrics

At first you might think:

• This sounds like research
• Blah, blah, blah

But hear us out…

Why Use Metrics?

• So…WHY use metrics?
• Metrics are crucial for teams to be able to evaluate progress toward the goals of the collaborative.
Why Use Metrics?

Metrics evaluate progress toward the Collaborative goals of:

- **Implementation**—Use of SPARCS
- **Fidelity**—Administration of SPARCS with good fidelity
- **Adoption**—Ongoing use of SPARCS after the collaborative

Why Use Metrics?

Metrics can help teams evaluate their progress toward implementation:

- Metrics provide feedback about whether a team is implementing the treatment at the level they had intended.
- To be of benefit, teams need to review metrics and consider factors affecting their progress.
Module 4 – Measurement for Improvement: Monthly Metrics

Why Use Metrics?

Metrics can help teams evaluate their progress toward the collaborative goal of fidelity:

- Metrics for one collaborative alerted teams to low levels of caregiver participation in treatment indicating a need for greater support for improvements in this area.
- Metrics for the SPARCS Collaborative will provide feedback about therapists’ comfort and skill implementing key components of SPARCS.

Why Use Metrics?

Metrics can help teams evaluate their progress toward the collaborative goal of adoption:

- Continuing to measure progress over time has proved critical for sustaining best practices.
- Measurement is increasingly important for sustainability.
- The availability of ongoing training is essential for adoption; therefore SPARCS metrics will provide feedback about supervisory capacity.

Metrics from another collaborative helped one team secure funding to support broader implementation of the practice.
Why Use Metrics?

Looking ahead:

• Metrics help teams evaluate their progress toward collaborative goals.
• Metrics are also necessary to determine if the changes teams are testing result in improvements.

Metrics tell you whether changes are actually helping your team meet its goals.

WHAT will the metrics measure?

The metrics will measure progress toward the collaborative goals of:

• Implementation of SPARCS
  _ Number of youth receiving SPARCS during the past month

• Fidelity to SPARCS
  _ Percentage of youth who missed one SPARCS sessions or fewer during the past month
  _ Percentage of sessions, during the past month, for which therapists report implementing key SPARCS components with moderate skill or better

• Supervision and training to support adoption of SPARCS
  _ Percentage of therapists who received 2-hours or more of supervision in SPARCS during the past month
HOW will we do the metrics?

- NCCTS will help teams get started by computing metrics from information that therapists enter into two forms:
  - SPARCS Check-In, Check-Out, & Attendance Log
  - SPARCS Monthly Rating Form for Therapists

- Therapists will e-mail or fax a copy of the Rating Form for Therapists to Tonya Elliott at the NCCTS by the 5th of each month. For November metrics, therapists are asked to submit their Rating Forms by December 5.

- One therapist from each SPARCS group will also be responsible for submitting a copy of the SPARCS Check-In, Check-Out, & Attendance Log to Tonya by the 5th of each month.

HOW will we do the metrics?

- To protect therapists’ and group members’ confidentiality, your team’s data manager will assign a SPARCS Learning Collaborative (LC) ID to each member of your team and an Evaluation Number to each adolescent. IDs will be used to label forms for metrics and the SPARCS evaluation.

- The NCCTS will compute and post graphs of your team’s metrics on the collaborative intranet by the 15th of each month. Raw data (e.g., individual therapists’ ratings) will NOT be posted.
HOW will we do the metrics?

Completing the Monthly Rating Form for Therapists

- Enter your SPARCS Learning Collaborative ID and the Reporting Period.
- If you did not provide SPARCS during the past month, answer Question 1, mark the check box provided, and submit your form to Tonya.
- Complete the SPARCS Components Table:
  - Circle session numbers for SPARCS sessions conducted during the past month.
  - Choose and enter ratings that describe your skill and comfort in implementing SPARCS components applicable to those sessions.
  - E-mail or fax your completed form to Tonya.

WHO are the metrics for?

- Metrics are NOT collected for SAMSHA, the National Center or the SPARCS Faculty.
- Monthly improvement metrics are collected so that YOU can improve your practice.
- The purpose of metrics is (1) to provide timely feedback to teams on their progress toward implementation and adoption of SPARCS and (2) to help facilitate and sustain that progress.
Module 5:
Evaluation

Learning Outcomes for Faculty

In an effort to continuously improve the application of the Learning Collaborative approach and its application to child trauma treatment practices, and to evaluate the extent to which the collaborative meets its training, adoption, and implementation goals, it is recommended that a thorough evaluation be conducted as part of the collaborative experience. This module provides an overview of recommended evaluation activities. Learning objectives for faculty are:

- Faculty will be able to convey to collaborative participants the purpose and potential benefits of evaluating the impact and experience of collaborative participation.

- Faculty will be able to identify primary domains to assess in the collaborative evaluation and constructs to consider measuring within each of these domains.

- Faculty will be aware of design and measurement issues to consider in planning the collaborative evaluation.
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“Learning Collaboratives are essential for the full adoption of evidenced-based treatment interventions. The Southern Regional Learning Collaborative, by far, was the most valuable all-around training experience for our clinicians and was a tremendous benefit to the children and families that we serve.”

Donna Humbert
Family and Children’s Services, Trauma Intervention Center for Children and Adolescents
Participant, Southern Regional Learning Collaborative, TF-CBT BSC, Child-Parent Psychotherapy Collaborative

Priority Tasks for Faculty

1. **Identify the main questions that are to be addressed by the collaborative evaluation and design an evaluation of appropriate scope to address those questions.** An evaluation of an NCTSN Learning Collaborative should typically address questions in two broad areas: (1) the collaborative’s impact on the implementation and adoption of the practice in which participants are being trained and (2) the use and perceived utility of the Learning Collaborative methodology (particularly as compared to other training or implementation approaches). The purpose and structure of the collaborative and resources available for data collection will determine the scope of the evaluation.

2. **Assess organizational readiness and capacity.** One of the underlying assumptions of the Learning Collaborative methodology is that to successfully implement a new evidence-based practice an agency must (1) demonstrate a minimum level of organizational readiness to adopt the intervention and (2) continue to build organizational capacity at the agency/management level. Therefore, organizational readiness is one factor to consider in screening agencies for inclusion in the collaborative. Additionally, it is important to evaluate the extent to which participating agencies continue to build organizational capacity through their participation in the collaborative.

3. **Gather basic information about collaborative participants’ professional background and experience.** The professional training and experience (e.g., prior exposure to evidence-based treatments) of collaborative participants is often diverse. To be able to accurately describe the collaborative (e.g., to key stakeholders) and appropriately interpret evaluation data, it can be helpful to obtain basic information about participants’ professional background and experience.
4. **Assess the extent to which participating agencies actually used the practice and are likely to do so in the future.** The primary goal of the Learning Collaborative methodology is to explicitly support the implementation and adoption of the practice in which collaborative participants are being trained. The aim is not only to teach providers a new practice, but to ensure that they have the resources and skills necessary to appropriately use the practice. Therefore, assessing use is critical in evaluating the impact of the collaborative experience.

5. **Assess the manner and skill with which providers administered the treatment.** Appropriate implementation assumes delivery of the treatment with sufficient fidelity to improve outcomes for traumatized children and families. Therefore, assessing the manner and skill with which providers administer the treatment is another important aspect of evaluating the impact of the collaborative.

6. **Use standardized approaches to screen and measure client progress.** Training in evidence-based practices frequently includes some information on the use of standardized assessments to screen clients for their appropriateness for the intervention and to evaluate their progress in treatment. Standardized assessments are also necessary to evaluate whether providers are implementing the treatment with sufficient fidelity to address clients’ symptoms and problems.

7. **Plan to collect evaluation data at two or more different times over the course of the collaborative, preferably prior to the beginning of the first Learning Session and after the conclusion of the final Learning Session.** It is important to collect data at multiple times (at least two), if possible before the beginning of the collaborative (during the Prework Phase) and again after the last Learning Session, in order to better understand the impact of participation on the skill level of providers, client outcomes, and the implementation and adoption of the treatment or practice at the various agencies.

8. **Plan to conduct a comprehensive assessment of the collaborative experience, preferably at the time of the third Learning Session.** Adaptation and use of the Learning Collaborative methodology to support the implementation and adoption of evidence-based practices is a new initiative for the NCTSN and the field of child trauma. It is imperative that we continue to evaluate this methodology and adapt it to better support agencies that serve traumatized children.
Priority 1:

Identify the main questions the collaborative evaluation should address and design an evaluation of appropriate scope to address those questions.

Tips:

➽ The goals of the collaborative as stated in the Change Package should help guide the main evaluation questions.

➽ The goals of the collaborative may also affect the evaluation design. For example, in a collaborative focused on implementation and adoption in agencies with prior exposure to a practice, collecting baseline data (e.g., on use and fidelity) would be desirable, whereas this would not be not necessary if participants had not been implementing the practice prior to the start of the collaborative. However, it is generally desirable to collect baseline data on specific process indicators (e.g., therapist knowledge or skill in the intervention) before and after participation in the collaborative.

➽ The evaluation design should take into consideration resources available (e.g., for data collection) at participating agencies. To reduce the burden, consider using information already being collected for other purposes (e.g., data used to generate improvement metrics, measures in the NCTSN Core Data Set).

➽ Set clear expectations for participation in evaluation activities. The nature and purpose of the evaluation should be described in the applications so that interested agencies are adequately informed about the time and resources they will be expected to commit to the evaluation. Evaluation procedures and activities should be communicated to participants during the Prework Phase (e.g., as an agenda item on a conference call).

➽ Clearly explaining the purpose of evaluation activities, including potential benefits to participating agencies, can be helpful in increasing buy-in. This information can be conveyed at the Learning Sessions, on conference calls, and in the evaluation materials themselves (see the sample cover letter in Support Materials).
Module 5 – Evaluation

Priority 2:

Assess organizational readiness and capacity.

Tips:

➽ When assessing organizational readiness in the application or at Prework Phase, it is essential to encourage agencies to be realistic in their assessments (e.g., by recognizing that all participants will need to build capacity and skill in the particular intervention in order to successfully implement it).

➽ In developing or selecting an organizational readiness assessment, it is important to make sure that the tool is clear, relevant to the interventions being implemented, and makes sense to the organizations involved.

There are several areas worth considering in evaluating organizational readiness and capacity. (see Sample Organizational Readiness Measure in Support Materials.)

➽ The extent to which agency leaders and other key stakeholders are adequately informed about and demonstrate commitment to implementing the new treatment or practice.

➽ The availability of resources (e.g., staff, training, technology) necessary to administer and utilize standardized assessment approaches for screening clients for the new treatment and for evaluating client progress/outcomes.

➽ The availability or development of capacity to provide supervision in new treatment and agency support for ongoing supervision in the treatment.

Priority 3:

Gather basic information about collaborative participants’ professional background and experience.

Tips:

➽ In order to appropriately interpret evaluation findings (e.g., differences among participating teams in degree of implementation) it can be useful to obtain some information about the professional background and experience of collaborative participants.

➽ Knowing the participant audience can also assist in directing collaborative activities.

➽ Consider assessing prior exposure to evidence-based treatments and use of therapeutic approaches similar to the new treatment as well as education, years of experience, etc. (see sample background and experience questionnaire in Support Materials).
Module 5 – Evaluation

Priority 4:

Assess the extent to which participating agencies actually used the practice and are likely to do so in the future.

Tips:

There are a number of potential areas to consider in evaluating the extent to which the collaborative’s implementation goals were met (see sample use survey in Support Materials):

➽ Number of clients (i.e. children or families) who received the treatment or practice from a collaborative participant (clinician or other provider) at each of the participating agencies.
➽ Number of agency staff receiving training in the new treatment at each participating agency who were able to implement it.
➽ Specific plans by participating agencies for future or ongoing use of the treatment after the collaborative formally ends (e.g., treatment groups scheduled to begin after third Learning Session).

Priority 5:

Assess the manner and skill with which providers administered the treatment.

Tips:

Obtaining the type of fidelity data usually collected in efficacy studies (e.g., coding of audiotaped sessions) is generally beyond the scope of evaluation for NCTSN Learning Collaboratives. Fidelity measures to consider include:

➽ Clinicians’ (or other providers’) self-report of (1) use of components of treatment model and/or (2) skill and comfort in implementing treatment components/model (see sample clinician self-report form in Support Materials).
➽ Supervisors’ ratings of their supervisees (1) use of components of treatment model and/or (2) skill and comfort in implementing treatment components/model (see sample supervisor rating form in Support Materials).
➽ Number of clients receiving treatment from collaborative participants who completed treatment or who received an adequate treatment course (e.g., participated in at least 12 sessions of a 16 session group intervention).
➽ Number of clients with whom the treatment protocol was completed within recommended time frame (e.g., 16 to 20 sessions).
Module 5 – Evaluation

Priority 6:

Use standardized approaches to screen and measure client progress.

Tips:
- Network members should be implementing the NCTSN Core Data Set, which includes several measures of client symptoms and functioning (i.e., PTSD-RI, CBCL, and TSCC).
- An extensive battery of assessments as is typically required in treatment efficacy studies is generally outside the scope of the collaborative evaluation. However, it is appropriate to expect participating agencies that are not NCTSN members to collect one or two client measures.
- Relevant regulatory issues (i.e., IRB, HIPAA) must be considered before any client-level data is shared with Collaborative Faculty or staff.

Priority 7:

Plan to collect evaluation data at two or more different times over the course of the collaborative, preferably prior to the beginning of the first Learning Session and after the conclusion of the final Learning Session.

Tips:
- It is preferable that this data be collected before the beginning of the first Learning Session and after the last Learning Session. However, an additional mid-collaborative evaluation may also be conducted depending on the goals and resources of the specific collaborative.
- The evaluation can be introduced as part of the Prework Phase and data can be collected in preparation for a conference call (e.g., addressing organizational readiness) or the first Learning Session.
- In a collaborative where all of the participants are new to the practice, certain measures may now be applicable at the beginning (e.g., an assessment of providers’ skill in implementing the practice).
Module 5 – Evaluation

**Priority 8:**

Plan to conduct a comprehensive assessment of the collaborative experience, preferably at time of the third Learning Session.

**Tips:**

▶ The evaluation should cover participants’ use and perceptions of the Learning Collaborative methodology (particularly as compared to other training or implementation approaches) as well as key training activities.

▶ It is useful to obtain narrative data via focus groups or interviews as well as questionnaire data from participants regarding their experience.

Areas of interest to consider evaluating (see Support Materials for sample feedback questionnaire and focus groups questions):

▶ Extent of participation in key collaborative activities, including attendance at Learning Sessions, participation in conference calls, use of PDSAs, and completion of monthly improvement metrics. Some of this information is best obtained over the course of the collaborative (e.g., by consistently taking and documenting attendance on conference calls).

▶ Perceived utility of various training activities utilized in the collaborative (e.g., interactive skill practice at the Learning Sessions, consultation with faculty between Learning Sessions).

▶ Perceived utility of various aspects of the Learning Collaborative methodology including use of multiple Learning Sessions spread out over time, emphasis on organizational change and involvement of supervisors and senior leaders, other aspects of the Collaborative Change Package, PDSAs, improvement metrics, and the Intranet.
<table>
<thead>
<tr>
<th>Q: Can improvement metrics be used to evaluate the overall success of a collaborative?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: If the goals for the collaborative are specific and measurable and the metrics for the collaborative were selected based on those goals, then metrics may be used to evaluate the success of the collaborative. Of course metrics can only be used for evaluation if teams consistently collect them. Faculty may also want to consider using some of the raw data used to compute metrics for purposes of evaluation, assuming appropriate protections are in place (e.g., participant data is not individually identifiable).</td>
</tr>
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</table>

<table>
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<tr>
<th>Q: Are collaborative members required to participate in evaluation activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: The application for the collaborative should clearly indicate that participating agencies will be expected to collect data to evaluate their own progress and the success of the collaborative as a whole. Agencies accepted into the collaborative should indicate a willingness and capacity to participate in evaluation activities. Nevertheless, participation in evaluation activities is voluntary and individuals can choose not to complete all or certain portions of the evaluation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: Do faculty need approval from their local IRB to conduct an evaluation of the learning collaborative they are leading?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Evaluation of learning collaboratives, as described in this toolkit, is not conceived of as research. That is, its purpose is not to yield generalizable knowledge, but rather to determine the extent to which the collaborative met its goals and to inform future training efforts. Although evaluation activities are not conceived of as research, we strongly recommend that faculty consult with their local IRBs before collecting any evaluation data and apply for an exemption if so required. Faculty are also responsible for ensuring that any client data they collect is HIPAA compliant.</td>
</tr>
</tbody>
</table>
Q: If one of the faculty is planning to use evaluation data for a small research project (e.g., addressing the effectiveness of the treatment collaborative participants are learning), does this project need to be reviewed by the faculty's local IRB?

A: YES. However, it is possible that the local IRB would grant an exemption (e.g., if no additional data beyond that obtained for evaluation purposes is required and none of the data received is identifiable).
Glossary of Terms for Module 5

**NCTSN Core Data Set:**
The NCTSN Core Data Set is a standardized set of domains (e.g., client demographics) and measures (UCLA Post-traumatic Stress Disorder Reaction Index) to be collected across NCTSN centers.

**Efficacy Study:**
An efficacy study is conducted to determine if a treatment shows an effect in a controlled trial.

**Fidelity Measures:**
For purposes of a Learning Collaborative, fidelity measures include any measures that evaluate adherence to the treatment model or the skill with which the treatment is being administered.

“Having been in the trauma field for 20 years, I have never been as excited as I am now about our field’s ability to respond to clinician’s requests to adopt and deliver best practice! The attention to clinical competence alongside implementation competence in the model is a training breakthrough that will transcend clinical practice.”

Lisa Amaya-Jackson, MD, MPH
National Center for Child Traumatic Stress
Associate Director
Module 5 – Evaluation

Support Materials Module 5

List of Support Materials

- Faculty Checklist
- Sample Evaluation Cover Letter
- Sample Background and Experience Questionnaire
- Sample Clinician Self-Report Form
- Sample Supervisor Rating Form
- Sample Survey on Implementation
- Sample Feedback Questionnaire (SPARCS)
- Sample Feedback Questionnaire (Breakthrough Series)
- Sample Focus Group Guide

Faculty Checklist

Evaluation

- Determine the scope of evaluation, specify the main questions to be addressed, and identify the domains that should be assessed to address those questions.
- Draft an evaluation plan. Plan should include evaluation questions, domains to be assessed, data sources for each domain, and a data collection plan that specifies when and how assessments will be administered.
- Contact your institution’s office for human subjects’ protection/ institutional review board to identify any regulatory issues that need to be addressed before implementing the evaluation plan.
- Develop evaluation materials and procedures (e.g., specify measures, develop forms and procedures for assigning identification numbers, identify a primary evaluation contact at each participating agency).
- Implement evaluation. Follow-up with participating agencies as necessary to ensure a high-level of participation.
- Analyze evaluation data.
- Provide summary of key findings from evaluation to participating agencies and the NCCTS. Reporting evaluation findings is a critical component of the Network’s efforts to continue to improve the Learning Collaborative methodology.
Sample Evaluation Cover Letter

December 21, 2006

{Name}
{Center/Agency}
{Address1}
{Address2}

Dear {Name BSC Day-to-Day Manager},

At the start of the New Year, the Breakthrough Series Collaborative (BSC) planning team along with the NCCTS would like to express our deepest appreciation for the commitment and initiative that your BSC team has demonstrated to date. We have been impressed at the efforts made by each of the BSC teams to undertake the challenge of improving quality of care for traumatized children through innovation, skillful use of PDSA cycles, and the opportunity for systematic self-assessment offered by the monthly metrics.

Enclosed you will find materials for the first set of assessments for Phase I of the External Evaluation of the BSC. Phase I of this evaluation focuses on adoption and implementation of TF-CBT. For Phase I, each BSC team will complete a series of assessments to be administered twice, once in late January and once at the end of the BSC. Phase II of the External Evaluation, which will be implemented later in the initiative, will focus on the Breakthrough Series model per se, for example, your team's work with PDSA cycles and your perceptions of the utility of the BSC model for implementing evidence-based practices.

The enclosed Phase I evaluation materials include: (1) a detailed set of instructions for implementing the evaluation, (2) a CD that contains three Excel files that your team will use to enter some information for the evaluation, and (3) hard copies of the assessments selected members of your BSC team will be asked to complete later this month. (Electronic versions of the assessments are on the CD). This packet also includes a pre-paid Fed-Ex mailer for your team to use to submit the completed evaluation materials, which should be returned to the NCCTS no later than Friday, February 17. Note that, in contrast to the improvement metrics, your team does not need to complete these assessments every month, just once in January and again at the end of the BSC.

As you know, the NCTSN BSC is a ground-breaking attempt to employ methods that have been used extensively to support improvements in the field of health care to improve services for traumatized children and their families. Your contributions to this evaluation, which is designed to gauge the utility of the BSC, are critical, not only to the success of this effort, but also to the mission of the Network, which is to improve the standard of care and increase access to services for traumatized children and their families. As a token of our appreciation for your efforts, we have included a $25 gift card for you or the individual on your BSC team whose responsibility it will be to coordinate this evaluation. Additionally, at the end of the BSC, we will provide your team with aggregate data from the evaluation for your agency’s use.

We very much look forward to working with you and your team to make this initiative a success. Please don’t hesitate to contact Dr. Lori Ebert, who is coordinating the evaluation, if there is any way we can be of assistance.

Sincerely,

John Fairbank, Ph.D.
Co-Director, NCCTS

Robert Pynoos, MD, MPH
Co-Director, NCCTS

Lori Ebert, Ph.D.
Sample Background and Experiences Questionnaire (SPARCS) Module 5

Your LC ID#: _______________ Date completed: ____/____/____

This questionnaire asks for some information about your background and professional experience. We are gathering this information in order to be able to broadly describe participants in the SPARCS Learning Collaborative. Please complete this form and place it in the envelope provided. Turn in the sealed envelope with all your completed evaluation materials before leaving the Learning Session. Thank you for your help!

1. What role(s) do you hold for purposes of the SPARCS Learning Collaborative? (Check all that apply)
   1. Administrator  [ ] Do you help decide policies & procedures for your agency?  [ ] Yes  [ ] No
   2. Supervisor  [ ] Did you provide supervision in SPARCS between 7/05 and 6/06?  [ ] Yes  [ ] No
   3. Clinician
   4. Other. Please specify: __________________________

2. What is your age? ________

3. What is your gender? 1 [ ] Male  2 [ ] Female

4. What is your race/ethnicity? (Check only one)
   1. Caucasian
   2. African-American
   3. Hispanic or Latino
   4. American Indian or Alaska Native
   5. Asian
   6. Native Hawaiian or other Pacific Islander
   7. Other, Specify: __________________________

5. What is your most advanced degree? (Check only one)
   1. High school degree
   2. Degree from 2-year college
   (e.g., BA, BS)
   3. Degree from 4-year college
   4. Masters in social work
   5. (Other) Masters degree (e.g., MA, MS)
   6. Doctor of Medicine (MD)
   7. (Other) Doctoral degree (e.g., Ph.D, Psy.D)

6. How many years have you provided psychotherapy? ________ year(s)

7. Do you currently provide clinical supervision in SPARCS or any other treatment(s)?
   1. Yes  [ ] For how many years have you provided clinical supervision? ________ year(s)
   2. No

8. Excluding clients receiving SPARCS, how frequently have you used cognitive behavioral therapies with your psychotherapy clients during the past 5 years? (Check only one)
   0. Never
   1. Rarely (1-5% of clients)
   2. Occasionally (6-25% of clients)
   3. Sometimes (26-50% of clients)
   4. Often (51-75% of clients)
   5. Almost always (76% of clients or more)

Using the table below, please describe your experience with manualized psychotherapy/treatment, prior to participating in the SPARCS Learning Collaborative.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Received training in treatment</th>
<th>Provided treatment to clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. SPARCS</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>10. TARGET</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>11. Life Skills/Life Story</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>12. TST (Trauma Systems Therapy)</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>13. TF-CBT (Trauma-Focused CBT)</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>14. PCIT (Parent-Child Interaction)</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>15. CBITS (Cognitive Behavioral)</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
<tr>
<td>16. Other manualized treatment(s), Specify:</td>
<td>1 [ ] Yes  2 [ ] No</td>
<td>1 [ ] Yes  2 [ ] No</td>
</tr>
</tbody>
</table>
Module 5 – Evaluation

17. Which of the Learning Sessions for the SPARCS Learning Collaborative have you attended? (Check all that apply)
   1□ Learning Session 1 (7/05)  2□ Learning Session 2 (1/06)  3□ Learning Session 3 (6/06)

18. Between July 2005 and June 2006, the SPARCS Collaborative offered monthly telephone consultations with SPARCS faculty and NCCTS staff for supervisors. About how many of these “SUPERVISOR” calls were you able to participate in? (Check only one; if you’re not a supervisor, check “Not a supervisor.”)
   0□ Not a supervisor  1□ 1 call  2□ 2-3 calls  3□ 4-5 calls  4□ 6 calls  5□ all 7 calls

19. Between July 2005 and June 2006, the SPARCS Collaborative offered monthly “ALL” telephone consultations with SPARCS faculty and NCCTS staff for all Collaborative participants. About how many of these “ALL” Collaborative calls were you able to participate in? (Check only one)
   1□ 1 call  2□ 2-3 calls  3□ 4-5 calls  4□ 6-7 calls  5□ all 8 calls

20. Please choose the response that best describes your experiences providing SPARCS during your participation in the SPARCS Collaborative (between July 2005 and June 2006). (Check only one)
   1□ Did not provide SPARCS  3□ Proved SPARCS in individual psychotherapy format only
   2□ Provided SPARCS in group format only  4□ Provided SPARCS in both group format and individual psychotherapy

If you are a supervisor and did not receive any supervision in SPARCS (individual or group) at your agency during your participation in the SPARCS Collaborative, you do not need to complete the remainder of this questionnaire.

21. During the past few months (between Mar 2006 and June 2006), about how often did you receive individual supervision in SPARCS from a supervisor at your agency? (If your SPARCS group ended prior to this time frame, refer to the supervision you received during the last 4 months of your group)
   1□ Did not receive individual supervision in SPARCS at my agency  2□ Less than once a month
   3□ Once a month  4□ Twice a month  5□ Three times a month  6□ Four times a month or more

22. During the past few months, in general how long were the sessions of individual supervision in SPARCS that you received at your agency? (Check only one)
   0□ Did not receive individual supervision in SPARCS at my agency  1□ Less than 15 minutes
   2□ 15-29 minutes  3□ 30-59 minutes  4□ 60 minutes or more

23. During the past few months, how useful were the sessions of individual supervision in SPARCS that you received at your agency? (Check only one)
   0□ Did not receive individual supervision in SPARCS at my agency  1□ Not at all useful
   2□ A little useful  3□ Somewhat useful  4□ Very useful  5□ Extremely useful

24. During the past few months (between Mar 2006 and June 2006), about how often did you receive group supervision in SPARCS from a supervisor or in a team meeting at your agency? (Check the best response)
   1□ Did not receive group supervision in SPARCS at my agency  2□ Less than once a month
   3□ Once a month  4□ Twice a month  5□ Three times a month  6□ Four times a month or more

25. During the past few months, in general how long were the sessions of group supervision in SPARCS that you received (from a supervisor or in team meetings) at your agency? (Check the best response)
   0□ Did not receive group supervision in SPARCS at my agency  1□ Less than 15 minutes
   2□ 15-29 minutes  3□ 30-59 minutes  4□ 60 minutes or more

26. During the past few months, how useful were the sessions of group supervision in SPARCS that you received at your agency? (Check the best response)
   0□ Did not receive group supervision in SPARCS at my agency  1□ Not at all useful
   2□ A little useful  3□ Somewhat useful  4□ Very useful  5□ Extremely useful
I. Please choose the response that best describes your current (as of June 2006) skill and comfort in implementing the SPARCS model.

<table>
<thead>
<tr>
<th></th>
<th>Not at all/ Never</th>
<th>A little/ Rarely</th>
<th>Somewhat/ Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I can identify children and adolescents for whom SPARCS is an appropriate treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>I am able to implement all treatment components when providing SPARCS to children/adolescents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>I am able to implement treatment components in the order described in the SPARCS manual, unless there are compelling clinical reasons to deviate from this order</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>I am able to progress from one treatment component to the next in a time frame consistent with a time-limited treatment model of 10 – 22 sessions, unless there are compelling clinical reasons to deviate from this model</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>I can effectively teach SPARCS skills in a manner that fits each child’s/adolescent’s developmental level, interests and culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>I can effectively use activities, exercises and role-play techniques that are appropriate to each child’s/adolescent’s developmental level, interests and culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>I am careful to encourage children/adolescents to directly discuss personal or trauma experiences only to the extent to which the youth is comfortable doing so in group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>I can effectively use professional skills in group process to engage all participants in the group in a culturally sensitive manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>I can effectively adapt material (exercises and role plays) in a manner that is relevant/appropriate to group members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>I am able to prioritize problems with children/adolescents that have multiple problems and crises so that SPARCS remains the focus of therapy sessions, unless there are compelling clinical reasons to change focus</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>I am able to effectively link material children/adolescents bring to group to the session content for that day or to previous session content</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>I am able to effectively reinforce concepts and skills learned previously in subsequent sessions and throughout the course of treatment (e.g., through routine use of SPARCS-specific language, such as “MUPS” or “Wise Mind”, or by tying clients’ concerns of the day to previous skills and concepts learned)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>I encourage group members to use skills between sessions and/or discusses situations when members could have used skills but didn’t.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>I am able to effectively balance creativity, flexibility and fidelity to the SPARCS model in order to implement the model in a way that fits the child’s/adolescent’s developmental level, interests and culture.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

II. Please choose the response that best describes your skill and comfort in implementing each SPARCS component with your current (or most recent) SPARCS group/cases.

<table>
<thead>
<tr>
<th>SPARCS Component</th>
<th>Your comfort/skill in implementing component with current/recent SPARCS cases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did not use</td>
</tr>
<tr>
<td>15. MINDFULNESS</td>
<td>1</td>
</tr>
<tr>
<td>16. LET’S GO (problem solving and meaning making)</td>
<td>1</td>
</tr>
<tr>
<td>17. MAKE-A-LINK (communication &amp; relationship building)</td>
<td>1</td>
</tr>
<tr>
<td>18. DISTRESS TOLERANCE</td>
<td>1</td>
</tr>
<tr>
<td>19. Psychoeducation</td>
<td>1</td>
</tr>
<tr>
<td>20. 3 states of mind</td>
<td>1</td>
</tr>
<tr>
<td>21. Trauma &amp; trust issues</td>
<td>1</td>
</tr>
<tr>
<td>22. Labeling triggers and managing emotion</td>
<td>1</td>
</tr>
<tr>
<td>23. Mind-body connection between emotions and physiologic responses to stress</td>
<td>1</td>
</tr>
<tr>
<td>24. Using activities and role plays to enhance group participation</td>
<td>1</td>
</tr>
</tbody>
</table>
Sample Supervisor Rating Form (SPARCS)

Your LC ID#: ___________   Your Supervisee’s LC ID#: ___________   Date completed: __/__/__ __/__/__

Please complete this form by July 7 and return it to the NCCTS in the postage-paid envelope provided in your evaluation packet. Thank you for your help.

I. Please choose the response that best describes this supervisee’s current (as of June 2006) skills in implementing the SPARCS model.

<table>
<thead>
<tr>
<th>My supervisee:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is able to identify children and adolescents for whom SPARCS is an appropriate treatment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Implements all treatment components when providing SPARCS to children/adolescents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Implements treatment components in the order described in the SPARCS manual, unless there are compelling clinical reasons to deviate from this order</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Progresses from one treatment component to the next in a time frame consistent with a time-limited treatment model of 10 – 22 sessions, unless there are compelling clinical reasons to deviate from this model</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Effectively teaches SPARCS skills in a manner that fits each child’s/adolescent’s developmental level, interests and culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Effectively uses activities, exercises, and role-play techniques that are appropriate to each child’s/adolescent’s developmental level, interests and culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>7. Is careful to encourage children/adolescents to directly discuss personal or trauma experiences only to the extent to which the youth is comfortable doing so in group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>8. Effectively uses professional skills in group process to engage all participants in the group in a culturally sensitive manner</td>
<td>1</td>
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<tr>
<td>9. Effectively adapts material (exercises and role plays) in a manner that is relevant/appropriate to group members</td>
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<tr>
<td>10. Is able to prioritize problems with children/adolescents that have multiple problems and crises so that SPARCS remains the focus of therapy sessions, unless there are compelling clinical reasons to change focus</td>
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<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>11. Effectively links material children/adolescents bring to group to the session content for that day or to previous session content</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Effectively reinforces concepts and skills learned previously in subsequent sessions and throughout the course of treatment (e.g., through routine use of SPARCS-specific language, such as “MUPS” or “Wise Mind”, or by tying clients’ concerns of the day to previous skills &amp; concepts learned)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Encourages group members to use skills between sessions and/or discusses situations when members could have used skills but didn’t</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Effectively balances creativity, flexibility, and fidelity to the SPARCS model in order to implement the model in a way that fits the child’s/adolescent’s developmental level, interests and culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
II. Please choose the response that best describes this supervisee’s skill in implementing each SPARCS component with his/her current (or most recent) SPARCS group/cases. Choose “Don’t know” if you do not have enough information to evaluate the supervisee’s skill with a particular; choose “Did not use” if he/she did not use the component.

<table>
<thead>
<tr>
<th>SPARCS Component</th>
<th>Don’t know</th>
<th>Did not use</th>
<th>Minimal</th>
<th>Minimal to moderate</th>
<th>Moderate</th>
<th>Moderate to advanced</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. MINDFULNESS</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>16. LET’M GO (problem solving &amp; meaning making)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>17. MAKE-A-LINK (communication &amp; relationship building)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>18. DISTRESS TOLERANCE</td>
<td>0</td>
<td>1</td>
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<tr>
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<td>2</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Sample Survey on Implementation (SPARCS)

The purpose of this questionnaire is to systematically gather information about the use of SPARCS at agencies participating in the SPARCS Learning Collaborative. We appreciate your time and effort in helping us collect these important data.

* Please identify your agency from the list provided:

- ☐ 3005-00–Agency A
- ☐ 3005-01–Agency A-subcenter 1
- ☐ 3021-00–Agency B
- ☐ 3021-01–Agency B-subcenter 2
- ☐ 3029-00–Agency C
- ☐ 3035-00–Agency D
- ☐ 3036-00–Agency E
- ☐ 6001-00–Agency X

1. Between July 2005 and June 2006, did any clinicians provide SPARCS to youth through your agency?
   - ☐ Yes
   - ☐ No _ Go to Question 5

2. During this time period, how many clinicians provided SPARCS to youth through your agency?
   ___ number

3. Did all of the clinicians providing SPARCS through your agency during this time period attend at least one Learning Session for the SPARCS Learning Collaborative?
   - ☐ Yes, all attended at least one Learning Session _ Go to Question 5
   - ☐ No

4. How many of these clinicians did not attend any of the SPARCS Learning Sessions?
   ___ number

5. Between July 2005 and June 2006, did any individuals who were not clinicians (e.g. teachers, child care workers) provide SPARCS to youth and/or their parents/caregivers through your agency?
   - ☐ Yes
   - ☐ No _ Go to Question 7

6. During this time period, how many individuals who were not clinicians provided SPARCS to youth and/or their parents/caregivers through your agency?
   ___ number

7. Between July 2005 and June 2006, did your agency conduct any SPARCS groups using the 22-session model?
   - ☐ Yes
   - ☐ No _ Go to Question 11

8. During this time period, how many 22-session model SPARCS groups did your agency conduct? (Please include groups that are ongoing as well as those that have finished.).
   ___ number

9. During this time period, how many youth participated in a 22-session model SPARCS group (i.e. attended at least one 22-session model SPARCS group session) through your agency?
   ___ number
10. During this time period, how many youth participating in a 22-session model SPARCS group through your agency completed 15 or more SPARCS group sessions? (If none, enter “0”).
   ___number

11. Between July 2005 and June 2006, did your agency conduct any SPARCS groups using the 10-session model?
   1☐ Yes
   2☐ No _ Go to Question 16

12. During this time period, how many 10-session model SPARCS groups did your agency conduct? (Please include groups that are ongoing as well as those that have finished.).
   ___number

13. During this time period, how many youth participated in a 10-session model SPARCS group (i.e. attended at least one 10-session model SPARCS group session) through your agency?
   ___number

14. During this time period, how many youth participating in a 10-session model SPARCS group through your agency attended 7 or more SPARCS group sessions or attended 70% of the SPARCS sessions? (If none, enter “0”).
   ___number

15. How many meetings were required to complete the 10-session model?
   ___number

16. Between July 2005 and June 2006, did any youth receive SPARCS in individual psychotherapy only through your agency? (Please do not count youth who were assessed for SPARCS, but did not receive treatment. Also do not count youth who also participated in a SPARCS group. If all youth who received SPARCS in individual psychotherapy were also in a SPARCS group, please check “No”.)
   1☐ Yes
   2☐ No _ Go to Question 19

17. During this time period, how many youth received SPARCS in individual psychotherapy only through your agency? (Please do not count youth who also participated in a SPARCS group.)
   ___number

18. How many of the youth who received SPARCS in individual psychotherapy only during this time period attended 70% of the SPARCS sessions (i.e. 7 out of 10 if receiving the 10-session model, 15 out of 22 if receiving the 22-session model)?
   ___number

19. Between July 2005 and June 2006, how many youth received SPARCS in both individual psychotherapy and in group through your agency?
   ___number

20. During this time period, how many parents or caregivers of youth receiving SPARCS also participated in one or more SPARCS sessions (either in multi-family group, individual or conjoint family therapy format)?
   1☐ None
   2☐ 1 or 2 families
   3☐ 3 - 5 families
   4☐ 6 - 10 families
   5☐ More than 10 families participated
21. Between July 2005 and June 2006, the SPARCS Collaborative offered 7 monthly phone consultations with SPARCS faculty and NCCTS staff for supervisors. Was at least one person from your team able to participate on each of these “SUPERVISOR” calls?

1. Yes  _ Go to Question 23  
2. No

22. About how many of these 7 “SUPERVISOR” calls was someone from your team able to participate in?

0. 0 calls  
1. 1 call  
2. 2-3 calls  
3. 4-5 calls  
4. 6 calls

23. Between July 2005 and June 2006, the SPARCS Collaborative offered 8 monthly “ALL” Collaborative phone consultations with SPARCS faculty and NCCTS staff for all Collaborative participants. Was at least one person from your team able to participate on each of these “ALL” Collaborative calls?

1. Yes  _ Go to Question 25  
2. No

24. About how many of these 8 “ALL” Collaborative calls was someone from your team able to participate in?

0. 0 calls  
1. 1 call  
2. 2-3 calls  
3. 4-5 calls  
4. 6-7 calls

25. Did your agency administer the NCTSN Core Data Set Baseline and/or Follow-up Assessments to youth who received SPARCS?

1. Yes  _ Go to Question 27  
2. No

26. Were any youth who received SPARCS through your agency evaluated using any standardized assessments of current symptoms/problems or functioning?

1. Yes  
2. No

27. Does your agency have specific plans for delivering SPARCS after June 2006, for example, new groups scheduled, referral sources identified?

1. Yes  
2. No  _ Go to End of Questionnaire

28. Please describe the plans your agency has made to deliver SPARCS in the future:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Thank you for completing this questionnaire and helping to make the evaluation of the SPARCS Learning Collaborative a success.
Sample Feedback Questionnaire (SPARCS) Module 5

Your LC ID#: _______________  Date completed: ___/___/____

Please choose the response that best describes how useful you found each of the following aspects of the SPARCS Learning Collaborative.

<table>
<thead>
<tr>
<th>How useful have you found:</th>
<th>Not at all useful</th>
<th>A little useful</th>
<th>Somewhat useful</th>
<th>Very useful</th>
<th>Extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teaching/training on the SPARCS model delivered in lecture format by the faculty at the Learning Sessions</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>2. Interactive skill practice at the Learning Sessions; including use of role plays, games and other experiential activities to demonstrate and practice skills</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>3. Small group activities or discussion (e.g., with your team, by affinity group) at the Learning Sessions</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>4. Opportunities to share (offer and receive) ideas with staff from other teams/agencies at the Learning Sessions</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>5. Opportunities to share (offer and receive) ideas with staff from other teams/agencies on conference calls</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>6. Monthly “All” Collaborative conference calls during which faculty offered consultation in SPARCS</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>7. Inclusion of material (e.g., lectures, calls, hand-outs) addressing organizational readiness practices (i.e. factors necessary for an organization to implement an evidenced-based treatment like SPARCS)</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>8. Inclusion of material focused on supervisory practice</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>9. Inclusion of material addressing how to partner with other agencies</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>10. Inclusion of material addressing youth engagement</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>11. Inclusion of material on how to sustain and continue to improve the practice of SPARCS at your agency after this Learning Collaborative ends</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>12. The Intranet as a tool for basic information about collaborative activities (e.g., call schedules, announcements, agendas)</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>13. The Intranet as a tool for sharing ideas (e.g., innovative approaches to implementing SPARCS) and materials (e.g., forms, brochures) with other teams/agencies</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
<tr>
<td>14. The Intranet as a tool for learning about and applying the Model for Improvement, including the Change Package, PDSAs and the monthly metrics</td>
<td>1  □</td>
<td>2  □</td>
<td>3  □</td>
<td>4  □</td>
<td>5  □</td>
</tr>
</tbody>
</table>

Question 15 applies only to supervisors; if you are not a supervisor, please continue with Question 16.

15. Monthly “Supervisor” conference calls during which faculty offered consultation in SPARCS for supervisors | 1  □             | 2  □           | 3  □            | 4  □        | 5  □             |

16. In comparison with a single training of comparable length (i.e. one 5 or 6-day training), how useful did you find having three learning sessions over a period of 11 months? Would you say that having three learning sessions was:

1 □ less useful than a single training
2 □ about equally useful as a single training
3 □ more useful than a single training
Module 5 – Evaluation

17. The three learning sessions for this collaborative occurred over a period of 11 months. Do you think it would have been more useful if the learning sessions occurred:

1 □ over a shorter period of time (closer together)
2 □ over a longer period of time (farther apart)
3 □ or was the length of the collaborative/time between learning sessions about right

18. The learning sessions for this collaborative were two days. Do you think it would have been more useful to have had:

1 □ one day learning sessions
2 □ three day learning sessions
3 □ or was two days about right

Please indicate how important each of the following was for supporting your (or your supervisees’) efforts to administer all the components of SPARCS as specified in the model.

<table>
<thead>
<tr>
<th>How important for supporting efforts to administer all components of SPARCS model was:</th>
<th>Not at all important</th>
<th>A little important</th>
<th>Somewhat important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Having multiple learning sessions rather than a single training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Written materials provided by the faculty</td>
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</tr>
<tr>
<td>21. The approach used by the faculty to teach the SPARCS model at the Learning Sessions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>22. Monthly “All” Collaborative conference calls during which faculty offered consultation in SPARCS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>23. The Model for Improvement, including the Change package, use of PDSAs and the monthly metrics</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

24. In conducting SPARCS sessions, did you (or your supervisees) ever use adaptations of the model, or innovative ways of applying it, that resulted from an exchange of ideas with another team?

1 □ No
2 □ Yes _ Please describe or give an example: ______________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

25. How important to your (or your supervisees’) ability to successfully implement SPARCS were these types of adaptations/innovations?

0 □ Did not use
1 □ Not at all important
2 □ A little important
3 □ Somewhat important
4 □ Very important
5 □ Extremely important

26. Did you use the Change Package to support your efforts to implement (or supervise) the SPARCS model?

1 □ No
2 □ Yes
3 □ Not sure what term “Change Package” refers to
27. How important was the Change Package to your efforts to implement (or supervise) the SPARCS model?

- [ ] Did not use
- [ ] Not at all important
- [ ] A little important
- [ ] Somewhat important
- [ ] Very important
- [ ] Extremely important

28. Based on the material presented in this Learning Collaborative, how well do you think you understood what PDSAs were and how to use them?

- [ ] Did not understand
- [ ] Understood a little
- [ ] Understood moderately well
- [ ] Understood very well

29. Did you use PDSAs to support your efforts to implement (or supervise) the SPARCS model?

- [ ] No
- [ ] Yes and initiated my own PDSAs
- [ ] Yes, but only participated in PDSAs initiated by others

30. How important were the use of PDSAs to your efforts to implement (or supervise) the SPARCS model?

- [ ] Did not use
- [ ] Not at all important
- [ ] A little important
- [ ] Somewhat important
- [ ] Very important
- [ ] Extremely important

31. Did you use the monthly metrics to support your efforts to implement (or supervise) the SPARCS model?

- [ ] No
- [ ] Yes
- [ ] Not sure what term “monthly metrics” refers to

32. How important were the monthly metrics to your efforts to implement (or supervise) the SPARCS model?

- [ ] Did not use
- [ ] Not at all important
- [ ] A little important
- [ ] Somewhat important
- [ ] Very important
- [ ] Extremely important

33. What aspect of your participation in this Learning Collaborative was most helpful to you in your efforts to learn and implement SPARCS?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Module 5 – Evaluation

34. What aspect of your participation in this Learning Collaborative was least helpful or most challenging?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

35. How might we improve future Learning Collaboratives focused on implementation, including training in, SPARCS and other evidenced based treatments?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

36. Are there any other comments you would like to make? Is there any aspect of your experience in the SPARCS Collaborative that we haven’t asked about that you would like to share?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please remember to turn in your completed questionnaire before leaving the Learning Session.

γ THANK YOU! η
Whereas many training models focus exclusively on clinical competence, the Summary Framework presented in the BSC Change Package identified five areas to be addressed in adopting and implementing TF-CBT. These next questions ask about your experiences with the Summary Framework.

| 8. How useful or important has each of the following components of the Summary Framework been to your team’s efforts to implement TF-CBT during the BSC? (Please choose the best response.) |
|---|---|---|---|---|
| **a. Addressing organizational readiness and building the agency’s capacity to implement TF-CBT (e.g., by ensuring that agency leadership is addressing organizational policy or cultural barriers that might impede successful implementation)** | Not at all | A little | Somewhat | Very | Extremely |
| **b. Improving agency support and infrastructure to monitor and evaluate clinical processes and outcomes on an ongoing basis (e.g., by providing technology, staffing, and/or training required to collect, report, and utilize clinical data)** | Not at all | A little | Somewhat | Very | Extremely |
| **c. Developing clinically competent therapeutic practices in the implementation of TF-CBT (e.g., clinicians receive initial and ongoing training in the use of TF-CBT, clinicians utilize all PRACTICE components in the delivery of TF-CBT)** | Not at all | A little | Somewhat | Very | Extremely |
| **d. Developing quality supervisory and training skills (e.g., supervisors are trained to understand the use of TF-CBT, supervisors continually assess effective documentation in the use of TF-CBT)** | Not at all | A little | Somewhat | Very | Extremely |
| **e. Effectively engaging parents/caregivers and children in TF-CBT (e.g., by educating the caregiver/family about TF-CBT prior to treatment)** | Not at all | A little | Somewhat | Very | Extremely |

| 9. How much progress or improvement do you think your team made with respect to each component of the Summary Framework during the BSC? (Please choose the best response) |
|---|---|---|---|
| **a. Addressing organizational readiness and building the agency’s capacity to implement TF-CBT** | None | A little | Some | A lot |
| **b. Improving agency support and infrastructure to monitor and evaluate clinical processes and outcomes on an ongoing basis** | None | A little | Some | A lot |
| **c. Developing clinically competent therapeutic practices in the implementation of TF-CBT** | None | A little | Some | A lot |
| **d. Developing quality supervisory and training skills** | None | A little | Some | A lot |
| **e. Effectively engaging parents/caregivers and children in TF-CBT** | None | A little | Some | A lot |

Whereas many trainings are completed over 1 or 2 days, BSC participants were asked to attend three 2-day Learning Sessions over a 9-month period. These next questions ask about your experience of the BSC Learning Sessions.

10. Which of the BSC Learning Sessions were you able to attend? (Check all that apply)

1 ☐ Learning Session 1 (09/05) 2 ☐ Learning Session 2 (1/06) 3 ☐ Learning Session 3 (05/06)

11. In comparison with a single training of comparable length (i.e. a 5- or 6-day training over a 1 week period), how useful did you find having three Learning Sessions over a 9 month period? Do you think that having three Learning Sessions was:

1 ☐ less useful than a single training of comparable length
2 ☐ about equally useful as a single training of comparable length
3 ☐ more useful than a single training of comparable length

12. The three Learning Sessions for the BSC occurred over a period of 9 months. Do you think it would have been more useful if the Learning Sessions had occurred:

1 ☐ over a shorter period of time (closer together)
2 ☐ over a longer period of time (farther apart)
3 ☐ or was the time between Learning Sessions about right
13. The Learning Sessions for the BSC were 2 days. Do you think it would have been more useful to have had:
   1. 1-day Learning Sessions
   2. 3-day Learning Sessions
   3. or was 2 days about right

14. How useful or important were each of the following aspects of the Learning Sessions to your efforts to adopt and implement TF-CBT (with good fidelity to the model)?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Presentations by the faculty to the collaborative as a whole (large group sessions)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Presentations by individual teams to the collaborative as a whole</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Concurrent break-out sessions focused on a particular topic (e.g., supervision, family/consumer engagement, evaluation and assessment)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Meetings with your affinity group (e.g., other clinicians, supervisors) at the Learning Sessions</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Meetings with your team’s faculty mentor(s) at the Learning Sessions</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Small group activities with one or two other teams at the Learning Sessions</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Opportunities to meet with your own team at the Learning Sessions</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Plan-Do-Study-Act (PSDA) Cycles are a key aspect of the Breakthrough Series approach. The next set of questions asks about your experiences with PDSAs during the BSC for TF-CBT:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. How well did the material provided by the collaborative (e.g., in the pre-work phase, at the Learning Sessions, during the action periods) prepare you to do PDSAs (e.g., carry out PDSAs with multiple cycles, use the PDSA worksheet)?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. How useful would it have been to have had more hands-on assistance from the BSC faculty/planning team in developing and carrying out PDSAs?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. How useful did you find any assistance you received from the BSC faculty/planning team in developing and carrying out PDSAs? (Check here if none received)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. How useful would it have been to have had more presentations or discussions focused on PDSAs (e.g., at the Learning Sessions, on All-Collaborative Calls)?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. How useful did you find the PDSA worksheet and/or on-line PDSA form?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Overall, how useful or important were PDSAs to your efforts to adopt and implement TF-CBT (with good fidelity to the model) during the BSC?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. How many PDSAs did you personally initiate and carry out during the BSC?  
   0 None   1 One   2 Two   3 Three or four   4 Five or more

22. How many of your PDSAs were posted on the Intranet? (Check “Not applicable” if you did not initiate any PDSAs)  
   0 Not applicable   1 None   2 Some   3 All   4 Not sure/Don’t know

23. How many of your PDSAs had multiple cycles? (Check “Not applicable” if you did not initiate any PDSAs)  
   0 Not applicable   1 None   2 Some   3 All

24. How many PDSAs initiated by other members of your team did you participate in during the BSC?  
   0 None   1 One   2 Two   3 Three or four   4 Five or more
25. Did you feel like you could initiate PDSAs without first getting buy-in from the rest of your team and/or approval by someone in an administrative or supervisory role?
   1 ☐ Yes  2 ☐ No

26. Did you feel comfortable with the possibility of your supervisees/staff initiating PDSAs without first running their ideas by you or another supervisor? (Check “Not applicable” if you did not have administrative or clinical supervisory responsibility for anyone on your team)
   0 ☐ Not applicable  1 ☐ Yes  2 ☐ No

27. After the third Learning Session, do you think that you will use PDSAs to continue to implement TF-CBT and/or make other improvements in your work?
   1 ☐ No  2 ☐ Probably not  3 ☐ Probably  4 ☐ Definitely

Using monthly improvement metrics to evaluate the impact of PDSAs is another important aspect of the Breakthrough Series approach. The next set of questions asks about your experiences with the monthly metrics.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. How well did the material provided by the collaborative in the pre-work phase prepare you to develop your own monthly metrics?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>29. How useful would it have been to have had more hands-on assistance from the BSC faculty/planning team in developing and using the metrics?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>30. How useful did you find any assistance you received from the BSC faculty/planning team in developing and using the metrics?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>31. To what extent would it have been helpful to have more presentations or discussions focused on the monthly metrics (e.g., at the Learning Sessions, on All-Collaborative Calls)</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>32. Overall, how useful or important were the monthly metrics to your efforts to adopt and implement TF-CBT (with good fidelity to the model) during the BSC?</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
</tbody>
</table>

The next few questions ask about your experiences working with community partners and family consumers.

33. During the BSC, did you work directly with a community partner in your efforts to adopt and implement TF-CBT?
   0 ☐ Did not have a community partner
   1 ☐ No
   2 ☐ Yes  Please describe key activities you engaged in with your community partner:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

34. During the BSC, did you work directly with a family consumer in your efforts to adopt and implement TF-CBT?
   0 ☐ Did not have a family consumer on our team
   1 ☐ No
   2 ☐ Yes  Please describe key activities you engaged in with the family consumer on your team:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

35. Were you aware of any barriers or challenges related to working with community partners or family consumers through the BSC (e.g., difficulties knowing how to fully integrate these individuals into your team)?
   0 ☐ Did not have a community partner or consumer on our team
   1 ☐ No
   2 ☐ Yes  Please describe any challenges or barriers you noticed:
________________________________________________________________________________________
The next set of questions asks about your experiences with a variety of aspects of the Breakthrough Series Collaborative.

36. **How useful or important** were each of the following aspects of the BSC to your efforts to implement TF-CBT? (Check “Not applicable” if you did not use or participate in a particular resource or activity, because it did not apply to your work, because you were not available when it was offered, the resource/activity was not available to you, or for some other reason)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Not applicable</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The Self-Assessment Tool (completed before each Learning Session)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>b. Priority Statement (statement of Team Priorities completed before the first Learning Session)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>c. Storyboards (presented at the Learning Sessions; e.g., as a tool for sharing ideas and information with other teams)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. The Intranet as a tool for basic information about collaborative activities (e.g., call schedules, announcements, agendas)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. The Intranet as a tool for sharing ideas (e.g., innovative approaches to implementing TF-CBT and materials (e.g., forms) with other teams/agencies)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. The Intranet as a tool for learning about and applying the BSC Methodology including the Change Package, PDSAs, and monthly metrics</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>g. Working with a team that included individuals who hold a variety of roles at your agency (i.e. clinicians, supervisors, and administrators)</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>h. Opportunities to work with your team’s community partner(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Opportunities to share ideas with community partners from other teams</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Opportunities to work with the family consumer(s) on your team</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>k. Opportunities to share ideas with family consumers from other teams</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>l. All-Collaborative Calls (monthly conference calls with all BSC participants)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>m. Cluster calls</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<td>n. Senior leader calls</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>o. Supervisors’ calls</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>p. (Other) Affinity group calls</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>q. Conference calls with your team’s faculty mentor(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>r. The Tool for Sustainability and Spread (distributed to Senior Leaders in March)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

37. **During the BSC, did you (or your supervisees) use new approaches for implementing TF-CBT (e.g., adaptations of the PRACTICE components to children of different ages), including approaches for engaging families in treatment that resulted from an exchange of ideas with another team?**

1. No
2. Yes  
   Please describe or give an example:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

38. **What aspects of your participation in the BSC were most helpful to you in your efforts to implement TF-CBT?**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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39. What aspects of your participation in the BSC were least helpful or most challenging?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

40a. How prepared do you feel to sustain and continue to build upon the efforts you have made to implement TF-CBT during the BSC?
1 [ ] Not at all  2 [ ] A little  3 [ ] Somewhat  4 [ ] Very  5 [ ] Extremely
b. What resources or activities would be most helpful for the collaborative to continue to offer in order to help you and your team sustain and build upon the progress you have made during the BSC?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

41. Were there factors (barriers or challenges) that interfered with your own or your team’s ability to fully participate in the BSC and/or make substantial progress toward implementing TF-CBT during all phases of the collaborative?
1 [ ] No
2 [ ] Yes  What were these:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

42. How might we improve future Learning Collaboratives focused on adoption and implementation of TF-CBT and other evidence-based treatments?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

43. Are there any other comments you would like to make? Is there any aspect of your experience in the BSC (positive, negative, or neutral) that we haven’t asked about that you would like to share?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please remember to turn in your completed questionnaire to [research assistant].

γ THANK YOU! η
INTRODUCTION

The NCTSN Breakthrough Series Collaborative Planning Team would like to thank you for your participation in this discussion group. The purpose of this group is for you to share your experiences and opinions about participating in the BSC. We plan to use what we learn from you today to improve the design, procedures and materials used in future NCTSN Learning Collaboratives.

We would like to ask you about two main aspects of your participation in the BSC: (a) How the Breakthrough Series approach may have affected your own and your team’s efforts to implement Trauma-Focused Cognitive Behavioral Therapy and (b) What you think we could do to improve future NCTSN Learning Collaboratives focused on the adoption and implementation of TF-CBT and other evidence-based treatments.

We will be audiotaping the discussion and taking notes. However, the sources of specific information will remain confidential. The names of group participants will not be included in transcripts or summaries so that specific comments can not be attributed to particular individuals. We also request that you not repeat comments made by others without their permission. We have a number of topics to cover, so we will also be keeping time to make sure that we get to all of the questions. Does anyone have any questions about the process for today?

1. OVERALL EVALUATION OF THE BREAKTHROUGH SERIES COLLABORATIVE

1.1 As I expect you know, the purpose of the BSC is to facilitate the adoption and implementation of TF-CBT with good fidelity to the model. Has participating in the BSC helped you make progress toward this goal?

If so, how?

1.2 What aspect of your experience in the BSC have you found most helpful in making progress toward this goal?

*Suggested probes (as appropriate):*

- For example was it:
  - Something about the format or content of the Learning Sessions
  - Meeting regularly with your team
  - All-Collaborative Calls
  - The affinity group calls, cluster calls or supervisor calls
  - The use of PDSAs
  - Access to the Intranet
  - The monthly metrics.

1.3 Keeping the goal of the BSC in mind, have you or your agency gotten anything out of participating in the BSC beyond what you’ve typically gotten out of participating in more traditional trainings? (By traditional trainings, we mean a 1- or 2-day training on a particular treatment, perhaps with some follow-up consultation by the trainers.)

If so, what?
2. SUMMARY FRAMEWORK

2.1 The Change Package for the BSC presented a Summary Framework to help direct participating teams' improvement efforts. [Direct participants to poster summarizing Framework.]

The Summary Framework had five components: (1) Demonstrating a minimum threshold of organizational readiness and building the capacity to implement a new evidence-based treatment, (2) Providing agency support and infrastructure to monitor and evaluate clinical processes and outcomes on an ongoing basis, (3) Demonstrating clinically competent therapeutic practices in the implementation of TF-CBT, (4) Demonstrating quality clinical supervisory and training skills, and (5) Effectively engaging parents and children in the implementation of TF-CBT.

How useful or important was this framework to you in your efforts to implement TF-CBT?

*Suggested probes (as appropriate):*
- In what ways was it useful? Could you give me some examples?
- Do you see the changes your team made during the BSC fitting into this framework? If so, how? Which components did they address?

2.2 How could the Summary Framework be improved for future learning collaboratives focused on adoption and implementation of TF-CBT or another evidence-based treatment?

*Suggested probes (as appropriate):*
- Were there key areas that need to be addressed for an agency to successfully implement an evidence-based treatment like TF-CBT that were not included in the framework? If so, what was missing?
- Were there aspects of the framework that seemed irrelevant or unclear?

4. LEARNING SESSIONS

Note: Domain “3—Pre-Work Materials” will not be covered in focus groups for supervisors.

4.1 Whereas many trainings are completed in a single block of time, for example in one 2-day workshop, BSC participants were asked to attend three 2-day Learning Sessions over a period of nine months. In addition, you attended the Learning Sessions with individuals in a variety of roles from your own agency as well as with colleagues from agencies across the country.

Keeping in mind your experiences with more traditional trainings, how useful or important was the format and content of the Learning Sessions to you in your efforts to implement TF-CBT?

*Suggested probes (as appropriate):*
- In what ways was it useful? Could you give me some examples?
- Was it something about the material covered at the Learning Sessions in the large group sessions or in the break-outs? If so, what specifically?
- Was it something about the format of the Learning Sessions? For example was it:
  - That the Learning Sessions occurred over a period of many months
  - The combination of didactic and more interactive sessions
  - Opportunities for cross-team sharing in the large group
  - Opportunities to meet with your partner team(s)
  - The affinity group meetings
  - The chance to meet more intensively with staff from your own agency or your community partner
- What aspect of your experiences at the Learning Sessions had the greatest impact on your efforts to implement TF-CBT?

4.2 How could the Learning Sessions be improved for future collaboratives focused on adoption and implementation of TF-CBT or another evidence-based treatment?
Module 5 – Evaluation

5. PDSA CYCLES

5.1 The PDSA cycle is considered a key aspect of the Breakthrough Series approach. How well did your participation in the BSC prepare you to carry out PDSAs?

_Suggested probes (as appropriate):_
- How well did you understand how to develop and carry out PDSAs?
- Were there particular aspects of the Plan-Do-Study-Act/Adjust cycle that were more difficult to understand or carry out? If so, what specifically?
- What might the planning team or faculty done to help you feel better prepared to use PDSAs?
- What about the PDSA worksheet—how useful and accessible was that?

5.2 How useful or important were the use of PDSAs to you in your efforts to implement TF-CBT?

_Suggested probes (as appropriate):_
- In what ways was doing PDSAs useful? Could you give me some examples?
- Considering other ways you and your co-workers have tried to make changes in your work or workplace in the past, how effective do you think the PDSA method was by comparison? What worked well? What didn’t?
- Do you think you will use PDSAs in your work in the future? If so, how?

5.3 Two of the BSC “rules of thumb” are that “Anyone can have and test ideas” and that “Consensus is not needed.” How do you think this worked for your team?

_Suggested probes (as appropriate):_
- To what extent did you feel like you could test your own ideas?
- Were there circumstances in which you would have felt uncomfortable carrying out a PDSA without prior approval from your supervisor or an agency administrator?
- Did you have concerns about the potential impact of your supervisees carrying out PDSAs without first running them by you or another supervisor? If so, what were these?

6. SUSTAINABILITY AND SPREAD

6.1 To what extent do you think the materials and activities provided by the collaborative adequately prepared you and your team to continue making improvements and sustain those you have made?

_Suggested probes (as appropriate):_
- What aspects of your experience in the BSC will be most useful in helping you or your team maintain the gains you have made and continuing to improve?

6.2 Are there continued challenges or barriers that you and your team still face in implementing TF-CBT that were not addressed by the BSC?

If so, what are these challenges or barriers?

_Suggested probes (as appropriate):_
- How can future learning collaboratives be improved or better designed to meet some of these continuing challenges?

7. MISCELLANEOUS FEEDBACK—as time permits

7.1 Are there any other comments you would like to make?

Is there any aspect of your experience in the BSC that we haven’t asked about that you would like to share?
Module 6: Prework Phase

Learning Outcomes for Faculty

The activities in the Prework Phase begin as soon as the acceptance package is sent to participating teams. It is a fast-paced, important phase of the collaborative experience. Faculty focus on the following objectives in this module:

➤ Coordination of activities to facilitate exposure and knowledge acquisition regarding the intervention for all teams.

➤ Effective coordination and facilitation of all prework phone conference calls.

➤ Support and preparation of supervisors for their role in the collaborative experience.
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Learning Outcomes for Participants

Participants will actively be preparing for Learning Session 1 by participating in conference calls, increasing exposure and understanding of the intervention, and meeting with their team to discuss their readiness to adopt the new practice. Participants in the Learning Collaborative will focus on the following objectives during the Prework Phase of the collaborative:

- Identify the primary components of the intervention that will be the focus of the collaborative.
- Complete their organizational readiness assessment and be prepared to discuss the results on the conference call.
- Complete all assignments prior to LS1 outlined in the application packet.

Priority Tasks for Faculty

1. Promote exposure and knowledge acquisition regarding the intervention through reading, videos, and use of the collaborative Intranet site prior to LS1. There is never enough time at the Learning Sessions to cover all material relevant to the adoption of the intervention. By using the time strategically during the preparation phase, faculty can accelerate the teaching at Learning Sessions to more skill-focused competencies related to the intervention.

2. Plan the conference calls that will take place during the Prework Phase. “Be prepared” is not only the motto for Boy Scouts! Phone conferences can sometimes be an awkward medium for engaging participants in dialogue, so plan the agenda in advance and target desired outcomes for the call. Faculty will need to anticipate how to have participants contribute to the topic or focus of the call.

3. Support teams in their efforts to assess readiness for introducing a new practice. Teams will be evaluating their organizational readiness to change their practice and targeting areas that will require improvements, and they will benefit from faculty perspective.

4. Introduce the metrics that will be part of the collaborative experience. During one of the calls, take a few minutes to share the measures that will be collected to help track progress of the implementation process.

5. Use the storyboard to help teams tell the story about their organization and team members. One method to jumpstart sharing among teams is the use of a storyboard prepared during the Prework Phase and posted at the Learning Session.
6. **Create time for senior leaders to begin discussions regarding their role in the collaborative by arranging at least one call.**
   As part of the application process, teams committed to engaging senior leaders in the collaborative process. At a minimum, the senior leaders will be part of one call prior to LS1, a “virtual Learning Session,” and periodic calls during Action Periods.

7. **Convene supervisors for a preliminary meeting in person or “virtually” to accelerate exposure to clinical intervention.**
   Supervisors greatly benefit from an opportunity to begin to develop competencies related to the intervention before their staff.

8. **Consider giving supervisors the opportunity to utilize the intervention prior to LS1.**
   If supervisors are able to begin utilizing the intervention prior to LS1 (e.g., because they have had previous training in the intervention or participated in a supervisors-only session during the Prework Phase), then faculty will support their implementation with consultation calls and help fast track their leadership within their team.

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**Learning Outcomes for Senior Leaders/Administrators**

During the Prework Phase, senior leaders will have the opportunity to discuss with other leaders their role in supporting the adoption of the new practice. Senior leaders will accomplish the following objectives during the Prework Phase:

- Participate with their team in completing the organizational readiness assessment.
- Discuss and identify key aspects of their role in leading and supporting their staff in adopting the new practice.
- Begin to identify barriers to effective implementation and adoption of the intervention within their organization.

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**Learning Outcomes for Supervisors**

Supervisors play a key role in the change process, so faculty will engage them early to support their understanding of the intervention and the Learning Collaborative methodology. Supervisors will focus on the following objectives in the Prework Phase:

- Identification of key aspects of their role as change agents in supporting the adoption of the new practice.
- Demonstration of the application of the intervention with one case prior to LS1, if possible.
- Creation of a plan to collect data for metrics.
Module 6 – Prework Phase

Priority 1:

Promote exposure and knowledge acquisition regarding the intervention through reading, videos, and use of the collaborative Intranet site prior to LS1.

Tips:

➽ In order to maximize the time during LS1, participants are expected to spend time during the Prework Phase becoming very familiar with the intervention. Clear assignments are helpful so that all participants come prepared for LS1.

➽ Use the Intranet to share materials. Articles, manuals, and written materials can be easily posted to the Intranet site.

➽ Audio presentations can be uploaded to the site and made available for participants to listen to prior to LS1. The NCCTS can support faculty in using innovative audio presentations to inspire and support participants in their understanding of the intervention.

➽ Faculty can post questions, issues, and ideas to the discussion board on the site to begin more informal conversations among the collaborative participants.

Priority 2:

Plan the conference calls that will take place during the Prework Phase.

Tips:

➽ Typically, there are at least two calls during the Prework phase for all members of the collaborative. In addition, it is beneficial to conduct one call with senior leaders/administrators after the organizational readiness assessment has been completed and one call with supervisors only.

➽ The first All Collaborative Call typically includes all members of the collaborative and covers these items:
  • Welcome to all teams
  • Brief introduction of faculty and teams
  • Review of the Prework Phase and assignments
  • Reminder that teams are expected to begin to implement within two-to-four weeks after LS1
  • Brief overview of the collaborative experience
  • Questions
The second All Collaborative Call focuses primarily on the intervention and can be used to do a brief overview and allow for questions from participants.

It can be beneficial to encourage participants to post questions or issues on the discussion board of the Intranet site. However, that means faculty has to look at it on a regular basis and respond!

It is helpful to post supporting materials for calls on the Intranet in advance. Items that can be helpful to post are:

- Agenda.
- List of participating teams and members names.
- Simple guidelines for phone conferences.
- Post slides from the intervention presentation on the Intranet. Teams can view them as a group from a central computer or, if that technology is not available, with use of an LCD projector.

**Priority 3:**

**Support teams in their efforts to assess readiness for introducing a new practice.**

**Tips:**

- Create a sense of urgency among participants regarding their ability to implement soon after LS1 and help them anticipate what they will need to have in place to make that happen.

- Recommend to each team convening to discuss their readiness to adopt a new practice. Utilizing an organizational readiness assessment, participants can reflect and discuss their strengths and areas that may need improvement.

- Encourage teams to view the process of completing the assessment as multipurpose. This can function as a team-building exercise to help their core team to see the system through its multiple lenses and to focus on this work with a single vision.
  - Construct a shared frame of reference and develop a common language and understanding about the level of functioning of the current system across various components.
  - Help the team identify key successes and challenges and prioritize the key areas the team will focus on for improvement.
  - Prepare participants for the evaluation of the collaborative. Collaborative participants are generally expected to participate in an evaluation of the collaborative experience and its effects (see Module 5). Introducing the evaluation during the Prework Phase is critical.
Priority 4:

Introduce the metrics that will be part of the collaborative experience.

Tips:

- Review briefly the simple and easy metrics that will be used to gather information regarding the implementation of the intervention.
- Remind participants that metrics will be covered more in depth during LS1, so don’t spend a lot of time on the call discussing them.

Priority 5:

Use the storyboard to help teams tell the story about their organization and team members.

Tips:

- The use of a storyboard can be a positive, visual contribution to the LS1 experience. Make sure teams don’t perceive the storyboards as too time-consuming or burdensome during the Prework Phase.
- Emphasize creativity and fun as two essential elements of the storyboard.
- Create a structure and purpose for the storyboard and communicate that clearly to teams.
Priority 6:

Create time for senior leaders to begin discussions regarding their role in the collaborative.

Tips:

➽ Create a call for senior leaders to review the outcomes of the organizational-readiness assessment, discuss targeted areas of improvement necessary for implementation, and explore their role in the collaborative process.

➽ Here are some of the responsibilities of senior leaders/administrators noted in the application that may help in the discussion:

• Have administrative responsibility within the larger organization (e.g., agency director, management staff) and the influence and authority to make systemic changes and spread these throughout the organization.

• Provide the team with the resources, including time, materials and equipment, access to local experts, and unequivocal support from agency leadership necessary to implement the changes they choose to test.

• Attend and participate in at least the Learning Session 2 or a virtual Learning Session for senior leaders.

• Participate in conference calls on a regular (once every two months) basis.

• Connect the LC goals to strategic initiatives of the agency.

• Provide time for the Core Team to attend all three Learning Sessions.

• Hold team members accountable for initiating, maintaining, and evaluating the implementation of the intervention and the improvements they are testing.

• Facilitate the implementation of successful changes throughout the agency.

• Provide continuing opportunities to disseminate what has been learned and to continue change processes within the agency.
Convene supervisors for a preliminary meeting in person or “virtually” to accelerate exposure to the clinical intervention.

Tips:

➽ Sometimes supervisors appreciate and benefit from a forum apart from their clinicians to learn the clinical intervention. One adaptation of the LC model includes bringing supervisors together during the Prework Phase for a session prior to LS1 where they learn the intervention. This can be done virtually with video-conferencing or multiple phone conferences for collaboratives with geographically diverse membership.

➽ Try to create an opportunity for supervisors to focus on their role in the adoption of a new practice. Developing a safe space, separate from their staff, where supervisors can share their concerns about supervising a new practice and the potential resistance to change, can forge the relationships early between supervisors.

Consider giving supervisors the opportunity to utilize the intervention prior to LS1.

Tips:

➽ Being able to practice the intervention once before LS1 makes it possible to leverage supervisors as potential leaders in small group work and “champions” of the practice early on in the collaborative process.

➽ By crafting the role of early adopters for supervisors, it gives them a chance to speak from experience and model for their supervisees the implementation of the intervention.

➽ Supervisors can be empathetic with their staff in the challenges of learning and implementing a new practice by taking on the challenge themselves.
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<th>Q:</th>
<th>How often should teams be meeting during the Prework Phase (excluding calls)?</th>
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<tr>
<td>A:</td>
<td>Teams will meet three times at a minimum to complete the organizational readiness assessment, review the assignments for Prework Phase, and create their storyboard. Some teams opt for some shared learning experiences regarding the intervention and meet more often.</td>
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<tr>
<th>Q:</th>
<th>Is it important for team members to be prepared by their leadership before they start to get involved in activities related to Learning Collaborative or should that come from faculty?</th>
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<tr>
<td>A:</td>
<td>Senior leaders and supervisors should prepare staff for their participation in Learning Collaborative. It is important that the faculty is not perceived as sole promoters of the intervention. The rationale for the adoption of the intervention needs to come from within the organization. Why are they adopting this particular intervention? How will it help the children or youth being served currently? Is there internal data regarding child outcomes that may be compelling? Is there research data regarding the benefits/outcomes for children that would highlight the use of the intervention?</td>
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<tr>
<th>Q:</th>
<th>I am not sure what the storyboard should accomplish?</th>
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<tr>
<td>A:</td>
<td>During the Prework Phase, one of the goals is to build a team identify for those who will be attending the Learning Sessions. The storyboard is one way to have each team work together in a fun, creative way to create a team name and motto. Further, they are asked to identify the strengths of their team members and share about the work of their organization. All of these activities help build their team.</td>
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Glossary of Terms for Module 6

**Champion:** An individual in the organization who is committed to adopting the intervention and is willing to make changes/improvements in order to accomplish it.

**Senior Leader:** The individual in the organization who supports the team and controls the resources necessary for successful adoption.

“None of us learned to drive by only reading the manual and having a mentor just throw us the keys and say, “Good luck,” at least not if it was their car and they were paying the insurance! The BSC/Learning Collaborative Process provided “time behind the wheel” to get the feel of the process of implementation, provided consultation and a proven structure for change implementation—which we will try to continue to use—and lent needed validation to the realization that while the concepts aren’t hard, the reality is that implementing to the level of “Full Operation” in any setting is not easy and takes effort and commitment that will pay off if you stick to it.”

Roy Van Tassell
Family and Children’s Services/Oklahoma Child Traumatic Stress Treatment Collaborative
Participant, Breakthrough Series
Faculty, Western TF-CBT Learning Collaborative
Faculty Checklist

Prework Phase

- Communicate consistently through the Prework Phase the importance of preparation by exposing themselves to the intervention and participating in all activities.
- Consider applying for CEU credits for participants.
- Post assignments, materials and announcements related to Prework Phase on the intranet.
- If you are requiring viewing of videos/DVDs, make resources available with sufficient time for viewing by all participants.
- Plan and conduct first prework call.
  - Agenda will include:
    - Welcome to all teams
    - Introduction of teams and faculty in the LC
    - Review of the Prework Phase and assignments
    - Brief overview of the LC (what to expect)
    - Key clinical competencies that will be covered during LS1 and relevance of Prework preparation to activities at LS1
    - Questions

- Plan and conduct second call focused on organizational readiness for senior leaders and supervisors. Ask teams to complete and submit the organizational readiness assessment to the faculty prior to this call.
  - Agenda will include:
    - Welcome/roll call
    - Brief description of the role of the senior leader in the collaborative experience
    - Discussion regarding the organizational readiness assessments. What was revealed through this process? Any areas of concern? Areas that need improvement?
    - Other relevant topics: Timeline for implementation of the intervention? How will they integrate this new practice into supervision? Is funding/billing a issue?

- Initiate a discussion on the intranet to begin a dialogue among participants.
- Begin preparations for LS1.
Module 7: Using Technology to Promote Learning Collaborative Activity

Learning Outcomes for Faculty

◮ Identify key uses of the Intranet.
◮ Describe how to perform basic navigation and key Intranet functions, such as:
  ◦ Posting a document
  ◦ Browsing important pages from the Intranet homepage
  ◦ Searching for files or contact information
  ◦ Setting email alerts for specific pages, web spaces, and/or groups
◮ Identify who to contact/other resources to access for assistance or questions about the Intranet.
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“The Intranet has great potential to support Team members in the collaborative efforts to implement evidence-based practices. This tool provided a wealth of information—available anytime, anyplace and lie any other on-line community-type environment, works better when Collaborative members take the time to contribute, read, and respond to others.”

Debbie Ling
National Center for Child Traumatic Stress
Program Manager, Training and Technology

Priority Tasks for Faculty

1. **Select technology-based tools and activities.** There are a number of different options and types of electronically mediated communication tools available to consider. This LC Toolkit module focuses on free or relatively inexpensive options in the marketplace. If the Learning Collaborative faculty or Planning Team are able to consider using services that have a cost associated with them, the availability, capacity, and complexity of these resources broadens considerably.

2. **Understand the multiple uses of technology for collaboration.** Before faculty can make informed choices regarding technology-based tools for the LC, they first need to understand the various uses of technology to foster collaborative communication and work.

3. **Encourage use of technology and resources available.** The decision to utilize certain modes of communication will depend not only on the needs of the LC participants but also on the resources of the faculty.

4. **Create Intranet workspace, listservs, and/or capacity for conference calls.** The Learning Collaborative faculty and the NCCTS will work together to build basic communication capabilities for each collaborative, including an Intranet workspace, a listserv, and the ability to facilitate toll-free conference calls.
5. **Teach LC members how to use the Intranet.** Providing patient and careful support to use the technology effectively is essential to overcoming barriers and resistance among collaborative membership.

6. **Use technology to promote teaching, collaboration, and sharing.** Technology becomes a primary means of maintaining relationships long distance that foster the learning and growth of the Collaborative Teams.

“The Learning Collaborative model has inspired me immensely. I am a participant in the NCTSN TF-CBT Train the Trainer Program. I over the past 2 years, will only provide TF-CBT training to organizations and communities who are willing to set up mini-learning communities which are structured like the Learning Collaboratives. I believe that this is the best way to truly implement and sustain evidence based practices in communities.”

**Kristine Buffington**
Cullen Center of Toledo
Children’s Hospital
Participant, Target Learning Collaborative
Module 7 – Using Technology to Promote Learning Collaborative Activity

Priority 1:

Select technology-based tools and activities.

Tips:

Some of the key tools to consider in this regard include:

- **Listservs**—e-mail distribution lists through one central address or server.
- **Intranet workspace** for posting collaborative materials (including relevant documents, measures, PDSA cycles, and metrics/progress reports). Scaled-down versions of an Intranet workspace are available for free (e.g., Yahoo! Groups). Members may post documents, write messages to others in the group, and perform other basic functions on these sites.
- **“Real-time” communication** or instant messaging.
- **Discussion boards or blogs**. A discussion board has multiple contributors, whereas a blog (or web log) is usually a digital diary by one or a few members to be read by a larger audience. Readers can make comments in regards to the blogger’s (person who hosts the blog) entries.
- **Digital recordings of calls/meetings**, which can be posted on a web site and accessed on demand. These digital recordings can also be burned on a CD for listening and archiving. Special equipment is required for digital recording.

These communication tools can be set up by the NCCTS for NCTSN Learning Collaboratives. Some of these resources (such as digital recordings) are available on a more limited basis.

Decide how you plan to use the collaborative tools. Issues for consideration in using these tools include whether or not the collaborative will require the following:

- One large listserv where all LC members receive every message or several listservs for multiple subgroups of the collaborative.
- The ability to share documents by posting them on the Intranet so that others can access them from this central location at any time.
- The ability to post spreadsheets of progress on metrics for each team. How many data points? How will the data be presented?
- The ability to post PDSAs cycles in a form that is useful and accessible to other members and teams in the collaborative. This might involve more than simply posting MS Word files, since that method requires a user to open each PDSA file individually.
- The capability to use a “chat” or “instant message” function with other members of the collaborative. This can be used if members of the collaborative are accustomed to this mode of communication, but it is unrealistic to expect that participants will be comfortable using chat functions without prior exposure and usage.

continued
Based on our experience with other collaboratives, there are several lessons learned from our previous usage with various modes of electronic communication. The mode of communication to utilize in a particular collaborative may be informed by these lessons as well as the level and type of electronic communication needed with other LC members. See the chart "Selecting Technology Tools" for the benefits and challenges of various technological communication tools.

### Selecting Technology Tools

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<th>Mode of Communication</th>
<th>Benefits</th>
<th>Challenges</th>
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| **Listserv**  
(See example in Support Materials) | ➡ Easy to set up.  
➡ Easy to understand.  
➡ Easy to use—it is a form of e-mail and thus familiar.  
➡ Equality of members—e-mail discussions are generally not monopolized by those that are more talkative or ask a lot of questions. | ➡ Every person on the list gets every e-mail, which can overload e-mail boxes.  
➡ Generally no archive kept of all communications and files sent.  
➡ Not particularly efficient for groups to review documents. Sometimes large files are sent.  
➡ Activities not transparent to others not on the listserv.  
➡ Can sometimes take up to a few hours for messages to transmit since messages must go to and then be distributed from a central server or need to be “approved and released” by a listserv administrator before the message is distributed to the list of subscribers. |
| **Newsletter**  
(see example in Support Materials) | ➡ Can be a good way to impart information with a simple format.  
➡ Can also be entertaining and a way to promote a fun and engaging learning environment (which is a key part of collaborative learning) if done well.  
➡ Works best for a large collaborative with resources to create the newsletter.  
➡ A simple e-newsletter or e-update works to keep Learning Collaborative members informed. | ➡ Hard to get people to read if the information is not relevant or helpful across the collaborative or is just a review of previously conveyed information.  
➡ Takes a lot of time and effort for a Planning Team member to create this and maintain it, especially if the newsletter is distributed with high frequency. |
| **Web Conferencing**  
(see example in Support Materials) | ➡ The developers of the IHI model are exploring this technology for conducting virtual Learning Sessions. | ➡ Cost for usage beyond a short trial period for large or small groups.  
➡ May be a bit more complicated and advanced than most teams/sites in the collaborative would prefer. |
<table>
<thead>
<tr>
<th>Mode of Communication</th>
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<th>Challenges</th>
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| **Workspace on NCTSN Intranet**  
(See example in Support Materials) | ➤ Relatively easy to set up.  
➤ Relatively easy to use once you have become familiar with it.  
➤ One location for all LC business.  
➤ Can serve as a center of activity for those teams that meet virtually.  
➤ Information available whenever anyone in the collaborative wants to access it. Unlike with e-mails and attachments, which are often difficult to sift through or delete, once information is posted on the Intranet it is readily available for quick and easy access at any time.  
➤ Quick distribution of information and files both large and small without going through an e-mail server.  
➤ All members of the Learning Collaborative can contribute and post items on the Intranet.  
➤ Intranet is a more private venue (compared to e-mail listservs) since it is username/password protected.  
➤ Many unused capabilities for more and better collaboration are part of the Intranet provider's (Sharepoint Services) offerings. However, these have not been thoroughly investigated yet. | ➤ Can be intimidating at first glance.  
➤ Can be difficult to navigate depending on complexity of site.  
➤ Hard to remember to go to the Intranet site.  
➤ Requires log-in.  
➤ Requires some specific training and takes some getting used to.  
➤ In order to learn both basic maintenance and possibly tap into the great potential of the Intranet site, there needs to be some time and effort devoted to investigation, trial and error, and learning. For a basic user, the length of time required is probably around one-half hour of instruction/orientation and perhaps one to two hours of individual use. For more advanced functions, regular visits and contribution to the Intranet for about a week may be required. |
| **Conference Calls** | ➤ Conference calls are one of the most efficient means to hold distance/virtual meetings and communicate relatively economically and in real time.  
➤ Collaborative members need to become familiar with and comfortable using this technology. The good news is most people already extensively use conference call services.  
➤ Smaller group discussions tend to be more effective than large group discussions over a conference call. | ➤ Can be hard to engage everyone in the discussion.  
➤ Easy for talkative people to dominate the conversation. The less talkative people may disengage or shy away from participation.  
➤ Inherent disconnection between participants by not being able to physically see each other. |
Priority 2:

Understand the multiple uses of technology for collaboration.

Tips:

Technology can support the goals of the Learning Collaborative experience in a number of ways. It can be used:

➽ To provide a place for collaborative-wide information and resources, including announcements and news; materials for meetings, calls, and Learning Sessions; and training tools and resources to support implementation.

➽ To foster communication and maintain regular linkages between teams from centers that may be in similar stages of organizational readiness and/or practice implementation.

➽ To provide a central location for teams to share their progress by posting metrics.

➽ To provide an opportunity for teams to share their successes and challenges, and learn about strategies (PDSAs) used by other teams to overcome barriers in implementing changes in practice.

➽ For the Planning Team and faculty to communicate with teams about overall collaborative progress.

➽ To provide a forum for teams to “share and steal” helpful tools developed by other teams, such as measures, forms, and ideas to facilitate change in practice.

➽ To foster strong collaborative relationships among teams from various sites across the country. To provide a sense of belonging, ownership, and partnership in the collaborative so that members can sustain their ongoing learning and cross-team sharing of ideas and resources even when they may only be able to communicate virtually with other teams.
Module 7 – Using Technology to Promote Learning Collaborative Activity

Priority 3:

Encourage use of technology and resources available.

Tips:

➽ Assess how much money and manpower is available to develop and maintain these communication tools.

➽ Designate at least one person at the coordinating site who will maintain and monitor the chosen communication modes.

➽ Each Collaborative Team will need at least one point person for communicating with the technology coordinating site, who will be able to use each of the communication modes relatively well, and who will be available to assist other team members in the use of the technology.

➽ Assess the capabilities collaborative membership to utilize the resources (e.g., access to computers—not all school-based clinicians will have this).

Priority 4:

Create Intranet workspace, listservs, and/or conference calls.

Tips:

➽ **Intranet workspace:** The NCTSN Intranet site will contain a workspace for each new NCTSN Learning Collaborative. The workspace will include basic functions such as a document library, announcement postings, and contacts list. These workspaces can be tailored to the needs and nature of the Learning Collaborative. For instance, there may be specific areas for resource sharing, or training tools, or case presentations. It is best to start with relatively simple Intranet tools and options and help participants become familiar with the basic navigation and purpose.

➽ **Listserv:** If the Learning Collaborative chooses to use a listserv as the primary tool to communicate with each other, a special effort should be made to monitor and store the information passed back and forth in the various listserv conversations and files.

➽ **Conference calls:** The NCCTS will work with faculty for NCTSN Learning Collaborative to properly schedule and host the conference calls. The frequency and duration of calls and participation may vary among collaboratives.
Priority 5:

**Teach LC members how to use the Intranet.**

**Tips:**
- The Learning Collaborative faculty, with support from the NCCTS, should plan to have one or two basic training sessions on Intranet usage with the entire collaborative. These sessions may be conducted as part of a group conference call (as they least expensive option), but they can also be conducted in conjunction with in-person Learning Sessions. If teaching takes place on a conference call, team members should be online to be led on a “walk through” of the workspace.
- Individual sessions for technical assistance can also be employed. These sessions can be set up with the NCCTS.

Priority 6:

**Use technology to promote teaching, collaboration, and sharing.**

**Tips:**
- Envision the Intranet and the technological tools as a way to extend the teaching experience. Faculty not only can extend their contact with participants but can create links between participants to continue the learning process beyond the face-to-face Learning Sessions.
- The best way to promote usage of the technological tools is for the faculty to model their use. Faculty must be willing to learn how to post materials in the Intranet workspace, such as agendas. Links to the Intranet workspace can be included in e-mail reminders for conference calls, with a note that the agenda will be posted on the Intranet but not distributed by e-mail. When collaborative members navigate to the Intranet, they will browse to see what other resources are available.
- The same principle applies for usage of less complicated technologies. If the faculty wishes for clinicians to discuss difficult clinical cases on the listserv between Learning Sessions, they must jump start the interaction by making the first steps to send prompts or items that will promote discussion through the listserv.
### Frequently Asked Questions

**Q:** What is the NCTSN Collaborative Intranet address? How can I access a Learning Collaborative workspace?

**A:** You can access the Intranet homepage at http://Intranet.listserv.org. See “Brief Orientation to Collaborative Workspaces” in Support Materials.

**Q:** Can the NCCTS help me establish a listserv and/or Intranet Workspace for my new NCTSN Learning Collaborative?

**A:** Yes, the NCCTS can assist you by creating an Intranet Workspace and listserv for your Learning Collaborative. The NCCTS will create a workspace for your collaborative that will have a few basic features common to all other Learning Collaborative workspaces.

Items needed to create a Listserv are:
- Name of Learning Collaborative
- Listing of all members in collaborative: Name (Last, First)
- E-mail address for each member
- Organization name for each member
- Role in Learning Collaborative

**Q:** What kinds of resources will I find on the Intranet site?

**A:** The information may include announcements, helpful tools and measures, electronic discussion boards, lists of resources, and an events calendar of deadlines.
**Q:** Who posts messages and content on the Intranet?

**A:** The Intranet will include content posted by the NCCTS and by your colleagues at other NCTSN sites and their partners. Once you have a login name and password, you may post. The usefulness and breadth of information on the Intranet Workspace for your collaborative is entirely up to the faculty and collaborative membership. In the past, faculty and teams have used the Intranet to post agendas for conference calls, questions about the intervention, assessment measures, and materials developed by teams for use in their settings (e.g., fliers for recruiting group members). The more the collaborative uses and contributes to the Intranet workspace the better it is.

**Q:** How do I learn more about basic navigation around the Intranet site?

**A:** Several basic tutorials exist in pdf format with screenshots and step-by-step instructions for posting documents, creating events, getting to your workspace, etc. These tutorials can be obtained either in the document library called “Intranet Help! Documents” in the document library accessed on the “Quick Launch Bar” on the NCTSN Intranet homepage.

**Glossary of Terms for Module 7**

**Document Library:** A type of webpart on the NCTSN Intranet where documents can be posted to share with other members. The documents can be organized in subfolders and documents can be moved from folder to folder in “Explorer View” (available on the left hand side navigation bar inside a “document library” page).

**Intranet Workspace:** A dedicated page on the Intranet site devoted to a specific Learning Collaborative or Collaborative Group. These can be found by clicking on the name of the collaborative or group from the NCTSN homepage in the webpart called “Workspaces and Links” on the right-hand portion of the homepage. A NCCTS staff person will be needed to setup a new workspace for your collaborative.

**Log-in:** A username and password are required to access the Intranet site. The username is generally the first part of your e-mail address before the “@” and the default password is “lightbulb.” Learning Collaborative members are asked to please change your password when you login to the Intranet for the first time.

**Posting:** The basic mechanism by which users of the Intranet will add information to the site. Collaborative members may create new entries on various lists, may add documents to a document library, may access and download items already posted on the Intranet site.
Support Materials Module 7

List of Support Materials

➢ Faculty checklist
➢ Samples and Screenshots
➢ Intranet Help and Tutorials
➢ Brief Orientation to Collaborative Workspaces

Faculty Checklist

Listserv and Intranet Workspace Development

❑ Familiarize yourself with the different types of electronic communication tools available to you.

❑ Identify the most important ways to use technology for your collaborative.

❑ Obtain a list of all the members including faculty in your collaborative which includes: Name (Last, First); E-mail address; Organization; Role in collaborative.

❑ Identify and list contact information for at least one person from each team and for each faculty who will be the Intranet and Listserv point person to communicate with the NCCTS.

❑ Contact the NCCTS to assist with setting up a listserv and/or collaborative workspace.

❑ Learn how to use the listserv and Intranet Workspace tools. Schedule a tutorial session with the NCCTS staff if you would like extra personal help.

❑ Arrange to have a NCCTS staff person join a call with your entire Learning Collaborative once everyone has received Intranet usernames and passwords. Members should take the call in front of their computer if possible and log in to http://intranet.nctsnet.org.

TIP: Bookmark this page or make it one of “your favorites.”

❑ Use the Intranet site yourself to post documents like meeting agendas and do not send them via e-mail to the collaborative to encourage them to go and use the Intranet site.

❑ Be creative and contact the NCCTS staff if you would like to try some more advanced tools like web conferencing or real-time communication/presentation methods.
Module 7 – Using Technology to Promote Learning Collaborative Activity

Samples and Screenshots

Modes of Electronic Communication for Collaboration

NCTSN Listserv: CollabName@listserv.nctsnet.org

E-mail distribution list which can be configured differently if groups want the communication to be one way, or if they want members to be able to hit “reply” to reply to everyone on the listserv.

**EXAMPLE: ADOLESCENT@listserv.nctsnet.org Membership**

Jim.vandenbrandt@MHCDC.ORG ................................................................. James Van den Brandt
Georgia@WFTS.ORG ................................................................. Georgia Bronson
MaggieByrnes@AUMHC.ORG ............................................................ Maggie Byrnes
lsuarez@BU.EDU ................................................................. Liza Suarez
yhsmike@YAHOO.COM ................................................................. Mike Dunmire
cepstein@SAFEHORIZON.ORG .................................................. Carrie Epstein
piascu@AUMHC.ORG ................................................................. Pia Escudero
hochesal@UMDNJ.EDU ................................................................. Amy Hoch
holla031@MC.DUKE.EDU ............................................................. Judy Holland
Kay.jankowski@DARTMOUTH.EDU ........................................... Mary K. Jankowski
Mary.K.Jankowski@DARTMOUTH.EDU ......................................... Mary K. Jankowski
sandrak@NSHS.EDU ................................................................. Sandra Kaplan
pkung@MEDNET.UCLA.EDU ....................................................... Peter Kung
CMLayne@MEDNET.UCLA.EDU .................................................. Christopher Layne
dling@MEDNET.UCLA.EDU ..................................................... Debbie Ling
dramos@LCDP.ORG ................................................................. Dennis Ramos
aschneir@CHLA.USC.EDU ......................................................... Arleen Schneir
nstefanidis@CHLA.USC.EDU ...................................................... Nikolaos Stefanidis
stroper@BU.EDU ................................................................. Sarah Trosper
aturnbull@NSHS.EDU .............................................................. Amy Turnbull
lucy@WFTS.ORG ................................................................. Lucy Zamarelli

* Total number of users subscribed to the list: 21
NCTSN Intranet Homepage
Web address: [http://intranet.nctsnet.org](http://intranet.nctsnet.org)

Please take note of a few key areas:

1. **“Workspaces and Links”** – This is where you will find links to the “workspace” for a Learning Collaborative or NCTSN Collaborative group (just look at the listing under the correct “Group Type”)

2. **“Quick Launch Bar”** – Click on the links in this area to directly go to the page listed.

**Learning Collaborative Workspace**

EXAMPLE: SPARCS II – click here to access the workspace for the second SPARCS Learning Collaborative.

Each workspace has a different color theme.

Direct web address: [http://intranet.nctsnet.org/SPARCSII/default.aspx](http://intranet.nctsnet.org/SPARCSII/default.aspx)

Please take note of a few key areas:

3. **“Web Parts”** – Specific areas in the workspace for announcements, document library, contacts, meeting agendas, etc.
Web Conferencing Software
EXAMPLE: Macromedia Breeze
Web address for demo: http://www.adobe.com/products/breeze/productinfo/meeting/experience/index_mm.html
There are several different products for Web conferencing software/services available. Macromedia Breeze is the one product the NCCTS is most seriously considering at this time. Web-conferencing for the NCTSN is not yet available on a large scale. A free small scale trial (5 users or less) can be arranged through macromedia. See link above. A few shots from their online demonstration are shown below.
Newsletters

Simple E-mail Update Newsletter

Subject: REMINDER - Developing Agenda for Affinity Group Calls in April: INPUT NEEDED FROM TEAMS.

Dear BSC Teams:

Thanks to all of you who have already sent some great suggestions for the affinity group calls on April 26, 2006.

This is a reminder that we would like to hear from as many team members as possible by April 10, 2006 about your ideas, topics, and issues to address for each of the affinity group calls. Please respond to Nancy Timmons with your ideas and we will plan to send out a summary of these topics next week.

Thanks.
Cassie Kisiel

Dear BSC Teams:

On the second day of the Learning Session in San Diego (January 19-20), immediately after the “engaging families” panel discussion, you each joined your “affinity group” for brainstorming and discussion. Five affinity groups met based on the defined roles with your teams—Administrators, Clinicians, Supervisors, Consumers/Family Members, and Community Partners.

In your evaluations of the Learning Session, you told us that the opportunity to talk with your colleagues and peers from other agencies and states during these affinity groups was one of the most rewarding parts of the Learning Session. To this end, we are trying to “spread” this experience by hosting five separate affinity group calls based on these defined roles in April in the place of the standard All-Collaborative Call.

Please read these instructions carefully:

All of the calls will be held at the same time as the previously scheduled All-Collaborative Call: Wednesday, April 26th at 1:00 EST. We will have separate call-in numbers for each affinity group, with which we will provide you closer to the call itself along with the agenda that YOU have designed.

Because we hope the connections you make across teams will last long beyond the final Learning Session in May, we want these affinity groups to truly belong to you. Thus, we are asking you to help develop and facilitate the agenda for these calls. Please think about what issues you would like to address on your affinity group call and send an e-mail to Nancy Timmons at NTimmons@mednet.ucla.edu with the following information: your name, your team, your affinity group, a brief description of the issues/topics you would like to discuss.

Please take advantage of the opportunity to really make these calls yours by sending your ideas to Nancy no later than Monday, April 10. Your ideas and responses will determine the agendas for the different affinity group discussions. Also, if you identify yourself with multiple affinity groups within your organization, please note that there will be other opportunities for
discussions in various affinity groups for you to participate in. We hope that these affinity group discussions in April will set the stage for future collaborations within affinity groups both at Learning Session 3 and beyond.

Additionally, because we hope these affinity groups provide a strong vehicle for spread, cross-team sharing, and collaboration beyond the formal BSC, we encourage you to invite others from your agency and community to participate on these calls. Similar to the All-Collaborative Calls, these are not intended for core team members only; in fact, the more people we can have on each call, the richer we know the discussion will be.

We are looking forward to helping you continue to forge these cross-team connections over the coming months. Please don’t hesitate to contact me with any questions and we look forward to supporting you as you craft the agendas to make sure these calls meet your needs.

Thanks,
Cassie

Note: For a more elaborate newsletter example, see Intranet Insider!—the newsletter created to keep members in the Breakthrough Series Collaborative in the loop.

Intranet Help and Tutorials

➤ For access issues and technical questions about the Intranet site contact James Wu (CLWu@mednet.ucla.edu) or Peter Kung (pkung@mednet.ucla.edu).

➤ For assistance with navigation of the Intranet and/or content suggestions or questions contact Debbie Ling (dling@mednet.ucla.edu).

➤ If you would like to have a NCTSN listserv or Intranet Workspace set-up for your Learning Collaborative, contact Debbie Ling (dling@mednet.ucla.edu).

➤ Self-paced Intranet tutorials in pdf format with detailed instructions and screen shots are available on the following subjects:

• Part I: Intranet Homepage Tutorial
• Part II: Collaborative Workspaces Tutorial
• Part III: PDSAs and Intranet Fill-in Forms Tutorial
• Part IV: Intranet Discussion Boards Tutorial

The tutorials listed above are available on the Intranet and can be accessed by clicking on the words “Intranet Help! Documents” on the Quick Launch Bar on the homepage.

Alternatively, you may contact Debbie Ling and she can send you the pdf files and assist you as you go through them. E-mail: dling@mednet.ucla.edu.

Do not be afraid! The Intranet is your friend! The NCCTS staff is happy to help!
Brief Orientation to Collaborative Workspaces

Each LC and Collaborative Group/Committee should have its own workspace that is designed specifically for that collaborative or group.

To access your group’s workspace: go to the Intranet homepage at http://Intranet.nctsnet.org

1. Look for the area called “Workspaces & Links” on the right side of the page. Don’t click on those words yet!

2. Look under the “Group Type” you are looking for—either LC or NCTSN Collaborative Group. Find the name of your specific group.

3. Click on the name of your specific group or collaborative. You will be taken to your “Workspace/Homepage.”

4. Each workspace is a bit like a site within a site and most have some of the same components, including “Announcements,” “Membership/Contact List,” “Meeting/Call Agendas,” and “Document Library.”

5. While in a workspace:

   a. to return to the Workspace/Homepage: click on “Home” in the upper LEFT-hand corner.

   b. To return to the parent Intranet Homepage: click on the words “Up to NCTSN Portal Web Site” in the upper RIGHT-hand corner.

6. Within your workspace, members of your collaborative/group can post announcements, issues, working documents, surveys, etc. You can also create lists, post manuals for your particular treatment, and add events to the calendar.

7. Have fun exploring and adding new items to your group’s workspace. The more content you and your group mates add to the site, the more interesting and useful it is. Take a peek at other group’s workspaces; some have multiple “tabs” or pages to organize work for separate projects/products.

8. There is a lot of flexibility and customization available using this Intranet. The addition of certain Intranet elements sometimes requires one of the web site developers to create it. Please contact Debbie Ling (dling@mednet.ucla.edu) if you have an idea for a list or document library or anything else you would like created!
Learning Outcomes for Faculty

The first Learning Session sets the foundation for the entire collaborative experience. This module focuses on key aspects of organizing and leading Learning Session 1. The following objectives will be covered:

- Faculty will be able to identify successful elements of a first Learning Session.
- Faculty will be able to identify strategies to create a learning community among participants of the collaborative.
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Learning Outcomes for Participants

The first Learning Session brings faculty and teams together for the first time after an extensive preparation period or Prework Phase, in which the primary communication is via phone, e-mail, or Intranet. Faculty are charged with setting the stage for multiple goals to be addressed during the two days of the session. At the conclusion of the Learning Session 1, participants will accomplish the following objectives.

- Describe the components of the intervention.
- Demonstrate skills related to implementation of the intervention.
- Create an initial plan for implementation.
- Identify the key elements of a Learning Collaborative.

Priority Tasks for Faculty

1. **Create an open and comfortable learning environment.** This experience is the beginning of a year-long relationship with the members of the collaborative and the faculty. Faculty should facilitate a Learning Session structure that allows, from the beginning, teams to form relationships with other collaborative members.

2. **Incorporate principles of adult learning in agenda design.** Faculty will maximize the use of interactive activities with a mixture of formats (plenary, small group, team meetings, team pairings, or dyads) in the design. The Faculty should assume there is a vast amount of expertise in the room and across the collaborative and finds ways to engage participants as teachers, and for participants to learn from each other’s experience as soon as possible. Minimize lecture format—maximize interaction!

3. **Provide in-depth exposure to the intervention.** The focus on organizational readiness will be dependent on the needs of the Collaborative members.

4. **Include skill practice related to the intervention.** It is important to maximize the face-to-face Learning Session opportunity with skill practice and acquisition. Prior to the Learning Sessions, participants will be reading, viewing videotapes, and participating in calls to prepare them for the first Learning Session. This opportunity for practice and providing feedback with other participants begins to set the precedent for sharing and learning from each other.
5. **Create activities that allow participants to engage with other teams.** Small group activities that mix teams up are an important step toward cross-site sharing. Groupings can be random, by geographic region, or by role or affinity group (i.e., all clinicians, all supervisors, all school-based, etc). Before the collaborative moves to the Action Period and relies on phone and Intranet contact, use the Learning Session to give participants a chance to get to know each other and their organizations.

6. **Give teams time to meet together.** Teams will benefit from an opportunity to plan and strategize about their own implementation process and learn from each other’s successes as well as challenges. Amazingly, teams often report that they appreciate the time away from the office to create a plan and problem solve barriers to implementation. The Learning Session is a great opportunity to build momentum and energy to be creative and make a plan.

7. **Provide an overview of the Learning Collaborative methodology.** The initial Learning Session does not go into depth regarding the specific aspects of the Learning Collaborative methodology, but faculty will present an overview and sketch out the entire process for participants. The basic components of the Learning Collaborative model will be defined and expectations reviewed so participants understand the difference between the collaborative experience and a traditional training event. Metrics will be introduced as part of the overview.

8. **Ensure understanding of the Action Period.** Faculty will ensure that participants know what to expect between Learning Sessions. Typically, the first action period is two-and-a-half to three-and-a-half months and will involve collaborative calls, sharing of materials and resources, and cross-site sharing via the Intranet. A schedule of calls starting immediately after the Learning Session is prepared during the Prework Phase and distributed again as a reminder.

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**Learning Outcomes for Supervisors**

Supervisors will explore their role in supporting their staff in changing or adopting a specific practice during the first Learning Session. Supervisors will cover the following objectives:

- Identify key aspects of their role relevant to changing practice.
- Identify a variety of methods and techniques to enhance clinical competencies in staff.
- Convene with other supervisors and begin to create an affinity group for future collaboration and cross-site sharing of ideas and resources.
“The faculty, Julian and Marisol, were so affirming toward all of us, and their passion about this work kept me inspired and moving forward. They are great teachers who also really work in the trenches, so they knew what they were talking about when it comes to implementing this model in the community. They are so flexible and welcomed our adaptations and innovations. They helped us to experience success on so many levels.”

Kristine Buffington
Cullen Center of Toledo Children’s Hospital
Participant, Target Learning Collaborative

9. **Demonstrate the Intranet as a resource.**
Faculty will need to design ways to lead participants to the Intranet and explore its utility as a collaborative tool. It may be beneficial to provide participants with a visual demonstration of the Intranet set (if Internet access is available) and provide technical assistance as needed during the first and subsequent Learning Sessions. Starting with the Prework Phase and throughout the collaborative process, the Intranet will support dialogue, communication, and problem solving across teams and with faculty.

10. **Model the value and importance of feedback through a thoughtful evaluation.** Faculty will establish the importance of data collection and evaluation at the first Learning Session. Faculty will develop a mechanism for obtaining feedback from participants on the Learning Session and use that feedback to direct Collaborative activities. Faculty will also introduce the monthly metrics and highlight relevant aspects of the Collaborative evaluation.

11. **Facilitate opportunities for supervisors to convene and explore ways to coach/promote the new practice and overcome potential resistance.** Create at least one opportunity for supervisors to meet in person and discuss the challenges of bringing in a new practice to their organization and brainstorm solutions. This is vital to fostering the relationship between supervisors in the collaborative.

12. **Engage supervisors as leaders in skill practice opportunities.** Whenever possible, construct activities where supervisors have an opportunity to lead activities. Be certain, however, that the individuals who the faculty select as leaders have the background, skill, or knowledge necessary in the specific intervention. It is often tricky for supervisors to be learning the intervention along with their supervisees.
Priority 1:

Create an open and comfortable learning environment.

Tips:

➽ Create clear signage so participants know where to go, where to register, and where to sit.

➽ Make sure someone is on hand to welcome participants and answer questions about any logistics as they register, complete their storyboards, and have questions throughout the Learning Session.

➽ If possible, have goodies and beverages available to snack on in the morning and afternoon. Table toys and prizes have been appreciated and enjoyed as a way to help create a fun and engaging learning environment.

➽ Name tags—be creative and fun. Remember, name tags actually serve a function. Ensure that the first name of the person is in large letters to facilitate participants and faculty getting to know each other.

➽ Design a comfortable room set-up that is conducive to interaction within and across teams. Have breakout space available if the volume of multiple voices is an issue for small group work. Set up participants at round tables (8 to 10 people), not audience or classroom style, to facilitate the small group interactions.

➽ Arrange for a social gathering for participants if possible in the evening, preferably between the first and second day of the Learning Session (especially if participants are arriving the evening before or the morning of the first day). If participants are traveling from out of town, they may appreciate an option to get together for dinner. Some of the collaboratives have structured the dinners as a part of the experience with very good outcomes.

➽ Incorporate a structured icebreaker activity early in the Learning Session. (See “Group Resume Icebreaker” in Support Materials.)
Incorporate principles of adult learning in agenda design.

Tips:
A few tips to pay attention to in designing a Learning Session:

- Minimize lecture and use of long narrative notes or handouts. Organize information into key learning points, checklists, charts, graphs, or other visuals.
- Have participants do most of the work. Participants learn more when they engage actively in the process.
- Create chunks of content or information. The use of acronyms (e.g., to identify key components of the intervention) or other easily memorable labels can be helpful also.
- Create aids for use in implementation of the intervention after the training, like tip sheets, reminder cards, and acronyms.

Provide in-depth exposure to the intervention.

Tips:

- Build on materials and assignments from the Prework Phase and the collaborative calls that occur prior to the Learning Session rather than starting with basic exposure to the model. Don’t gear your teaching to laggards! Provide opportunities for review (an extra session at the end of day or early morning) and make resources available if participants want to catch up on the required reading.
- Well-placed games that engage participants in reviewing the material covered either individually or as a small group can ensure that concepts are understood and remembered. (See samples in the Support Materials.)
- Use multimedia formats to share information, including audio and video demonstrations to illustrate the intervention. Case vignettes are very helpful.
- Distribute a binder for participants to collect all handouts throughout the collaborative experience. Make sure all handouts are three-hole punched.
**Priority 4:**

**Include skill practice related to the intervention.**

**Tips:**

➽ Role plays are an effective way to both demonstrate and practice skills relevant to the intervention.

➽ Create opportunities for participants to actually demonstrate skills and give and receive feedback regarding specific competencies.

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**Priority 5:**

**Create activities that allow participants to engage with other teams.**

**Tips:**

➽ Consider using a storyboard for the collaborative. The storyboard (see Module 6 - Prework Phase) provides an excellent format to learn about other teams. Teams use the storyboards very creatively to share information about themselves and their organization.

➽ Find creative ways for participants to mix. For example, use name tags of different shapes and/or colors to designate groupings or form groups by birth months.

➽ Don’t be afraid to move people around and mix it up!

➽ Use fun formats for learning that create a comfortable environment in which participants to get to know each other. Games that require cooperative work to respond to content areas can be a good way to break down barriers between participants who don’t know each other.
Priority 6:

Give teams time to meet together.

Tips:

➽ Carve out time on both days for teams to meet, even briefly, to digest and talk about their learning thus far and brainstorm ideas for how to apply this information back at home.

➽ Supply them with a template for an implementation plan to complete toward the end of the second day.

➽ Faculty can begin to help teams problem solve around barriers to implementation during team meetings.

“Getting away with a multilevel team from our agency to focus on training and implementation was very important to the process. It was a great team building experience for our staff.”

Leslie Ross
Children’s Institute Inc.
Participant, Breakthrough Series and SPARCS Learning Collaborative

Priority 7:

Provide an overview of the Learning Collaborative methodology.

Tips:

➽ Faculty begins to use the language of the Model for Improvement during the first Learning Session to prepare participants for use of the model. Appropriate examples include: measuring success in implementation, Model for Improvement, small tests of change, organizational capacity and readiness, adaptation, and overcoming barriers.

➽ Prepare a brief presentation that reviews the collaborative process, introduces metrics, and provides the rationale for not doing training-as-usual.
Priority 8:

Ensure understanding of the Action Period.

Tips:
- Have the schedule available for all activities, with dates of future calls, call-in directions, topics, etc.
- Inspire participants about the post–Learning Session phase. Generate excitement and anticipation for implementation.
- Get a commitment from each team regarding their implementation plan.

Priority 9:

Demonstrate the Intranet as a resource.

Tips:
- Make sure all participants have log-in information.
- Don’t e-mail resources out as a regular practice. Make them available only on the Intranet.
- Respond to key questions via the Intranet.
- Use e-mail announcements that lead participants to the Intranet. For example, announce the supervisor’s call but post the agenda and presentation on the Intranet.
- Use a collaborative call to guide participants through the use of the Intranet site, or, if Internet access is available at the Learning Session, conduct a brief overview.
- Get familiar with the Intranet site. As faculty, it is important that you see the utility and value of the Intranet as a vital communication tool that extends the learning experience.
- Start an interesting discussion on the Intranet site on the discussion board. Faculty involvement on the discussion board typically increases participant use dramatically.
Priority 10:

Model the value and importance of feedback through a thoughtful evaluation process.

Tips:
➽ Have a mid-point check-in with participants to assess their experience of the Learning Session.
➽ Model flexibility and small tests of change in adapting to the input from the participants.
➽ Allow sufficient time for your paper and pencil evaluation—not as participants are packing up to head out the door! This also applies to the collection of baseline data. Allow sufficient time in the schedule to complete necessary evaluation activities.
➽ Reward involvement in evaluation. Create incentives for participation in data collection activities either individually or as a team.
➽ Highlight the importance of gathering both process and outcome evaluation throughout the collaborative to document changes and improvements as a result of their participation.

Priority 11:

Facilitate opportunities for supervisors to convene and explore ways to coach/promote the new practice and overcome barriers.

Tips:
➽ Convene supervisors at least one time during the first Learning Session to dialogue about introducing a new practice into their organization. Hopefully, there has been at least one phone conference with supervisors during the Prework Phase, and they can build on that experience. Faculty can design a segment of the Learning Session that includes more discussion than presentation.
➽ Faculty may even consider using lunch as a time for supervisors to convene and spend some time together.
➽ Setting the groundwork among supervisors for the introduction of the Model for Improvement at the second Learning Session is important. Create a brainstorming session where they can begin to share ideas for enhancing clinical competency regarding the intervention.
Priority 12:

Engage supervisors as leaders in skill practice opportunities.

Tips:

➽ Target supervisors who are comfortable demonstrating skills or knowledge in the specific intervention for practice opportunities. Even if it is a role play where the supervisor plays a child or parent, it is reinforcing to position supervisors in roles of leaders in learning the intervention.

➽ Be careful not to put supervisors in the “hot spot” in front of their staff if they are not ready to be there.

➽ Consider using supervisors to facilitate a discussion, which is usually low-risk but again helps them to be viewed as leaders.

➽ Don’t feel that supervisors have to be the first choice as discussion leaders every time but keep them in mind as they have an important role within the collaborative.
### Frequently Asked Questions

**Q.** What is the right balance between focus on clinical competencies, introduction to the Learning Collaborative method, and other issues relevant to implementation during the first Learning Session?

**A.** Teams are most interested and energized about the clinical competencies. Exposure to the LC process is important but make it brief, focused and engaging. It is essential that teams leave LS1 with an understanding of metrics so incorporate a presentation so that they are ready to use them after implementation.

**Q.** Should faculty separate clinicians and supervisors during the Learning Session to focus on issues relevant to them?

**A.** Faculty can use their judgement about the design of the session. In past collaboratives, separate sessions have been productive and helpful for clinicians and supervisors to explore competencies and challenges related to their role.

**Q.** How much time should the faculty spend on reviewing the basic elements of the intervention before starting skill-building activities?

**A.** Faculty should consider what was supposed to be covered in the Prework Phase and what material was discussed as part of the Prework calls. If there has been a solid Prework Phase with knowledge acquisition, transitioning to a skill focus early will be important.

**Q.** There is a lot of content to cover regarding the intervention. Isn’t it more effective and efficient to lecture?

**A.** NO! Adult learners acquire knowledge and skills better through more active and engaging teaching approaches. As faculty, you can still be efficient by using techniques other than lecture. Check out the Support Materials in this section for Alternatives to Lecture.
Module 8 – Learning Session 1

List of Support Materials

- Faculty Checklist
- Participant Sign-In
- Learning Collaborative Participant List
- Instructional Design Form for Learning Session
- Sample Agenda
- Sample Room Setup
- Materials List for Learning Session
- Sample Presentation on Learning Collaborative Methodology With an Activity
- Group Resume Icebreaker
- Examples of Learning Activities
- Coaching Role Play
- Sample Design for LS1

Faculty Checklist

Learning Session 1

- Ensure all participating teams have information regarding logistics in advance (ground transportation to/from airport, to/from LS, start/end time of LS, planned dinner gatherings).
- Arrange for LS space. Tables and adequate room to move easily between tables.
- Design a LS that focuses primarily on clinical content delivered in a highly engaging, interactive method. Sample agenda in Support Materials.
- Develop a materials list based on LS agenda.
- Create participant list with contact information.
- Make arrangements for refreshments and meals (if appropriate).
- Copy materials.
- Design room setup, anticipating small group work. (Samples in Support Materials)
- Test and run audio/visual equipment.
- Create signage to direct participants to meeting space.
- Compile all items on the materials list.
- If teams are staying at a hotel, a welcome letter delivered at check-in is helpful. Outline the schedule and the location of the LS (either within the hotel or another venue).
- Facilitate a gathering after the first day of the LS (either drinks or dinner).
- Conduct an evaluation.
## Learning Collaborative Sign-in Sheet

(If your name is not on this list, please use the space at the bottom to sign in).

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME</th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>Faculty</td>
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# Learning Collaborative Participant List

## Faculty

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## Participants

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### Instructional Design Form

**Learning Session:** ______________

<table>
<thead>
<tr>
<th>Duration</th>
<th>Content/ Learning Point</th>
<th>Method/ Activities</th>
<th>Materials/Aids</th>
<th>Trainer</th>
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### Agenda: Learning Session

**Dates:**

**Faculty:**

**Learning Outcomes:**

<table>
<thead>
<tr>
<th><strong>Day One</strong></th>
<th><strong>Time</strong></th>
<th><strong>Activity</strong></th>
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<td>Break</td>
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<td>12:00–1:00</td>
<td>Lunch</td>
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<tr>
<td>Break</td>
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<tr>
<th><strong>Day Two</strong></th>
<th><strong>Time</strong></th>
<th><strong>Activity</strong></th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Break</td>
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</tr>
<tr>
<td>12:00–1:00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Team Style Setup. Promotes team and small group interaction. Also allows participants to move easily when necessary between tables.

This style offers the most intimate setting for participants when doing small group or team work. However, some participants will have to turn their chairs around to face forward during presentations.
Sample Room Setup

Table rounds are also a favored setup for small group work as long as the tables are not too large and participants can easily speak across them.
Sample Materials Checklist

First Learning Session

- Name tags (prefer hanging name tags with white tag insert)
- Signage to direct participants to meeting space
- Sign-in for both days (in a folder labeled)
- Master participant list with room near each name for corrections (in sign-in folder)
- Markers (6-8)
- LCD and screen
- Index cards
- Microphones (if necessary)
- Flipchart paper with adhesive
- Camera
- Prizes
- Presentation on laptop

- The following items in folders:
  - Handout
  - Agenda
  - Dining options and evening plans
  - Participant list
  - Intranet flyer

- Evaluation (in a folder labeled)

If including storyboards, the following items are needed:
- Tape
- Tacks
- Markers
- Scissors
Sample Presentation on Learning Collaborative Methodology With an Activity

What Is a Learning Collaborative?

Instructions for Faculty

Rather than presenting the benefits of the Learning Collaborative Model, this activity asks participants to formulat...
Module 8 – Learning Session 1

Puzzle Activity Template

Model for Improvement
An approach to process improvement, which helps teams accelerate the adoption of proven and effective changes.

- Introduction to the Change Package (identifies five key components of an ideal system for the adoption and implementation of the intervention).
- A tool for improvement: creating small tests of change through PDSAs (small tests of change that include a cycle of Plan-Do-Study-Act).
- Metrics to guide improvement. Monthly metrics are measures designed to summarize a team’s current progress toward the collaborative’s goals and to track progress toward those goals over time.

Prework Phase
- Initial knowledge exposure through reading and calls.
- Organizational readiness assessment complete.
- Team building concerning practice change.
- Senior leadership buy-in.

Learning Session 1
- Focus on clinical competencies and skill acquisition.
- Learn about measurement and the use of metrics to inform teams of progress.
- Get to know other teams and create a community of learners.

Learning Session 2
- Advanced clinical skill building.
- Introduction to Model for Improvement: an approach to process improvement, which helps teams accelerate the adoption of proven and effective changes.
- Shared problem solving re: barriers to implementation.

Learning Session 3
- Sharing innovations.
- Strategies for sustaining practice.
- Celebrating the successes of the collaborative teams.

Intranet
- Using technology to expand learning and contact.
- Discussion board.
- Sharing materials and ideas.
- Announcements and call agendas.

Learning Community
- Contagion Effect of creative ideas regarding implementation of the model.
- Learn from early adopters.
- Faculty and participants learn from each other.

Action Periods
- Conference calls with entire collaborative.
- Supervisor calls.
- Measuring progress.
- Steal shamelessly and share relentlessly.

Overall Evaluation
- Assess the extent to which participating agencies actually used the practice and are likely to do so in the future.
- Assess the manner and skill with which providers administered the treatment.
- Evaluating the collaborative experience.

Adult Learning Principles
- Engaging learners through active learning.
- Creating an environment for expertise of participants to be shared.
- Collaborative learning and sharing.
Games for Review

All activities adapted from: *101 Strategies to Make Training Active*, Mel Silberman 2nd Ed. 2005 by John Wiley & Sons

**Crossword Puzzle** (can be done individually or as teams)

1. Brainstorm several key terms/phrases or names related to the topic.

2. Construct a simple crossword puzzle
   (http://www.crosswordpuzzlegames.com/create.html)
   This is a free web site that will create a puzzle for you. You supply the words and
   hints and they construct it in an instant! It can be fun to include a couple of items
   that relate to people or events in the collaborative.

   **Clues can include:**
   - A short definition
   - A category in which the item fits
   - An example
   - An opposite

3. Distribute the puzzle to individuals, teams (either regular teams or mixed).

4. Set a time limit. Award a prize to the individual or team with the most correct items.

**College Bowl**

1. Divide the group into teams. Have each team select a name (can be a sports team or
   other ideas).

2. Give each participant an index card. Participants will hold up their cards to indicate
   they want to answer a question. Every time you ask a question, any member of any
   team can indicate his or her desire to answer.

3. The rules:
   - To answer, raise a card
   - If you raise your card before the question has been fully stated, the statement of
     the question is stopped and you are allowed to attempt to answer
   - If you answer incorrectly, the question is repeated in its entirety and others
     can respond

4. After all the questions have been asked, tally the scores and announce a winner.

5. Based on responses from the game, review any material that is unclear or that
   needs reinforcement.
Jeopardy

1. Create three to six categories of review questions. You can use any of the following categories:
   - Facts
   - Skills
   - Concepts
   - Components
   - Names

2. Develop at least three answers (and their corresponding questions) per category. The questions/answers should be of increasing difficulty.

3. Show a Jeopardy game board on a flip chart sheet. Announce the categories and the point values for each category. Here is an example:

<table>
<thead>
<tr>
<th>Trauma Narrative</th>
<th>Assessment</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 points</td>
<td>10 points</td>
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<td>20 points</td>
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<tr>
<td>30 points</td>
<td>30 points</td>
<td>30 points</td>
</tr>
</tbody>
</table>

4. Form teams of 6-8 participants and provide a responder card for each team.

5. Ask teams to select a team captain and team scorekeeper.
   - Team captains represent the team. They are the only ones who can hold up the responder card and give an answer. Teams need to discuss and agree upon an answer before the team captain responds.
   - Scorekeepers are responsible for adding and subtracting points for their team.
   - As the game moderator, the faculty member is responsible for keeping track of which questions have been asked. As each question is used, cross it off the game board. Note questions that teams have difficulty answering for later review in the Learning Session.

6. The game moderator should review the rules of the game.
   - The team captain who holds up the responder card get the opportunity for his/her team to answer.
   - All the answers must be given in the form of a question.
   - If the team captain answers correctly, the team is awarded the points. If he/she responds incorrectly, the point value is deducted and the other team has a chance to answer.
   - The team with the last correct response controls the board and selects the next category.
Bingo Review

1. Develop a set of 24 or 25 questions about the topic that can be answered by a standard term or name.

2. Sort the questions into 5 piles. Label each pile with the letters B-I-N-G-O.

3. Create Bingo Cards ([http://www.dltk-cards.com/bingo/bingo1.asp](http://www.dltk-cards.com/bingo/bingo1.asp)). This website allows you to create a bingo card with 24 or 25 squares and then gives you the number sheet for your call-outs.

4. Label each question with the numbers from the card.

5. Read a question with the associated number. If a participant has that number, he/she writes the answer (if they can!) in the space by the number.

6. Whenever a participant achieves five correct answers in a row, he/she can call out “Bingo.: A prize can be given to that individual.

7. You can proceed and do a cover-all after the first person wins. Another person can be a winner if he/she is the first to cover the whole board with correct answers!

Hollywood Squares Review

1. Ask each student to write 2-3 questions pertaining to the topic. Questions can be multiple-choice, true/false or fill-in-the-blank formats. They can consult their manuals if they want to.

2. Collect questions. Add some if you would like to fill in some gaps.

3. Simulate the tic-tac-toe gameshow format on Hollywood Squares. Set 3 chairs at the front. Ask 3 volunteers to sit in the chairs, 3 to sit on the floor in front of them, and three to stand behind the chairs.

4. Give each of the “celebrities” a card with an X on one side and an O on the other.

5. Ask two volunteers for contestants. You can rotate contestants throughout the game.

6. The contestants are asked a question. They choose the celebrity to answer and he/she must agree or disagree. If they are correct, he/she has an O or X held up by that celebrity to try to achieve tic-tac-toe.

7. Remaining participants not involved are given cards that say “agree: on one side and “disagree” on another to flash to contestants to aid in their decision making.
Module 8 – Learning Session 1

Sample Learning Activities

All activities adapted from: *101 Strategies to Make Training Active*, Mel Silberman 2nd Ed. 2005 by John Wiley & Sons

### Analysis and Feedback Activity

**Prepare two to three case scenarios:**

1. Presentation by faculty concerning a specific competency.
2. Divide the participants into small groups with one faculty member assigned to each group. A maximum recommended number per group is 10-15 participants. If you do not have sufficient faculty to make that possible, the activity can be done in one large group.
3. If breakout space is available it is advisable to send small groups to separate rooms for this activity.
4. Once the small group is assembled, divide the group into three sections.
5. Assign one task to each group:
   - Pay attention to and note productive therapist behaviors
   - Pay attention to therapist errors
   - Key observations about the child/youth response
6. Based on a case scenario, the faculty and a volunteer will engage in a role play. The faculty person will purposely make some errors in the demonstration.
7. After the role play concludes, each small group shares their observations.
8. Conduct a second opportunity with a volunteer acting as therapist.

**Variation:**

- Faculty can construct different tasks for the groups to be attending to based on the competency and the points of analysis.
**Listening Teams**

A great way to engage participants while presenting a lecture. Listening teams create small groups that are responsible for clarifying the content presented in the lecture format.

1. Divide the participants into four teams and give them these assignments:

<table>
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<tr>
<th>Team</th>
<th>Role</th>
<th>Assignment</th>
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<tbody>
<tr>
<td>1</td>
<td>Questioners</td>
<td>After the lecture, create two questions regarding the content. Look for issues that were left untouched during the lectures.</td>
</tr>
<tr>
<td>2</td>
<td>Agreers</td>
<td>After the lecture, target the two most vital or important points presented in the presentation that the group found most helpful and explain why.</td>
</tr>
<tr>
<td>3</td>
<td>Nay-sayers</td>
<td>After the lecture, comment on which point they disagreed with or would like to challenge.</td>
</tr>
<tr>
<td>4</td>
<td>Example givers</td>
<td>After the lecture, give three examples or applications of the material presented.</td>
</tr>
</tbody>
</table>

2. Present the lecture. After it is over, give teams a few minutes to complete their assignments.

3. Call on each team to question, to agree, and so forth. If you have a large participant group you may choose to assign tasks to multiple groups.

**Index Card Match**

1. On separate cards, write down questions about anything covered in day one of the Learning Session. Create enough cards to equal one half of the number of participants. Try to choose questions that have brief, focused answers.

2. On separate cards, write answers to each question.

3. Shuffle the cards together and distribute one to each participant.

4. Instruct the participants that this is a matching exercise. Some have questions and some have answers.

5. Ask participants to find their match and, once they have found their partner, to sit together. Tell them not to share their cards with others yet.

6. When everyone is seated, have each pair quiz the rest of the class.
Coaching Role Play

This technique places the trainer in the lead role and involves participants to guide or coach by providing direction to the trainer.

1. Create a role play which will demonstrate the competency being illustrated.
2. Inform participants that the faculty will have the role of the therapist but the participants’ job is to coach during the role play.
3. Start the role play but stop at frequent intervals and ask the group to give feedback and direction. Do not hesitate to ask participants to provide specific “lines” for you to utilize. For example, at a specific point, say, “What should I say next?” Faculty should listen and try some of the suggestions.
4. Gradually increase the opportunity for guidance but also ask for the rationale behind the coaching advice.

Variation

Using the same process, have a volunteer take the role of the therapist and allow them to stop to ask for advice from the participants.

Team Analysis

Rather than “giving” the answers to participants, this activity allows teams to formulate answers based on their collective discussion.

1. Divide participants into teams from 5-8 participants.
2. Prepare a case scenario or a situation which poses a challenge. This activity can be used to focus on either clinical or organizational issues. For example, a prepared clinical scenario or a challenge like retaining youth in treatment.
3. Develop a set of questions for the group to respond to through discussion.
4. Ask each team to identify a recorder and someone to share their work with the whole group.
5. Ask them to prepare to share their conclusions/recommendations with the large group. Facilitate a brief discussion of recommendations or responses with input from each team.
Questions and Answers From the Floor

At the end of a session or segment, often faculty poll the participants for questions and then respond. This activity gives the participants an opportunity to respond to questions first.

1. Give each participant an index card and instruct them to write down one question regarding the material covered in the Learning Session (or in that segment).
2. Collect the cards, shuffle them, and distribute one of them to each participant. Ask the participants to read the question on their card and consider a response.
3. Ask for a volunteer to share the question and their response.
4. After the response is given, invite other participants or add your own comments regarding the question.
5. Continue as long as participants are still volunteering.
6. Collect unanswered questions for review later.

Group Resume Icebreaker

1. Divide participants into their teams.
2. Introduce the activity by noting the incredible array of talents, experience, and expertise in the room. The collaborative process will build on and utilize all the individuals in the room. Emphasize that we will all be learning from each other through the course of the year.
3. Explain that one way for us to get to know each other is to share collective “team resumes.”
4. Give each team newsprint or large post-it notes and markers to display their resumes. It can include items like:
   - Educational background, schools attended
   - Knowledge or experience related to the topic
   - Job experience
   - Skills
   - Accomplishments
   - Hobbies, talents, travel, family
5. Invite each group to compose their collective resume and post.
6. Applause is encouraged! It might look something like this:

   Team Name
   Educational Background
   45 years total of post-high school education
   Schools Attended
   UNC
   Northwestern
   FSU
   Years of Work Experience
   125 years of experience
Sample Design for Learning Session 1

Sample Agenda for Learning Session One

The sample agenda is a tool for faculty to assist in their design of the learning session. The agenda is meant to be used as a communication method between faculty members and not intended for distribution to participants.

The agenda will assist in these ways:

- Provide organization to make essential assignments between faculty members concerning preparation of materials, handouts and slides.
- Provides a more detailed breakdown of the schedule and time allotment for each segment.
- Assists in assessing the “flow” of activities. The more detailed description of each segment during the learning session provides an overview of the methods being used to convey the material and allows faculty to assess the diversity of activities and presenters. An abbreviation in the duration column will alert faculty to the type and seating for each activity.
- Includes more detailed instructions regarding each segment to assist faculty during the learning session. It can also be extremely helpful if a faculty member is absent and someone else is asked to step in to cover their segment.
- Allows faculty to track easily the groupings during the learning sessions. Noted on the agenda will be a designation for activities done in teams (from the same organization) or in a mixed team (from multiple sites). Faculty will want make sure that activities are done both within and across teams in order to establish relationships in both of those configurations.

The types of activities utilized in this sample are:

1. Team Resume
2. Listening Teams for Active Lecturing
3. Analysis and Feedback Activity
4. Index card match

More in depth explanation of these activities can be found in the support materials. Please note under the Duration column there will be initials with these designations:

ST- seated by team
SMT- seated by mixed teams
SAG- seated by affinity group (i.e., Clinician, supervisor), other groupings like (i.e., type of organization).
LGP- Large group presentation and discussion
SGA- Small group activity
DA- Dyad activity
LGD- Large group debrief
## Sample Agenda Learning Session One

<table>
<thead>
<tr>
<th>DURATION</th>
<th>CONTENT/LEARNING POINT</th>
<th>METHOD/ACTIVITIES</th>
<th>MATERIALS AIDS</th>
<th>TRAINER</th>
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| 8:00-8:30 am   | Registration/Continental Breakfast  
Faculty will actively meet/greet/welcome participants | Faculty will be assigned to different tasks (ie. Registration, main room, etc)    | Music, CEU materials, signage to room, table assignments, baskets of toys       | All              |
| 8:30 – 9:15 am | Introductory Ice Breaker  
Team Introductions: Allows an opportunity for team members to get to know each other and share their strengths. Faculty should also complete resume.  
**Important debrief point:** the extensive expertise and experience in the room to build on thru-out collaborative experience  
If storyboards are being utilized can use a storyboard activity instead. | Team Resume  
Each team does this activity together. | Flip chart & markers  
LCD, Slide with instructions  
Tape if paper is not adhesive | All              |
| 9:15-9:30 am   | Welcome and Overview of the Learning Session  
➢ Introduction of faculty and review of agenda  
➢ Guidelines for participation in the | Clear expectations of participant involvement and their role | Slides  
Post It flip chart | All              |
<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>9:30-10:15 am</td>
<td>Parking Lot explained</td>
</tr>
<tr>
<td>9:30-10:15 am</td>
<td><strong>Clinical Competencies</strong> (Dependent on the level of pre-work, faculty may want to provide an overview that reviews pre-work or move directly to the initial clinical competency relevant to implementation of the intervention. The assumption is that some context has been set in pre-work calls)</td>
</tr>
<tr>
<td>10:15-10:30 am</td>
<td><strong>Debrief of lecture.</strong> Each team will have 7-8 minutes to accomplish their assignment and 7-8 minutes for each group to report out.</td>
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<tr>
<td>10:30-10:45 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:45-12:00 pm</td>
<td><strong>Clinical Competencies</strong> Combination of lecture and fish bowl demonstration using volunteers to show the competency or video clip</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief</strong></td>
</tr>
<tr>
<td>12:00-1:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00-1:10 pm</td>
<td><strong>Changing groups</strong> Activity to mix teams up for rest of the day. Ask participants when they move to take their belongings to their new table. Ask participants to spend a minute introducing themselves to their new table mates.</td>
</tr>
<tr>
<td></td>
<td><strong>Candy Matching</strong> Choose different candy types that represent the number of tables or groupings. Put only the number of each candy type as the number of individuals at each table. Go around</td>
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<tr>
<td></td>
<td><strong>Lecturette</strong> Demonstrate the technique or example by calling on a participant to illustrate or use a video clip</td>
</tr>
<tr>
<td>Time</td>
<td>Activity and Description</td>
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<tr>
<td>1:10 – 1:45 pm</td>
<td><strong>Puzzle piece/learning collaborative activity</strong>&lt;br&gt;Provides an overview of the essential elements of the learning collaborative. Each small group will generate their own rationale for the benefit of the learning collaborative model.</td>
</tr>
<tr>
<td></td>
<td><strong>Small grp discussion (20 minutes) and large group debrief (10 minutes)</strong></td>
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<tr>
<td></td>
<td><strong>Puzzle pieces and handout Slide with instructions</strong></td>
</tr>
<tr>
<td>1:45-2:45pm</td>
<td><strong>Clinical competency</strong>&lt;br&gt;Rather than waiting for all discussion to occur at the end of a lecture, this activity stimulates the curiosity of participants by encouraging speculation and discussion prior to the presentation.</td>
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<tr>
<td></td>
<td><strong>Inquiring Minds Want to Know?</strong> Begin the presentation with a key question regarding the topic. Ask participants to turn to the person beside them and discuss. Encourage them to speculate based on their experience. Gather some of the responses and then begin your presentation.</td>
</tr>
<tr>
<td></td>
<td><strong>Development of a key question to pose. slides</strong></td>
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<tr>
<td>2:45-3:00 pm</td>
<td><strong>Break</strong></td>
</tr>
<tr>
<td>3:00- 4:30 pm</td>
<td><strong>Clinical Competency</strong>&lt;br&gt;Collaborative learning activity with opportunity for small groups to respond and discuss key questions regarding a case scenario.</td>
</tr>
<tr>
<td></td>
<td><strong>Large Group Presentation and Small group response to case scenario</strong>&lt;br&gt;After a presentation by faculty (could include video or audio demonstration)</td>
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<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>4:30-5:00 pm</td>
<td>Wrap-up and Review</td>
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<tr>
<td>8:30-9:00 am</td>
<td>Welcome</td>
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<td>Review of agenda</td>
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<td></td>
<td>Review of content covered during previous day</td>
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<tr>
<td>9:00-10:30 am</td>
<td>Clinical Competency</td>
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<td>SMT LGP SMA</td>
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<td>SMT LGP SMA</td>
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<td></td>
<td>Clinical competency</td>
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<tr>
<td></td>
<td>10:45-12:00 SMT SMA</td>
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<tr>
<td>12:00-1:00 pm</td>
<td>LUNCH</td>
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<tr>
<td>1:00-2:00 pm</td>
<td>Metrics</td>
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<tr>
<td>Time</td>
<td>ST</td>
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<tr>
<td>2:00 – 3:00 pm</td>
<td>ST</td>
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Module 9: Action Periods

Learning Outcomes for Faculty

- Faculty will be able to describe a variety of activities for the Action Period.
- Faculty will be able to describe the developmental process of the collaborative from the first to the second Action Period.
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Learning Outcomes for Participants

During the Action Period, participants maintain contact with faculty and teams through a variety of ways—calls, postings, listservs, etc. Faculty members support teams as they begin to implement the intervention.

► Participants will use the regular calls and Intranet postings to gain support for their implementation activities.

► Participants will make improvements through small tests of change and share outcomes with the collaborative.

Priority Tasks for Faculty

First Action Period

1. Coordinate and facilitate all-collaborative calls monthly during the Action Period. Based on recommendations from the faculty, there will be one or two conference calls focused on advancing participants in their use of the intervention and creating a problem-solving/sharing environment among participants.

2. Coordinate and facilitate supervisors’ calls monthly. Supervisors will benefit from a separate forum to ask questions about the intervention and to discuss issues that relate to their role as supervisor.

3. Coordinate and facilitate senior leaders/administrators every other month. There will typically be one senior leader call during the initial Action Period.

4. Use the Intranet to stimulate dialogue about the use of the intervention and to post resources. The Intranet can be used to fill in the gaps between calls so that participants can continue to communicate questions, ideas, and barriers among themselves.

5. Respond to posts in a timely manner. Without quick reinforcement for using the Intranet workspace to post questions, participants will discontinue use almost immediately.

6. Start to identify the early adopters in the collaborative. Early adopters can play an important role in influencing other teams toward utilization of the intervention.
Second Action Period

1. **Create an emphasis on both continued growth of clinical competencies and sustainable adoption of the intervention through use of the Model for Improvement.** The calls will begin to reflect a more balanced consideration of improvements made in the clinical application of the intervention and organizational readiness to maintain the intervention within their agency (i.e., greater focus on supervisory role).

2. **Promote and reinforce the completion and sharing of metrics.** Using metrics as a vital part of team and collaborative discussions begins to make the gathering of the information relevant as it applies to progress toward goals.

“The sustained contact, which continues in monthly consultation phone calls with participants, led to the actual sustained implementation of this new treatment model—in contrast to past brief (1 day to 2 weeks) trainings that I’ve attended in which participants were enthused but not able to actually work through the many practical issues that are required for sustained implementation of a treatment model.”

Julian Ford
University of Connecticut
Faculty, Target Learning Collaborative

**Learning Outcomes for Supervisors**

The Action Period presents a unique set of challenges for supervisors. Continuing to support staff in their implementation process and creating an accountability system to assess fidelity are two of the primary challenges. Supervisors will focus on the following objectives:

- Identify multiple methods to support staff in furthering their clinical competencies.
- Evaluate methods for assessing fidelity in implementing the intervention.
First Action Period

Priority 1: Coordinate and facilitate all-collaborative calls monthly during the Action Period.

Tips:
- Post pictures of participants taken at first Learning Session to help remind everyone of who is who!
- The calls during the Action Period focus on developing competencies to effectively deliver the intervention.
- Structure the calls to maximize interaction and contribution from participants. Even in the area of clinical competencies, participants will share their ideas and thinking in regard to clinical challenges if prompted on calls. Faculty will start asking collaborative members, by name, their thoughts to barriers that are presented. (See templates outlining potential structures for the calls in Support Materials.)
- An agenda helps structure time. Start with a roll call so faculty will know who is on the call and can call individuals by name. The conference call allows for some participants to disappear unless faculty members engage individual participants by name.
- Two all-calls per month is the maximum recommended. Many groups have successfully had one call per month. More than two calls per month results in decreased attendance and fragmented learning as a group. The calls have fewer individuals and there is less sense of urgency and interest in the topics and discussions.
- Evaluate the effectiveness of calls. One easy way is to create an online survey that participants can complete after each call to reflect on the experience. Make it simple and use the feedback to guide future calls.
Module 9 – Action Periods

Priority 2:

Coordinate and facilitate supervisors’ calls monthly.

Tips:

➽ Focus on the role of the supervisor and problem solving regarding the barriers they are experiencing.

➽ Spend some time on the call focusing on clinical questions and concerns but don’t forget that the supervisors are a key to the integration of sustainable adoption practices into their organizations. For example, the following topics have been common in supervisor discussions:

• How do you ensure fidelity as a supervisor?
• Are there some innovative ideas about how to grow skills related to the practice? Role plays? Video taping or audio taping sessions?
• How do you deal with resistance to a manualized treatment?

Priority 3:

Coordinate and facilitate Senior Leaders/administrators every other month.

Tips:

➽ As with all conference calls, plan carefully for the desired outcome for the call. Sharing data from metrics (e.g., use of the intervention, fidelity, involvement of caregivers) should be of interest to Senior Leaders.

➽ Assuming they are meeting on a regular basis with the core team, give them an opportunity to discuss both strengths of and barriers to their implementation.

“Implementation is challenging. The support and collaboration was helpful in training, problem solving, and establishing relationships for ongoing support and collaboration.”

Leslie Ross
Children’s Institute Inc.
Participant, Breakthrough Series and SPARCS Learning Collaborative
Priority 4:

Use the Intranet to stimulate dialogue about the use of the intervention and to post resources.

Tips:

➽ The Intranet can be a useful asset to the collaborative experience or it can lay dormant with little activity missing an opportunity for sharing innovations for improvements. It is up to faculty to model the utility of the Intranet to participants to increase contact among members and accelerate learning and implementation.

Priority 5:

Respond to posts in a timely manner.

Tips:

➽ One designated faculty member or all faculty can receive an e-mail note every time something is posted on the workspace.

➽ Consider setting up a listserv if preferred by the membership so they can post questions or issues to the whole group without going to the Intranet.

Priority 6:

Start to identify the early adopters in the collaborative.

Tips:

➽ Typically, within every collaborative, a few participants will jump out front in their use of the intervention. Capitalize on their energy and enthusiasm—it can be contagious! Strategically craft opportunities for sharing both on calls and via the Intranet.

➽ Metrics again! Don’t be afraid to highlight successes by having teams share their metrics and progress with the whole collaborative.
Second Action Period

Priority 1:

Create on emphasis on both continued growth of clinical competencies and sustainable adoption of the intervention through use of the Model for Improvement.

Tips:

➽ Identify topics for the calls that have been overlooked in the collaborative but are essential to sustainable adoption of a new practice. Faculty may need to review the Change Package and consider what components or subcomponents have not received adequate focus, and schedule collaborative calls to address that content area.

➽ As participants ask questions, the faculty poses questions to assist the individual in setting up a small test of change to address the challenge or barrier. The role of the faculty is moving away from “giving” answers and is working on facilitating a problem-solving process with participants.

➽ Emphasize sharing solutions. One of the most powerful aspects of the collaborative is being able to learn from others’ solutions to common adoption barriers. Use the Model for Improvement methodology. Sharing it can be an amazing mechanism for growth among collaborative members. One of the agenda templates includes identifying small tests of change that have resulted in improvement in advance of the call and asking a team to present their improvement strategy. It is essential that faculty communicate the value and importance of Model for Improvement and that it is not perceived as an add-on.
Promote and reinforce the completion and sharing of metrics.

Tips:

➢ Promote the posting of metrics. Help participants of the collaborative understand the importance of monthly feedback concerning their adoption of the intervention in evaluating their success. Applaud successes—when metrics are posted and show progress, let everyone on the call know about it.

➢ Tie measurement to goals. As noted in Module 4 on metrics, the measurement process informs teams how they are progressing toward their goal of implementation of the intervention. If they are not progressing, that can help focus on making improvements and realigning their activities toward their desired outcome. Encourage teams to use team meetings or supervision to reflect on what the metrics are informing them.

➢ Encourage teams to post by the fifteenth of each month data from the previous month. Make it simple to post. The NCCTS can be a resource to help simplify the process.

➢ Discuss metrics on calls and assess if the chosen metric is useful in evaluating adoption of the intervention. What else would they like to measure to assist in evaluating success?
Frequently Asked Questions

Q: The all-collaborative calls seem to only focus on clinical issues. How can we broaden the discussion?

A: As much as possible try to integrate the discussions. For example, what is interfering with their ability to implement the intervention effectively? If a participant responds that the “no-show” rate is making implementation difficult, allow the group to brainstorm potential reasons for the no show rate. (i.e., Engagement? Hours of the clinic? Accessiblity?) Discuss potential ways to address the barrier and utilize small tests of change as a systematic way to make an improvement.

Q: No one seems to use the Intranet. Other ideas?

A: Make it so good that I will want to use it! If faculty create rich, vital discussions about implementation of the intervention on the discussion boards, participants will tune in. It has to be a place where things are happening so it is up to faculty to make it happen (or at least lead the way).

Q: Can faculty have participants do clinical case presentations on Action Period calls?

A: Absolutely. The key to effective case presentations is creating a structure that allows for a focused delivery of the case story and then a group analysis led by the faculty. It is very important that faculty do not have a “one-on-one case consultation” but generalize the issues so the entire group can benefit. Getting input from call participants and tapping into the experience of the group is important in making the shift from the traditional expert-driven case consultation.
Module 9 – Action Periods

**List of Support Materials**
- Faculty Checklist
- Agendas for Action Period Calls

**Faculty Checklist**

**Action Period**

- Communicate schedule of all conference calls to participants via e-mail and the Intranet with call in information.
- Post agendas and presentations on the Intranet so calls can have a visual element.
- Create a roll call system for calls.
- Have results of monthly metrics available to be able to refer to during the calls.
- Conduct a follow-up survey regarding conference call experience to be completed by participants.
- Post metrics to the Intranet.
- Engage participants in online discussion on the Intranet site.
Module 9 – Action Periods

**Action Period Conference Calls**

**Tips**

➤ Set up conference call guidelines for the call every call quickly.

➤ Call on sites by name to engage them. Keep track of who has spoken by having a checklist of participants and draw out individuals who have not spoken.

➤ If possible, send to all participants the list of individuals who are on the line. This can be done easily by creating a roll call list that you check off and send to the group.

➤ Don’t just plan to ask teams how they are doing and hope for a good conversation! This should expand their learning from faculty and each other.

➤ Encourage cross-site dialogue rather than creating an “expert” driven conversation.

➤ When barriers/challenges/obstructions are noted, brainstorm strategies (contribute your own) and use the PDSA framework to help them craft a cycle. “So how would you test this idea?”

➤ Help participants link their challenges to a component in the Change Package. E.g., “That’s a good example of an issue related to one of the components in organizational readiness…”

➤ Know your Change Package. What are the components? Note the themes in issues “Sounds like a lot of the issues today relate to supervision” or “A lot of questions posted on the Intranet seem to be focusing on clinical competencies related to the intervention…”

➤ Learning Collaborative Model should not be perceived as “separate” from clinical issues and intervention issues. The Change Package has components related to broad clinical competencies and specific competencies related to the intervention. All components are essential to successful adoption and implementation.

**Potential Templates for Calls**

➤ **Content driven**: choose a specific topic in advance of call and ask sites to bring issues related. This can either be a topic not adequately covered in the Learning Session or a focus regarding an area that has proved challenging as evidenced by discussion on the Intranet. Can include slides on web site to support a brief presentation.

➤ **Component driven**: choose a component in the Change Package that either faculty want to expand focus on or has proved challenging. Ask for issues or questions relevant to that component to be posted to the Intranet prior to the call.

➤ **Innovations**: if a team or teams have shared an innovation, ask them to present on their adaptation and create a discussion about the necessity for adaptation within implementation.

➤ **Successful improvements**: if a team or teams have overcome a barrier utilizing small tests of change, ask them to share their process with the whole collaborative, particularly multiple cycles.

➤ **Each site presentation**: a site is designated to present current progress of issues for discussion.
Sample Agenda (content driven):

Call Guidelines
- Identify yourself/organization when speaking.
- Mute call when not speaking.
- Don’t put us on hold—there may be music!
- Make this time useful and meaningful to your implementation of the intervention.

1. Roll call (5 minutes)—faculty call out site name and site responds
2. Content topic (10 minutes)—faculty or team presentation
3. Discussion: Questions from faculty
   - Questions from participants
   - Tie to metrics if relevant
   - Improvements tested by teams regarding this topic
4. Learning Collaborative updates and reminders

Sample Agenda (component driven):

Call Guidelines
- Identify yourself/organization when speaking.
- Mute call when not speaking.
- Don’t put us on hold—there may be music!
- Make this time useful and meaningful to your implementation of the intervention.

1. Roll call
2. Component to be discussed (10 minutes)—faculty or team presentation
3. Discussion: Questions from faculty
   - Questions from participants
   - Tie to metrics if relevant
   - Improvements tested by teams regarding this topic
4. Learning Collaborative updates and reminders
Learning Outcomes for Faculty

The second Learning Session provides an opportunity to teams to reconvene after beginning to implement the intervention. Faculty will balance the focus between three important objectives during this session:

➢ Faculty will continue to develop and advance clinical competencies among participants through experiential activities.

➢ Faculty will facilitate discussions and cross-team dialogue regarding challenges in implementation and the ideas and solutions explored during the first Action Period.

➢ Faculty will effectively teach the Model for Improvement to be utilized during the second Action Period.
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Learning Outcomes for Participants

Typically, LS2 is filled with energy and with interest in the progress of teams and their initial implementation of the intervention. Participants will focus on the following objectives:

- Advance their knowledge and capacity to deliver the targeted intervention.
- Identify the major components of the Model for Improvement.
- Develop a plan as a team for initial small tests of change.

Priority Tasks for Faculty

1. **Design an opening activity/icebreaker that mixes up teams and reviews key aspects of the intervention.** It is a great way to get teams back into focus by creating an engaging activity to review key aspects of the intervention.

2. **Include different groupings of participants throughout the two days to maximize solution and innovation sharing.** Potentially there will be three different affinity groups present at LS2—clinicians, supervisors, and senior leaders/administrators, who will benefit from meeting together.

3. **Practice! Practice! Practice!** Use the face-to-face time wisely to practice skills and receive feedback.

4. **Introduce the Model for Improvement.** Although the metrics were introduced earlier and have been utilized during the Action Period, the other elements of the Model for Improvement will be presented, including the Change Package and the Improvement Method.

5. **Give teams a chance to plan at least one small test of change based on their current barriers and need for improvement.** The chance to carefully construct one small test—with input from their team and faculty—enhances a team’s ability to not only understand the methodology but to begin the process of implementing it specific to their needs.
6. **Highlight the sharing of metrics and help make them relevant.** Make some time in the agenda to focus on progress based on sharing metrics.

7. **Facilitate an opportunity for early adopters to share early innovations and adaptions.** The sooner the field expertise can be elevated and shared, the sooner we can employ our “Stealing Shamelessly” mantra!

8. **Create a bridge to calls and other Action Period activities.** Faculty can offer participants the chance to assist in crafting activities that will contribute to the Action Period.

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**Learning Outcomes for Supervisors**

- Continue to advance their skills and capacity to supervise and guide staff in the implementation process.

**Learning Outcomes for Senior Leaders/Administrators**

Most often Senior Leaders do not come to LS1, because the primary focus is learning the specific intervention. However, LS2 is an excellent opportunity for them to participate actively as barriers to implementation are explored following the first Action Period.

- Meet with leaders from other teams to dialogue regarding common barriers and potential solutions.
Design an opening activity/icebreaker that mixes up teams and reviews key aspects of the intervention.

Tips:

➽ There are a number of ways to organize random groups rather than just counting off:

• Puzzles. Either create or purchase small puzzles with six pieces. Distribute pieces and ask participants to find their puzzle mates to form a group.

• Candy. Distribute or have participants choose a candy. Make sure there are only six of each type if that is the size group being formed. Ask them to find and sit with other participants with Reese Cups or Peppermint Patty.

• Materials. Give pens, nametags, or folders in different colors and ask participants to group by color.

➽ Use an opening activity to review key components of the intervention. Use a game format (like Jeopardy or Trivial Pursuit) or a review activity (see Card Sort in Support Materials).

Include different groupings of participants throughout the two days to maximize solution and innovation sharing.

Tips:

➽ Groups can be formed by assigning all clinicians, supervisors, and senior leaders to separate affinity groups. Ensure the topic or assignment is relevant for each group.

➽ Faculty may want to co-facilitate these affinity groups with a participant from that group.

➽ Another potential breakout for groups is by type of organization or delivery of the intervention (e.g., outpatient, school-based, or home-based provider).
Priority 3:

Practice! Practice! Practice!

Tips:

➽ Craft an agenda that has participants either demonstrating skills or reviewing and giving feedback to others.

➽ Faculty can coach in small groups and introduce tools to evaluate fidelity implementation.

➽ Experiment with different kinds of role plays. For example, one technique called “Rotating Trio Role Play” incorporates the chance to try out a newly learned skill, incorporate a focus on quality and fidelity, and create an open environment where feedback is welcome.

• Break participants into groups of three.

• The role play consists of three different scenarios and three rounds.

• The participants in each group take turns playing the therapist, who is demonstrating specific targeted skills. The second player is the child/youth/family member, who is on the receiving end and an observer.

• The faculty can create the scenarios and use a checklist of quality points to consider while viewing the role play. The observer will use the checklist to reflect and give feedback to the “therapist.”

• Each participant will rotate through all roles.

“The Learning Collaborative was fun! There was so much positive energy and collaboration between different sites and individual members. The idea of stealing shamelessly (or sharing relentlessly) has had a huge impact because it changed our mindset about mine vs. yours. Most everyone shares everything now because it will ultimately help the families we serve.”

Robyn Igelman
Chadwick Center
Participant, Breakthrough Series and Faculty Western TF-CBT Learning Collaborative
Priority 4:

Introduce the Model for Improvement

Tips:

➽ Expose the participants to the Change Package. One activity used with success engages the participants in reviewing the entire Change Package and responding where they are experiencing challenges or barriers.

- Enlarge the Change Package to poster size. Usually it takes six to seven large poster pages to include all components in large letters.
- Post the pages throughout the room. Distribute sticky notes to all participants.
- Invite participants to stroll and review each page. Ask them to record barriers or struggles they or their organization have experienced since implementing a new practice on a sticky note. Post the note beside the relevant point.
- Advise them to include one issue only on each sticky.
- If someone else has already posted a comment, advise participants to put a check directly on the sticky if they agree.
- Discuss themes among participants. Record noted barriers regarding components of the Change Package for future reference. (These might provide ideas for conference calls)

➽ The Tennis Ball Activity is a great way to bring home the message of the value of small tests of change. (An important mantra along with steal shamelessly and share relentlessly!) A detailed set of instructions for the activity is included in the Support Materials with a presentation.

➽ An example from a faculty member is always beneficial. Either a personal or professional example of testing something small in order to make an improvement. Multiple cycles are welcome!

➽ Use the worksheet to ask participants to target a small test of change for themselves personally. Emphasize the intuitive aspects of the process that are familiar. Amplify the study phase as the step that is often short changed as we all test new ideas.

“Integrating Quality Improvement practices through the Plan-Do-Study-Act framework was another innovation that broke the mold of traditional mental health practices. In the environment of tighter budgets, decreasing reimbursement, and more oversight of care provision, use of QI and PDSA cycles to improve efficiencies and strengthen practices is an amazing, long-term benefit of the Collaborative.”

Nick Tise
National Center for Child Traumatic Stress
Liaison
Priority 6:

**Give teams a chance to plan at least one small test of change based on their current barriers and need for improvement.**

**Tips:**

- After exposing teams to the Change Package and the Model for Improvement, provide time for teams to meet. Ask teams to consider the barriers identified earlier and to prioritize two to three challenges that are interfering with their ability to implement the intervention.

- Brainstorm ideas for making improvements in that area and create a plan. Usually only one or two participants will be involved in the initial test (because it is supposed to be small first!). With input from teammates, the worksheet is completed. It needs to be done by the following week.

- Have each team report out at least one improvement they are going to test and plan to discuss outcomes on the next call.

Priority 5:

**Highlight the sharing of metrics and help make them relevant.**

**Tips:**

- Either post metrics or have brief presentations from teams on the first Action Period metrics. Not all teams will have collected data yet, but don’t be afraid to applaud the efforts of early adopters.

- Facilitate a discussion about what the metrics tell teams about their implementation process.


Priority 7:

Facilitate an opportunity for early adopters to share early innovations and adaptions.

Tips:

➽ In advance of the LS2, through calls or the Intranet, discover teams who are making improvements/adaptations based on their implementation process. Ask them to present briefly at LS2.

➽ Create a time at the Learning Session for sharing of innovations or adaptations in response to barriers or challenges. Make sure you make the link to the Model for Improvement and how that will facilitate these kinds of solutions.

Priority 8:

Create a bridge from LS2 to calls and other Action Period activities.

Tips:

➽ Note the areas of interest for further exploration on calls and presentations.

➽ Follow up and ask teams to report out during conference calls their first small tests of change.

➽ Create folders on the Intranet for sharing specific innovations. For example, during the LS2 for one collaborative there was significant discussion about relaxation techniques. A folder was created where participants contributed ideas and innovations to share.

➽ Follow up with relevant conversations from affinity groups. If supervisors were going to test supervisory techniques, follow up on the next supervisors call.
### Frequently Asked Questions

<table>
<thead>
<tr>
<th>Q:</th>
<th>There is so much to cover during LS2. Should the first day be focused on clinical issues and the second on Model for Improvement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>Try to integrate the two content areas as much as possible. The more participants view the Model for Improvement as the tool for successful clinical implementation the better. Try to tie all examples of the use of the Model for Improvement to the specific intervention.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q:</th>
<th>During the affinity group breakouts it seems that some people would benefit from hearing some of the other discussions also. Is it beneficial to separate them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>Take notes in the separate groups or record and post the audio recording on the Intranet. Our lessons from previous collaboratives say that clinicians like problem solving with each other as do supervisors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q:</th>
<th>Some faculty prefer to focus only on the clinical competencies. How do all faculty become “improvement advisors?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>There must be commitment on the part of all faculty to understand and use the Model for Improvement. Otherwise participants detect that it is not an essential aspect of the collaborative and will mirror faculty. Some faculty seem to more quickly understand how to craft small tests of change and help teams create effective “Study” strategies and subsequent cycles, but all faculty have to support the use for it to be effectively integrated into the collaborative experience.</td>
</tr>
</tbody>
</table>
List of Support Materials

- Faculty Checklist
- Card Sort Activity
- Presentation Change Package
- Presentation Model for Improvement
- PDSA Worksheet
- Sample Design LS2
Faculty Checklist

Learning Session 2

☐ Ensure all participating teams have information regarding logistics in advance (ground transportation to/from airport, to/from Learning Session, start/end time of Learning Session, planned dinner gatherings).

☐ Arrange for Learning Session space. Tables and adequate room to move easily between tables.

☐ Design a Learning Session that focuses/integrates three primary themes: advanced clinical competencies, introduction of the Model for Improvement, and sharing solutions to barriers. Sample agenda in Support Materials.

☐ Identify a team or teams to share successful improvement strategies or innovations during the Learning Session.

☐ Develop handout based on Learning Session objectives.

☐ Create participant list with contact information for distribution to all attendees.

☐ Make arrangements for refreshments and meals (if appropriate). Minimally, coffee and beverages in the morning are recommended.

☐ Copy materials.

☐ Design room setup, anticipating small group work. (Samples in Support Materials)

☐ Test and run audio/visual equipment.

☐ Create signage to direct participants to meeting space.

☐ Compile all items on the Materials List.

☐ If teams are staying at a hotel, a welcome letter delivered at check-in is helpful. Outline the schedule and the location of the Learning Session (either within the hotel or another venue).

☐ Organize an opportunity for the group to meet for drinks or dinner after day 1 of the Learning Session.

☐ Conduct a thorough evaluation of participants prior to departure.
Card Sort Activity

Instructions

1. Identify four to six primary components of the intervention. Label a card with each identified component. These cards are the “header” cards.

2. Under each header, create 4-6 cards which can include descriptions, examples, quotes, or definitions. Each description or example is on a separate card.

3. Using different colored cards can make it more visually interesting.

4. Give each team a deck of shuffled cards. Instruct them to first sort out the “header” cards. Next, ask them to put the descriptors/examples, etc. under the appropriate headings.

5. Create an answer sheet which includes all the headings with the correct descriptors below. Distribute once all teams have completed the task and ask teams to count how many they got correct.

6. Debrief with the group about cards that could have fit in more than one category.

A template for making the cards is on the CD included with the Toolkit.

Activity adapted from: 101 Strategies to Make Training Active, Mel Silberman 2nd Ed. 2005 by John Wiley & Sons
Faculty Instructions
After many attempts to introduce the Change Package in a meaningful way, this activity seems to allow for participants to both read and evaluate their own experience in implementing the various components. This activity works well if the first half is conducted prior to a break. This allows faculty to assess notes posted and organize during the break. In total the activity typically takes 40 minutes.

Preparation
- Enlarge the change package on flip chart size sheets. Dividing into 6-7 pages of text and then enlarging at a Kinko’s is the easiest route.
- Post the sheets on the wall throughout the room. Try not to bunch them together so when participants move about the room there is adequate space.
- Distribute sticky notes to each participant.
- Display instruction slide.

Conducting the Activity
- Ask participants to spend 15-20 minutes reading the Change Package. Instruct them as they are reading to note barriers and challenges on their sticky pads and post.
- If possible during the break, ask faculty members to organize notes into themes on each sheet. (Don’t mix notes among sheets).
- During the debrief, ask faculty members to report out on key themes concerning barriers and challenges.
- Spend a few minutes describing the function of the Change Package and how as a Collaborative we will be discussing and focusing on the challenges identified by the teams through this activity.

After the Activity
- If possible, record all sticky notes on a Change Package template—correlating the barriers to the component. This can be extremely useful when teams are asked to identify a key area for improvement and they can reflect on the work done through this activity.

Challenges and Barriers in Implementation

1. All participants will review components of the Change Package posted throughout the room.
2. As you review the posted components, record on the sticky notes any barriers or challenges you or your organization is experiencing in regard to that aspect of the Change Package. Use a separate sticky note for each issue and post on the sheet.
3. If you see a note you agree with, feel free to add a check mark to voice your agreement.
## Presentation Model for Improvement

### Instructions for Faculty

**Materials for Activity:**
- One tennis ball per table or group (6-8 recommended per group)
- One stopwatch per table or group
- Flipchart to record outcomes of each group
- Different colored marker for each team

Follow instructions outlined in the presentation.

After each round, ask each team to share their time. Record on the flipchart with the color marker assigned to each group. There should be three rounds recorded on the flipchart. It is helpful to have a second faculty member facilitating and one recording.

Debrief asking the participants to find parallels in the tennis ball activity and creating change in an organization.

### Goals of the Game

- Understand the use of PDSA cycles
- Understand how learnings from PDSA cycles result in measurable improvements over time
- Understand how stealing shamelessly accelerates improvements
- Understand the “magic” of the collaborative methodology

---

<table>
<thead>
<tr>
<th>Time (seconds)</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
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</thead>
<tbody>
<tr>
<td>9</td>
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</tbody>
</table>
Module 10 – Learning Session 2

The Baseline: Part 1

- Randomly toss the ball to another person at your table
- Upon catching the ball, that person will toss the ball to another person at the table who has not yet received the ball
- Continue this random tossing until each person has thrown and caught the ball exactly once (ending with the person who threw the ball the first time)

Agosti, IHI (Adapted), 2004

The Baseline: Part 2

- Try repeating the process by tossing the ball in the exact same order as the first time
- Document the order in which you are tossing the ball to ensure that you remember for the next time
- Time how long it takes to go in this order and document it
- Try to go faster without dropping the ball

Agosti, IHI (Adapted), 2004

PDSA Cycle 1

- Remove one person from the order you’ve established to be the data collector (the one who has figured out the stopwatch)
- Maintaining the rest of order, run the process ONE TIME ONLY and measure how long it takes and how many times you drop the ball
- Document your results
- Run the process one time ONLY and quietly await further instructions….

Agosti, IHI (Adapted), 2004

Share Your Baseline

Each team shares their baseline data and it is recorded on the flipchart.

Thinking It Through: Using PDSAs for Rapid Improvements

What are we trying to accomplish?
- Do not drop the ball in the process

What changes can we make that will result in improvements?
- Look for creative ideas from others at our table
- Share creative, successful ideas ACROSS tables

How will we know that a change is an improvement?
- Measure time and monitor quality (not dropping the ball)

Agosti, IHI (Adapted), 2004

Rules of the Game Based on Evidence-Supported Practice

- Ball must start and end with the same person
- Ball must touch each step (person) in the process
- Specific order of steps (persons) must be maintained
- Time is stopped when first person touches the ball a second time

Agosti, IHI (Adapted), 2004
PDSA Cycle 2: What changes can we make that will lead to improvement?

Within Your Table

Plan: Talk briefly with your table to identify a strategy that might improve the time AND the quality of the process.

Do: Execute the Plan – run this process one time ONLY. Record time and ball drop data. Quietly await further instructions....

Steal Shamelessly

With the Large Group

Study: Report data time and quality to the large group

Act/Adjust: Ask questions about other teams’ experiences and strategies. Begin to think of ideas for your table’s next cycle.

Plan: Make a plan to improve on both the quality and time of the process.

Conduct another test and share data.

Using the PDSA Cycle

• Helping to Answer the first two questions of the Model for Improvement
• Developing a Change
• Testing a Change
• Implementing a Change

Model for Improvement

Testing Changes: What Is a PDSA?

<table>
<thead>
<tr>
<th>ACT</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make adjustments</td>
<td>• Determine objective, questions, &amp; predictions</td>
</tr>
<tr>
<td>• Ensure that the next cycle reflects the learnings</td>
<td>• Create plan to test idea (who, what, where, when, how?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDY</th>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete analysis of data</td>
<td>• Carry out the plan</td>
</tr>
<tr>
<td>• Compare data to predictions</td>
<td>• Document problems and unexpected results</td>
</tr>
<tr>
<td>• Summarize what was learned</td>
<td>• Begin analysis of data</td>
</tr>
</tbody>
</table>

Agosti, IHI (Adapted). 2004
Designing a PDSA

Topic: Adoption and Implementation of Trauma Treatment

Change Package Component: Engaging Families

Clinicians educate the youth/family/caregiver about the treatment model prior to treatment.

First PDSA

First PDSA: Develop brochure to distribute to family describing the treatment process.

Lessons: Clinician received feedback that the brochure was too wordy and dense. The benefits of the treatment needed to be clearer and more easily accessible to the family member reading the brochure.

The Test: One clinician asked one family member whether the brochure was helpful in explaining the treatment process.

Second PDSA

Second PDSA: Same clinician made revisions to the brochure and asked three different family members for feedback regarding the brochure.

Lessons: The revisions worked for the most part. One family member asked for the document in Spanish for her husband so a translation was developed for future use.

Third PDSA

Third PDSA: Three clinicians used the brochure as part of their first session and surveyed them regarding the materials.

Lessons: Clinicians received a mostly positive response from the family members, particularly when they reviewed the brochure with them and then gave it to them to take with them.

PDSA Sets: A Single PDSA to System-wide Change

ENGAGING FAMILIES BY INFORMING AND EDUCATING ABOUT TREATMENT PROCESS

First PDSA: The Test: One clinician asked one family member whether the brochure was helpful in explaining the treatment process.

Lessons: Clinician received feedback that the brochure was too wordy and dense. The benefits of the treatment needed to be clearer and more easily accessible to the family member reading the brochure.

Second PDSA: The Test: Same clinician made revisions to the brochure and asked three different family members for feedback regarding the brochure.

Lessons: The revisions worked for the most part. One family member asked for the document in Spanish for her husband so a translation was developed for future use.

Third PDSA: The Test: Three clinicians used the brochure as part of their first session and surveyed them regarding the materials.

Lessons: Clinicians received a mostly positive response from the family members, particularly when they reviewed the brochure with them and then gave it to them to take with them.

Repeated Use of the PDSA Cycle

One person's ideas

Cycles 1-2: Create a brochure to engage and inform about the treatment (“by next Tuesday”).

Cycle 3: Revise the brochure and translate (2-3 weeks after initial test).

Implement in pilot site (two-three months after initial test).

SPREAD across the entire agency (several months after initial test).

Small Changes That Result in System-wide Improvement

Key Benefits of PDSAs

- Test ideas quickly
- Obtain results on ideas quickly
- Multiple ideas can be tested simultaneously
- Identify problems while they have minimal impact
- Failure is allowed
- Get buy-in as you go based on proof of success
- Small changes may have large impacts

Small Test of Change

CHECKLIST
- Can be accomplished quickly
- No over-planning (Plan only as much as can Do)
- Consensus not required
- Adapt known results and tools
- Base on learning from prior cycle

Implementation

Lesson: Clinicians found the process useful on multiple levels: engaging, educating and providing information to be shared with other family members.

SPREAD

Senior Leader makes the decision to spread this practice across entire county agency and incorporate into policy for all clinicians providing this treatment. Provides a demonstration to all clinicians in orientation on how to use materials effectively. Training content developed by the clinicians who tested the materials.
Module 10 – Learning Session 2

Spreading and Institutionalizing Changes

Four Key Stages
- Making the case for change
- Packaging and communicating the message
- Cultivating champions of and messengers for change
- Institutionalizing the change

Agosti, IHI (Adapted), 2004

Keys to the Collaborative Methodology

- Keep tests small
- Keep tests rapid
- Keep your mind open and your ideas flowing
- Gather data for learning, not research
- Share with other colleagues and learn (and steal shamelessly!) from other teams

Agosti, IHI (Adapted), 2004

Adoption of Change

<table>
<thead>
<tr>
<th>Innovators</th>
<th>Early Adopters</th>
<th>Early Majority</th>
<th>Late Majority</th>
<th>Traditionalists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>13.5%</td>
<td>34%</td>
<td>34%</td>
<td>16%</td>
</tr>
</tbody>
</table>

from E. Rogers, 1995

Institutionalizing Change

- Ensure alignment with strategic plans and direction of the agency
- Make the “new way” of practice easier and more desirable than the “old way” – connect to rewards, acknowledgements, and performance evaluations
- Establish and document practices and processes
- Assess and meet ongoing needs for training and professional development

Agosti, IHI (Adapted), 2004

References


Institute for Healthcare Improvement’s website at www.ihi.org
PDSA Worksheet

Using the Model for Improvement

Agency Name_________________________

A Key Challenge in Implementation and Adoption

Which framework components is this issue connected to from the Change Package?______________________________

THINK SMALL!

PLAN
What are we going to do?
Who is going to do it?
When will it be done?
Hypotheses (what do you expect to happen)

DO
What did we do?
Who did it?
When was it complete?

STUDY
Did what you expect to happen, actually happen?

ACT/ADJUST
What learnings will you apply to your next test cycle?

Create a new small test of change based on what you have learned from this test. Can the new test be larger or spread?
Sample Design LS2

Sample Agenda for Learning Session Two

The sample agenda is a tool for faculty to assist in their design of the second learning session. The agenda is meant to be used as a communication method between faculty members and not intended for distribution to participants. The agenda will assist in these ways:

- Provide organization to make essential assignments between faculty members concerning preparation of materials, handouts and slides.
- Provides a more detailed breakdown of the schedule and time allotment for each segment.
- Highlights the primary themes of LS 2—advanced clinical competencies, overcoming barriers to implementation, introduction of the Model for Improvement and sharing innovations.
- Assists in assessing the “flow” of activities. The more detailed description of each segment during the learning session provides an overview of the methods being used to convey the material and allows faculty to assess the diversity of activities and presenters. An abbreviation in the duration column will alert faculty to the type and seating for each activity.
- Includes more detailed instructions regarding each segment to assist faculty during the learning session. It can also be extremely helpful if a faculty member is absent and someone else is asked to step in to cover their segment.
- Allows faculty to track easily the groupings during the learning sessions. Noted on the agenda will be a designation for activities done in teams (from the same organization) or in a mixed team (from multiple sites). Faculty will want make sure that activities are done both within and across teams in order to establish relationships in both of those configurations.

The types of activities utilized in this sample are:

1. Card Sort
2. You Write the Script

More in depth explanation of these activities can be found in the support materials.

Please note under the **Duration** column there will be initials with these designations:

- ST- seated by team
- SMT- seated by mixed teams
- SAG- seated by affinity group (ie. Clinician, supervisor, other groupings like By type of organization.
- LGP- Large group presentation and discussion
- SGA- Small group activity
- DA- Dyad activity
- LGD- Large group debrief
## Sample Agenda Learning Session Two

<table>
<thead>
<tr>
<th>DURATION</th>
<th>CONTENT/LEARNING POINT</th>
<th>METHOD/ACTIVITIES</th>
<th>MATERIALS AIDS</th>
<th>TRAINER</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30 am</td>
<td><strong>Registration/Continental Breakfast</strong>&lt;br&gt;Faculty will actively meet/greet/welcome participants&lt;br&gt;Ask teams to sit together</td>
<td>Faculty will be assigned to different tasks (ie. Registration, main room, etc)</td>
<td>Music, CEU materials, signage to room, table assignments, baskets of toys</td>
<td>All</td>
</tr>
<tr>
<td>8:30 – 9:30 am</td>
<td><strong>Introductory Ice Breaker /Review</strong>&lt;br&gt;Teams will review the major components of the intervention model through a team exercise.</td>
<td>Card Sort&lt;br&gt;Each team will be given a deck of cards with 4-6 categories or components related to the intervention. The team will sort the cards according to the components-matching definitions, examples and descriptions to the correct component. It allows teams to discuss key elements of the intervention in a collaborative, fast paced activity.</td>
<td>Deck of cards for each team. Answer sheet for each participant with the correct groupings of cards under each heading. A slide with the correct answers to reference in review.</td>
<td>ST</td>
</tr>
<tr>
<td>9:30-9:45 am</td>
<td><strong>Welcome and Overview of the Learning Session</strong>&lt;br&gt;- Welcome from faculty and review of agenda&lt;br&gt;- Guidelines for participation in the learning session- with emphasis on addition of team meetings and clinical and supervisory breakouts</td>
<td>Orient members to the objectives of the second learning session and the key differences from the first learning session.</td>
<td>Slides Handout</td>
<td>ST LGP</td>
</tr>
<tr>
<td>Time</td>
<td>Activity/Notes</td>
<td></td>
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</tbody>
</table>
| 9:30-10:30 am | Brief team updates  
An opportunity for teams to share current status of implementation  
Clinical Competencies  
Presentation regarding clinical implementation of the intervention—picking up on themes raised through the updates. |
|           | Create a brief, focused report out to update the Collaborative on progress of teams. May want to alert teams in advance via intranet and on calls about what they will be asked to report on. (ie. Number of assessments complete, partnership with new referral source or ask them to identify 3 key accomplishments of their team during the first action period) |
| 10:30-10:45 am | Break                                                                         |
| 10:45-12:00 pm | Clinical Competencies and Practice Opportunity  
Small Group Activity  
Utilizing a case scenario, create an opportunity for skill practice. |
| 12:00-1:00 pm | Lunch                                                                        |
| 1:00-1:10 pm | Changing groups  
Mix the participants up!  
Can ask participants to count off or label nametags with symbols to regroup |
| 1:10-2:15 pm | Advanced Clinical Practice  
Small Group Activity  
Can use one of the role play formats utilized in LS 1 |
| 2:15-2:45 pm | Introduction to the Change Package  
Brief presentation on the purpose of the Change Package. Opportunity for participants to review the Change Package and share barriers and challenges during the initial Action Period  
Flipchart sheets are posted throughout the room with the components of the Change package. Participants are asked to read each sheet and post on sticky notes next to the component where they have experienced challenges  
Change package divided into 6-7 pages, enlarged and posted throughout the room. Sticky pads (divided up to give each participant 10-15 notes) Copies of the change package for each participant |

**Materials Needed**:
- Deck of toys
- Baskets of assignments
- Room, table, signage to read each sheet
- Stick pads
- Flipchart set (one for each table)
- Slide for each presentation
- LS 1 package
- LS 1 materials
- Practice Opportunity
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:45-3:00 pm</td>
<td>Break</td>
<td>During the break faculty will evaluate the barriers posted and look for themes to report out during the debrief.</td>
</tr>
<tr>
<td>3:00-3:15 pm</td>
<td>Debrief for Change Package Activity</td>
<td>Faculty share important themes identified by participants. The faculty reports out on themes identified from the notes posted on the Change Package. These notes should be recorded and copied for distribution the next day.</td>
</tr>
<tr>
<td>4:30-5:00 pm</td>
<td>Wrap-up and Review</td>
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</tbody>
</table>

**Day Two**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 -8:45 am</td>
<td>Welcome</td>
<td>Review of agenda Review of content covered during previous day Sit with teams</td>
</tr>
<tr>
<td>8:45-9:30 am</td>
<td>Small Tests of Change to Create Improvement</td>
<td>Using an experiential activity, teams will demonstrate through the activity the value of improvement method. A large group debrief allows participants to voice the lessons learned from the activity. Following the activity, a brief presentation on the model for improvement is shared.</td>
</tr>
<tr>
<td>9:30-10:30 am</td>
<td>Team Meeting</td>
<td>This is a small group activity but faculty float throughout the room to assist teams develop small tests of change and complete at least one worksheet to be conducted “by next Tuesday”. The guidance of faculty is crucial during this activity. Large group report out of one PDSA</td>
</tr>
</tbody>
</table>

Tennis Balls (one for each table) Slide presentation Stopwatch for each table Flipchart set up to record data from tests
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30-10:45 am</td>
<td>Break</td>
<td>Generated by team</td>
</tr>
<tr>
<td>10:45-12:00 SAG</td>
<td>Advanced Clinical Skills for Clinicians Supervisory Focus</td>
<td>The participants are divided into two groups of clinicians and supervisors. (if there are a large number of clinicians you may need more than one group). Devise a separate agenda to allow dialogue within the affinity groups regarding relevant implementation issues.</td>
</tr>
<tr>
<td>12:00-1:00 pm</td>
<td>LUNCH</td>
<td>Ask teams to sit together on their return from lunch</td>
</tr>
</tbody>
</table>
| 1:00 – 2:00 pm  | Advanced Clinical Competencies     | “You Write the Script”  
| ST LGP          |                                                                                              | “You Write the Script”  
|                 | This activity gives participants an opportunity to practice through their own role plays, specific skills regarding the intervention. | Identify several different situations that a clinician could be faced with where they would have demonstrate a specific technique or have to problem solve to deal with effectively. With their small group, ask participants to develop their own role play to demonstrate how to effectively deal with that situation. Allow at least 15-20 minutes for development of the role play. Give a chance for groups to demonstrate. |
| 2:00 – 2:30 pm  | Metrics                           | Team Meeting  
| ST SGA          |                                                                                              | A focused team opportunity to review the data and discuss implications. |
|                 | What have you learned from your Metrics? What questions do you have for other teams regarding their outcomes? Are there other improvements/small tests of change that are needed based on your metrics? | Team Meeting  
<p>|                 |                                                                                              | A focused team opportunity to review the data and discuss implications. |
|                 |                                                                                              | Copies of Metrics from each team. Slides with all team metrics and posing questions for discussion |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30-3:00 pm</td>
<td><strong>Making the Action Period</strong></td>
<td>Brainstorm topics for discussion on calls. Generate a list of co-facilitators from teams to work with faculty on conducting specific calls. Discuss the use of the intranet.</td>
<td>Call Schedule Intranet site if available to create a live demo of use of the website.</td>
</tr>
<tr>
<td>3:00 – 3:15 pm</td>
<td><strong>Evaluations completed</strong></td>
<td>Evaluations passed out.</td>
<td></td>
</tr>
<tr>
<td>3:15 -3:30 pm</td>
<td><strong>Wrap up</strong></td>
<td>Create an opportunity for reflection and plans for next steps.</td>
<td></td>
</tr>
</tbody>
</table>
Learning Outcomes for Faculty

The final Learning Collaborative provides the opportunity to bring together the most relevant themes of the collaborative experience.

- The faculty will be able to design an agenda that incorporates the themes of successes, sustaining practice, and celebration.
- The faculty will conduct an evaluation to examine the collaborative experience.
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Learning Outcomes for Participants

Teams will have an important opportunity to share adaptations and innovative strategies developed to successfully implement the intervention. The final Learning Session will also give teams a chance to anticipate the work of sustaining their efforts beyond the collaborative experience. Participants will accomplish the following objectives:

- Share key improvements from their collaborative experience with other teams.
- Create a plan for sustaining and spreading the practice within their organization and community.
- Develop a strategy for maximizing the final Action Period.

Priority Tasks for Faculty

1. **Develop an agenda that creates the opportunity for teams to present successes.** During the course of the collaborative, teams have made improvements in order to successfully implement the new practice. Past collaboratives have welcomed opportunities to hear and “steal shamelessly” what has worked well for other teams.

2. **Create opportunities for participants to be the experts.** There has been a gradual transition throughout the collaborative of teams becoming expert in areas of improvement and innovation. The faculty will create a platform during the final Learning Session for individuals and teams to share their knowledge and skills.

3. **Analyze and review data gathered throughout the implementation process.** An analysis of metrics utilized can provide an opportunity for reflection and learning regarding the gains during the collaborative.

4. **Develop a segment or segments to discuss the issue of sustaining and growing the practice within participants’ organizations or communities.** Because of the intensity of the collaborative process of both learning and implementing a new practice, there may not be sufficient time to focus on how teams will sustain the practice within their organization or how they anticipate spreading it to other departments or agencies.
5. **Create a celebration.** During the final day of the collaborative, the teams and faculty should find a way to celebrate the work and the relationships that have been a part of the experience.

6. **Clarify ways for collaborative members to maintain connections after the collaborative concludes its final session.** Many collaboratives have maintained contact following the third session through cluster calls, listservs, and the Intranet.

7. **Evaluate the Learning Collaborative process.** Often the final session is packed, but it is important to schedule sufficient time to conduct a final evaluation as part of the third Learning Session.

---

**Learning Outcomes for Supervisors**

Supervisors will have an opportunity to meet with each other and share innovations in supervisory practice developed throughout the collaborative. Supervisors will be key in working with Senior Leaders to spread the practice beyond the collaborative members. They will focus on the following in the final Learning Session:

- Developing a plan for sustaining and spreading the intervention.
- Sharing strategies with other supervisors regarding improvements in supervisory practice.
- Plan for use of metrics in post-collaborative phase.
**Priority 1:**

Develop an agenda that creates the opportunity for teams to present successes.

**Tips:**
- The Cracker Barrel activity is a fast-paced sharing activity that allows multiple teams to highlight a success. The success can be a significant innovation that has changed their practice or it can be a specific technique or improvement that shows the creativity of the team. A detailed description of the “how to conduct the Cracker Barrel” is included in Support Materials.
- Storyboards can be used to capture significant innovations from every team. Instruct each team to create a storyboard that highlights one innovation that was important to its success and schedule a time for sharing storyboards in the agenda.

**Priority 2:**

Create opportunities for participants to be the experts.

**Tips:**
- Choose participants to lead or co-lead presentations and breakouts on topics in which they have significant expertise.
- Consider the outcomes of the metrics as a guide to teams that have made improvements in a target area to present on how they made an impact on the area. For example, if a team has showed significant improvement regarding the number of youth served, create an opportunity for them to share their process.
Priority 3:

Analyze and review data gathered throughout the implementation process.

Tips:
- Use the final Learning Session to review the data gathered so far in the collaborative. This will include metrics gathered from the first Action Period and the mid-point evaluation conducted after Learning Session 2. It can be an important opportunity to look at the cumulative gains of the teams and also focus on areas that were not significantly impacted for further discussion and attention.
- Highlight teams that used data to inform their improvement process. Some teams have used their monthly metrics as a tool to guide them toward activities that will positively impact their metrics, which should correlate with their goals.

Priority 4:

Develop a segment or segments to discuss the issue of sustaining and growing the practice within participants’ organizations or communities.

Tips:
- Consider a time for teams to reflect on what they have accomplished and what areas still need improvement. Provide a framework for them to construct a three-month plan to continue their efforts in the implementation and maintenance of their team effort.
- Consider having a breakout by affinity groups (supervisor/leaders and clinicians) to discuss a plan for continuing to implement the intervention. Faculty can provide a format for each affinity group to share their ideas with the large group when reassembled.
- The third Learning Session can offer a platform for supervisors or leaders to consider the challenges of hiring new staff, sustaining use of the intervention with fidelity, and integrating the practice into the organization.
- An action period following the final Learning Session can focus specifically on the issues related to sustaining and spreading the practice. If that interests the collaborative membership, create a plan and schedule during the face-to-face meeting.
Priority 5:

Create a celebration.

Tips:

Teams appreciate the chance to acknowledge the effort and energy that has been sustained over the year-long collaborative. Relationships develop, and it is important to both celebrate them and offer the opportunity to say goodbye to colleagues who have contributed to the collaborative process. Collaboratives have celebrated in a number of ways:

- **Treat**: Each team brings a treat representing their community to share with the collaborative. Have a feast of goodies as a closing for the last day.

- **Cake**: A traditional celebration with the faculty bringing cake and a chance to wish each other well as a part of final activity.

- **Popcorn activity**: Bowls of flavored popcorn and beverages are provided. Participants are asked to “pop” up and share briefly what was most impactful about the collaborative experience.
Priority 7:

Clarify ways for collaborative members to maintain connections after the collaborative concludes.

Tips:

➽ Faculty can develop a survey to assess the level of interest from participants for continuing contact after the Third Session.

➽ An online survey can be quick and allow participants to see the cumulative response of the whole collaborative.

➽ Continued contact can be highly structured or a more informal discussion format based on the needs and interests of the group. One collaborative decided to pursue a specific area of focus for calls and actually convened a fourth session to further skill building in that area. Another group continued monthly calls with little facilitation as a discussion group solving barrier problems together.

➽ Here are some ways other collaboratives have maintained communication with other teams and faculty:

- Continuation of consultation calls with all participants with a transition to participants facilitating calls.
- Continuation of supervisor-only calls to further explore issues relevant to both clinical and organization maintenance of effort.
- Listservs.
- Blogs or discussion boards.
- Sharing via the Intranet.

Priority 6:

Evaluate the Learning Collaborative process.

Tips:

➽ Don’t miss the chance to do a thorough examination of the outcomes of the collaborative, even with all the competing agenda items.

➽ A complete description of activities for final evaluation is described in Module 5: Evaluation.

➽ Conducting focus groups can serve multiple functions. It is an excellent mechanism to allow participants to articulate the impact of the experience and examine the potential barriers and work ahead of them. It also lets them hear each other’s comments (rather than reading surveys) and helps them formulate a broader awareness of the experience.
<table>
<thead>
<tr>
<th>Q:</th>
<th>Some teams are clearly not done with the collaborative experience and need the continued support, particularly teams that began implementing later in the process. Any suggestions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>Each collaborative experience is unique based on the focus and the membership. Part of the momentum of the collaborative is the diversity and number of teams implementing and adopting together. If the faculty supports one or two teams in continuing, it loses the dynamic of cross-site sharing and innovation. Possibly, the early adopters could begin to support the faculty and lend a hand to further their own learning experience.</td>
</tr>
<tr>
<td>Q:</td>
<td>The faculty is worried about the agenda getting too “syrupy” during the celebration and good-bye portion of the session. Is all that really necessary?</td>
</tr>
<tr>
<td>A:</td>
<td>If faculty is not in their comfort zone facilitating these portions of the agenda, it is a great opportunity to solicit help from the collaborative membership. Solicit a participant who has been expressive and an active member of the group to lead a closing activity or to make comment at the celebration. Teams who have gelled well and shared a lot through the course of the year appreciate giving voice to their feelings for each other and the experience as a whole.</td>
</tr>
</tbody>
</table>
Module 11 – Learning Session 3

List of Support Materials
- Faculty Checklist
- Sample Design for LS3
- Mini-Session Activity

Faculty Checklist

Learning Session 3

- Ensure all participating teams have information regarding logistics in advance (ground transportation to/from airport, to/from learning session, start/end time of learning session, planned dinner gatherings).
- Arrange for learning session space. Tables and adequate room to move easily between tables.
- Design a learning session that focuses primarily on Sustaining Practice, Successes and Celebration. Sample agenda in Support Materials.
- Adapt and send out flyer to all teams regarding Mini-Sessions and post to Intranet site.
- Prepare brochure to announce mini-sessions at LS3.
- Invite teams to bring treats to share for the afternoon celebration on day two of the Learning Session. Post announcement to Intranet.
- Plan for a celebration. Create certificates, bring beverages, napkins, etc.
- Develop a materials list based on Learning Session agenda.
- Make arrangements for refreshments and meals (if appropriate).
- Copy materials.
- Design room setup, anticipating small group work. (Samples in Support Materials)
- Test and run audio/visual equipment.
- Create signage to direct participants to meeting space.
- Compile all items on the Materials List.
- If teams are staying at a hotel, a welcome letter delivered at check-in is helpful. Outline the schedule and the location of the learning session (either within the hotel or another venue).
- Facilitate a gathering after the first day of the Learning Session (either drinks or dinner).
- Conduct an evaluation.
Sample Agenda for Learning Session Three

The sample agenda is a tool for faculty to assist in their design of the learning session. The agenda is meant to be used as a communication method between faculty members and not intended for distribution to participants. The agenda will assist in these ways:

- Provide organization to make essential assignments between faculty members concerning preparation of materials, handouts and slides.
- Provides a more detailed breakdown of the schedule and time allotment for each segment.
- Highlights the primary themes of LS 3—Sustaining and Spreading Practice, Successes and Celebration.
- Assists in assessing the “flow” of activities. The more detailed description of each segment during the learning session provides an overview of the methods being used to convey the material and allows faculty to assess the diversity of activities and presenters. An abbreviation in the duration column will alert faculty to the type and seating for each activity.
- Includes more detailed instructions regarding each segment to assist faculty during the learning session. It can also be extremely helpful if a faculty member is absent and someone else is asked to step in to cover their segment.
- Allows faculty to track easily the groupings during the learning sessions. Noted on the agenda will be a designation for activities done in teams (from the same organization) or in a mixed team (from multiple sites). Faculty will want make sure that activities are done both within and across teams in order to establish relationships in both of those configurations.

The types of activities utilized in this sample are:

- Jigsaw Rotation
- Games for Review
- Mini-session

More in depth explanation of these activities can be found in the support materials.

Please note under the Duration column there will be initials with these designations:

ST- seated by team
SMT- seated by mixed teams
SAG- seated by affinity group (ie. Clinician, supervisor, other groupings like By type of organization.
LGP- Large group presentation and discussion
SGA- Small group activity
DA- Dyad activity
LGD- Large group debrief
## Sample Agenda Learning Session Three

<table>
<thead>
<tr>
<th>DURATION</th>
<th>CONTENT/LEARNING POINT</th>
<th>METHOD/ACTIVITIES</th>
<th>MATERIALS/AIDS</th>
<th>TRAINER</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30 am</td>
<td>Registration/Continental Breakfast Faculty will actively meet/greet/welcome participants</td>
<td>Faculty will be assigned to different tasks (i.e., Registration, main room, etc.)</td>
<td>Music, CEU materials, signage to room, table assignments, baskets of toys</td>
<td>All</td>
</tr>
<tr>
<td>8:30 – 9:15 am</td>
<td>Ice Breaker /Review Test participants on key concepts regarding both the intervention and the Model for Improvement</td>
<td>Games Use of one the game frameworks supplied in support materials (module 8) to create a fun, competitive environment to review key concepts. Jeopardy, College Bowl, Crossword puzzle, Bingo or Hollywood Squares.</td>
<td>Create game according to instructions. Prizes for winners!</td>
<td></td>
</tr>
<tr>
<td>9:15-9:30 am</td>
<td>Welcome and Overview of the Learning Session Welcome from faculty and review of agenda Emphasize primary themes: Sustaining/Spreading Practice, Successes and Celebration</td>
<td></td>
<td>Slides Post It flip chart</td>
<td></td>
</tr>
<tr>
<td>9:30-10:30 am</td>
<td>Clinical Competencies Presentation and small group activity</td>
<td></td>
<td>Slides, video or audio demo</td>
<td></td>
</tr>
<tr>
<td>10:30-10:45 am</td>
<td>Break</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10:45-12:00</td>
<td>Clinical competencies Potential of in-depth presentation by a team.</td>
<td></td>
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<tr>
<td>12:00-1:00 pm</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>1:00-2:15 pm</td>
<td>Mini-Sessions Team share innovations and successes with the collaborative. Creates a face paced opportunity to learn what other teams have been working on during the collaborative.</td>
<td>There are three rounds of the mini session activity. (15 minutes per session) Each team has prepared to present on a success. All will be presenting at the same time (repeating it three times).</td>
<td></td>
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</tr>
<tr>
<td>2:15 pm-3:15 pm</td>
<td>Clinical Competencies</td>
<td></td>
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<tr>
<td>3:15-3:30 pm</td>
<td>Break</td>
<td></td>
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</tr>
<tr>
<td>3:00-4:30 pm</td>
<td>Clinical Competencies</td>
<td></td>
<td></td>
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<tr>
<td>4:30-5:00 pm</td>
<td>What’s Next? Planning for next steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Description</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>8:30 - 8:45 am</td>
<td>Welcome</td>
<td>Review of agenda&lt;br&gt;Review of content covered during previous day&lt;br&gt;Mix participants up for morning session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:45- 9:45 am</td>
<td>Sustaining Practice</td>
<td>Participants will have an opportunity to discuss key questions regarding sustaining the newly learned practice in their organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jigsaw Rotation</td>
<td>There will be three rounds. At each table one person volunteers to record/facilitate. Each facilitator is given three cards &amp; asked to not look at the cards. As instructed by the faculty, the facilitator reads the first question to the group and then they have 5-7 minutes to discuss. Notify participants after the allotted time and ask participants at each table except the facilitator to count off. They then move the number of tables (clockwise) to a new group. (For example, if I am number 2—I move two tables) Repeat the process with the second question and so forth. Large group debrief about themes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:45-10:30</td>
<td>Team Meeting</td>
<td>Create a time for teams to review their metrics and design a plan for the final action period after the learning session.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30-10:45 am</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:45-12:00 am</td>
<td>Clinical Challenges</td>
<td>Devise session to address the key challenges raised by participants. An activity that allows participants to problem solve concerning key challenges ---a coaching role play or rotating trio role play.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Activity</td>
<td>Details</td>
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<td>---------------</td>
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<td></td>
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<tr>
<td>12:00-1:00 pm</td>
<td>LUNCH</td>
<td>Ask teams to sit together on their return from lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 – 2:00 pm</td>
<td>SGA</td>
<td>Focus Groups</td>
<td>Small groups are formed and a series of questions are discussed regarding the collaborative experience. Typically it is recorded for later analysis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitated by neutral individuals, the focus group allows participants to reflect on the learning collaborative process and the most impactful elements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 – 2:15 pm</td>
<td>ST</td>
<td>Complete Evaluation</td>
<td>Evaluations</td>
<td></td>
</tr>
<tr>
<td>2:15 – 3:15 pm</td>
<td>ST SGA LGD</td>
<td>Celebration and Closing Activity</td>
<td>Certificates, treats, napkins, beverages</td>
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<tr>
<td></td>
<td></td>
<td>An opportunity for teams to share their “take away” from the collaborative experience.</td>
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<tr>
<td></td>
<td></td>
<td>Teams bring goodies/treats to share with each other during the celebration.</td>
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<td></td>
</tr>
<tr>
<td>3:15 -3:30 pm</td>
<td>ST LGA</td>
<td>Wrap up</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Faculty presents concluding comments.</td>
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</tbody>
</table>
Mini-Session Activity

Instructions for Faculty

This activity is a great way to have teams highlight innovations and accomplishments that does not involve long presentations.

1. After announcing the Mini-Session segment of the Learning Session, prepare a flyer with the descriptions sent by participating teams. Try to make it look fun and inviting, similar to a conference brochure.

2. Assign each presenter to a table with a number in advance and create a map within the brochure noting the number/topic associated with each table.

3. Advise teams that either one person can make the same presentation three times or they can rotate the presenter among their team members.

4. Encourage teams to be creative in designing their presentation. Create an opportunity for participants to understand the innovation or improvement and get excited by it!

5. The topic can be related to the clinical intervention, organizational structure, the Change Package or overcoming a barrier in implementation. It is wide open based on the team’s experience.

6. At the beginning of the Mini-Session, advise all participants that there will be three rounds.

7. Each participant can select a topic from the brochure to attend each round. If all the seats are taken, choose another topic and try next round.

8. Begin by asking all participants to select their first topic and be seated.

9. Start the timer and allot fifteen minutes for the first round.

10. Give a two-minute warning prior to the end of the first round.

11. Ask participants to now move quickly to their second choice for the next round.

12. Proceed with the same process for all three rounds.

13. If you have a small collaborative membership, two rounds may be sufficient.
We are asking teams to identify one innovation or improvement that your team made during the Learning Collaborative experience. For example,

Once you have identified the topic, prepare to present in a small group environment a twenty minute presentation/discussion. There will be several “rounds” where participants rotate to topics being presented at individual tables. You can identify one person from your team to present during all of the rounds or you can rotate presenters so they can hear other presentations.

What does all that mean?

- Choose one improvement or innovation to share
- Have at least one team member prepared to present three times. You are welcome to alternate presenters so each one presents only once.
- Each presentation is 15 minutes total—including questions and discussion
- Think quick, fast-paced sharing on a specific improvement, adaptation or innovation
- Handouts, interactive materials and visuals are fine—no powerpoints!
- Prepare a brief description (2-3 sentences) for inclusion in brochure that will highlight your presentation. Don’t be shy—get creative!
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Module 11 – Learning Session 3

Learning Outcomes for Participants

Teams will have an important opportunity to share adaptations and innovative strategies developed to successfully implement the intervention. The final Learning Session will also give teams a chance to anticipate the work of sustaining their efforts beyond the collaborative experience. Participants will accomplish the following objectives:

➽ Share key improvements from their collaborative experience with other teams.

➽ Create a plan for sustaining and spreading the practice within their organization and community.

➽ Develop a strategy for maximizing the final Action Period.

Priority Tasks for Faculty

1. Develop an agenda that creates the opportunity for teams to present successes. During the course of the collaborative, teams have made improvements in order to successfully implement the new practice. Past collaboratives have welcomed opportunities to hear and “steal shamelessly” what has worked well for other teams.

2. Create opportunities for participants to be the experts. There has been a gradual transition throughout the collaborative of teams becoming expert in areas of improvement and innovation. The faculty will create a platform during the final Learning Session for individuals and teams to share their knowledge and skills.

3. Analyze and review data gathered throughout the implementation process. An analysis of metrics utilized can provide an opportunity for reflection and learning regarding the gains during the collaborative.

4. Develop a segment or segments to discuss the issue of sustaining and growing the practice within participants’ organizations or communities. Because of the intensity of the collaborative process of both learning and implementing a new practice, there may not be sufficient time to focus on how teams will sustain the practice within their organization or how they anticipate spreading it to other departments or agencies.
5. **Create a celebration.** During the final day of the collaborative, the teams and faculty should find a way to celebrate the work and the relationships that have been a part of the experience.

6. **Clarify ways for collaborative members to maintain connections after the collaborative concludes its final session.** Many collaboratives have maintained contact following the third session through cluster calls, listservs, and the Intranet.

7. **Evaluate the Learning Collaborative process.** Often the final session is packed, but it is important to schedule sufficient time to conduct a final evaluation as part of the third Learning Session.

---

**Learning Outcomes for Supervisors**

Supervisors will have an opportunity to meet with each other and share innovations in supervisory practice developed throughout the collaborative. Supervisors will be key in working with Senior Leaders to spread the practice beyond the collaborative members. They will focus on the following in the final Learning Session:

- Developing a plan for sustaining and spreading the intervention.
- Sharing strategies with other supervisors regarding improvements in supervisory practice.
- Plan for use of metrics in post-collaborative phase.
Module 11 – Learning Session 3

**Priority 1:**

**Develop an agenda that creates the opportunity for teams to present successes.**

**Tips:**

- The Cracker Barrel activity is a fast-paced sharing activity that allows multiple teams to highlight a success. The success can be a significant innovation that has changed their practice or it can be a specific technique or improvement that shows the creativity of the team. A detailed description of the “how to conduct the Cracker Barrel” is included in Support Materials.

- Storyboards can be used to capture significant innovations from every team. Instruct each team to create a storyboard that highlights one innovation that was important to its success and schedule a time for sharing storyboards in the agenda.

**Priority 2:**

**Create opportunities for participants to be the experts.**

**Tips:**

- Choose participants to lead or co-lead presentations and breakouts on topics in which they have significant expertise.

- Consider the outcomes of the metrics as a guide to teams that have made improvements in a target area to present on how they made an impact on the area. For example, if a team has showed significant improvement regarding the number of youth served, create an opportunity for them to share their process.
Priority 3:

Analyze and review data gathered throughout the implementation process.

Tips:

➽ Use the final Learning Session to review the data gathered so far in the collaborative. This will include metrics gathered from the first Action Period and the mid-point evaluation conducted after Learning Session 2. It can be an important opportunity to look at the cumulative gains of the teams and also focus on areas that were not significantly impacted for further discussion and attention.

➽ Highlight teams that used data to inform their improvement process. Some teams have used their monthly metrics as a tool to guide them toward activities that will positively impact their metrics, which should correlate with their goals.

Priority 4:

Develop a segment or segments to discuss the issue of sustaining and growing the practice within participants’ organizations or communities.

Tips:

➽ Consider a time for teams to reflect on what they have accomplished and what areas still need improvement. Provide a framework for them to construct a three-month plan to continue their efforts in the implementation and maintenance of their team effort.

➽ Consider having a breakout by affinity groups (supervisor/leaders and clinicians) to discuss a plan for continuing to implement the intervention. Faculty can provide a format for each affinity group to share their ideas with the large group when reassembled.

➽ The third Learning Session can offer a platform for supervisors or leaders to consider the challenges of hiring new staff, sustaining use of the intervention with fidelity, and integrating the practice into the organization.

➽ An action period following the final Learning Session can focus specifically on the issues related to sustaining and spreading the practice. If that interests the collaborative membership, create a plan and schedule during the face-to-face meeting.
Priority 5:

Create a celebration.

Tips:

Teams appreciate the chance to acknowledge the effort and energy that has been sustained over the year-long collaborative. Relationships develop, and it is important to both celebrate them and offer the opportunity to say goodbye to colleagues who have contributed to the collaborative process. Collaboratives have celebrated in a number of ways:

- **Treat:** Each team brings a treat representing their community to share with the collaborative. Have a feast of goodies as a closing for the last day.

- **Cake:** A traditional celebration with the faculty bringing cake and a chance to wish each other well as a part of final activity.

- **Popcorn activity:** Bowls of flavored popcorn and beverages are provided. Participants are asked to “pop” up and share briefly what was most impactful about the collaborative experience.
Module 11 – Learning Session 3

Priority 7:

Clarify ways for collaborative members to maintain connections after the collaborative concludes.

Tips:

➽ Faculty can develop a survey to assess the level of interest from participants for continuing contact after the Third Session.

➽ An online survey can be quick and allow participants to see the cumulative response of the whole collaborative.

➽ Conducting focus groups can serve multiple functions. It is an excellent mechanism to allow participants to articulate the impact of the experience and examine the potential barriers and work ahead of them. It also lets them hear each other’s comments (rather than reading surveys) and helps them formulate a broader awareness of the experience.

➽ Here are some ways other collaboratives have maintained communication with other teams and faculty:

- Continuation of consultation calls with all participants with a transition to participants facilitating calls.
- Continuation of supervisor-only calls to further explore issues relevant to both clinical and organization maintenance of effort.
- Listservs.
- Blogs or discussion boards.
- Sharing via the Intranet.

Priority 6:

Evaluate the Learning Collaborative process.

Tips:

➽ Don’t miss the chance to do a thorough examination of the outcomes of the collaborative, even with all the competing agenda items.

➽ A complete description of activities for final evaluation is described in Module 5: Evaluation.

➽ Conducting focus groups can serve multiple functions. It is an excellent mechanism to allow participants to articulate the impact of the experience and examine the potential barriers and work ahead of them. It also lets them hear each other’s comments (rather than reading surveys) and helps them formulate a broader awareness of the experience.
### Frequently Asked Questions

**Q:** Some teams are clearly not done with the collaborative experience and need the continued support, particularly teams that began implementing later in the process. Any suggestions?

**A:** Each collaborative experience is unique based on the focus and the membership. Part of the momentum of the collaborative is the diversity and number of teams implementing and adopting together. If the faculty supports one or two teams in continuing, it loses the dynamic of cross-site sharing and innovation. Possibly, the early adopters could begin to support the faculty and lend a hand to further their own learning experience.

**Q:** The faculty is worried about the agenda getting too “syrupy” during the celebration and good-bye portion of the session. Is all that really necessary?

**A:** If faculty is not in their comfort zone facilitating these portions of the agenda, it is a great opportunity to solicit help from the collaborative membership. Solicit a participant who has been expressive and an active member of the group to lead a closing activity or to make comment at the celebration. Teams who have gelled well and shared a lot through the course of the year appreciate giving voice to their feelings for each other and the experience as a whole.
List of Support Materials

- Faculty Checklist
- Sample Design for LS3
- Mini-Session Activity

Faculty Checklist

Learning Session 3

☐ Ensure all participating teams have information regarding logistics in advance (ground transportation to/from airport, to/from learning session, start/end time of learning session, planned dinner gatherings).

☐ Arrange for learning session space. Tables and adequate room to move easily between tables.

☐ Design a learning session that focuses primarily on Sustaining Practice, Successes and Celebration. Sample agenda in Support Materials.

☐ Adapt and send out flyer to all teams regarding Mini-Sessions and post to Intranet site.

☐ Prepare brochure to announce mini-sessions at LS3.

☐ Invite teams to bring treats to share for the afternoon celebration on day two of the Learning Session. Post announcement to Intranet.

☐ Plan for a celebration. Create certificates, bring beverages, napkins, etc.

☐ Develop a materials list based on Learning Session agenda.

☐ Make arrangements for refreshments and meals (if appropriate).

☐ Copy materials.

☐ Design room setup, anticipating small group work. (Samples in Support Materials)

☐ Test and run audio/visual equipment.

☐ Create signage to direct participants to meeting space.

☐ Compile all items on the Materials List.

☐ If teams are staying at a hotel, a welcome letter delivered at check-in is helpful. Outline the schedule and the location of the learning session (either within the hotel or another venue).

☐ Facilitate a gathering after the first day of the Learning Session (either drinks or dinner).

☐ Conduct an evaluation.
Sample Agenda for Learning Session Three

The sample agenda is a tool for faculty to assist in their design of the learning session. The agenda is meant to be used as a communication method between faculty members and not intended for distribution to participants. The agenda will assist in these ways:

- Provide organization to make essential assignments between faculty members concerning preparation of materials, handouts and slides.
- Provides a more detailed breakdown of the schedule and time allotment for each segment.
- Highlights the primary themes of LS 3—Sustaining and Spreading Practice, Successes and Celebration.
- Assists in assessing the “flow” of activities. The more detailed description of each segment during the learning session provides an overview of the methods being used to convey the material and allows faculty to assess the diversity of activities and presenters. An abbreviation in the duration column will alert faculty to the type and seating for each activity.
- Includes more detailed instructions regarding each segment to assist faculty during the learning session. It can also be extremely helpful if a faculty member is absent and someone else is asked to step in to cover their segment.
- Allows faculty to track easily the groupings during the learning sessions. Noted on the agenda will be a designation for activities done in teams (from the same organization) or in a mixed team (from multiple sites). Faculty will want make sure that activities are done both within and across teams in order to establish relationships in both of those configurations.

The types of activities utilized in this sample are:

- Jigsaw Rotation
- Games for Review
- Mini-session

More in depth explanation of these activities can be found in the support materials. Please note under the **Duration** column there will be initials with these designations:

- **ST-** seated by team
- **SMT-** seated by mixed teams
- **SAG-** seated by affinity group (ie. Clinician, supervisor, other groupings like By type of organization.
- **LGP-** Large group presentation and discussion
- **SGA-** Small group activity
- **DA-** Dyad activity
- **LGD-** Large group debrief
### Sample Agenda Learning Session Three

<table>
<thead>
<tr>
<th>DURATION</th>
<th>CONTENT/LEARNING POINT</th>
<th>METHOD/ACTIVITIES</th>
<th>MATERIALS AIDS</th>
<th>TRAINER</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30 am</td>
<td>Registration/Continental Breakfast &lt;br&gt;Faculty will actively meet/greet/welcome participants</td>
<td>Faculty will be assigned to different tasks (i.e., Registration, main room, etc.)</td>
<td>Music, CEU materials, signage to room, table assignments, baskets of toys</td>
<td>All</td>
</tr>
<tr>
<td>8:30 – 9:15 am</td>
<td>Ice Breaker/Review &lt;br&gt;Test participants on key concepts regarding both the intervention and the Model for Improvement</td>
<td>Games &lt;br&gt;Use of one the game frameworks supplied in support materials (module 8) to create a fun, competitive environment to review key concepts. Jeopardy, College Bowl, Crossword puzzle, Bingo or Hollywood Squares.</td>
<td>Create game according to instructions. Prizes for winners!</td>
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</tr>
<tr>
<td>9:15-9:30 am</td>
<td>Welcome and Overview of the Learning Session &lt;br&gt;− Welcome from faculty and review of agenda &lt;br&gt;− Emphasize primary themes: Sustaining/Spreading Practice, Successes and Celebration</td>
<td></td>
<td>Slides, Past It flip chart</td>
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<tr>
<td>9:30-10:30 am</td>
<td>Clinical Competencies &lt;br&gt;Potential of in-depth presentation by a team.</td>
<td>Presentation and small group activity</td>
<td>Slides, video or audio demo</td>
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<tr>
<td>10:00-1:00 pm</td>
<td>Mini-Sessions &lt;br&gt;Team share innovations and successes with the collaborative. &lt;br&gt;Creates a face paced opportunity to learn what other teams have been working on during the collaborative.</td>
<td>There are three rounds of the mini session activity. (15 minutes per session) Each team has prepared to present on a success. All will be presenting at the same time (repeating it three times).</td>
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<tr>
<td>2:15 pm-3:15 pm</td>
<td>Clinical Competencies</td>
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<tr>
<td>3:15-3:30 pm</td>
<td>Break</td>
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<tr>
<td>3:00- 4:30 pm</td>
<td>Clinical Competencies</td>
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<tr>
<td>4:30-5:00 pm</td>
<td>What’s Next? &lt;br&gt;Planning for next steps</td>
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<tr>
<td>Time</td>
<td>Session</td>
<td>Description</td>
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<tr>
<td>8:30 - 8:45 am</td>
<td>Welcome</td>
<td>Review of agenda</td>
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<td>Review of content covered during previous day</td>
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<td></td>
<td></td>
<td>Mix participants up for morning session</td>
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<tr>
<td>8:45 - 9:45 am</td>
<td>Sustaining Practice</td>
<td>Participants will have an opportunity to discuss key questions regarding</td>
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<td></td>
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<td>sustaining the newly learned practice in their organization.</td>
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<td>Key Questions for each round:</td>
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<td></td>
<td></td>
<td>1. Do you think a new employee would have a way to learn this practice?</td>
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<td>2. What has been the most supportive aspect of this collaborative? How</td>
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<td>can you replicate that within your organization?</td>
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<td>3. What are some additional ways you would recommend to retain and grow</td>
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<td>this practice?</td>
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<tr>
<td>8:45 - 9:45 am</td>
<td>Jigsaw Rotation</td>
<td>There will be three rounds. At each table one person volunteers to</td>
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<td>record/facilitate. Each facilitator is given three cards &amp; asked to not</td>
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<td>look at the cards. As instructed by the faculty, the facilitator reads the</td>
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<td>first question to the group and then they have 5-7 minutes to discuss.</td>
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<td>Notify participants after the allotted time and ask participants at each</td>
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<td>table except the facilitator to count off. They then move the number of</td>
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<td>tables (clockwise) to a new group. (For example, if I am number 2—I move</td>
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<td>two tables) Repeat the process with the second question and so forth.</td>
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<td>Large group debrief about themes.</td>
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<tr>
<td>9:45 - 10:30</td>
<td>Team Meeting</td>
<td>Create a time for teams to review their metrics and design a plan for the</td>
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<td>final action period after the learning session</td>
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<tr>
<td>10:30 - 10:45 am</td>
<td>Break</td>
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<tr>
<td>10:45 - 12:00</td>
<td>Clinical Challenges</td>
<td>An activity that allows participants to problem solve concerning key</td>
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<td>challenges ---a coaching role play or rotating trio role play.</td>
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<tr>
<td>Time</td>
<td>Activity Description</td>
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</tbody>
</table>
| 12:00-1:00 pm| **LUNCH**  
Ask teams to sit together on their return from lunch                                |
| 1:00 – 2:00 pm| **Focus Groups**  
Facilitated by neutral individuals, the focus group allows participants to reflect on the learning collaborative process and the most impactful elements. |
| 1:00 – 2:00 pm| **SGA**  
Focus Groups  
Facilitated by neutral individuals, the focus group allows participants to reflect on the learning collaborative process and the most impactful elements. |
| 2:00 – 2:15 pm| **Complete Evaluation**                                                                |
| 2:15 – 3:15 pm| **Celebration and Closing Activity**  
An opportunity for teams to share their “take away” from the collaborative experience.  
Teams bring goodies/treats to share with each other during the celebration. |
| 3:15 -3:30 pm| **Wrap up**  
Faculty presents concluding comments.                                                  |
Mini-Session Activity

Instructions for Faculty

This activity is a great way to have teams highlight innovations and accomplishments that does not involve long presentations.

1. After announcing the Mini-Session segment of the Learning Session, prepare a flyer with the descriptions sent by participating teams. Try to make it look fun and inviting, similar to a conference brochure.

2. Assign each presenter to a table with a number in advance and create a map within the brochure noting the number/topic associated with each table.

3. Advise teams that either one person can make the same presentation three times or they can rotate the presenter among their team members.

4. Encourage teams to be creative in designing their presentation. Create an opportunity for participants to understand the innovation or improvement and get excited by it!

5. The topic can be related to the clinical intervention, organizational structure, the Change Package or overcoming a barrier in implementation. It is wide open based on the team’s experience.

6. At the beginning of the Mini-Session, advise all participants that there will be three rounds.

7. Each participant can select a topic from the brochure to attend each round. If all the seats are taken, choose another topic and try next round.

8. Begin by asking all participants to select their first topic and be seated.

9. Start the timer and allot fifteen minutes for the first round.

10. Give a two-minute warning prior to the end of the first round.

11. Ask participants to now move quickly to their second choice for the next round.

12. Proceed with the same process for all three rounds.

13. If you have a small collaborative membership, two rounds may be sufficient.
We are asking teams to identify one innovation or improvement that your team made during the Learning Collaborative experience. For example,

______________

Once you have identified the topic, prepare to present in a small group environment a twenty minute presentation/discussion. There will be several “rounds” where participants rotate to topics being presented at individual tables. You can identify one person from your team to present during all of the rounds or you can rotate presenters so they can hear other presentations.

What does all that mean?

- Choose one improvement or innovation to share
- Have at least one team member prepared to present three times. You are welcome to alternate presenters so each one presents only once.
- Each presentation is 15 minutes total—including questions and discussion
- Think quick, fast-paced sharing on a specific improvement, adaptation or innovation
- Handouts, interactive materials and visuals are fine—no powerpoints!
- Prepare a brief description (2 -3 sentences) for inclusion in brochure that will highlight your presentation. Don’t be shy—get creative!