

TF-CBT Agency Leadership Meeting #2 – Cohort 11

Center for Evidence to Practice

Tuesday, October 20, 2026

12:00PM-1:00PM CDT

LSU Health
NEW ORLEANS
School of Public Health

 **LOUISIANA**
DEPARTMENT OF HEALTH

Welcome! Who is on the call?

- *Name*
- *Agency, Role & Location*
- ***When you think about TF-CBT at your agency one year from now, what would successful implementation look like?***



Meeting Objectives:

1. **Describe the key components of the Learning Collaborative** method regarding EBP Implementation.
2. **Recognize EBP sustainability with fidelity** as the ultimate goal of the participation in the learning collaborative.
3. **Describe the structure, roles, and key functions** of their agency's Implementation Team.
4. **Identify at least 3 metric points** to be used for data-driven decision-making for their team.

Agenda for Call #2

Agency Leadership EBP Implementation Guidelines and Expectations			
<u>TOPIC</u>	<u>TIME</u>	<u>ACTIVITY</u>	<u>FACILITATOR</u>
Introductions	5 mins	- Each person introduces self, agency, and area served - Vision Setting	E2P Staff
The Primary Learning Collaborative Goal: Sustained Implementation	10 mins	Lecture	Trainer
The Broader Implementation Team: Agency Support at All Levels	10 mins	Lecture	Trainer
Using Data to Inform Implementation Discussion	10 mins	Lecture	Trainer
Breakout Session	10 mins	- Outline roles of their agency's Implementation Team - Identify 3 specific metric points to begin tracking	Dyads
Debrief	5 mins	Each pair shares 2 points from their breakout discussion.	Dyads
Wrap-up and Next Steps (Dissemination vs. Implementation)	5 mins	<u>Assign homework:</u> - Begin collecting at least 3 metric points reflecting on team's implementation progress - Bring homework to next leadership call - Review IHI's PDSA Model for Improvement	E2P Staff

TF-CBT Learning Session 1

Trainee Feedback



“There are many takeaways, but overall, the integration of the parent/support person coming alongside learning and honing skills to support their child will be a step forward in my current work with children and families.”

“The frequently tips and pieces of advice given by Kelly. It is extremely evident that the advice and various tips and sayings provided come from of years of experience with the modality and with the adolescent client population. It takes a very special instructor to convey this properly.”

“Everything. It was informative, engaging, well paced with breaks. Incredibly thoughtful and intentional.”

How is TF-CBT training structured?

- ~~By **Monday, September 21, 2026:** All practitioners must complete the **11-hour web-based course**, TF-CBT Web 2.0, available at: <http://tfcbt2.musc.edu>~~
 - ~~Cost is \$35.00 to complete the online course~~
- ~~MANDATORY Pre-Requisite TF-CBT Assessment Training: **Thursday, August 27, 2026: 8:00am-12:00pm**~~
- ~~Learning Session 1 (Basic Training): **September 22-24, 2026, from 9:00am-4:30pm**~~
 - ~~CE Evaluation Deadline: October 1, 2026~~
- **Monthly Consultation Calls (9/12 calls):** Groups of 5-12 clinicians receive ongoing case consultation from Kelly Wilson to implement **TF-CBT** for patients in their setting
- Learning Session 2 (Advanced Training): **December 8-9, 2026, from 9:00am-4:30pm**
 - CE Evaluation Deadline: December 16, 2026
- **Present one (1) TF-CBT case & use the model with at least three (3) TF-CBT cases – ONE (1) case needs to graduate during the CONSULTATION PERIOD.**

26-27 TF-CBT Training Cohort 10 Dates

Event	Date(s)
TF-CBT AGENCY LEADERSHIP MEETING #1	Tuesday, August 25, 2026, 12:00pm-1:00pm CDT
TF-CBT TRAINING COMMITMENT AND TEXTBOOK REQUEST FORM DUE	Wednesday, August 26, 2026
MANDATORY ASSESSMENT TRAINING	Thursday, August 27, 2026, 8:00am-12:00pm CDT
11-HR TF-CBT 2.0 WEB COURSE DUE	Monday, September 21, 2026
LEARNING SESSION (LS) 1	Tuesday-Thursday, September 22-24, 2026 9:00am-4:30pm CDT
LS1 CE EVAL DUE	Thursday, October 1, 2026
TF-CBT AGENCY LEADERSHIP MEETING #2	Tuesday, October 20, 2026, 12:00pm-1:00pm CDT
LEARNING SESSION (LS) 2	Tuesday-Wednesday, December 8-9, 2026 9:00am-4:30pm CST
LS2 CE EVAL DUE	Wednesday, December 16, 2026
TF-CBT AGENCY LEADERSHIP MEETING #3	Tuesday, December 15, 2026, 12:00pm-1:00pm CST
TF-CBT AGENCY LEADERSHIP MEETING #4	Tuesday, March 16, 2027, from 12:00-1:00pm CDT
TF-CBT AGENCY LEADERSHIP MEETING #5	Tuesday, June 8, 2027, from 12:00pm-1:00pm CDT
CONSULTATION CALL COMMITMENT (FINALIZED DURING LS1)	Monthly 1-hr Consultation Calls for 12 months

CEs will be provided for **social workers and counselors** who are accepted into this current TF-CBT training cohort. Other licensed individuals can apply through their licensing boards.



TF-CBT Consultation

To view the selected
consultation group,
you can click this link:

[TF-CBT Cohort
11 Consultation Call
Sign Up LC11 2026-
2027 - Google Sheets](#)

TF-CBT CONSULTATION CALL SIGN UP - COHORT #11			
MAXIMUM 10 TRAINEES PER CALL GROUP			
<i>This sign-up is for the group consultation calls for TF-CBT Trainees Learning Collaborative #11 who participate in Learning Session 1 on September 22-24, 2026, and Learning Session 2 on December 8-9, 2026. Consultation calls will continue for the next year (October 2026-September 2027).</i>			
DIRECTIONS:			
1. You must sign up for ONE (1) consultation group.			
2. Please select the SAME consultation call group color for the entire year. You cannot switch between groups unless you confirm doing so with Kelly directly.			
3. DO NOT ADD AN EXTRA LINE TO FIT IN YOUR NAME - GROUPS OF 7-8 PEOPLE MAX.			
4. If you cannot make a year-long call group schedule work given the dates/times, please email a fellow trainee to see if they can switch call groups with you.			
5. You MUST attend 9/12 consultation calls to apply for TF-CBT Certification through the TF-CBT National Therapist Certification Program .			
6. You MUST present ONE (1) TF-CBT Case to Kelly during the TF-CBT Consultation call period.			
7. You MUST complete THREE (3) TF-CBT Cases and two (2) of them with Caregiver involvement and attest to this for National TF-CBT Certification.			
8. Have questions regarding the TF-CBT consultation calls? Please direct your questions to: tfcbtpresentations@gmail.com (If you don't get a response, bring it to the next call)			
Call Group Colors:	CALL GROUP A	CALL GROUP B	
CALL GROUP A: CALL SCHEDULE			
SELECT TIMES FROM THE <u>SAME</u> COLOR GROUP.			
GROUP A: The FIRST THURSDAY of the Month from 10:00am-11:00am CT (Unless highlighted in YELLOW)			
SESSION	DAY	DATE	TIME
1	Thursday	October 8, 2026	10:00AM-11:00AM CT
2	Thursday	November 5, 2026	10:00AM-11:00AM CT
3	Thursday	December 3, 2026	10:00AM-11:00AM CT
4	Thursday	January 7, 2027	10:00AM-11:00AM CT
5	Thursday	February 4, 2027	10:00AM-11:00AM CT
6	Thursday	March 4, 2027	10:00AM-11:00AM CT
7	Thursday	April 1, 2027	10:00AM-11:00AM CT
8	Thursday	May 13, 2027	10:00AM-11:00AM CT
9	TUESDAY	June 1, 2027	10:00AM-11:00AM CT
10	Thursday	July 1, 2027	10:00AM-11:00AM CT
11	Thursday	August 5, 2027	10:00AM-11:00AM CT
12	Thursday	September 2, 2027	10:00AM-11:00AM CT
CALL GROUP A: SIGN-UP			

How do I achieve TF-CBT certification?

Requirements:

- *Attend all virtual training dates*
 - Cannot miss more than 30 minutes of training
 - The camera **MUST BE ON** during the whole training
 - Engage as if you were in a training room
- *Use standardized trauma assessment measures*
- *Attend 9/12 calls consultation calls*
- **Present one (1) TF-CBT case & use the model with at least three (3) TF-CBT cases – ONE (1) case needs to graduate during the CONSULTATION PERIOD.**

Following Requirements:

- *Take the TF-CBT Certification Program Knowledge-Based Test*
 - <https://tfcbt.org/certification/>
 - *Costs \$250 to become certified.*
- *Obtain your TF-CBT Certification & share with your MCOs entities!*
- *Submit your information on our EBP Map Webpage:*
 - <https://laevidencetopractice.com/interactivemap/>

Learning Collaborative Approach



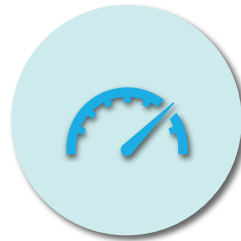
LEARN

Build knowledge
and skills.



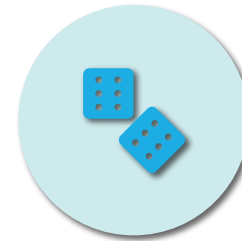
APPLY

use TF-CBT in
real-world
practice.



MEASURE

Monitor
implementation
progress.



REFLECT

Identify
successes,
barriers, and
lessons learned.



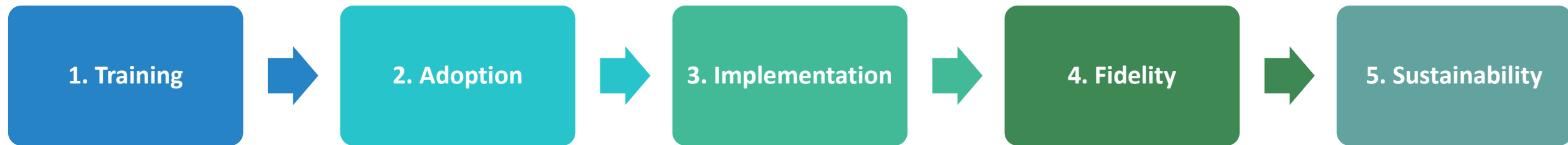
IMPROVE

Use what we
learn to adjust
and strengthen
implementation.

TF-CBT Implementation

*What is one thing that has
to happen **AFTER TF-CBT
Training** for clinicians to
actually use TF-CBT
consistently?*

Training is the Beginning, Not the End



TF-CBT becomes a supported, high-quality, routine part of practice rather than something clinicians were once trained to do.

Where would you place your agency on this continuum today (1-5)?

Not sure? Here is an [Implementation Checklist](#) that could be helpful towards assessing where you are in this continuum.

Implementation is an Organizational Effort

Clinician Factors:

- Knowledge and skills
- Confidence using TF-CBT
- Appropriate caseload
- Coaching/consultation
- Opportunities to practice

Agency/System Factors:

- Leadership support
- Referral pathways
- Supervision
- Workflow and documentation
- Policies and procedures
- Data monitoring
- Workforce stability

We cannot expect clinicians alone to solve organizational barriers to implementation.

Your TF-CBT Implementation Team



Who **OWNS** implementation?

Key Functions of an Implementation Team

LEAD

- Keep implementation visible and prioritized
- Communicate expectations and goals

SUPPORT

- Identify what clinicians need to implement **TF-CBT**
- Address barriers and resource needs

MONITOR

- Review Implementation progress
- Identify gaps and emerging challenges

IMPROVE

- Use information and data to guide action
- Test solutions and adjust strategies

SUSTAIN

- Build systems that support **TF-CBT** beyond the Learning Collaborative

Regularly Asking & Checking in About:

- ☐ *What's happening?*
- ☐ *What's working?*
- ☐ *What's getting in the way?*
- ☐ *What do our clinicians need?*
- ☐ ***Is more consultation needed than the allotted hours?***
- ☐ *What does our data tell us?*
- ☐ *What action should we take next?*



Who Needs to Be at the Table?

- ✓ **Leadership Sponsor** – Provides authority, resources, and organizational support
- ✓ **Implementation Lead/Champion** – Coordinates activities and keeps implementation moving
- ✓ **Clinical Leadership/Supervision** – Supports clinical practice and clinician development
- ✓ **Data/Quality Representative** – Helps collect, interpret, and use implementation data
- ✓ **TF-CBT Clinician Representative** – Brings the frontline experience and identifies practice-level barriers

One person may fill multiple roles. What matters is that the necessary functions are covered.

From Data Collection to Data-Driven Decisions – *What Do We Need to Know?*

1. **REACH** – *Are appropriate clients accessing TF-CBT?*

■ Possible Metrics:

- ❑ Number/Percentage of clients referred/identified for TF-CBT
- ❑ Number/Percentage of clients receiving TF-CBT

2. **CLINICIAN USE** – *Are trained clinicians actually using TF-CBT?*

■ Possible Metrics:

- ❑ Number/Percentage of trained clinicians actively providing TF-CBT
- ❑ Number/Percentage of TF-CBT cases per clinician

3. **QUALITY & SUSTAINABILITY** – *Are we supporting TF-CBT implementation over time?*

■ Possible Metrics:

- ❑ Participation in consultation/supervision
- ❑ Fidelity/competency indicators
- ❑ Clinician retention
- ❑ Client outcomes, when appropriate



The purpose of implementation data is action, not simply reporting.

Using Metrics to Inform Implementation

- **Uptake and Fidelity**

- Number of clinicians participating in TF-CBT training & consultation each month.
- Participation in required 9/12 monthly consultation calls.
- Number of TF-CBT cases implemented per clinician.
- Session dose (pacing of the model) to ensure fidelity (start date and current component).
- Use of standardized TF-CBT PRACC skills evaluated by trainer.
- Number of successful completions.
 - **Present one (1) TF-CBT case & use the model with at least three (3) TF-CBT cases by September 2027**



Using Metrics to Inform Implementation

- **Screening & Assessment**
 - Total number of youth screened and assessed for traumatic events and PTSD symptoms.
 - Percentage of existing clients who have been screened and assessed.
 - Percentage of intakes who have been screened and assessed.
 - Number of trauma screenings and assessments completed.



Suggested Metrics for TF-CBT Implementation

1. Number of consultation calls attended.
2. Number of TF-CBT cases reviewed for fidelity by either a supervisor or peer.
3. Current number of active TF-CBT cases (number of cases added and number of cases that have dropped).
4. Number of active cases in each phase of the model
5. Number of completed cases.
6. Assessment scores at pre-, mid-, and post-treatment.
7. Number of cases retained in services post completion of the model.





Breakout Groups in Pairs!

Questions to Ask:

1. *What **Three (3) Metrics** will help you know if TF-CBT Implementation is ON TRACK?*
 - a) *Secondary Question (if time allows): What will you DO if the data shows implementation is NOT progressing as expected?*



Discussion:

Let's have 1-3 pairs share out their group thoughts:

➤ *What is **one metric** your partner selected, and why would that information be useful?*



From Learning to Action:

HOMEWORK DUE BY 12/15/2026 – Senior Leader Mtg #3: *What will your agency do next?*

- ✓ ***One Priority*** – What is the most important TF-CBT implementation issue our agency needs to address?
- ✓ ***One Action*** – What will we do before our next Learning Collaborative Meeting?
- ✓ ***One Owner*** – Who will take responsibility for moving the action forward?
- ✓ ***One Data Point*** – What will tell us whether we're making progress?

You can [CLICK HERE](#) to submit your home in a Google Word File, or click this link:
[Submit Homework Here](#)

Key Takeaway:

Training builds knowledge and skill.

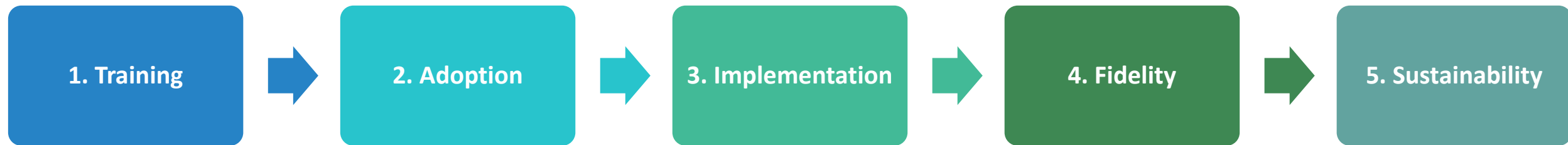
Implementation turns knowledge into practice.

Fidelity protects quality.

Sustainability makes the practice *last*.



Training is the Beginning, Not the End



TF-CBT becomes a supported, high-quality, routine part of practice rather than something clinicians were once trained to do.

Where would you place your agency on this continuum today (1-5)?

Not sure? Here is an [Implementation Checklist](#) that could be helpful towards assessing where you are in this continuum.

***FUTURE* TF-CBT Agency Leadership Call 4-Part Series**



Upcoming TF-CBT Agency Leadership Meetings:

- ~~1. Agency Leadership 1: Tuesday, Aug. 25, 2026, from 12pm-1pm~~
- ~~2. Agency Leadership 2: Tuesday, Oct. 20, 2026, from 12pm-1pm~~
3. Agency Leadership 3: Tuesday, Dec. 15, 2026, from 12-1pm
4. Click link to register: [Meeting Registration - Zoom](#)
5. Agency Leadership 4: Tuesday, March 16, 2027, from 12-1pm
6. Agency Leadership 5: Tuesday, June 8, 2027, rom 12pm-1pm

Do you want a CE Certificate?

- Please complete the EBP Implementation Leadership Meeting CE Evaluation
 - Accessible by clicking here:
<https://redcap.link/ebpleadershpmtgeval2026>
- You have **one (1) week** to complete the evaluation. Following please allow us 1-2 weeks to issue your CE certificate.



Where can I learn more about TF-CBT?

***Visit the National Website
for TF-CBT:***

<https://tfcbt.org/>



References:

1. Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). *Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors*. *Administration and Policy in Mental Health*, 38(1), 4-23.
2. Center for Implementation. (n.d.). Implementation Checklist. Retrieved from: <https://thecenterforimplementation.com/toolbox/implementation-checklist>
3. Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*.
4. Institute for Healthcare Improvement. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*.
5. National Implementation Research Network. *Active Implementation Frameworks*.
6. Proctor, E. K., et al. (2011). *Outcomes for Implementation Research*. *Administration and Policy in Mental Health*, 38(2), 65-76.

Contact Information:

Center for Evidence to Practice

Email: EvidenceToPractice@lsuhsc.edu

Phone: (504) 568-5731

Questions:

