Dissemination and Implementation of Trauma-Informed, Evidence-Based Interventions: Testing the Community-Based Learning Collaborative Model in South Carolina

Project BEST

Rochelle F. Hanson, Ph.D.
Benjamin E. Saunders, Ph.D.
National Crime Victims Research and Treatment Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
Charleston, SC USA

Colleagues

M. Elizabeth Ralston, Ph.D.
Dee Norton Lowcountry Children’s Center

Michael de Arellano, Ph.D.
Medical University of South Carolina

Monica Fitzgerald, Ph.D.
University of Colorado Health Science Center

Key Staff
Jan Koenig, Program Coordinator
Sarah Sweeney, Program Assistant and Data Coordinator
Tzeitel Hirni, DNLCC Project BEST Manager
Objectives

- Overview of the Project BEST implementation model
- Preliminary data
- Lessons Learned
- Future Plans
Bringing Evidence Supported Treatments to South Carolina Children and Families

Coordinating Centers
The Dee Norton Lowcountry Children’s Center
Charleston, SC
National Crime Victims Research and Treatment Center
Medical University of South Carolina

www.musc.edu/projectbest

Project BEST is funded by Grant Appropriation No. 1582-SP and 1790-SP from The Duke Endowment
Mission of Project BEST

To ensure that all abused children and their families in every community in South Carolina receive appropriate, evidence supported mental health assessment and psychosocial treatment services.

Spreading and building the capacity of every community to deliver Evidence Supported Treatments (ESTs)
Why Trauma Focused Cognitive Behavioral Therapy?

► Strong empirical support for efficacy.
  ● Multiple randomized controlled trials
  ● Systematic review supporting efficacy
  ● Highest rating in the OVC Guidelines Report
  ● Highest rating by the California Evidence-Based Clearinghouse for Child Welfare
  ● Named a “Best Practice” for cases of child abuse in the Kauffman Best Practices Report

► Strong clinical anecdotal reports of effectiveness.

► Successfully implemented in community service agencies worldwide.

► Impact generalizes to a wide variety of problems.

► Teaches basic skills necessary in many ESTs.

► High demand for TF-CBT training.
So, exactly how do we build these services in our communities?
One day workshop
Use Tx with appropriate clients
Therapist
Common Continuing Education
Dissemination Model
Book
Supportive Implementation Model

Administrative Leadership and Support for EST

Use EST with appropriate clients

Obtain client feedback

Technical Assistance

Expert Consultation

Training

Materials

Supervision

Therapist

Community/Consumer Support for EST
Learning Collaborative Approach

Learning Collaborative Agency Teams

- Senior Leaders
- Supervisors
- Consumers
- Therapists
Learning Collaborative Emphasis Over Time

Pre-Work

Learning Session-1

Action Period-1

Learning Session-2

Action Period-2

Learning Session-3

Action Period-3

Training

Sustainability

12-14 Months
No one agency can make it happen.
Social Economic Model for EST Implementation

- Brokers
- Consumers
- Payers
- Broker Service Systems

- Clinical Practitioners
- Clinical Service Systems

[Graph showing demand and supply curves with points indicating surplus and shortage]
Community as the Target

Community-Based Learning Collaborative
Goals of a Community-Based Learning Collaborative

► Promote collective, shared community responsibility for abused and traumatized children and their families.
► Develop a linked, collaborative, learning community.
► Build the capacity of communities to deliver ESTs, not just one agency or set of providers.
► Build the “supply” of trained, knowledgeable, and skilled therapists who use ESTs properly.
► Build “demand” for ESTs among trained, knowledgeable and skilled brokers who understand ESTs and use Evidence-Based Treatment Planning and Case Management for Treatment Success.
► Build cooperative, sustainable linkages between brokers and therapists and agencies.
► Promote organizational and community change as well as individual learning and practice change. Institutionalize ESTs.
► Cultivate local expertise and commitment to ESTs.
Building Community Capacity

Needed Community Capacity for TF-CBT

- **Therapists** knowledgeable and skilled in using TF-CBT
- **Brokers** knowledgeable about and referring for TF-CBT plus Case Management for Treatment Success

Using EBTP

Current Community Situation
Key Elements of a Community-Based Learning Collaborative

**Development of a Community Change Team**
- Therapists, clinical supervisors, senior leaders
- Brokers, supervisors, senior leaders
- Stakeholders (?)
- Consumers (?)

**Multiple training approaches and events over time**
- Adult learning principles and active learning techniques
- Web-based learning, use of technology
- Promotion of team-building, collective responsibility, and effective interaction as well as learning the new practices.

**Action periods to implement the new practices with expert consultation**
- Practice the new practice with expert consultation
- Expose barriers to implementation and sustainability, find solutions

**Promote collaborative learning and shared community responsibility**
- Discussion board, Resource Library (Google Group)
- Expert consultation, Peer consultation statewide
- Involvement of prior participants in subsequent learning collaboratives

**Monitor community, agency, and individual outcomes**

Steal Shamelessly and Share Relentlessly
CBLC Curriculum Areas

Common Material and Activities
Clinicians and Brokers

Clinical Track
TF-CBT

Broker Track
EBTP
CMTS

Team Building

Supervisor

Senior Leader

Joint Community Responsibility
# Learning Collaborative Completion Rates

<table>
<thead>
<tr>
<th>Learning Collaborative</th>
<th>Learning Session 1</th>
<th>Completed Requirements</th>
<th>Complete Percent</th>
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<tbody>
<tr>
<td>PB Pioneer</td>
<td>64</td>
<td>36</td>
<td>56.3%</td>
</tr>
<tr>
<td>PB Lower State*</td>
<td>39</td>
<td>25</td>
<td>64.1%</td>
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<tr>
<td>PB Pee Dee</td>
<td>60</td>
<td>18</td>
<td>30.0%</td>
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<tr>
<td>PB Coastal</td>
<td>103</td>
<td>50</td>
<td>48.5%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>266</strong></td>
<td><strong>129</strong></td>
<td><strong>48.5%</strong></td>
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</tbody>
</table>

*Clinical Learning Collaborative Only
## Learning Collaborative Completion Rates

<table>
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<tr>
<th>LC</th>
<th>Learning Session 1</th>
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<th>% Complete</th>
</tr>
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<tr>
<td>PB Pioneer</td>
<td>64</td>
<td>36</td>
<td>56.3%</td>
</tr>
<tr>
<td>Brokers</td>
<td>25</td>
<td>11</td>
<td>44%</td>
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<tr>
<td>Clinicians</td>
<td>39</td>
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<tr>
<td>PB Lower State*</td>
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<td></td>
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<td>PB Pee Dee</td>
<td>60</td>
<td>18</td>
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<tr>
<td>Brokers</td>
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<tr>
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<td>15</td>
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<tr>
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<tr>
<td>Brokers</td>
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<tr>
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<tr>
<td>Brokers</td>
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<tr>
<td>Clinicians</td>
<td>199</td>
<td>108</td>
<td>54.3%</td>
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### Project BEST Training Cases

**Children Completing Treatment**

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>42.3%</td>
</tr>
<tr>
<td>Female</td>
<td>57.7%</td>
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<table>
<thead>
<tr>
<th>Age</th>
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<tbody>
<tr>
<td>Mean</td>
<td>11.3</td>
</tr>
<tr>
<td>SD</td>
<td>3.4</td>
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<table>
<thead>
<tr>
<th>Tx Days**</th>
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<tbody>
<tr>
<td>Mean</td>
<td>170</td>
</tr>
<tr>
<td>SD</td>
<td>73</td>
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N = 188 Children  
91 Therapists

**Length of time between pre/post assessment**
### Project BEST Training Cases

**Child UCLA PTSD Reaction Index**

<table>
<thead>
<tr>
<th></th>
<th>Reexperiencing</th>
<th>Avoidance</th>
<th>Hyperarousal</th>
<th>Total Score</th>
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<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Mean</td>
<td>9.8</td>
<td>4.8</td>
<td>11.5</td>
<td>6.1</td>
</tr>
<tr>
<td>SD</td>
<td>5.5</td>
<td>4.6</td>
<td>6.6</td>
<td>5.8</td>
</tr>
<tr>
<td>Δ</td>
<td>-4.9</td>
<td>-5.4</td>
<td>-3.2</td>
<td>-13.5</td>
</tr>
</tbody>
</table>

**All cases (N=188) --** Total Score pre-post child UCLA: \( d = 0.93 \)

**Pre ≥ 12 (n=171) --** Total Score pre-post child UCLA: \( d = 1.16 \)

Cohen et al. (2011) pre-post child UCLA: \( d = 0.64 \)

Deblinger et al. (2011) mean pre-post for child outcomes: \( d = 0.94 \)
Project BEST Training Cases

Outcome Matrix for Child UCLA

- Got Worse
- Stayed Same
- Improved

> ½ SD

All Completers
N=188

Pre-Test ≥ 12
n=171

64.9%
6.9%
28.2%

73.1%
8.2%
18.7%
Project BEST Training Cases
Scoring Above UCLA Clinical Cut Score

N=188

Percent

UCLA ≥ 38

36.2

10.6

Pre-Tx
Post-Tx

N=188
Lessons Learned

Brokers are critical to the uptake and sustained use of ESTs within a community.

Brokers are unclear regarding their role and responsibilities in:

- Coordinating treatment planning with community professionals
- Assessing clinical provider qualifications
- Referring for particular treatment approach
- Questioning the clinical provider regarding initial assessment, treatment, and ongoing assessment approaches
- Monitoring treatment progression
- Monitoring specific, measurable treatment outcomes
- Changing providers if need be
Lessons Learned

Broker curricula, training materials, practice materials and metrics are severely underdeveloped.

- Building an evidence-based coordinated community response system.
- Defining role and responsibilities concerning treatment of the child.
- Assessment done by child welfare worker related to treatment needs of the child.
- Working knowledge of clinical assessment.
- Working knowledge of commonly used ESTs.
- Assessing clinical qualifications of providers.
- Evidence-Based Treatment Planning in the community.
- Case Management for Treatment Success.
- How to monitor relevant activities and outcomes.
Lessons Learned

► Bottom up, organic spread over time, strategically build demand.
► Gain state leadership permission and soft, behind the scenes encouragement. Avoid directives.
► Local committed leadership is the critical element of success.
► Constantly collect feedback. Be flexible. Change on the fly in response to feedback.
► Well-communicated metrics on multiple levels of implementation are critical. You get what you monitor.
► Client outcomes may be more important than treatment fidelity.
► Use of free or low-cost technology: Google Groups, Google Apps, Survey Monkey.
Lessons Learned

Repeated messages of community values to establish:

- Build a sense of shared community responsibility.
- Cultivate relationships, interaction, and partnership.
- Sharing relentlessly.
- Every child receives the best.
- Problem-solving, not only problem identification.
- Evidence as a critical criteria for practice selection.
**Expansion**

- Plan for 2 additional CBLCs in parts of the state that we have not yet penetrated
- Building upon ‘lessons learned’ in Phase I, we conducted a comprehensive Community Readiness Assessment to gauge interest, motivation, resources and capacity to engage in a CBCL. We are using these data to plan for the CBCL activities
- LS1 - November 14-15, 2011
PB Phase II

► Sustainability

- Project BEST FEST: Nov 7th, 2011 – 1day gathering of PB alum
  - Guest Speakers: Dr. Anthony Mannarino, TF-CBT Developer; and Teresa Huizar, NCA Director
  - Special Forum with SC state agency directors and officials
  - Project BEST FEST “BESTIE’s” - awards for PB champions (Clinical Excellence, Broker Excellence, Best of the BEST Champion awards)

- Special Topics Trainings (e.g., Legal/ethical issues in CAN; Implementing TF-CBT with special populations)

- Supervisor Consultation and Support Program

- Local Resource Trainers Program
Contact Information

Rochelle F. Hanson, Ph.D.
Phone: (843) 792-2945
Fax: (843) 792-7146
email: hansonrf@musc.edu

Address: National Crime Victims Research & Treatment Center, Medical University of SC, 67 President Street, Charleston, SC 29425