

The Learning Collaborative Model: An Engine for Change

Our recent Issue Brief, *[Trauma-focused Cognitive Behavioral Therapy: Sustaining a Highly Effective Intervention](#)*, described an evidence-based treatment (EBT) that has successfully treated over 1,000 children suffering from trauma-related disorders. However, the TF-CBT initiative also demonstrated a successful means for disseminating evidence-based practices in children's mental health: the Learning Collaborative Model. The Learning Collaborative is a methodology for implementing new practices in community-based settings using research, data and continuous quality improvement strategies. Through the successful TF-CBT initiative, it is evident that this approach is highly effective means for improving practice in mental health settings and should be considered for the widespread implementation and dissemination of other best practice programs.

The EBT Challenge

Evidence-based treatments have often been criticized as not being sufficiently "transportable" due to organizational, policy and staffing challenges, notably high rates of turnover in many agencies and other organizations. Experience has shown that traditional training responses often have only a limited and temporary impact that may fail to sustain model programs after the initial investments of money, time and training. Providers are often reluctant to implement EBTs because of the high cost for training staff and maintaining fidelity to the model. Without ongoing training, quality assurance and support, evidence-based models have been extremely difficult to implement and sustain. Further, providers often report that the cost of providing enhanced models of treatment is prohibitive under current reimbursement policies. As a result, few evidence-based models are routinely used in outpatient mental health care for children.

The TF-CBT Learning Collaborative

The Connecticut's Department of Children and Families (DCF), through consultation with experts from Duke University, selected the Learning Collaborative methodology to disseminate an evidence-based trauma-focused treatment for children, TF-CBT, to providers across the state. CHDI's Connecticut Center for Effective Practice (CCEP) was selected as the Coordinating Center for this innovative initiative. CCEP has a demonstrated track record for identifying, developing, adapting and disseminating best practice models of care in children's mental health. The Learning Collaborative approach offers a number of advantages over more traditional didactic training approaches:

- Training over a much longer period of time (6-15 months) with slightly greater frequency.
- A team rather than individual focus that touches a wider array of organizational roles than just clinicians and includes senior leaders, supervisors and parents.
- Different role-specific, highly interactive training tracks that recognize how non-clinical resources impact the success of the program (e.g. organization change, quality improvement, use of data, etc.)
- Structured monthly consultation calls, access to interactive technical assistance, weekly team meetings and periodic site visits.
- Extensive use of data to monitor and evaluate both clinical outcomes and project implementation performance.

- Ongoing training to implement a data-driven continuous quality improvement model.

Learning Collaborative as an Investment in Sustainability

While the initial resource commitments required to develop and execute a Learning Collaborative approach appear daunting compared to more traditional didactic training methods, these commitments represent an investment that pays off in both short and long-term. In the short-term, effective programs are implemented more efficiently with positive outcomes for children and families. In the longer term, this model establishes an EBT that can be sustained within an agency and meet standards for program fidelity and staff competency. Further, agencies are equipped to not only sustain, but expand their services by training additional staff. By investing resources in the delivery of evidence-based models, agencies are better able to meet the needs of the clients they serve and, in the case of TF-CBT, minimize the long-term impact of traumatic stress which can lead to serious problems and higher levels of care.

The TF-CBT model has been sustained in the [16 participating agencies](#) during a difficult economic period that coincided with high staff turnover. It is noteworthy that 67% of current TF-CBT team staff were trained by providers after the initial training period. Two other beneficial outcomes were high levels of measurable treatment fidelity and qualitative feedback indicating team members were "extremely satisfied" with the training received. Many of these same team members also reported increased feelings of self-efficacy and competence in working with traumatized children.

Through the Learning Collaborative approach, TF-CBT providers are treating over 1,000 children per year. More than four years after the initial dissemination of the model, children receiving TF-CBT are still demonstrating highly significant reductions in depression and PTSD symptoms. In short, the program has been a great success. The TF-CBT model is being sustained and children and families are getting better as a result.

As a result of this experience, CHDI is recommending:

1. Application of the Learning Collaborative model to other implementation, dissemination and training initiatives.
2. Building continued support for training and quality improvement into implementation and dissemination efforts.
3. Making incentives and other support available to providers who implement and use EBTs.

Details on the TF-CBT Learning Collaborative experience may be found in CHDI's July 2011 IMPACT report:

[*Statewide Implementation of Best Practices: The Connecticut TF-CBT Learning Collaborative.*](#)

For a printed copy of these materials or for more information, please contact *Dr. Robert Franks, Vice President, CHDI and director of the CT Center for Effective Practice at rfranks@uchc.edu.*