Trauma Treatment for Tennessee’s Children: Center of Excellence
Evidenced Based Practice Dissemination Project

Michele R. Moser, Ph.D.
Director, ETSU Center of Excellence for Children in State Custody
Associate Professor, ETSU Dept. of Psychiatry and Behavioral Sciences

Kathy Benedetto, LPC, LMFT, SPE
Director, Frontier Health TN Children and Youth Outpatient Services

ETSU Psychiatry Grand Rounds
December 11, 2009

Bryan’s Story

National Child Traumatic Stress Network (NCTSN)

MOTTO:
STEAL SHAMELESSLY, SHARE RELENTLESSLY

- NCTSN mission to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.
  http://www.nctsn.org
Thanks for sharing 😊

- George "Tripp" Ake, Ph.D., Duke Center for Child and Family Health
- Jan Markiewicz, M.Ed., NCCTS, Duke
- Patti van Eys, Ph.D., Vanderbilt Center of Excellence
- Janet Todd, Ph.D., UT Boling Center Center of Excellence
- Kathy Benedetto, LPC, LMFT, SPE
- All the TN Learning Collaborative participants
- All the TN Learning Collaborative faculty

Overview

- What are the Centers of Excellence (COE)?
- Description of the TN Maltreatment Best Practice Project
- Brief description of Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Description of the Learning Collaborative Model
- Summary of The COE Learning Collaborative Project
- View from an agency participant in the East TF-CBT Learning Collaborative

What are the COEs?

TennCare and its implementation in 1990’s:
- Shortages and lack of access to child MH services.
- Arbitrary limits on mental health services, especially community-based services
- Problems with inter-agency coordination at state and local levels

John B Lawsuit: EPSDT screening and response to identified medical needs for kids covered by TennCare.

Brian A Lawsuit: Permanency of placements and timely reunification planning addressing barriers.

Centers of Excellence

- Provide specialty consultative, diagnostic, and clinical services, training, improvement of the system of care
- Referrals from Department of Children’s Services through the Well-being Units for children in custody or at risk of custody
- Funded through contracts with TennCare under the Governor’s Office of Children’s Care Coordination (GOCCC)
- Staffed with child psychologists, child psychiatrists, social workers, consulting pediatricians
Tri-Partite Structure for Case Management for Children in Custody and at Risk of Custody

- **DCS Health Units:***
  - Regional units composed of psychologist, nurse, and case manager who identify and manage health and mental health care for children in custody and at risk.

  - **Centers of Excellence for Children in State Custody***
    - Vanderbilt COE
    - ETSU COE
    - UT-Cherokee COE
    - Southeast COE

- **ETSU COE Staff***
  - Michele Moser, Ph.D./Director
  - Steven Shulruff, M.D. Medical Director, Child and Adolescent Psychiatrist
  - Kathy Bailey Clinical Coordinator
  - Jesse Gilreath, LMSW Mental Health Specialist
  - Tammy Kitchens, M.D. Consulting Pediatrician
  - John Paul Abner, Ph.D. PCIT Training Director

  - **UT Boling Center COE***
  - Southeast COE

- **Opportunity Knocks***

  Directive from the GOCCC:

  Do something with this money to address trauma or attachment treatment in TN.

- **Tennessee Child Maltreatment Best Practices Project***

  - **Goals of Project***
  - **Funding of Project***

What is Evidence Based Practice?

- Sound theoretical basis
- Clinical literature regarding efficacy
- Accepted in clinical practice
- No evidence of substantial harm or risk
- Manual sufficiently detailed to allow replication
- Efficacy based on at least 2 randomized, controlled trials
- Majority of outcome studies support efficacy

Kauffman Best Practices Project

- Identified 3 evidence-based practices for child maltreatment - TF-CBT, AF-CBT, PCIT
- Discussed the Science of Implementation
  - Raise awareness of Best Practices
  - Effective training time
  - Ongoing clinical supervision
  - Access to expert consultation over an extended period of time

Tennessee Child Maltreatment Best Practices Project

- Created a COE lead Statewide Task Force of child-serving state agencies and child advocates
- Consulted with National Child Traumatic Stress Network (NCTSN)
  - Day with Ben Saunders, Ph.D. & Task Force, August 2007
    - Agreed to Learning Collaborative model
    - Agreed to TF-CBT as first EBT model
    - Established planning committee
Learning Collaborative Approach

- Adapted from a model developed by the Institute for Healthcare Improvement (IHI) and identified within the Kauffman Report as a recommended method for dissemination of best practices.

www.ihi.org

Why Use a Learning Collaborative Approach?

- Traditional training has often not changed practice.
- Alternative approaches are needed that apply proven methodologies for increasing successful implementation and adoption of evidence-based practices.
- Provides opportunity to share innovations and solutions to common barriers.
- Creates a forum for exchange of experiences & ongoing feedback – become each other’s teachers

National Center for Child Traumatic Stress (NCCTS)

- The National Center, as part of the NCTSN, developed and has been utilizing the Learning Collaborative Model for the last four years as part of their effort to fulfill their mission. It is the result of multiple pilots and continues to evolve as it is tested in a variety settings.
- COEs began work with Jan Markiewicz, M.Ed., Training Director, NCCTS at Duke
What is TF-CBT?


Trauma-focused Cognitive Behavioral Therapy

- Developed for treating sexually abused children
- Viewed working with parents as an integral part of treatment

Esther Deblinger, Ph.D.
Center for Children's Support
University of Medicine and Dentistry of New Jersey

&

Judith Cohen, M.D. and Anthony Mannerino, Ph.D.
Center for Traumatic Stress in Children and Adolescent
Alleghany General Hospital

TF-CBT Treatment Outcome Research –Deblinger, Cohen, Mannerino
5+ RCTs (Randomized Controlled Trials)*

Results:
- Improvement in PTSD, depression, behavior problems, & social competence compared to nonspecific treatment
- PTSD improves only with direct child treatment, working w/ parents is not sufficient.
- Working w/ parents improves child behavior, child depression.
- Improvement in parental distress, support & perceptions compared to non-specific treatment

Trauma Focused Cognitive Behavioral Therapy

- Can be used with a range of traumas (traumatic loss/grief, physical abuse, etc.)
- Used with children 3-18 years old
- Treatment includes child and non-offending caregiver
- Time limited, structured model: 12-20 session
- Therapist: Directive and active!
**Why Use TF-CBT?**

- Reasons to directly discuss traumatic events:
  - Desensitization
  - Resolve avoidance symptoms
  - Correction of distorted cognitions
  - Model adaptive coping
  - Identify and prepare for trauma/loss reminders

**Practice TF-CBT**

- Psychoeducation and Parenting Strategies
- Relaxation
- Affective expression and regulation
- Cognitive coping/processing
- Trauma narrative
- In vivo exposure
- C onjoint parent child sessions
- Enhancing personal safety and future growth

**Trauma-focused Cognitive Behavioral Therapy**

- Overview of TF-CBT model
  - Assessment
  - Feelings/Emotional Identification
  - Coping Skills Training
  - Behavior Management
  - Psychoeducation
  - Gradual Exposure
  - Sex Education and Personal Safety Skills Training
  - Joint Sessions

**TF-CBT Web**

www.musc.edu/tfcbt

Each module has:
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical Challenges
What is a Learning Collaborative?

The Learning Collaborative approach is an adoption and improvement model that is focused on learning, spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices.

Why Use a Learning Collaborative?

1. Traditional training has often not changed practice. Organizations continue to face challenges around the adoption of a particular treatment practice in their setting.
2. We need to provide alternative approaches to training and apply proven methodologies for increasing successful implementation and adoption of trauma-focused practices.
3. Provides an opportunity for organizations who are struggling with adoption and adaptation challenges to share innovations and solutions to common barriers.
4. Creates a forum for the exchange of experiences and ongoing feedback that will enable the learners to become each other’s teachers.

Key Elements of a Learning Collaborative

- An ongoing learning process that includes the following components:
  * Approximately three in-person learning sessions over the course of 9-12 months,
  * Follow-up consultation activities (through phone and internet), feedback loops, and resources to support sustained learning, and,
  * Opportunities to practice new skills and share progress through the Collaborative.
- A model that uses methods for accelerating improvement in settings and capitalizes on shared learning and collaboration.
- Designed to ensure organizational “give and take” about critical issues related to adoption and adaptation.
Learning Collaborative Approach
(9 to 18 months time frame)

**PRE-WORK PHASE**

<table>
<thead>
<tr>
<th>LEARNING Sessions/ACTION Periods</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OUTCOMES**

- Adoption/Implementation of Organizational Changes
- Documented learning process
- Increased knowledge and skills

**LC Topic and Team Selection**

- Select LC Topic
- Identify Teaching Faculty
- Develop Change Package
- Establish Participating Network Teams

**PDSA Cycle**

- Face-to-Face Training
- Multiple teams

**Action Period/Follow-up 1**

- Phone Conferences with all teams
- Consultation & Ongoing Learning
- Intranet/Email (listserv)
- Visits

**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

**Application Process**

- Acceptance Package

**Organizing a Learning Collaborative**

- Orientation Meeting
  - West Tennessee: October 2007
  - Middle Tennessee: March 2008
  - East Tennessee: August 2008

**Development of Faculty**

- Lead Trainers from NCTSN
  - For Clinical Track - Kelly Wilson & Tripp Ake
    - Work with clinical staff on TF-CBT model
  - For Senior Leader track - Jan Markiewicz
    - Work with agency management staff

- Consultation to mentor COE staff as faculty for future learning collaboratives

---

*PDSA Cycle: Plan * Do * Study * Act*
Learning Collaborative Approach (9 to 18 months time frame)

PRE-WORK PHASE

LEARNING SESSIONS/ACTION PERIODS

OUTCOMES

Learning Goals

• Adoption/Implementation of Organizational Changes That Support New Practices
• Documented learning process

LC Topic and Team Selection

• Select LC Topic
• Identify Teaching Faculty
• Develop Change Package
• Establish Participating PDSA Cycle*

Pre-work

Learning Session 1

• Face-to-Face Training
• Multiple teams

Action Period/Follow-up 1

• Phone conferences with all teams
• Consultation & Ongoing Learning
• Intranet/Email (listserv)
• Visits
• Complete Org Readiness

Learning Session 2

• All teams convene
• Intro of Model for improvement and monthly metrics
• Shared learning

Action Period/Follow-up 2

+ PDSA Cycle
+ Monthly metrics

Learning Session 3

Action Period/Follow-up 3

+ PDSA Cycle
+ Monthly metrics

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

Network Teams

• Schedule Learning Sessions
• Complete required Pre-work Assignments

*PDSA Cycle: Plan * Do * Study * Act

Prework Phase

• For Planning Committee
  - Faculty development
  - Assisting agency teams in prework
  - Intranet Website development
  - Set up teleconferencing
  - Details of hosting a 2-day conference

• COMMUNICATION

Preworxk Phase

• For Agencies
  - Team Development- Senior Leader, Supervisor, Clinicians
  - Complete TF-CBT course on-line
  - Read the manual
  - Self-assessment of agency
  - Story Board
Learning Session 1

- Clinicians & Supervisors - 2 days
- Senior Leaders - 1 day
- Didactic and interactive learning
  - Greater emphasis on TF-CBT component skill development than implementation process
  - Work within teams & with other teams
This project is funded under an agreement with the State of Tennessee.
Monthly Improvement Metrics

Metrics evaluate progress toward the Collaborative goals:

- Implementation of TF-CBT
  - Number of cases receiving TF-CBT
- Fidelity to TF-CBT
  - Percent of cases that are continuing in TF-CBT or have successfully completed treatment
  - Percent of therapists on team providing following practice components with moderate to advanced skill of better: Psychoeducation, Parenting Skills, Emotion Identification, Cognitive Coping and Processing, Trauma Narrative
- Supervision and training to support adoption of TF-CBT
  - Percent of therapists receiving greater than 2-hours of TF-CBT supervision
- Family Engagement
  - Percent of TF-CBT sessions with significant caregiver involvement

Learning Collaborative Approach

PRE-WORK PHASE

LEARNING SESSIONS/ACTION PERIODS

OUTCOMES

- Learning Session 1
- Learning Session 2
- Learning Session 3

Goals

- Adoption/Implementation of Organizational Changes That Support New Practices
- Documented learning process

LC Topic and Team Selection

- Select LC Topic
- Identify Teaching Faculty
- Develop Change Package
- Establish Participating Network Teams

Action Period 1

2 Months

- Monthly Phone Conference Calls
  - Clinical Cluster Calls
  - Supervisor calls
  - Senior Leader calls
- Initiate TF-CBT cases & report data
  - North Shore Trauma Screen & Interview
  - UCLA PTSD Index
  - Metrics
- Intranet website
Learning Session 2

Learning Collaborative Approach
(6 to 18 months time frame)

PRE-WORK PHASE

LEARNING SESSIONS/ACTION PERIODS

OUTCOMES

LC Topic and Team

• Select LC Topic
• Identify Teaching Faculty
• Develop Change Package
• Establish Participating Network Teams

Shdl L i

P

S

DA

PDSA Cycle*

Learning Session 1

Goals

• Adoption/Implementation of Organizational Changes That Support New Practices
• Documented learning process

Learning Session 2

• Clinicians & supervisors – 2 days
• Senior Leaders – 1 day
• More equal emphasis of clinical components and implementation 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

Learning Sessions

• Complete required Pre-work Assignments

*PDSA Cycle: Plan * Do * Study * Act

Tennessee TF-CBT Learning Collaboratives

This project is funded under an agreement with the State of Tennessee
Plan, Do, Study, Act (PDSA)

- Dynamic Model
- Continuous Improvements
  - At & between Learning Sessions
  - Within each agency
  - Individual clinician level
  - “What can you do by next Tuesday?”
**Senior Leaders PDSA**

**ACT**
- Report needs to Senior Leaders: What Changes are to be made?

**PLAN**
- Senior Leader & Clinician Partnership
- Increased Systems Education & Referrals
- For TF-CBT
- Report results to Senior Leaders.

**STUDY**
- Include Feedback from DCS to one of the TF-CBT Facilitators in Hospital

**DO**
- Collaborate with DCS, TN Department of Mental Health, and DCSB.
- Development of the Learning Collaborative

**Other Barriers**
- Cases for Supervisors
- Changes in Care (residential, outpatient, etc.)
- How far into Practice are clinicians going?
- Time & Distance for supervisions

**Additional Notes**
- Develop TN TF-CBT Directory across state for referrals

**Tennessee TF-CBT Learning Collaborative**
- This project is funded under an agreement with the State of Tennessee

<table>
<thead>
<tr>
<th>Action Period 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
</tr>
<tr>
<td><strong>Learning Collaborative Approach</strong></td>
</tr>
<tr>
<td><strong>PRE-Work Phase</strong></td>
</tr>
<tr>
<td><strong>Learning Sessions/Action Periods</strong></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
</tr>
</tbody>
</table>

**Facilitator: Kim Dirks**
- Developed with input of the senior staff of the learning collaborative
- Each phase marked as successful completion of the phase

**Models:**
- Model for improvement and monthly metrics
- Shared learning and monthly metrics

**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

**Learning Sessions**
- Complete required Pre-work Assignments

**PDSA Cycle:**
- Plan
- Do
- Study
- Act
**Action Period 2**

6 months

- Monthly Phone Conference Calls
  - Clinical Cluster Calls
  - Supervisor calls
  - Senior Leader calls
- Report data
  - North Shore Trauma Screen & Interview
  - UCLA PTSD Index
  - Metrics
- Increase use of intranet website

**Learning Session 3**

- Clinicians & supervisors – 2 days
- Senior Leaders – 1 day
- Greater emphasis on implementation and sustainability of TF-CBT within agency. Agencies take the lead on presentations, teaching innovations.

**COE Lessons Learned**

- Face-to-face Training
- Multiple teams
- Phone Conferences with all teams
- Consultation & Ongoing Learning
- Intranet/Email (listserv)
- Visits
- Complete Org Readiness
  - All teams convene
  - Intro of Model for improvement and monthly metrics
  - Shared learning

**PDSA Cycle**

- Plan * Do * Study * Act

**Learning Collaborative Approach**

PRE-WORK PHASE

LEARNING SESSIONS/ACTION PERIODS

OUTCOMES

**Learning Session 1**

**Learning Session 2**

**Learning Session 3**

**Action Period 3**

Learning Collaborative Approach (9 to 18 months time frame)

- Monthly Phone Conference Calls
  - Clinical Cluster Calls
  - Supervisor calls
  - Senior Leader calls
- Report data
  - North Shore Trauma Screen & Interview
  - UCLA PTSD Index
  - Metrics
- Increase use of intranet website

**Tennessee TF-CBT Learning Collaboratives**

This project is funded under an agreement with the State of Tennessee

**NCTSN**

The National Child Traumatic Stress Network

66
**COE Lessons Learned**

- **Getting agency buy-in**
  - Value of support/endorsement of heads of state agencies (DCS Commissioner, GOCCC, etc.)
  - State legislation mandating movement toward evidence-based practices for JJ population (Public Chapter 585-T.C.A. 37-5-121)
  - Funding

- **Costs**
  - COE personnel
  - Trainers
  - Travel
  - Conference Calls
  - Learning Session facility & food
  - Supplies

- **Barriers for Agencies**
  - Time
  - Supervision
  - Billing issues
  - Resistance to change
  - Urban vs rural

- **Barriers to Trainers**
  - Significant variability of skill among & within treatment teams
  - Significant variability of commitment among agencies to adoption of new model of treatment
  - Complexity of planning for future spread and ongoing support to agencies
TF-CBT Learning Collaboratives across TN

- **West TN TF-CBT LC - 11 “teams”**
  - Organizational meeting – October 2007
  - Learning Session 1 – February 2008
  - Learning Session 2 – April 2008
  - Learning Session 3 – November 2008
  - Booster Middle/West- June 2009

- **Middle TN TF-CBT LC - 9 “teams”**
  - Organizational meeting – March 2008
  - Learning Session 1 – May 2008
  - Learning Session 2 – August 2008
  - Learning Session 3 – February 2009
  - Booster Middle/West- June 2009

TF-CBT Learning Collaboratives across TN

- **East TN TF-CBT LC - 14 “teams”**
  - Organizational meeting – July 2008
  - Learning Session 1 – September 2008
  - Learning Session 2 – December 2008
  - Learning Session 3 – May 2009
  - NE one day training to support agency spread-June 2009
  - Booster – November 11 and 12, 2009

**Accomplishments of the COE TF-CBT Implementation Project**

- Three Learning Collaboratives-West, Middle, and East- 34 teams participated
- Clinicians 162
- Senior leaders 32
- Three Booster Trainings
- Additional clinicians 90
- Training for Supervisors with Esther Deblinger, Ph.D.

**Total # of clinicians trained across Tennessee through Learning Collaboratives**: 252
What's next?

• Supporting Sustainability
  • Monthly consultation with expert for supervisor
  • How can the COEs continue to support spread within agencies?
  • Does TN need another TF-CBT Learning Collaborative?
  • Are agencies continuing to monitor fidelity?
  • Are agencies keeping metrics?
  • Reinvigorate use of the Intranet
  • TN LC eligibility to access NCTSN Intranet

Implementing TF-CBT in a Community Mental Health Setting

Is training in EBP’s worth the effort?

TF-CBT Components

• Psychoeducation and Parenting skills
• Relaxation
• Affective Modulation
• Cognitive Processing
• Trauma Narrative
• In Vivo Desensitization
• Conjoint Parent-Child Sessions
• Enhancing Safety and Social Skills

Resisting the Learning Collaborative

• Too time consuming
• Travel time / expenses
• We already use therapists trained in CBT and play therapy
• Did not want more documentation requirements
• Dislike of manualized approaches
What we learned.......

• We could improve skills in assessing for trauma in an outpatient setting
• Not all EBT’s are manualized – TF-CBT allowed flexibility with therapy techniques to teach a variety of concepts
• Sequencing in skill development and stages of therapy matter
• We dealt with trauma too early
• Kids (and parents) need resources to manage trauma before sharing the trauma

What we learned.....

• Parents needed more psychoeducation that we were doing
• No. of sessions could be reduced
• Coping skills had to “fit” the child
• Parents/ caregivers could reinforce coping skills
• Metrics kept staff focused on the sequence of therapy/skills building

Pick the right therapists

✓ Like tough cases
✓ Like play and creativity
✓ Like children
✓ Like toys
✓ Have stamina
✓ Can learn something new
✓ Not uncomfortable with the trauma part

Keep it simple...........

✓ Getting the cases
✓ Making the documentation fit your system
✓ Compiling data
✓ METRICS – oh no!
✓ Communication – e-mail list
✓ Books
✓ Conference phone
Provide Support From The Top…

- Time
- Autonomy with cases
- Travel support
- Telling their story
- Value EBT's
- “Stars of Excellence”
- Metrics data - it matters

Keeping it going………………

- Encourage web-based learning
- Simple plan – mentor one
- Collaborate with COE to use bring TF-CBT faculty to Johnson City
- Keeping the team together

Finally……..

Never, ever, ever, forget how important the work is.

Never ever, ever, forget to thank staff for investing themselves in this work.
**LC References and Resources**


- Training section of NCTSN website: [http://www.nctsn.org](http://www.nctsn.org)

- Learning Collaborative Toolkit and Information Packet in training section of NCTSN website

---

**Empirical Support: Randomized Controlled Trials**


---

**Follow-up and Replication Studies**


---

**Empirical Support for TF-CBT: Pre-post findings**
