

# How To Successfully Run A TF-CBT Learning Collaborative

Updated March 2023



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## WHAT IS A CLINICAL LEARNING COLLABORATIVE?

A Clinical Learning Collaborative (LC) is an approach to training and implementation of new practices. In an LC, professionals from several community service organizations come together to work collaboratively with a training faculty to learn and implement a new, evidence-based practice.

### ***The LC is Designed To:***

- Build practitioner knowledge, skills, and competence in a new treatment through multiple collaborative training and consultation activities.
- Overcome organizational and community barriers to using and sustaining the new practice.

Participants include therapists and clinical supervisors from mental health service agencies who do psychotherapy with traumatized youth and their families.

**Please note that this manual refers specifically to an LC focused on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).**

**However, LCs can target other evidence-based treatment practices or interventions (hereafter referred to as EBIs).**

The overall content and flow of an LC will be similar, but there will be some intervention-specific modifications, such as the length of training, EBI-specific measures, number of consultation calls, etc.

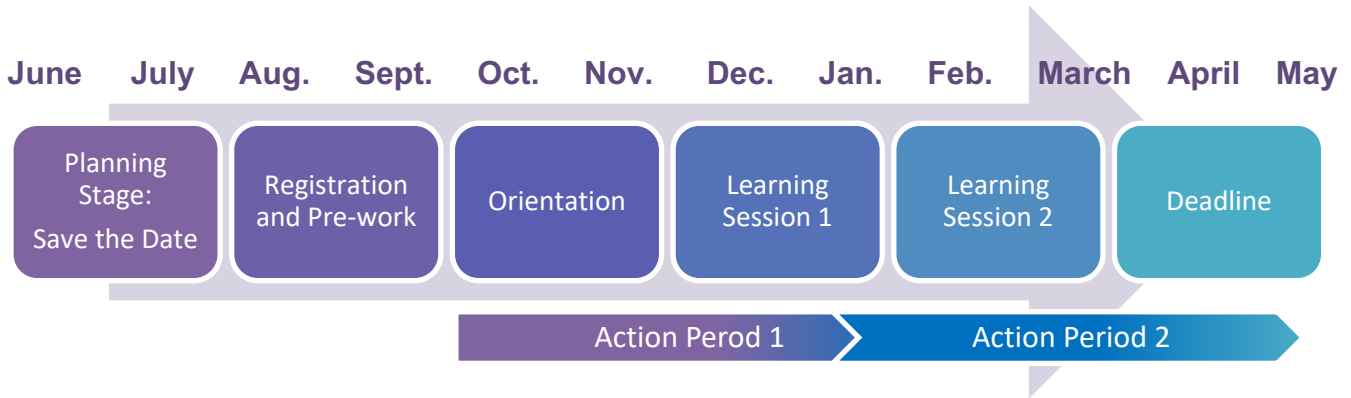
### ***Learning Collaborative Participants Will:***

- Build knowledge and clinical practice skills needed to deliver an EBI, such as TF-CBT, with competence and adherence to the treatment model.
- Implement and use those skills effectively with clients daily.
- Identify and overcome barriers to children receiving and completing the EBI with their agency and in the community.
- Regularly monitor their progress in learning and service delivery, and treatment outcomes.
- Sustain the use of EBI over time.

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# TIMELINE FOR A TF-CBT LEARNING COLLABORATIVE

Here is an example of a TF-CBT training timeline:



## Save the Date/Registration

As you approach the start of your training collaborative, it is a good idea to send a “Save the Date” flyer or email to potential partners and training participants. This would describe the training requirements/commitments, components, and benefits, as well as the date when registration will open.

## Pre-Work Learning Activities

All participants will complete a set of pre-work learning activities. For TF-CBT, pre-work learning activities typically consist of an online training course, TF-CBT Web 2.0, and a Participant Initial Survey, which usually includes a collection of registration information (e.g., demographics, years of experience), as well as measures to assess individual, agency, and community level factors that may influence EBI implementation. Examples include current assessment and treatment practices, attitudes about EBIs, knowledge related to the target EBI, frequency of supervision, caseload requirements, and collaboration across services systems. All pre-work learning activities must be completed before Learning Session 1.

## Orientation

All participants will attend a 90-minute Video/Conference Call Orientation Session to explain the LC training activities and completion requirements and answer any questions. An LC is not a typical “training.” It is about training, implementation, skill development, building collaboration, and sustaining the use of the EBI over time. All participants must understand the goals, activities, and requirements of an LC. This Orientation may be offered on different days/times to accommodate participant schedules. Dates and times should be announced once registration is completed.

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## Learning Session 1

Learning Sessions can be conducted in person, via a virtual platform, or any combination of the two. Through a virtual platform, training is usually conducted over three days (4-6 hours/day). For in-person, the training is typically two-three full days. The Learning Session will provide fundamental training in the EBI that extends the pre-work learning activities. Learning methods are based on adult learning principles and are designed to be active and engaging. These include a mix of didactic presentations, and opportunities for participants to see, model, and practice new skills (e.g., trainer demonstrations, role-plays, and small group activities). Learning is designed for immediate application in daily work.

## Action Period 1

Participants will implement the EBI with registered training cases and receive expert case consultation through clinical consultation groups, facilitated by the training faculty during Action Period 1.

Clinicians will identify, assess, and register at least 5 TF-CBT training cases with the Program Coordinator within 2 months following Learning Session 1 and begin doing TF-CBT with those clients. Participants should consider identifying possible TF-CBT training cases before Learning Session 1 to meet this standard. Registering 5 training cases greatly increases the likelihood of completing TF-CBT, with two cases required for rostering and three for National Certification. The #1 reason for not completing the Learning Collaborative is failure to meet this training case requirement! Of note, national certification in TF-CBT is an entirely separate process; participants should be informed of this at the onset and provided with the link to obtain information ([tfcbt.org](http://tfcbt.org)).

Approximately twice each month, clinicians will participate in 60-minute, virtual, group case consultation led by training faculty. Consultation groups include discussion about clinical assessments, the use of TF-CBT with training cases, challenges and barriers to treatment delivery, and other issues that come up in applying TF-CBT to real-world cases. Each week, clinicians complete a brief survey (via REDCap, Qualtrics, or another survey platform) assessing the use of treatment components with training cases, competence in the delivery of the treatment, involvement of the caregiver, receipt of supervision, and barriers to implementation. Depending on the EBI, these weekly metrics can also include indices of treatment progress, leadership support, as well as information related to the participants' agencies and/or communities.

Clinicians also complete a monthly survey (via REDCap, Qualtrics, or another survey platform) concerning the use of TF-CBT with their full caseload.

## Learning Session 2

The second learning session (in person and/or virtual) will use the same teaching strategies as the first Learning Session. This Learning Session will provide advanced training in TF-CBT and address challenges identified during the first Action Period.

## Action Period 2

Participants will complete the same activities as in Action Period 1. All training cases must be completed by the end of this period.

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## Participant Final Survey

During the final month of the Learning Collaborative, each participant will complete the Final Assessment Survey, to obtain feedback about the training components and experiences, and to assess knowledge, perceived competence, and practice change. Many of the measures used in the Participant Initial Survey will be repeated to examine changes across the training period.

## Completion

All requirements for the Learning Collaborative should be completed by the agreed-upon date (usually about 3-4 months after the second learning session). Certificates of completion are issued to those who met all training requirements. If CEUs are being offered, they can also be issued at this time.

## PREPARING FOR A LEARNING COLLABORATIVE

### Selecting Dates

It is recommended that planning for an LC begin 2-3 months before registration is open. Once dates are selected for registration and the Learning Sessions, *Save the Dates* should be sent (usually via email) to all potential participants. These can be resent 1/month over this 2–3-month period as a reminder. A template *Save the Date* Flyer/Email can be found in Appendix A.

### Trainers and Consultation Call Leaders

Trainers are those who have the requisite skills in the EBI to lead the LC. For TF-CBT, trainers must have received formal training and obtained approval to serve as a master trainer by the treatment developers (Drs. Mannarino, Cohen, and Deblinger). The trainers leading the Learning Sessions typically also lead consultation call groups. However, depending on the number of participants, it may be necessary to obtain additional faculty (who also should be approved trainers) to lead the calls. The general rule of thumb is that a consultation call group should not exceed 10-12 participants.

### Participant Registration and Payment

Training spots are ONLY held once Participant Registration has opened, and payment information has been received by the program coordinator. An example *Participant Registration Form* can be found in Appendix B.

#### ***Waiting List***

You may want to form a Wait List once registration is close to capacity. Notify participants that they have been accepted for the training so that they can register and submit their payment (if required).

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## ***Payment Tracking***

If participants or agencies will be paying for the training, we recommend you create a Training Payment Database. It should include fields for participant name, agency, email, a form of payment, deposit date, etc. This spreadsheet serves as key documentation to keep track of all registration-related activities.

## **Pre-Work**

Once all participants are confirmed for the LC, send a *Welcome Email*. This provides the details for pre-work requirements, which must be completed by the first Learning Session:

- Complete TF-CBT Web 2.0.
- Complete Participant Initial Survey
- Read Orientation Manual

The final component of Pre-Work is that all participants attend Orientation. To ensure all participants can attend the Orientation, you may offer multiple dates and times, or you may record it for later viewing.

# **LEARNING SESSIONS**

## **Preparing for A Learning Session**

### ***Disability Accommodations***

If any participants identify as Deaf or Hard-of-Hearing, it will be necessary to have two interpreters at the Learning Session (for virtual or in-person training). Schedule these services as soon as you are informed of a participant's need. It is also recommended that PowerPoints, webinars, and other video training are close captioned. Other accommodations (font size and style, color scheme, etc.) should be made for those with visual impairments.

### ***Materials***

Below are some suggested materials for learning sessions:

- For in-person training, it can be helpful to provide hard copies of all training materials, such as PowerPoint slides and activity sheets. For virtual training, be sure to send materials to participants at least a week in advance to allow them time for review and to print if desired.
- For in-person training, provide a sign-in sheet for participants. If virtual, take attendance at the beginning and end of virtual sessions. Note camera use and participation.
- Evaluations can be distributed at the end of each day on paper or via an online survey, such as REDCap or Qualtrics.

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## After A Learning Session

Submit any invoices (i.e., for use of conference space, catering, and/or interpretation services) for payment immediately and follow their progress to ensure they are paid. Update the Participant Dashboard with attendance after each Learning Session.

## SETTING UP CLINICAL DATA COLLECTION

### Clinical Assessment Measures

Before beginning a Learning Collaborative, it is important to think about the desired goals and what data will be most helpful to measure these goals. For example, information related to client pre- and post-treatment outcomes may be important, and a tool, such as REDCap, Qualtrics, or another data collection platform allows participants to provide these data.

## SETTING UP THE PARTICIPANT DASHBOARD

It is recommended that a spreadsheet (such as Excel) be created to track Participant participation in the LC activities. This “Participant Dashboard” typically includes the following tabs (further described below):

- Participant Tracking
- Clinical Calls
- Participant Initial Survey
- Participant Final Survey
- Weekly Metrics
- Dropouts
- Scorecard
- Roster
- Payment

### Participant Tracking Tab

Enter participant data (Name, Email, Organization, etc.) from the Participant Initial Survey on this tab. Keep track of Pre-Work, Orientation attendance, Learning Session 1 and 2 attendance, number of consultation calls attended, metrics completion, and overall case status on this tab. This is information needed to update participants on their status regarding completion of training requirements.

Best practice is to link cells in this tab to their respective tab calculations so that the tracking page automatically updates. Update these numbers at least weekly to ensure accurate tracking of each Participant’s progress towards completion of the required training cases.

## Assigning Participant IDs

Each participant should be assigned their own ID for use on all surveys and data shared as part of the LC. This allows for an individual's data to be kept private (i.e., de-identified).

- Email participants their assigned IDs. Inform them that this ID should be used on all training forms and surveys. No names should be provided.
- Remember that the ID for participants must never match a client ID. If client IDs will start at 100, for example, it is best to assign participants IDs starting at a much higher number, such as 1000. It is advised not to mix letters with numbers for IDs (e.g., CID123) as this makes data analysis difficult on many platforms.

## Clinical Calls Tab

This is used to track call attendance and the call schedule. As a reminder, for TF-CBT's national certification, attendance at 9 of 12 scheduled calls while conducting TF-CBT with training cases is required. Be sure this is established this expectation at the onset.

### Call Reminders

The day prior to the scheduled call, send a reminder email to all participants in the call group and provide the link to connect to the call. Include any participants who have requested a make-up call. (See information below). Use the 'delay delivery' function in Outlook to schedule call reminders ahead of time. Do not forget to cc the call leader on their call reminder.

### Call Rescheduling

Participants can attend make-up calls if they cannot make their regularly scheduled call. Participants are instructed to send an email to the Program Coordinator to request the make-up. The Program Coordinator should provide the Participant with 2-3 call options from a *different* call group and ask them to select which call they plan to attend. Once they respond, confirm the makeup call date and remember to include them in that call's reminder email.

The screenshot below provides an example of a call group from the Call Tracking Tab. The regular group participants are indicated on the left. Participants intending to attend a make-up call are indicated in red at the bottom of the appropriate call column (see figure 1).

Rochelle Hanson: 2nd & 4th Tuesday 11am-12pm				Link to Zoom Call												Total		
Therapist ID	First	Last	Email	Call 1	Call 2	Call 3	Call 4	Call 5	Call 6	Call 7	Call 8	Call 9	Call 10	Call 11	Call 12	Call 13	Call 14	Attendance
100	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	12
101	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	7
123	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	12
111	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	12
118	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	12
105	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	13
120	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	13
109	Therapist	Name	therapistemail@gmail.com	12/8/2020	12/22/2020	1/12/2021	1/26/2021	2/9/2021	2/23/2021	3/9/2021	3/23/2021	4/13/2021	4/27/2021	5/11/2021	5/25/2021	6/8/2021	6/15/2021	13
							Guest Name			Guest Name								
										Guest Name								

Figure 1



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### **Call Attendance Tracking**

Call leaders are asked to send the call attendance after each call. Track attendance in the Clinical Calls tab of the Participant Dashboard by putting a 1 (Attended) or 0 (Absent) under each call date. (In the example above, conditional formatting turns 1s into green checks and 0s into a red x). For participants attending a make-up call, replace a “0” anywhere on their call history with a “1”. We suggest you add a comment (see above) to the cell where you changed their attendance from a 0 to a 1 saying “call made up on [Date] with [Call Group Leader]”.

### **Payment for Call Leaders**

If additional consultants will be required for consultation call groups, it may be necessary to establish individual contracts. Be sure to outline the frequency and total number of calls, along with the agreed upon payment. Please follow your organization's protocol for billing consultants/contractors.

### **Participant Initial and Final Survey Tabs**

As described above, participants complete a survey at the start and end of the LC. Survey content will likely vary depending on the goals of the training. It is important that demographic questions, such as age, race, ethnicity, and sex are optional and do not require a response from participants. Some areas that you might include in the initial survey are:

Instrument Name(s)	Initial Survey	Final Survey
About you; About your Community; About your Organization	X	
Implementation Climate Scale	X	
Trauma Information Change System Instrument	X	X
Standardized Assessments	X	X
TF-CBT Knowledge; TF-CBT in your Organization	X	X
Supervision Schedule; Supervisor Qualifications; Supervisor Skills	X	X
Your Child Trauma Cases	X	X
Clinical Practices Questionnaire	X	X
TF-CBT Clinical Skills Questionnaire	X	X
Implementation Leadership	X	X
Telehealth Use and Endorsement	X	X
Learning Session Evaluation		X
Consultation Calls Evaluation		X
Learning Collaborative Activities Evaluation		X

## Metrics Tabs

Participants complete weekly and monthly surveys to assess their progress throughout the training. Weekly surveys are based on the prior work week (i.e., Monday-Friday) and monthly surveys on the past month (distributed as an arm of the final weekly survey). Each participant will have one week (in green below) to respond to these surveys. The initial invitation is sent out on Friday and closes the following Friday, with a reminder email to be sent on Wednesday (see figure 2). While weekly metrics participation is not always a requirement of the collaborative, we do strongly encourage participants to complete these surveys and strive for at least 80%.

1/2/2023	1/3/2023	1/4/2023	1/5/2023	1/6/2023	1/7/2023	1/8/2023	1/9/2023	1/10/2023	1/11/2023	1/12/2023	1/13/2023
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
				Send out survey					Reminder		Survey Closes

Figure 2

### Attendance Tab

This is where you keep track of participant metrics. As with the call tracking, 1 (or green check) indicates completion, while a 0 (or red x) indicates they did not complete (see figure 3).

	A	B	C	D
1	Therapist	Week 1	Week 2	Week 3
2	ID	11.30-12.4	12.7-12.11	12.14-12.18
3	100	✓	✓	✗
4	101	✓	✓	✗
5	102	✓	✓	✗
6	103	✓	✓	✓
7	104	✓	✓	✓
8	105	✓	✗	✗

Figure 3

### Weekly Metrics Report Tab

This is where you will show cleaned and exported data. Cleaning process focuses on extracting the portion of the survey that is participant-related information.

## Dropouts Tab

When a participant drops out, transfer their information from the Participants' Tracking tab to the Dropouts tab. Add the date and reason for dropout if this has been provided.

Strikethrough their name on the Call Group tab and Metrics tab. Remove them from any recurring invitations or emails (i.e., weekly metrics survey and call reminders).

## Scorecard Tab

This can be helpful if an agency has multiple participants and would like to track participants' progress throughout the training. The Score Card is agency specific, usually sent monthly to the agency director, and includes information for each participant regarding attendance on consultation calls, attendance at the learning sessions, completion of weekly metrics, number of cases registered and completed

## Roster Tab

This tab is used at the end to collect and organize participant information for those who met completion criteria. This may include name as they would like it to appear on their certificate, listing information for your roster of professionals list on your website, or contact information

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## Payments Tab

This tab is used at the beginning to track payments for participation.

## SETTING UP THE CLIENT DASHBOARD

A dashboard is also set up to track client information. Typically, the following tabs are included in the client dashboard:

- Client Information
- Case Tracking
- Weekly Metrics
- Client Assessments \*

\* If you are collecting minimal data on clinical assessments (e.g., only confirming if they were administered and scores), these can be tracked on the same tab. If you are recording more in-depth information (collecting itemized responses of each assessment administered), it is suggested that information be entered on separate tabs according to timepoint (pre, post) to ensure no confusion; they can be merged in the data analysis stage.

As in the Participant Dashboard, the Client ID (generated either by the program coordinator or by the assessment intake tool) should be the Key Variable on each tab.

## Client Information

This is where you record the status and demographics of all training cases. The following information should be recorded once a new training case is registered:

- Participant ID
- Client ID
- Referral Source
- Age
- Sex
- Race
- Ethnicity
- Case Status (Pending, Active, Complete, Closed)
- Notes – If there is a discrepancy in the intake record or a question regarding the client, note it here until resolved.

Case Status is indicated as pending, active, complete, or closed:

- **PENDING:** The participant has completed Training Case Registered Form (Appendix C) and has been assigned a Client ID.
- **ACTIVE:** All pre-assessment paperwork has been received (if collecting), and the Participant has begun TF-CBT with the client.
- **COMPLETE:** All post-assessment paperwork has been received (if collecting), and the Participant has successfully completed TF-CBT with the client. For a case to be complete, you must receive the Client Treatment Exit Form which indicates the reason the client has exited treatment (Appendix D). \*\*

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- **CLOSED**: The client stopped treatment before completing the TF-CBT protocol. For a case to be closed, you must receive the Client Treatment Exit Form which indicates the reason the client has exited treatment (Appendix D). \*\*

\*\* Please note that the Client Treatment Exit Form includes all reasons for exiting treatment including successful completion of TF-CBT. The form should be completed for both complete cases and cases that are being closed prior to completion of TF-CBT.

## Case Tracking

This is where you keep track of ALL cases. Included in this is client information:

- Registration Date
- Referral Date
- Date of First Clinical Contact
- Pre- and Post-Measure Submission Dates
  - Also, note REDCap (or Qualtrics) record number attached to each assessment measure or form completed.
- Exit Date
- Exit Reason

Some other tracking tips:

- If a participant has entered information for a timepoint, but there is an issue with their upload documentation or REDCap (or Qualtrics) entry, color the record number in **red** and record a note in the Information tab until the issue is resolved.
- If they are missing one of the required measures for a pre- or post- treatment submission, record a true missing code (**9999**) in its place until they submit that measure to REDCap.
- If the client is of an age that omits a record (for example, there will not be a Self-Report CATS for clients younger than age 7), fill in a *not applicable* code (8888).

## Weekly Metrics Report Tab

This is where you will show cleaned and exported data. The cleaning process focuses on extracting the portion of the survey that is client-related information.

## Client Pre and Post Assessments

Record scores for the client's clinical assessment measures in these tabs.

# WRAPPING UP THE LEARNING COLLABORATIVE

## Training Status Emails

After Learning Session 2, begin sending out emails to participants to provide an update on their progress including:

- The number of calls attended

- 
- Submitted client/case paperwork: what has been received, what is still needed, and what errors require correction

Additionally, remind them of all training requirements and the deadline to complete them.

## **Completion Certificates and Rostering Process**

Clinicians who complete all training requirements will receive a Certificate of Completion. It is up to you whether you will include these participants on your website, on a roster of professionals, and/or provide CEUs.

After the collaborative deadline, send an email to each participant letting them know if they have met the criteria to receive a certificate. If so, you will want to request/confirm any information from them at this time (i.e., name as they would like it to appear). An example of a completion certificate is available in Appendix E.

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# Appendices

- A. Save The Date Flyer**
- B. Participant Registration Form**
- C. Client Treatment Registration Form**
- D. Client Treatment Exit Form**
- E. Participant Certificate of Completion**
- F. Frequently Asked Questions**

# SAVE THE DATE!

## [YOUR SITE NAME] LEARNING COLLABORATIVE ON TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY

Sign up now for our 10-month clinical learning collaborative on TF-CBT for mental health treatment providers serving abused and traumatized children and youth.



### WHAT IS TF-CBT?

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is the most well-supported, evidence-based treatment for children/youth and their caregivers who have experienced or been exposed to abuse, violence, or other potentially traumatic events; and who have clinically significant problems as a result.

Participating clinicians will learn to deliver TF-CBT with high clinical competence and adherence to the treatment model from nationally approved TF-CBT trainers. The Learning Collaborative will consist of multiple training activities, components, and modalities including 2 multi-day Learning Sessions, 14 one-hour clinical case consultation calls over 7 months on TF-CBT training cases, and collection and use of clinical assessment, fidelity, service delivery, and implementation tools and metrics.

### WHO CAN PARTICIPATE?

The learning collaborative is intended for therapists and clinical supervisors possessing a clinical master's or doctoral degree in the mental health profession who currently do psychotherapy with abused and traumatized children and youth.

Participants may include clinical social workers, professional counselors, psychiatrists, clinical psychologists, marriage and family therapists, clinical nurse specialists, and other mental health professionals but **you must have the ability to regularly (weekly or semi-weekly) see patients for trauma therapy and have the ability to conduct a 12-20 week treatment with the client and their caregiver.**

### TRAINING TIMELINE

- [DATE] - Registration Opens
- [DATE] - Registration Closes
- [DATE] - Orientation
- [DATE] - Learning Session 1
- [DATE] - Learning Session 2
- [DATE] - Learning Collaborative is completed

### TRAINING REQUIREMENTS

- Attend both Learning Sessions
- Attend a minimum of 12 Clinical Consultation Calls and present 2 case presentations
- Complete TF-CBT with at least 2 training cases

### REGISTRATION FEE: [COST]

Registration fee includes:

- All pre-work and learning session training materials
- All learning sessions, consultation calls, training case tracking, and metrics
- Continuing education contact hours
- Rostering and record maintenance for National Certification

### WHAT WILL YOU RECEIVE?

- Certificate of Completion
- Up to [#] CE contact hours
- Will have met the online and in-person training, and the clinical consultation call requirements for National Certification in TF-CBT

### REGISTRATION CLOSSES [DATE]

[Your Logo/ Site Name Here]

+123-456-7890

coordinatoremail@yoursite.com



# Registration Form

[YOUR SITE NAME] 20XX  
TF-CBT Learning Collaborative

## YOUR CONTACT INFORMATION

First Name  Last Name

Address

City/State  Zipcode

Phone  Email

## YOUR AGENCY/ORGANIZATION INFORMATION

Agency

Address

City/State  Zipcode

Phone  FAX#

## PLEASE INDICATE BELOW IF YOU HAVE ANY ACCESSIBILITY NEEDS OR OTHER SPECIFIC REQUIREMENTS

## PAYMENT METHOD



Credit Card

Visa

American Express

MasterCard

Discover



Paypal

## PAYEE INFORMATION

First Name  Last Name

Phone  Email

*If you are unable to pay by credit card or PayPal, please contact the [YOUR SITE NAME] Program Coordinator, [PROGRAM COORDINATOR NAME, EMAIL].*

*Payment is required by [DATE]. At that time, participants will receive a welcome email with an invitation to complete the Participant Initial Survey and instructions to complete other Pre-Work Learning Activities including TF-CBTWeb2.0*

EMAIL FORM TO: [EMAIL]

REGISTRATION CLOSES [DATE]



Therapist ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

## Client Treatment Registration Form

Please complete this form with your client and their family. Then upload and record your responses in REDCap within two weeks of the first clinical contact. Entering the Client Treatment Registration Form on REDCap will register your training case. At the end of the second page of the survey, you will receive a Client ID. This is to be used to identify your case over the course of treatment. NEVER use personally identifying information on any training forms or in REDCap any surveys. Once you receive a Client ID from REDCap, note the Client ID in the upper right hand corner of every future training form.

**Date of Referral:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Date of First Clinical Contact:** \_\_\_\_\_

Client's Age														
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Client's Race						
<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian/ Asian American	<input type="checkbox"/> Native American/ American Indian	<input type="checkbox"/> Pacific Islander/ Native Hawaiian	<input type="checkbox"/> More than one race/ethnicity	<input type="checkbox"/> Other

Client's Ethnicity	
<input type="checkbox"/> Hispanic or Latinx	<input type="checkbox"/> Not Hispanic or Latinx

Client's Sex				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other

**Please Note:**

**Upon submitting this form to REDCap, your training case will be considered "Pending". For your case to become "Active", you must complete and submit the Pre-treatment Clinical Assessment Packet.**

Therapist ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

## Client Treatment Exit Form

This form should be submitted for all training cases upon final clinical encounter regardless of when or why the client/patient exited treatment.

Date of Last Clinical Contact: \_\_\_\_\_

1.	Client does not meet eligibility symptoms that would result in benefit from TF-CBT treatment protocol.	<input type="checkbox"/>
2.	Client is clinically unstable (suicidal, homicidal, active drug use, psychotic, and/or requires alternative treatment that precludes TF-CBT at this time).	<input type="checkbox"/>
3.	Client's home environment is clinically unstable (client continues to be exposed to trauma; client's caregivers are actively unsupportive).	<input type="checkbox"/>
4.	Client stopped attending due to lack of transportation when access to telehealth was not an option.	<input type="checkbox"/>
5.	Client moved.	<input type="checkbox"/>
6.	Client's case was transferred to another clinician in this Learning Collaborative.	<input type="checkbox"/>
7.	Client's case was transferred to another clinician not in this Learning Collaborative.	<input type="checkbox"/>
8.	Client and/or family refused TF-CBT treatment.	<input type="checkbox"/>
9.	Client and family stopped TF-CBT treatment for the following other reason (specify): _____	<input type="checkbox"/>
10.	Client dropped out of TF-CBT treatment prior to completion for unknown reasons.	<input type="checkbox"/>
11.	<b>Client successfully completed TF-CBT protocol.</b>	<input type="checkbox"/>

**Please Note:**

Upon submission of this form to REDCap, your training case will be considered "Closed". For your case to become "Complete" and count towards your roster requirement of 2 complete cases, you must complete and submit the Post-treatment Clinical Assessment Packet.

# CERTIFICATE OF COMPLETION



This is to certify that on [DATE],

*Name, Accreditations*

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satisfactorily met the training criteria and practice requirements for the [YOUR SITE NAME] Learning Collaborative on Trauma-Focused Cognitive-Behavioral Therapy.

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**NAME**

PROJECT DIRECTOR NAME

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**NAME**

CLINICAL CALL SUPERVISOR

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## **FREQUENTLY ASKED QUESTIONS**

### **What are the requirements for National Certification in TF-CBT?**

National certification may or may not align with your learning collaborative's completion requirements. However, we recommend that you try to meet as many of their requirements as possible to promote your program and to help participants be close to national certification.

Requirements for National certification are as follows:

1. Master's degree or above in a mental health discipline.
2. Permanent professional license in your home state, including having passed the state licensing exam in your mental health discipline.
3. Completion of TF-CBTWeb2.0.
4. Participation in a live or virtual TF-CBT training conducted by a treatment developer or an approved national trainer (graduate of our TF-CBT Train-the-Trainer Program); or training in the context of an approved national, regional, or state TF-CBT Learning Collaborative of at least six months duration, in which one of the treatment developers or a graduate of our TF-CBT Train-the-Trainer (TTT) Program has been a lead faculty member.
5. Participation in follow-up consultation or supervision on a twice-a-month basis for at least six months, or a once-a-month basis for at least twelve months. The candidate must participate in at least nine of twelve consultation or supervisory sessions. This consultation must be provided by one of the treatment developers or a graduate of our TTT program. Supervision may be provided by one of the treatment developers, a graduate of our TTT program, or a graduate of our TF-CBT Train-the-Supervisor (TTS) Program (In the latter instance, the supervisor must be employed at the same organization as the certification candidate);  
or  
Active participation in at least nine of the required cluster/consultation calls in the context of an approved TF-CBT Learning Collaborative.
6. Completion of three separate TF-CBT treatment cases with three children or adolescents, with at least two of the cases involving the active participation of caretakers or another designated third party (e.g., direct care staff member in a residential treatment facility).
7. Use of at least one standardized instrument to assess TF-CBT treatment progress with each of the above cases.
8. Passing the TF-CBT Participant Certification Program Knowledge-Based Test.

Instructions for national certification can be found on the program website: [Certification Process and Criteria - Trauma Focus Cognitive Behavioral Therapy Certification Program \(tfcbt.org\)](https://www.tfcbt.org/certification-process-and-criteria)

If clinicians have specific questions about national certification, you can direct them to contact the national program: [Contact - Trauma Focus Cognitive Behavioral Therapy Certification Program \(tfcbt.org\)](https://www.tfcbt.org/contact)

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## **Will I still get CEUs/contact hours/a certificate if the required number of training cases is not completed?**

Be clear with your participants about whether you are offering free official CEUs or if you are only providing general training contact hours. If clinicians ask for proof of contact hours, you may provide Learning Session agendas, bios of training faculty, and a training description that amounts to the total number of hours for both learning sessions and the clinical consultation calls they attended.

If, by the Learning Collaborative deadline, clinicians meet the training requirements (completed cases, attendance at both learning sessions, and a minimum number of calls -9 or 12- attended), they will receive a Certificate of Completion. In most cases, clinicians will not receive a Certificate of Completion if they fail to meet any of the training requirements. The Certificate of Completion can be submitted to the national certification program but be clear that the process for national certification is SEPARATE from your learning collaborative's completion certificate.

## **If I don't complete the requirements by the training deadline, can I get an extension?**

Extensions should be at the discretion of training organizers. Keep in mind that if cases are intended to count towards National Certification, they must be completed while the clinician receives ongoing case consultation. Therefore, if a clinician is looking to complete any of the three required cases for national certification – outside of the learning collaborative - they will need to arrange for TF-CBT case consultation.

Additionally, we recommend that extensions for the sole reason of case completion be granted only to those who (1) met all other training requirements (attended required calls, good metrics participation, attended all Learning Sessions, etc.), and (2) will complete their case(s) within three months of the training's original deadline. This ensures that your staff can resolve any issues and close out the Learning Collaborative within a reasonable timeframe.

If a clinician did not attend the required number of clinical consultation calls, we do not offer extensions, as they are allowed to attend makeup calls; it is also not feasible to add additional calls to a Learning Collaborative which has ended. However, at the discretion of training organizers, you may allow participants, who dealt with special circumstances and/or who were in good standing in all other training areas, to receive a Certificate of Completion by attending their remaining required calls with a call group in your next learning collaborative (if one is being offered). We do recommend that, for this to occur, the next collaborative would need to begin within 3 months.