



Connecticut TF-CBT Coordinating Center

Welcome Packet



Introduction

We are pleased to welcome you to the Connecticut TF-CBT Network! We are excited to collaborate with and support your efforts to provide evidence-based treatment to children and families who are suffering from traumatic stress reactions. The Connecticut TF-CBT Network consists of more than 30 providers that offer TF-CBT and the TF-CBT Coordinating Center. Our shared goals are to **improve access to TF-CBT**, to improve the quality of TF-CBT provided, and to ensure **optimal outcomes for children and families**. TF-CBT implementation, quality assurance, and data reporting activities are funded by DCF and CSSD, and are provided at no cost to participating agencies or clinicians.

Implementation vs. Training

The Coordinating Center supports providers with TF-CBT implementation, ***but does not provide standalone TF-CBT training***. This strategy is built around the emerging field of implementation science. Research shows that traditional training approaches, where clinicians attend a live training, are largely ineffective for sustaining practice change and use of a new treatment model (Fixsen et al., 2005). Training is a necessary, but not sufficient, component of implementation. Implementation also requires organizational support, pre-implementation work, leadership, consultation, accountability, and quality assurance. This concept is supported by our experience implementing TF-CBT and other evidence-based practices in Connecticut since 2007 and our experiences collaborating with colleagues across the country doing similar work.

Therefore, agencies and clinicians interested in joining the TF-CBT Network must agree to participate in all required implementation activities. With limited resources, we must focus support on those agencies and clinicians that are committed to a high-quality TF-CBT implementation.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is an evidence based treatment model that is designed to provide children and parents/caregivers with knowledge and skills related to processing trauma; managing distressing thoughts, feelings and behaviors; and enhancing safety, parenting skills, and family communication. TF-CBT is the most widely researched and disseminated treatment for children suffering from exposure to abuse, violence, and other traumatic events. Children who complete TF-CBT treatment exhibit improvement in PTSD, depression, anxiety, behavior, and other symptoms. Research also shows that TF-CBT

provides significant cost savings in reduced future treatment costs (Greer, Grasso, Cohen, & Webb, 2013).

The TF-CBT model is appropriate for children from ages 3- 18 who have significant behavioral and emotional problems related to experiencing traumatic life events such as physical abuse, sexual abuse, neglect, domestic violence, sudden death or loss of a loved one, and community violence. The model is designed for children with complex trauma, depression, anxiety, and/or shame related to their exposure to a traumatic event; as well as children who are experiencing significant Post Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. Treatment is completed in an average of 22- 26 weekly sessions. TF-CBT has been successfully used with children in the child welfare and juvenile justice settings, in outpatient and congregate care settings, with children who have extensive, chronic trauma histories, and those with a range of comorbid psychiatric issues. However, TF-CBT is not appropriate for all children, nor is it appropriate for all children suffering from exposure to trauma.

Connecticut TF-CBT Coordinating Center

The Connecticut TF-CBT Coordinating Center provides training, consultation, quality assurance, data reporting, and financial incentives (currently, only agencies that have completed the TF-CBT learning collaborative are eligible for financial incentives) to existing and new agencies and clinicians within the Connecticut TF-CBT Network. The Coordinating Center is housed at the Center for Effective Practice of the Child Health and Development Institute (CHDI). CHDI is a non-profit agency whose mission is to improve the health and mental health of all children in Connecticut through model development, program implementation, quality assurance, and improved collaboration across child-serving systems.

Background

The Coordinating Center was established in 2007 through funding from DCF. From 2007-2010, the Coordinating Center worked with 16 community-based agencies to implement TF-CBT through use of learning collaboratives. These learning collaboratives were modeled after the Institute for Healthcare Improvement's Breakthrough Series Collaborative through consultation with SAMHSA's National Child Traumatic Stress Network (NCTSN).

When the learning collaboratives ended in 2010, the Coordinating Center continued to provide ongoing support to the existing 16 agencies providing TF-CBT through training, consultation, and data reporting. From 2012-2014, an additional 13 agencies were trained through the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT), a 5-year grant awarded to DCF from the Administration for Children and Families. These 13 agencies completed TF-CBT learning collaboratives with child welfare partners from their local DCF area offices to improve coordination and collaboration

between child welfare and clinic providers. Following these CONCEPT TF-CBT learning collaboratives, these 13 agencies became part of the TF-CBT Network and have been supported by the TF-CBT Coordinating Center.

In 2013, the Connecticut legislature allocated additional funding to DCF to support trauma-focused treatment services for children and families. This funding was driven in large part by the tragedy at Sandy Hook school in 2012 and the recognition that TF-CBT was an existing and effective resource in the state for children suffering from exposure to trauma. DCF utilized a portion of this funding to expand the TF-CBT Network through the Coordinating Center. Also in 2013, CSSD sought to improve access to TF-CBT for youth in the juvenile justice system. CSSD and DCF developed a shared plan using blended funding to expand the TF-CBT Coordinating Center to improve access to and quality of TF-CBT, including for children in the juvenile justice and child welfare systems. A contract and initial plan for this expansion of the TF-CBT Coordinating Center was completed in January 2014.

Goals

The overarching goals of the TF-CBT Coordinating Center are to:

- Improve **access** to TF-CBT for children in Connecticut
- Improve **quality** of TF-CBT
- Improve **child outcomes** for children receiving TF-CBT

Coordinating Center Activities

The Coordinating Center provides support for implementation, sustainability, and quality assurance of TF-CBT programs across the state through a number of activities:

- 1. Implementation.** TF-CBT implementation is provided through two avenues: (1) pre-implementation work, training, consultation; or (2) participation in a learning collaborative (currently focused on youth in the juvenile justice system). Training activities include the TF-CBT clinical training, as well as training on use of standardized assessment measures, data reporting, quality assurance, and other topics, as needed.
- 2. Consultation.** Coordinating Center staff provide site-based consultation and technical assistance throughout implementation. This consultation is via phone and in-person site visits. The amount and type of consultation provided is generally based upon the implementation phase, current progress, and individual needs. Typically, consultation is more frequent during the initial stages of implementation. Once a TF-CBT program is up and running, a common plan is that consultation occurs quarterly (in person) and as needed via telephone. Sample consultation topics include agency screening, triage, identifying children appropriate for TF-CBT, and supervision plans.
- 3. Quality Improvement.** Coordinating Center quality improvement activities support high-quality TF-CBT being delivered with fidelity. These activities will be

determined based upon implementation stage and status of TF-CBT programs. Coordinating Center staff will work with providers to develop Quality Improvement Projects focused on specific aspects of TF-CBT implementation.

4. **Data Reporting.** The Coordinating Center manages TF-CBT data systems that providers use to enter implementation and outcome data. Data requirements are developed to be as minimal as possible to promote high-quality treatment. The Coordinating Center provides training on use of the data systems and provides monthly reports to all clinicians and agencies about their provision of TF-CBT. These reports are used for quality improvement and evaluation purposes.
5. **Credentialing.** The Coordinating Center has developed a statewide TF-CBT Credentialing system intended to support clinicians to receive National TF-CBT Certification. There are separate TF-CBT Credentials for agencies and individual clinicians. Credentialing is intended to promote high-quality treatment by recognizing agencies and staff that complete basic requirements for implementation of TF-CBT. A list of Credentialed agencies and clinicians will be publically available on a website for those seeking trauma-focused services. Credentialing will also be tied to TF-CBT financial incentives (when eligible). Additional detail is available in TF-CBT Credentialing documents.
6. **Facilitating Cross-System Collaboration.** Coordinating Staff will work to improve collaboration between TF-CBT providers and their local DCF and CSSD staff, as determined by DCF and CSSD. The purpose of this collaboration is to improve access to TF-CBT and coordination of care for children in the child welfare and juvenile justice systems. Coordinating Staff will facilitate cross-system meetings, telephone calls, and will serve as a central point of contact for TF-CBT issues across all systems.
7. **Training.** All training activities provided by the Coordinating Center are facilitated by nationally certified TF-CBT trainers at no cost to clinicians or agencies. The Coordinating Center maintains a database of training participation, which is used for credentialing documentation.
8. **Annual Conference.** The Coordinating Center plans and hosts an annual TF-CBT conference that is open to all providers in the Connecticut TF-CBT Network. The conference keynote speakers have included the developers of the TF-CBT model. Connecticut TF-CBT providers and national TF-CBT trainers facilitate additional workshops throughout the day. Workshops have focused on the delivery of TF-CBT to specific client groups, creative strategies for the implementation of TF-CBT, self-care for TF-CBT providers and collaboration with other systems.
9. **Financial Incentives.** The Coordinating Center will administer TF-CBT financial incentives to provider agencies. These incentives are intended to partially offset the higher costs associated with providing an evidence-based treatment, compared to treatment as usual. The Coordinating Center will determine the financial incentive plan, including eligibility and specific targets of incentive funds, in collaboration with DCF and CSSD. More detail is in the Financial Incentives documents.

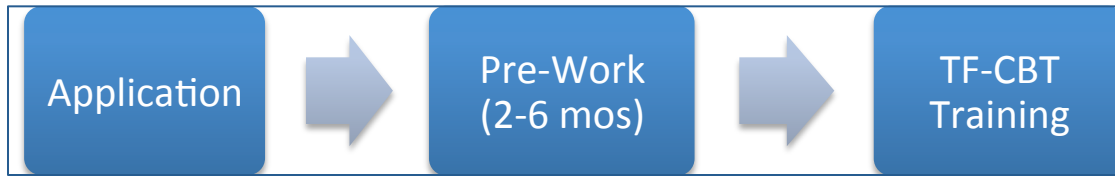
10. Senior Leader Advisory Committee. The Senior Leader Advisory Committee meets several times a year and acts as an advisory board to the TF-CBT Coordinating Center. Recently, this committee has reviewed and provided feedback on the financial incentive, credentialing and quality improvement plans. Membership is comprised of the Senior Leaders from each TF-CBT provider agency; as well as a family partner, representatives from DCF, CSSD, CHDI and other appointed members.

Benefits

The Connecticut TF-CBT Coordinating Center provides:

- An initial site visit to each participating organization to discuss organizational readiness and provide technical assistance to initiate the practice of TF-CBT
- Ongoing support for the implementation and practice of TF-CBT
- Credentialing Pathways for clinicians and agencies that have successfully implemented TF-CBT
- A public registry of credentialed TF-CBT providers that will be available to anyone seeking TF-CBT assessment or treatment (Fall 2014)
- Quality improvement consultation, technical assistance and ongoing support
- Access to a secure database that provides information management and data reporting including web- based scoring and reporting of clinical assessments, session planning tools and case data (Fall 2014)
- Training and support on the use of data to measure and drive improvement in treatment
- Participation in follow up consultation calls with nationally recognized trainers/ consultants which are in compliance with the requirements for National TF-CBT Therapist Certification
- All Training and Professional Development with nationally certified TF-CBT trainers at no cost
- Agencies may be eligible for financial incentives

Next Steps



The Coordinating Center has developed activities designed to prepare individual clinicians and agency teams for implementing TF-CBT. Site visits and consultation calls will be provided by the Coordinating Center. Agencies and individuals must complete these requirements prior to attending the TF-CBT clinical training. Use the TF-CBT Readiness Assessment Checklist and the Team Implementation documents to guide you through the orientation process. Following completion of these requirements and the clinical training, individual clinicians and agencies may apply for the Provisional Credential (1 year) and begin work towards becoming a Connecticut TF-CBT Credentialed provider. Details of the requirements for the Provisional Credentials can be found in the Coordinating Center Credentialing Pathways Plan document.

Agency teams and individuals who are interested in joining the TF-CBT network must complete the following requirements:

- Complete and submit the Initial Application to Participate to the Connecticut TF-CBT Coordinating Center (available in this packet).
- Identify your TF-CBT team (agency), your team should include:
 1. Clinicians with advanced degrees (Master's, Ph.D., etc.) that can see 4-6 TF-CBT cases simultaneously
 2. Supervisors who will supervise the TF-CBT clinicians with their TF-CBT cases and can carry at least 1 TF-CBT case consistently
 3. A Coordinator (usually clinician or supervisor) that will facilitate team meetings, monitor case assignments and data and communicate with the Coordinating Center
 4. A Senior Leader (administrator) who oversees the program area that will be implementing TF-CBT
- Register all team members on the Coordinating Center roster.
- As a team, complete the TF-CBT Team Implementation Assessment, which will help you plan for the implementation of TF-CBT at your agency. Staff from the Coordinating Center will review the assessment with you and provide assistance in developing a plan to address each goal. The assessment is included in this packet.

- Identify your team priorities, strengths and challenges to implementing TF-CBT, and the community you will serve.
- All team members must complete the online TF-CBT course at <http://tfcbt.musc.edu/> and certificates must be sent to the Coordinating Center.
- Team members will read the book, Treating Trauma and Traumatic Grief in Children and Adolescents (Cohen, Mannarino, Deblinger).
- Establish weekly team meetings that will begin prior to the clinical training. The weekly meetings will focus on use of TF-CBT assessments, TF-CBT clinical skills review, review of clinical cases and referrals, outreach, and self-care.
- Develop and begin implementing agency- wide trauma history screening for all children, including procedures for triage and referral to the TF-CBT team for further assessment. We have screening tools that can be used by your agency to screen all children for trauma.
- Ensure that team members will attend the 2 day clinical training and the follow up consultation calls.
- Review and practice administration of the assessment measures.
- Prior to the clinical training, identify at least 2 cases per clinicians and 1 case per supervisor that will begin TF-CBT, with baseline assessments completed.
- Agree to enter all client assessment and progress data into the Coordinating Center database within the required timeframes

Credentialed Agency/ Clinician

Clinicians and agencies that complete the pre work requirements and TF-CBT training successfully will then be provisionally credentialed for up to one year. Upon completion of the provisional credential requirements, providers are eligible to become credentialed. Complete details of the credential requirements are available in the TF-CBT Credential Plan.

TF-CBT Resources

Here are some resources that will be helpful to you as you begin your practice of TF-CBT:

1. CT. TF-CBT online provides information and a discussion board for anyone that is registered with the Connecticut TF-CBT Coordinating Center database <http://groups.google.com/group/ct-tf-cbt-learningcollaborative>
2. The National Child Traumatic Stress Network (NCTSN) provides information, resources and tools for the practice of TF-CBT <http://www.nctsn.org/>
3. The Medical University of South Carolina provides TFCBT online training. Completion of this training is required prior to participating in Connecticut TF-CBT Coordinating Center activities, as well as becoming credentialed in Connecticut and for national certification tfcbt.musc.edu/
4. National TF-CBT Therapist Certification is the certification program sponsored by the developers of TF-CBT. They provide a national registry of certified TF-CBT clinicians. To become certified, a clinician must meet several requirements and pass an on line TF-CBT test. <http://www.wpahs.org/tfcbt>

For further information and to begin the application process, please contact:

Carol O'Connor, LCSW

Senior TF-CBT Project Coordinator

Connecticut TF-CBT Coordinating Center

Child Health and Development Institute (CHDI)

860 679- 1517; FAX 860 679- 1521

caoconnor@uchc.edu

CONNECTICUT TF-CBT COORDINATING CENTER

APPLICATION TO PARTICIPATE

Date of Application: _____

Provider/ Practice Name: _____

TF-CBT Model Start Date: _____

Provider Type:

☐

Behavioral Health Provider

☐

Health Care Provider

☐

Education

☐

Private Practice

☐

Other

Provider Administration Address:

☐

Please check the box if this is the Primary Site

Street: _____

City: _____ State: _____ Zip code: _____

Main Office Telephone #: _____ Main Office Fax #: _____

Website URL: _____

Additional Provider Locations: *(agency locations where TF-CBT will be provided)*

Street Address: _____

City: _____ State: _____ Zip code: _____

Main Office Telephone #: _____ Main Office Fax #: _____

Please identify the provider location where TF-CBT referrals will be received:

Street Address: _____

City: _____ State: _____ Zip code: _____

Main Office Telephone #: _____

Program Setting(s) by site where TF-CBT will be implemented: *(Please print city of site below)*

☐ Outpatient Mental Health Program: _____

☐ School Based Health Clinic: _____

☐ Private Practice: _____

☐ Hospital- based Program: _____

☐ In- Home- based Program: _____

☐ Residential Facility: _____

☐ EDT: _____

☐ Other, specify: _____

TF-CBT Team Senior Leader:

First Name: _____ Last Name: _____

Role in Organization/ EBP experience: _____

Email: _____ Telephone number: _____

CEO Information:

CEO First Name: _____ CEO Last Name: _____

CEO Title: _____ CEO Suffix: _____

CEO Office Phone: _____ CEO Email: _____

Team Identification:

Team Role	Name, Agency Role	Contact information	EBP Experience
Senior Leader: Administrator who oversees the program area that will be implementing TF-CBT			
Coordinator: Clinician or supervisor that will facilitate team meetings, monitor case assignments and data and communicate with the Coordinating Center			
Team members: Clinicians with advanced degrees that can see 4-6 TF-CBT cases simultaneously and Supervisors that will carry at least one case consistently and provide TF-CBT supervision. Please indicate if full time, part time or per diem			

Agency/ Practice Information:

Current process to identify and screen children with a history of exposure to traumatic events:
Standardized assessments that are currently used in this program area:
Current EBP that are used at the agency/ practice:
Current trauma focused treatment offered at the agency:
Target population that the agency/ practice has identified for TF-CBT:

How many children ages 4 - 18 were served by your program in the last six months?
How many children ages 4- 18 that have been screened for trauma using a standardized measure at your program/ practice in the past six months?
How many of the children ages 4- 18 served in the past six months have experienced any potentially traumatic event?

Please submit the completed application to:

Carol O'Connor, LCSW
Senior TF-CBT Project Coordinator
Connecticut TF-CBT Coordinating Center
Child Health and Development Institute (CHDI)
860 679- 1517; FAX 860 679- 1521
caoconnor@uchc.edu

CONNECTICUT TF-CBT COORDINATING CENTER

TF-CBT TEAM IMPLEMENTATION ASSESSMENT

Agency:	Date Completed:
TF-CBT Team Priorities:	
TF-CBT Team Strengths:	
TF-CBT Team Challenges:	
TF-CBT Target Group:	

As a team, please rate the following benchmarks using this rating scale:

1= Not at all; 2= Slightly; 3= Moderately; 4= Mostly; 5= Consistently

- () All agency intakes (children in programs where they may be eligible for TF-CBT) are screened for trauma using a standardized measure and process.
- () Organizational/ administrative support for implementing and sustaining TF-CBT is provided.
- () All team members have completed reading the TF-CBT book and the online TF-CBT training.
- () All staff attending the 2 day clinical training have identified and completed the baseline assessment packet with at least 2 cases (1 case per supervisor) prior to the training.
- () Agency has developed a plan for referring appropriate youth to the TF-CBT team.
- () 4% of screened children are referred to the TF-CBT team for assessment.
- () Each TF-CBT clinician has the capacity for 3 cases concurrently and for each supervisor to have at least 1 TF-CBT case.
- () Staff at all levels are informed about TF-CBT and the agency TF-CBT screening and referral process.

- () Every TF-CBT clinician receives TF-CBT specific supervision that includes supervision on the use of standardized assessments and the TF-CBT components.
- () There is a schedule of weekly TF-CBT team meetings that include the review of TF-CBT referrals, assessments and components, case presentations, successes and self care activities.
- () Caregivers participate in TF-CBT sessions and in the treatment planning process.
- () There is regular communication and collaboration with local DCF office and Juvenile Court for all cases that are involved with those systems.
- () TF-CBT data and measures are entered by on time by all appropriate staff.
- () Agency provides time for clinicians and supervisors to participate in the follow up consultation call groups.

Initial Team Goals:

Goal	Strategy	Timeline
1.		
2.		
3.		

Connecticut TF-CBT Coordinating Center
Readiness Assessment Checklist

- ☐ Application completed/submitted
- ☐ Team members/roles identified
- ☐ Team members registered on CHDI website
- ☐ Implementation Assessment completed
- ☐ On Line training completed/ certificates submitted
- ☐ TF-CBT book completed by all clinicians and supervisors
- ☐ TF-CBT Team meetings scheduled weekly
- ☐ Training on CHDI data/assessments completed
- ☐ Cases identified for each clinician/supervisor
- ☐ Site visit completed
- ☐ All admissions screened for trauma
- ☐ Process for referral to TF-CBT team developed
- ☐ Supervision plan developed
- ☐ Collaboration plan with DCF/ CSSD developed

