

## Sample Feedback Questionnaire (SPARCS) Module 5

Your LC ID#: \_\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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

	Not at all useful	A little useful	Somewhat useful	Very useful	Extremely useful
<b>How useful have you found:</b>					
1. Teaching/training on the SPARCS model delivered in lecture format by the faculty at the Learning Sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Interactive skill practice at the Learning Sessions; including use of role plays, games and other experiential activities to demonstrate and practice skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Small group activities or discussion (e.g., with your team, by affinity group) at the Learning Sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Opportunities to share (offer and receive) ideas with staff from <u>other</u> teams/agencies at the Learning Sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Opportunities to share (offer and receive) ideas with staff from other teams/agencies on conference calls	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Monthly "All" Collaborative conference calls during which faculty offered consultation in SPARCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Inclusion of material focused on supervisory practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Inclusion of material addressing how to partner with other agencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Inclusion of material addressing youth engagement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Inclusion of material on how to sustain and continue to improve the practice of SPARCS at your agency after this Learning Collaborative ends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. The Intranet as a tool for basic information about collaborative activities (e.g., call schedules, announcements, agendas)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. The Intranet as a tool for learning about and applying the Model for Improvement, including the Change Package, PDSAs and the monthly metrics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Question 15 applies only to supervisors; if you are not a supervisor, please continue with Question 16.</b>					
15. Monthly "Supervisor" conference calls during which faculty offered consultation in SPARCS for supervisors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**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

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.**

<b>How important for supporting efforts to administer all components of SPARCS model was:</b>	<b>Not at all important</b>	<b>A little important</b>	<b>Somewhat important</b>	<b>Very important</b>	<b>Extremely important</b>
19. Having multiple learning sessions rather than a single training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. Written materials provided by the faculty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. The approach used by the faculty to teach the SPARCS model at the Learning Sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Monthly “All” Collaborative conference calls during which faculty offered consultation in SPARCS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. The Model for Improvement, including the Change package, use of PDSAs and the monthly metrics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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?**

- 0  Did not use
- 1  Not at all important
- 2  A little important
- 3  Somewhat important
- 4  Very important
- 5  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?**

- 1  Did not understand
- 2  Understood a little
- 3  Understood moderately well
- 4  Understood very well

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

- 1  No
- 2  Yes and initiated my own PDSAs
- 3  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?**

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

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

- 1  No
- 2  Yes
- 3  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?**

- 0  Did not use
- 1  Not at all important
- 2  A little important
- 3  Somewhat important
- 4  Very important
- 5  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?**

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

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

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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?

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

❧ THANK YOU! ❧

## Sample Feedback Questionnaire

### (NCTSN Breakthrough Series Collaborative for Trauma-Focused Cognitive Behavioral Therapy)

The purpose of this questionnaire and the focus groups that will occur during the Learning Session is to obtain feedback from collaborative participants on a wide range of materials and activities used in the Breakthrough Series Collaborative. This feedback is critical for assessing the utility of the Breakthrough Series approach for the implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and for making improvements to this approach in the future. Your participation is a valuable contribution not only to this initiative, but also to the success of future learning collaboratives.

Please complete this questionnaire in private. Return your completed questionnaire to [NCTSN research assistant] before you leave the Learning Session. To protect your confidentiality we are not asking you to put your name directly on the questionnaire. Instead, when you return your questionnaire, [research assistant] will check your name off the participant list so we know that we've received your feedback. **Thank you for your time and assistance with this important evaluation.**

*The first set of questions asks about your background and experience.*

**1. With which NCTSN Center did you participate in the BSC? (Check only one)**

- |  |   |
|--|---|
| 3005 <input type="checkbox"/> Chadwick Center                    | 3029 <input type="checkbox"/> Center for Child and Family Health (CCFH)               |
| 3001 <input type="checkbox"/> Aurora Mental Health Center        | 3031 <input type="checkbox"/> Trauma Intervention Center for Children & Adolescents   |
| 3005 <input type="checkbox"/> Children's Institute International | 3032 <input type="checkbox"/> Oklahoma Child Traumatic Stress Treatment Collaborative |
| 3007 <input type="checkbox"/> Directions for Mental Health       | 3033 <input type="checkbox"/> Kennedy Krieger Family Center                           |
| 3021 <input type="checkbox"/> Safe Horizon                       | 3035 <input type="checkbox"/> Mental Health Center of Dane County                     |
| 3025 <input type="checkbox"/> Catholic Charities                 | 3036 <input type="checkbox"/> Open Arms   |

**2. What role(s) do you hold for purposes of the BSC? (Check all that apply)**

- 1  Administrator → Do you help decide policies & procedures for your agency? 1  Yes 2  No
- 2  Clinical Supervisor → Did you provide supervision in TF-CBT between 9/05-5/06? 1  Yes 2  No
- 3  Clinician
- 4  Other. Please specify: \_\_\_\_\_

**3. What is your gender? 1  Male 2  Female**

**4. What is your race/ethnicity? (Check only one)**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Caucasian                        | 5 <input type="checkbox"/> Asian                                     |
| 2 <input type="checkbox"/> African-American                 | 6 <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| 3 <input type="checkbox"/> Hispanic or Latino               | 7 <input type="checkbox"/> Other, Specify: _____                     |
| 4 <input type="checkbox"/> American Indian or Alaska Native |  |

**5. What is your most advanced degree? (Check only one)**

- |  |  |
|--|--|
| 1 <input type="checkbox"/> High school degree                        | 4 <input type="checkbox"/> Masters in social work                      |
| 2 <input type="checkbox"/> Degree from 2-year college                | 5 <input type="checkbox"/> (Other) Masters degree (e.g., MA, MS)       |
| 3 <input type="checkbox"/> Degree from 4-year college (e.g., BA, BS) | 6 <input type="checkbox"/> Doctor of Medicine (MD)                     |
|  | 7 <input type="checkbox"/> (Other) Doctoral degree (e.g., Ph.D, Psy.D) |

**6. Prior to Learning Session I for the BSC (before September 2005), for how long had you been providing TF-CBT to children/caregivers? (Check only one. Choose "1" if you have never provided TF-CBT. Choose "2" if you had not provided TF-CBT prior to Learning Session1, but have provided TF-CBT since then.)**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Have <u>never</u> provided TF-CBT | 5 <input type="checkbox"/> More than 2 years to 3 years |
| 2 <input type="checkbox"/> Less than 6 months                | 6 <input type="checkbox"/> More than 3 years to 5 years |
| 3 <input type="checkbox"/> 6 months to 1 year                | 7 <input type="checkbox"/> More than 5 years            |
| 4 <input type="checkbox"/> More than 1 year to 2 years       |   |

**7. Which of these types of TF-CBT training activities have you done? (Check any/all that apply)**

- 1  Attended basic TF-CBT training (1 day or more)
- 2  Reviewed TF-CBT training videotapes (viewed in entirety)
- 3  Read TF-CBT training manual
- 4  Read "Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach" (Deblinger & Heflin, 1996)
- 5  Completed on-line TF-CBT training (MUSC web-based training)

- 6  Completed advanced TF-CBT training
- 7  Received follow-up consultation on TF-CBT (i.e. consultation from the developers of TF-CBT and/or their trainees)
- 8  Other,  
Specify: \_\_\_\_\_

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. <b>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?</b> (Please choose the best response.)	Not at all	A little	Somewhat	Very	Extremely
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)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Effectively engaging parents/caregivers and children in TF-CBT (e.g., by educating the caregiver/family about TF-CBT prior to treatment)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. <b>How much progress or improvement do you think your team made with respect to each component of the Summary Framework during the BSC?</b> (Please choose the best response)	None	A little	Some	A lot
a. Addressing organizational readiness and building the agency's capacity to implement TF-CBT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Improving agency support and infrastructure to monitor and evaluate clinical processes and outcomes on an ongoing basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Developing clinically competent therapeutic practices in the implementation of TF-CBT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Developing quality supervisory and training skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Effectively engaging parents/caregivers and children in TF-CBT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

**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 PSDAs during the BSC for TF-CBT.

	Not at all	A little	Somewhat	Very	Extremely
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 PSDAs (e.g., carry out PSDAs with multiple cycles, use the PSDA worksheet)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. How useful would it have been to have had more <u>hands-on assistance</u> from the BSC faculty/planning team in developing and carrying out PSDAs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. How useful did you find any assistance you received from the BSC faculty/planning team in developing and carrying out PSDAs? <input type="checkbox"/> Check here if none received	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. How useful would it have been to have had more <u>presentations or discussions</u> focused on PSDAs (e.g., at the Learning Sessions, on All-Collaborative Calls)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19. How useful did you find the PSDA worksheet and/or on-line PSDA form?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. <u>Overall</u> , how useful or important were PSDAs to your efforts to adopt and implement TF-CBT (with good fidelity to the model) during the BSC?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

21. **How many PSDAs 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 PSDAs were posted on the Intranet?** (Check "Not applicable" if you did not initiate any PSDAs)

- 0  Not applicable      1  None      2  Some      3  All      4  Not sure/Don't know

23. **How many of your PSDAs had multiple cycles?** (Check "Not applicable" if you did not initiate any PSDAs)

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

*In the Breakthrough Series approach, consensus is usually not required for someone to test an idea.*

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.*

	Not at all	A little	Somewhat	Very	Extremely
28. How well did the material provided by the collaborative in the pre-work phase prepare you to develop your own monthly metrics?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
29. How useful would it have been to have had more <u>hands-on assistance</u> from the BSC faculty/planning team in developing and using the metrics?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
30. How useful did you find any assistance you received from the BSC faculty/planning team in developing and using the metrics? <input type="checkbox"/> Check here if none received	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
31. To what extent would it have been helpful to have more <u>presentations or discussions</u> focused on the monthly metrics (e.g., at the Learning Sessions, on All-Collaborative Calls)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
32. <u>Overall</u> , how <u>useful or important</u> were the monthly metrics to your efforts to adopt and implement TF-CBT (with good fidelity to the model) during the BSC?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*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: \_\_\_\_\_

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The next set of questions asks about your experiences with a variety of aspects of the Breakthrough Series Collaborative.

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

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: \_\_\_\_\_

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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?

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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?

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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: \_\_\_\_\_

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

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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?

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

❧ THANK YOU! ❧

## Sample Focus Group Guide (NCTSN Breakthrough Series Collaborative for Trauma-Focused Cognitive Behavioral Therapy)

### 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?**

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?**