

NCCTS Leadership: Learning Collaboratives

It typically takes almost two decades for research findings to be implemented in mental health service systems, and even then implementation may be inconsistent and uneven.¹ In recent years, there has been much progress in the development of effective treatments for child trauma, but the National Child Traumatic Stress Network (NCTSN) recognizes that further advances are needed in training and dissemination to ensure that these treatments are fully integrated in community, residential, and school-based settings.

To shorten the lag-time between the identification of evidence-based child trauma treatments and their implementation in the field, the National Center for Child Traumatic Stress (NCCTS) has implemented the Learning Collaborative methodology.

The Learning Collaborative methodology was adapted from the Breakthrough Series Collaborative approach to quality improvement, developed in 1995 by the Institute for Healthcare Improvement and Associates in Process Improvement.² The Breakthrough Series Collaborative approach focuses on spreading, adopting, and adapting best practices across multiple settings, and creating changes within organizations that promote the delivery of effective clinical practices. While the Breakthrough Series methodology has been used extensively in the fields of health, pediatrics, and child welfare, to date there has not been an effort to use this framework to spread, adopt, and adapt evidence-based mental health practices.

The overall goal of the NCTSN Learning Collaboratives is to facilitate the adoption and implementation of evidence-based child trauma treatments with sufficient fidelity to appropriately serve and improve outcomes for youth. Learning Collaboratives are comprised of several NCTSN centers (and sometimes non-Network centers) that seek to achieve this goal through:

- Receiving high quality training in an evidence-based child trauma treatment
- Using the Learning Collaborative methodology to develop the supervisory and organizational capacity necessary to sustain this treatment
- Measuring and evaluating practices—i.e., implementation of evidence-based treatments—at the individual and agency levels to improve practices

Accomplishments and Results

NCCTS has developed and implemented 15 Learning Collaboratives which include a total of 120 implementation teams and nearly 1,000 mental health professionals working together to integrate evidence-based child trauma treatments in their organizations and communities. Teams focus on implementation of an evidence-based practice in their community and/or agency. They are typically comprised of agency senior leaders, clinical supervisors, and front-line clinicians. Learning Collaboratives focus on a wide range of proven treatments with diverse populations, including adolescents with complex trauma and mothers and their very young children who have been exposed to domestic violence. School-based services are also available. Together, these teams are helping to improve the lives of many thousands of children and their families.

Evidence-based practices that Learning Collaboratives have moved to implement include: Trauma-Focused Cognitive Behavioral Therapy; Child-Parent Psychotherapy; Cognitive-Behavioral Intervention for Trauma in Schools; Structured Psychotherapy for Adolescents Responding to Chronic Stress; Life Skills, Life Story; Trauma Systems Therapy; and Trauma Affect Regulation Guidelines for Education and Therapy.

Early in the development of the NCCTS Learning Collaborative methodology, experts in the child trauma field developed a framework to guide the efforts of teams as they tested adjustments in their organizations to support the adoption of a new child trauma practice. This framework aims to provide a “roadmap” for how to implement and sustain the practice. The framework developed for the NCTSN Breakthrough Series Collaborative on Trauma-Focused Behavioral Therapy specifies five areas considered essential to the adoption and implementation of a child trauma treatment practice:

- Organizational readiness to implement evidence-based practices
- Organizational readiness to monitor and evaluate clinical processes and outcomes
- Clinically competent practices in child trauma treatment
- Quality training and supervisory skills
- Effective child and family engagement

NCCTS staff have been trained as Improvement Advisors, and offer training and consultation on the Model for Improvement, a mechanism by which teams can rapidly test and measure strategies for change.

Learning
Collaborative
implementation
teams are helping
to improve the lives
of thousands of
children and families.

Learning Collaboratives

In addition to enabling teams to use standardized assessments and evidence-based treatments, NCCTS is utilizing measurement and evaluation to improve implementation and treatment planning. Learning Collaborative teams are strongly encouraged to measure the impact of their improvements through “small tests of change”, so that frontline clinicians are able to drive organizational changes that support the long-term spread and sustainability of evidence-based practices. Because Learning Collaboratives will enable more mental health professionals to treat more children with appropriate services sooner, NCCTS will be able to make a positive difference in outcomes for children seen in community, school, and home-based settings.

NCCTS has integrated measurement and evaluation components into the Learning Collaborative experience to facilitate participants' progress and improve the Learning Collaborative process. Two key aspects of Learning Collaborative evaluations are:

- The use of standardized clinical assessments for treatment planning and monitoring client outcomes, and
- The use of improvement metrics to assess increased use of the treatment, its implementation of with fidelity and skill, and agency capacity to deliver ongoing training/supervision in the treatment modality.

Learning Collaborative process evaluations require frequent surveying and focus groups of participants and faculty. These steps allow NCCTS to improve the Learning Collaborative process within each session and before beginning a new collaborative. Frequent evaluations help NCCTS be responsive to the different teams within each collaborative and the lessons learned as NCCTS grows its Learning Collaborative experience.

In 2006, NCCTS published *The NCTSN Learning Collaborative Toolkit* (available at: http://www.nctsn.org/nctsn_assets/pdfs/lc/module_all.pdf). *The NCTSN Learning Collaborative Toolkit* presents the process for successfully developing and leading Learning Collaboratives. It includes resources, tools, and templates that will help trainers and administrators develop and implement their own evidence-based child trauma treatment Learning Collaboratives.

NCCTS provides consultation on Learning Collaboratives within and outside of the Network. Treatment developers within the Network frequently utilize NCCTS expertise to plan Learning Collaboratives and Learning Communities (initiatives similar to Learning Collaboratives) to educate providers in their communities about child trauma and its treatment. NCCTS is consulting with several state and local agencies on the development of statewide and regional Learning Collaboratives on child trauma treatment.

Vision for the Future

The Learning Collaborative process has become the “gold standard” among Network members for spreading and sustaining trauma treatment. Interest in the methodology continues to grow. Plans for the future include the following:

- NCCTS is developing reports that will highlight the successes and lessons learned from implementation of Learning Collaboratives. The ultimate goal will be to publish reports and articles so that the nation can benefit from NCCTS’ experience in training, adopting, and spreading effective mental health treatment models for traumatized children.
- NCCTS will train and mentor a cohort of Learning Collaborative implementers through a train-the-trainer series. These trained Learning Collaborative facilitators will help to spread this methodology and its benefits well beyond the Network.
- NCCTS will continue its efforts to extensively refine the Learning Collaborative process and its use as a model to implement and sustain evidence-based child trauma treatments.
- Previously, Learning Collaboratives have focused on clinical interventions. Now NCCTS will expand the approach to address assessment and trauma-informed practice.
- As successes of the Learning Collaborative methodology spread beyond the Network, mental health providers serving non-Network populations continue to contact NCCTS for consultation. NCCTS will continue to assist other child-serving systems in the creation and implementation of Learning Collaboratives. Possible targets for this expansion include the state-level Child Welfare agencies and the Veterans Administration.

References

1. New Freedom Commission on Mental Health. (2005). *Subcommittee on Evidence-Based Practices: Background Paper*. DHHS Pub. No. SMA-05-4007. Rockville, MD.
2. Institute for Healthcare Improvement. (2003). *The Breakthrough Series: IHI’s collaborative model for achieving breakthrough improvement*. Cambridge, MA: Institute for Healthcare Improvement.