



The NCTSN Breakthrough Series Collaborative on Trauma-Informed Suicide Prevention and Healing

Hesitations & Motivations for Participating in Implementation Projects: Assessing Readiness & Fit

When starting an implementation process, an agency's assessment of readiness and fit is an important step for successful implementation. These steps ensure alignment between the implementation initiative and the site's strengths, needs, values, and resources; evaluates the program's integration and support capabilities of the initiative, and directly impacts the success and sustainability of the initiative.¹

This brief report explores the strategies employed to engage child trauma service organizations in the NCTSN Breakthrough Series Collaborative (BSC) on Trauma-Informed Suicide Prevention and Healing and its connection to organizational readiness and fit. This project was designed to enhance clinic and community-based healing, connection, and well-being for youth, families, and communities most impacted by trauma and suicide.

Supporting Exploration, Readiness & Fit

The proposed BSC was an 18-month, team-based, system-change implementation initiative designed for NCTSN members who want to work with their community partners to improve their suicide prevention and response system. The National Center for Child Traumatic Stress (NCCTS) promoted and engaged NCTSN members through Community Think Tanks to learn from the knowledge, expertise, and experience of community and family members, community-based treatment organizations, and experts in the suicidology field. The opportunity to participate was announced on February 16, 2024 and an Informational Call was held on March 18th to support sites' exploration of the opportunity. After learning about the project, interested teams and their partners began assessing their organizations' Readiness and Fit through a series of meetings with the NCCTS Training and Implementation Program (T&I) over the course of several months.

This process provided both technical assistance to sites and supported T&I to learn more about experiences of potential teams. Twenty-eight sites attended the information call, nine teams completed interest forms for the BSC, eight participated in the 1:1 meetings, and four subsequent teams participated in a second consultation. The process included two phases:

Phase 1 | Information Gathering

Staff at the NCCTS:

- Consulted with NCTSN members on community partner identification as co-leaders of the BSC.
- Supported teams to understand more about community partners, their commitment, motivation, and the community's story related to trauma-informed suicide prevention over the past year.



Phase 2 | Detailed Planning & Partnership Building

Staff at the NCCTS:

- Identified organizations' potential team members and community partners to address challenges and goals.
- Assessed organizations' confidence in establishing partnerships before the BSC first session.
- Identified the team's motivation for suicide prevention and their vision for community response.
- Named preferences for how they would like to learn about growth opportunities, for how they would like to learn about an organization's willingness to change, and how they would like to learn about the type of information available to collect for evaluating suicide prevention and response efforts.



Experiences & Lessons Learned

There are multiple factors that influence participation in a BSC. Detailed notes were taken during the consultation calls outlined above and themes were developed to identify the considerations of these agencies. Two common factors, "Hesitations to apply" and "Motivations to make improvements", emerged from the discussions. Sub categories of these factors and example quotes are presented below.

Hesitations to Apply

- **Resistance to Change:** Comfort with established routines and skepticism about new approaches.
“Resistance for change - [we] have a program we’ve been using a long time.”
- **Cultural and Community Barriers:** Historical mistrust and fear of cultural insensitivity, especially in Native American communities.
“Culturally we don’t talk to others about what is going on. It is a closed system. Not too giving of information.”
- **Practical and Logistical Concerns:** Time commitment and sustainability of programs beyond initial funding cycles.
“Depending on time and region - no shortage of patients - very busy.”
- **Lack of Familiarity and Understanding:** Unfamiliarity with BSC terminology and processes.
“Not familiar with BSC terminology.”

Motivations to Make Improvements

- **Alignment with Goals and Values:** Resonance with organizational or personal objectives, especially in improving mental health outcomes.
“They have been thinking about (their goals surrounding suicide prevention and treatment) for a while .”
- **Potential for Impact:** Significant impact on mental health and crisis response within communities.
“Keeping children out of the hospital, out of placement, and juvenile justice.”
- **Support and Resources:** Access to training and professional development opportunities.
“Training on suicide prevention best practices and risk assessment. Gatekeeper training - 2-hour training.”
- **Collaboration and Partnership:** Opportunity to build partnerships with other community organizations, schools, and hospitals.
“Different hospitals are collaborating and coming together.”
- **Innovation and Improvement:** Interest in new methods that could improve existing practices.
“Transitioning from police-dispatched crisis responses to a model that includes peer support and licensed clinicians.”

Recommendations for Future Initiatives

For Implementation Project Leaders, strategies for helping agencies assess readiness and fit should specifically attend to hesitations and motivations. Agencies will be motivated to participate if the project can explicitly demonstrate good alignment with their goals, positive impact on children and families, professional development, partnership building and the ability to improve what they are doing, and sustainability after the project concludes. Through greater understanding of the hesitations and motivations to join this initiative, the NCTSN BSC on Trauma-Informed Suicide Prevention and Healing changed the structure of the project from a formal BSC to a more informal change collaborative well aligned with sites’ goals of supporting communities most impacted by suicide, modified resources sites need to contribute to participate in the collective learning and tailored site consultation specifically focused on partnership building.

Suggested Citation

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