Trauma-Informed Approaches:

Advancing Change to Support Trauma-Informed Initiatives and Build Evidence of Impacts

December 11, 2019

ASPE

jba JAMES BELL ASSOCIATES

EDC Education Development Center

Funded by the
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

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Today's Agenda

- Welcome and Overview of Project Activities
- Emerging Themes
  - 1: Achieve Common Understanding of What it Means to be Trauma Informed
  - 2: Support Trauma-Informed Workforce
  - 3: Strengthen Measurement and Evidence Base
- Future Directions and Investments
- Questions and Answers
- Wrap-up and Adjourn

Who's on the Session Today?

Please note: Slides for this session are found in the Chat pod as a PDF file. Please download now or at any time during the webinar.

Please introduce yourself in the chat pod:

Name, title, organization – please also include how you are involved with Trauma Informed Approaches and at what level (Federal, regional, state, local, other?)

Ex: Jane Doe, Project Director, Safe Schools Wrightstown (local)

Our Presenters

Pamala Trivedi, PhD
Social Science Research Analyst, Office of the Assistant Secretary for Planning and Evaluation, HHS

Mandy Davis, LCSW, PhD
Associate Professor of Practice, Director of Trauma Informed Oregon
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School of Social Work

Jennifer Drake-Croft, MSSW, IMH-E®
Director of Early Childhood Well-Being
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Jeff Hild, JD
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Social Science Research Analyst, Office of Planning, Research, and Evaluation, Administration for Children and Families

Erin Ingoldsby, PhD
Director, James Bell Associates

Karen B. Cairone, MEd
Project Director, Education Development Center

Introduction to ASPE's Trauma-Informed Approaches Project

- Trauma-informed approaches provide a **framework** for preventing and addressing childhood trauma and building resilience in children and families.
- The U.S. Department of Health and Human Services (HHS) has **integrated trauma-informed approaches** into a growing number of federal initiatives and programs; similar changes are happening at the state and community levels.
- These efforts often occur in **silos**, however, preventing stakeholders from learning from—and building off of—each other's work.

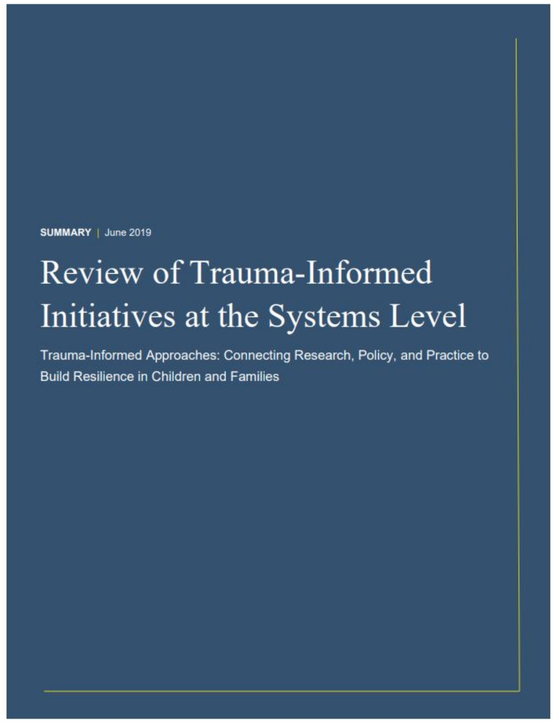
ASPE's Partnership with JBA and EDC

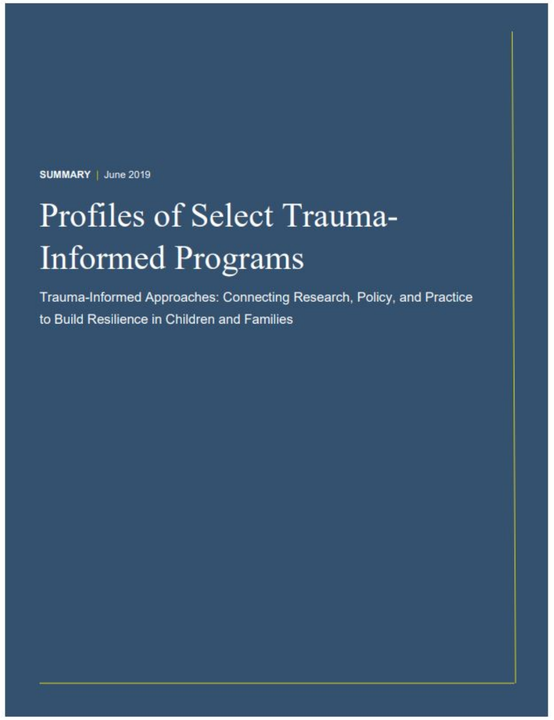
- **Advancing our understanding** of trauma-informed approaches (TIA)
- Examining **trauma-informed efforts across sectors**

Published Resources Stemming from ASPE TIA Project

Poll 1

https://aspe.hhs.gov/pdf-report/trauma-informed-approaches-connecting-research-policy-and-practice-build-resilience-children-and-families





Upcoming Resources Stemming from ASPE TIA Project

Coming soon!

- Issue Brief and Webinar Recording: **Advancing Change to Support Trauma-Informed Initiatives and Build Evidence of Impacts**
- Special Topics Paper: **Using Logic Models Grounded in Theory of Change to Support Trauma-Informed Initiatives**

Introduction to Themes

Three key themes have surfaced through this project:

- **Theme 1:** Achieve a Common Understanding of What it Means to be Trauma-Informed
- **Theme 2:** Support a Trauma-Informed Workforce
- **Theme 3:** Strengthen Measurement and Build Evidence of Impact

Theme One: Achieve a Common Understanding of What it Means to be Trauma Informed

Overview of this Section

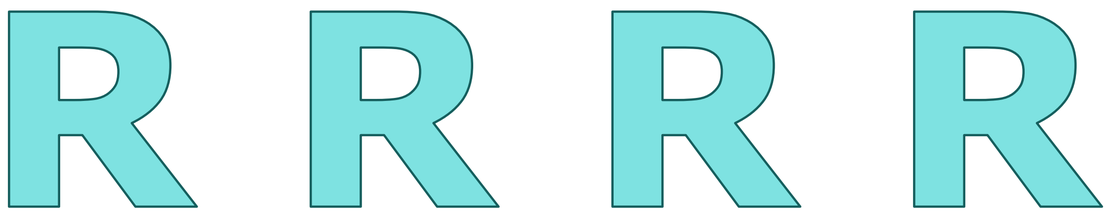
- ✓ Definitions
- ✓ Principles and Domains
- ✓ Terminology
- ✓ Logic Models

Come to Consensus on Definitions

Substance Abuse and Mental Health Services (SAMHSA) framework[1] “The 4 R’s” states that

A program, organization or system that is trauma informed…

- ✓ **Realizes** the widespread impact
- ✓ **Recognizes** the signs and symptoms
- ✓ **Responds** by fully integrating knowledge
- ✓ Seeks to actively **resist re-traumatization**



(1) SAMHSA (2014a). SAMHSA’s concept of trauma and guidance for a trauma informed approach (HHS Publication No. 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Principles (SAMHSA)

(1) SAMHSA (2014a). SAMHSA's concept of trauma and guidance for a trauma informed approach (HHS Publication No. 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Implementation Domains (SAMHSA)

Poll 2

1. Governance and leadership
2. Policy
3. Physical environment
4. Engagement and involvement
5. Cross-sector collaboration
6. Screening, assessment, and treatment services
7. Training and workforce development
8. Progress monitoring and quality assurance
9. Financing
10. Evaluation

(1) SAMHSA (2014a). SAMHSA's concept of trauma and guidance for a trauma informed approach (HHS Publication No. 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Related Terminology [2,3]

- Childhood adversity
- Adverse childhood experiences (ACEs)
- Toxic Stress
- Trauma
- Trauma-informed approaches
- Trauma-informed initiatives

(2) Center on the Developing Child, 2019 & (3) Dym Bartlett, J., & Sacks, V. (2019)

Expert Insight on Theme One: Achieve a Common Understanding of What it Means to be Trauma Informed

Mandy Davis, LCSW, PhD

Director Trauma Informed Oregon

Portland State University School of Social Work

Associate Professor of Practice

traumainformedoregon.org

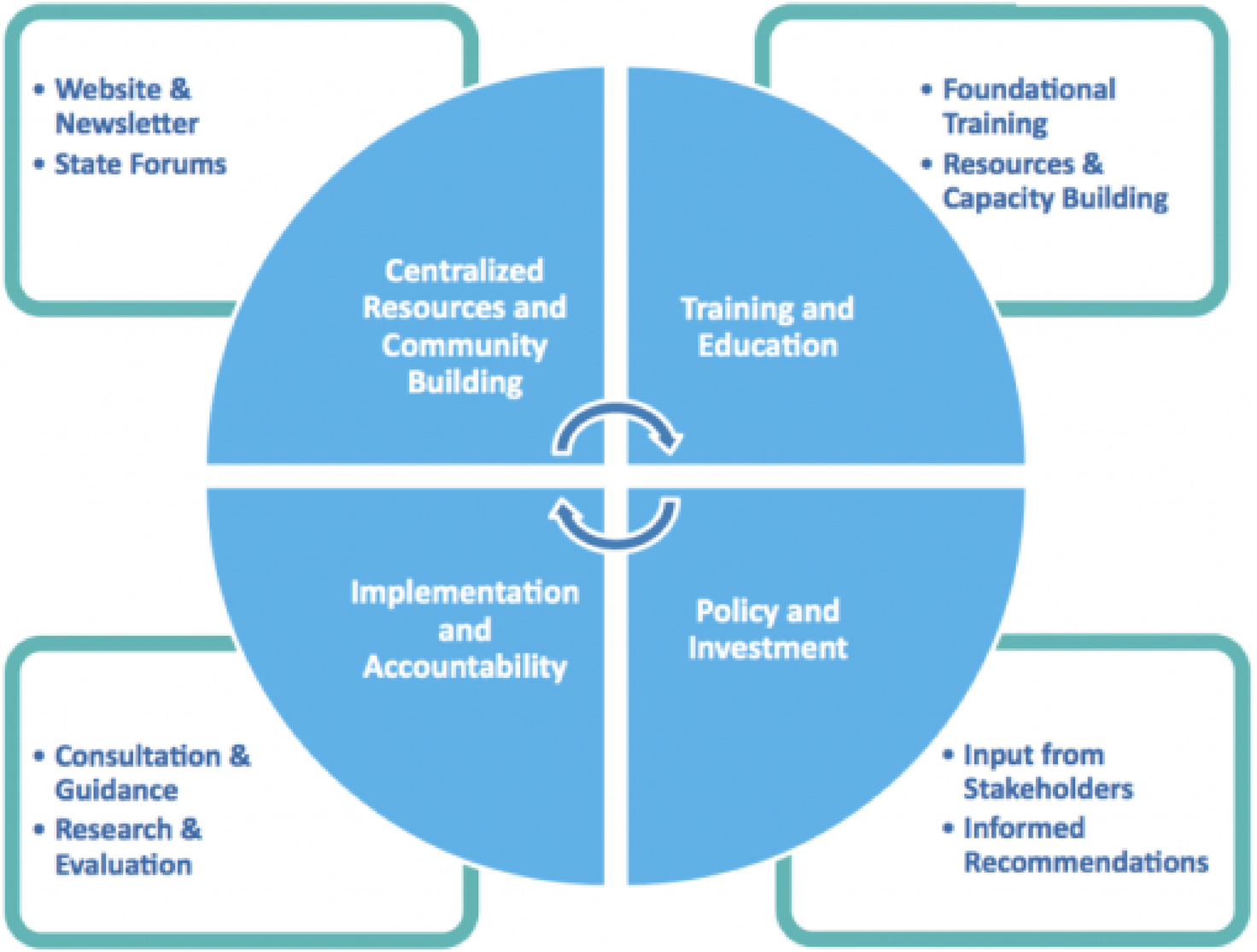
Common Understanding

Trauma Informed Oregon:

A statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults, and families

- Primarily funded by OHA
- Oregon Trauma Advocates Coalition (OTAC)
- Oregon Pediatric Society & Oregon Health Science University
- Advisory board with lived experience, public health, office of equity, provider

FRAMEWORK FOR ACTION



Trauma Recovery vs. Trauma Specific Services

- Reduce symptoms
- Promote healing
- Teach skills

Versus

- Guide policies, practices, and procedures based on understanding of trauma

Trauma Informed Care Logic Model

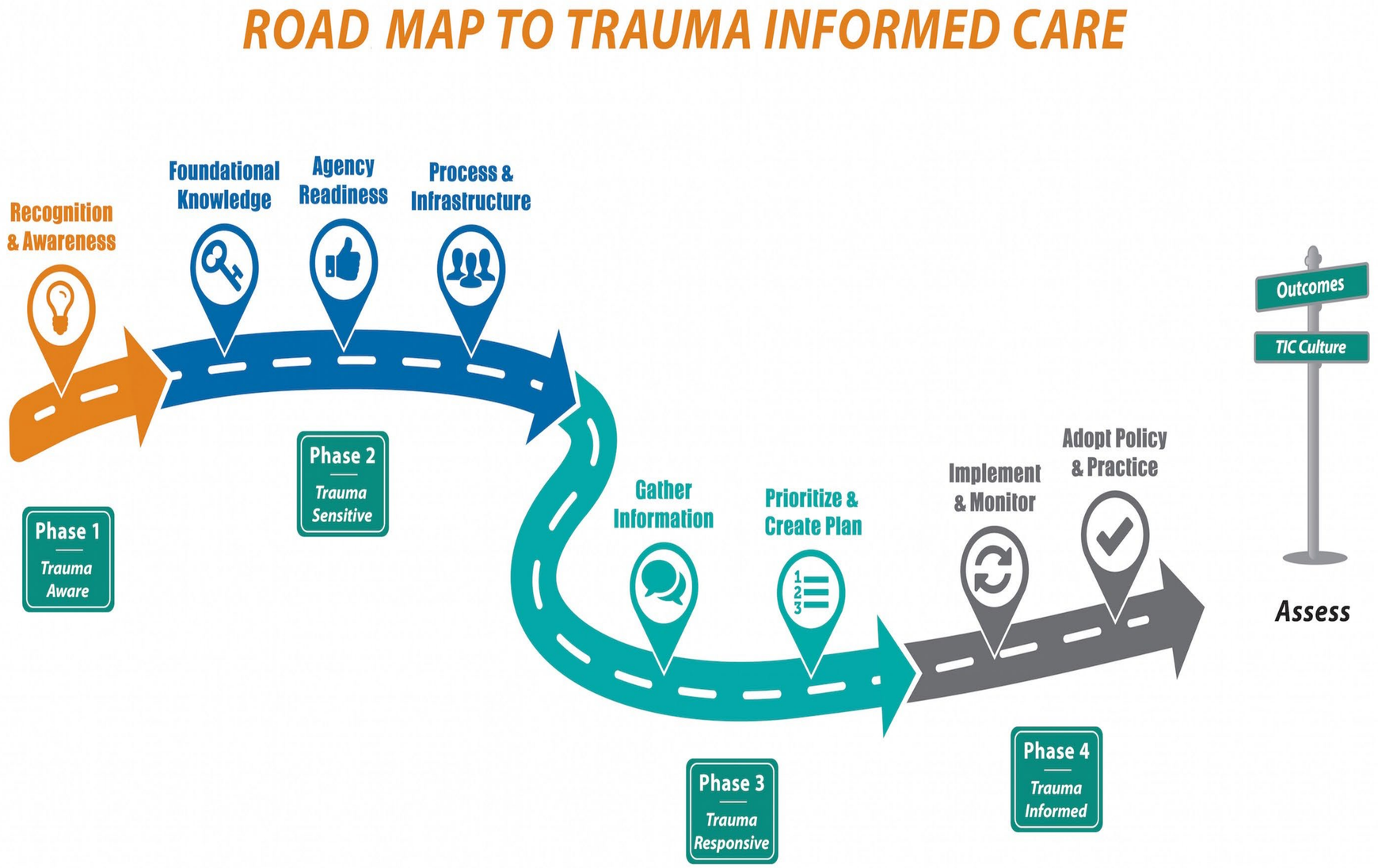
Assumptions

1. Human service settings are populated with people (service users and staff) with experience of past or present trauma.

2. Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice, or value.

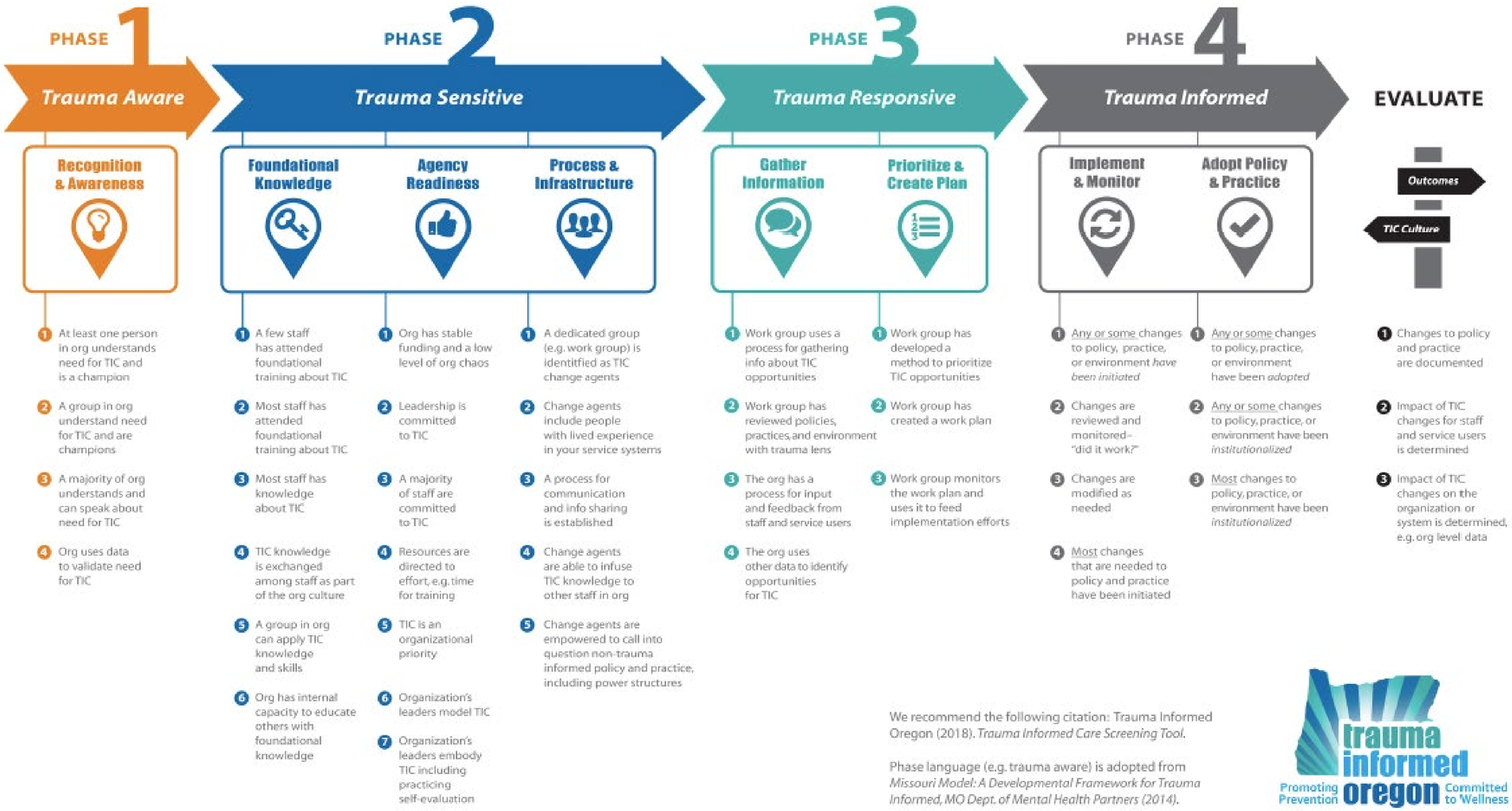
3. Trauma informed care takes these challenges into account and creates services and settings that are safe, empowering, trustworthy, collaborative, and responsive to cultural, historical, and gender issues (based on TIC principles).

Trauma Informed Care: **WHEN** Do We Do It?



Trauma Informed Care: **HOW** Do We Do It?

Trauma Informed Care Screening Tool



We recommend the following citation: Trauma Informed Oregon (2018). *Trauma Informed Care Screening Tool.*

Phase language (e.g. trauma aware) is adopted from *Missouri Model: A Developmental Framework for Trauma Informed, MO Dept. of Mental Health Partners (2014).*

trauma informed oregon
Promoting Prevention Committed to Wellness

Trauma Informed Care: **WHAT** Do We Do?

Standards of Practice

Trauma Informed Oregon
December 2017

I. Leadership Commitment and Endorsement. School district, school boards, and school leadership acknowledge that an understanding of the impact of trauma is central to effective service delivery and make operational decisions accordingly.

Ia.	The district and school board are aware and committed to TIC. *How is this assessed?*
Ib.	The words "trauma informed" appear in district policies, school improvement plans, and staff/student handbooks. This may also be stated as "trauma informed practice," or "trauma informed schools." *Describe or provide examples.*
Ic.	The school has made a commitment to diversity and equity with students and families. *How is this reflected in policy and practice?*
Id.	Students at the school who come from a diversity of backgrounds have leadership roles (e.g., student body, etc.). *What roles? How is diversity defined?*
Ie.	There is a process in place for regular feedback and suggestions from staff, students, caregivers, and community members or partners related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision making, helpful/supportive staff, etc.).

Final Thoughts on Theme One

- **Connect initiatives –** How are Social Emotional Learning (SEL); Diversity, Equity, Inclusion (DEI); and Restorative Justice (RJ) connected with TI?
- **Link language – validate – use the principles -** “Yes, that is Trauma-informed!”
- **Keep TI knowledge present -** Even if you call it something different, where is TI in the work?
- **Talk about TIC as an adjective versus a noun -** It is how we do the work.

Theme Two: Support a Trauma-Informed Workforce

Overview of this Section

- ✓ Organizational Capacity
- ✓ Ongoing Coaching/Support
- ✓ Addressing Secondary Stress
- ✓ Innovation and Training

Assess Organizational Capacity

Poll 3

- Identify and work to remove/lessen barriers to effective implementation such as high caseloads, high staff turnover rates, and inadequate financial resources
- Conduct a readiness assessment to better position agency, organization or program for success
- Base decisions on data; if data-systems are not in place, work to develop and refine
- Improve workplace satisfaction: Foster collaboration; create culture of safety
- Create communication between partner agencies

Offer Ongoing Coaching, Supervision and Professional Development

- Train staff to improve both knowledge and attitudes toward TI approaches
- Couple ongoing training with supports: practice-based coaching or reflective practice

Provide Support for Preventing and Coping with Secondary Traumatic Stress

- Frontline staff face increased risk when organizations do not actively identify, address, and work to prevent future work-related stressors
- Promote self-care with regular wellness reflection and intentional activities that address secondary traumatic stress

Expert Insight on Theme Two: Support a Trauma-Informed Workforce

Jennifer Drake-Croft, MSSW, IMH-E®

Director of Early Childhood Well-Being,

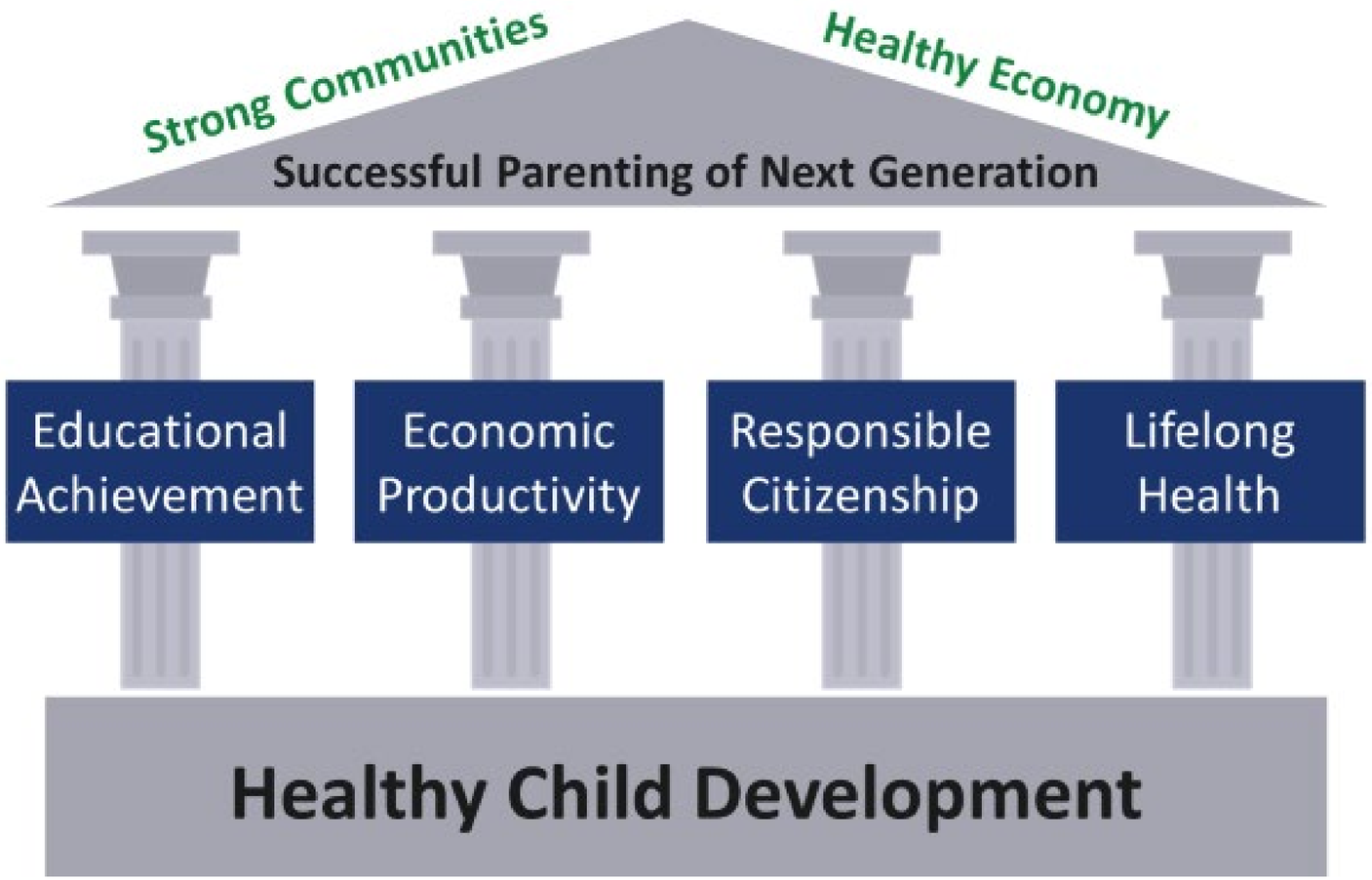
Tennessee Commission on Children and Youth

ttps://www.tn.gov/tccy/advocate-collaborate/tccy-ecwb.html

For more on Building Strong Brains Tennessee:

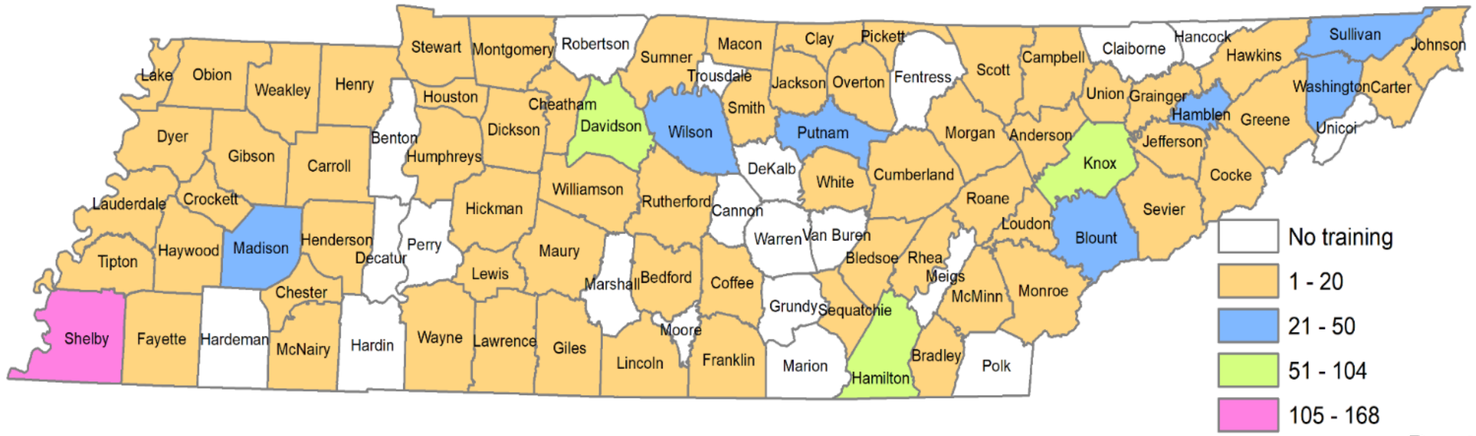
https://www.youtube.com/watch?v=0OsfGe_a0K0&t=27s

Building Strong Brains Tennessee



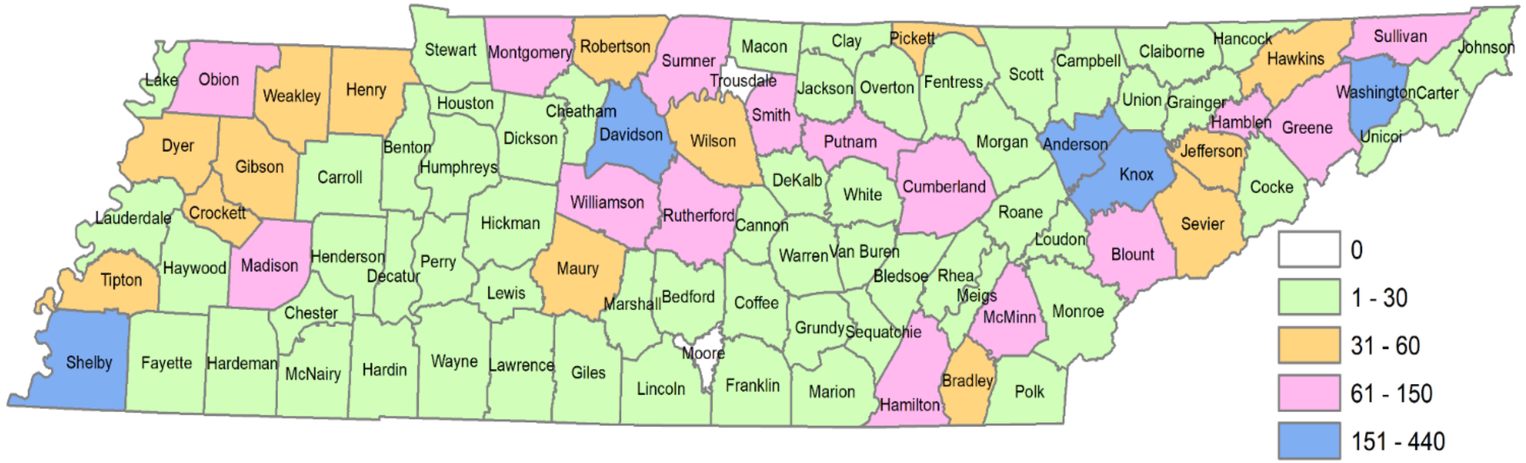
Building Strong Brains Training for Trainers

Counties were trainings have been held



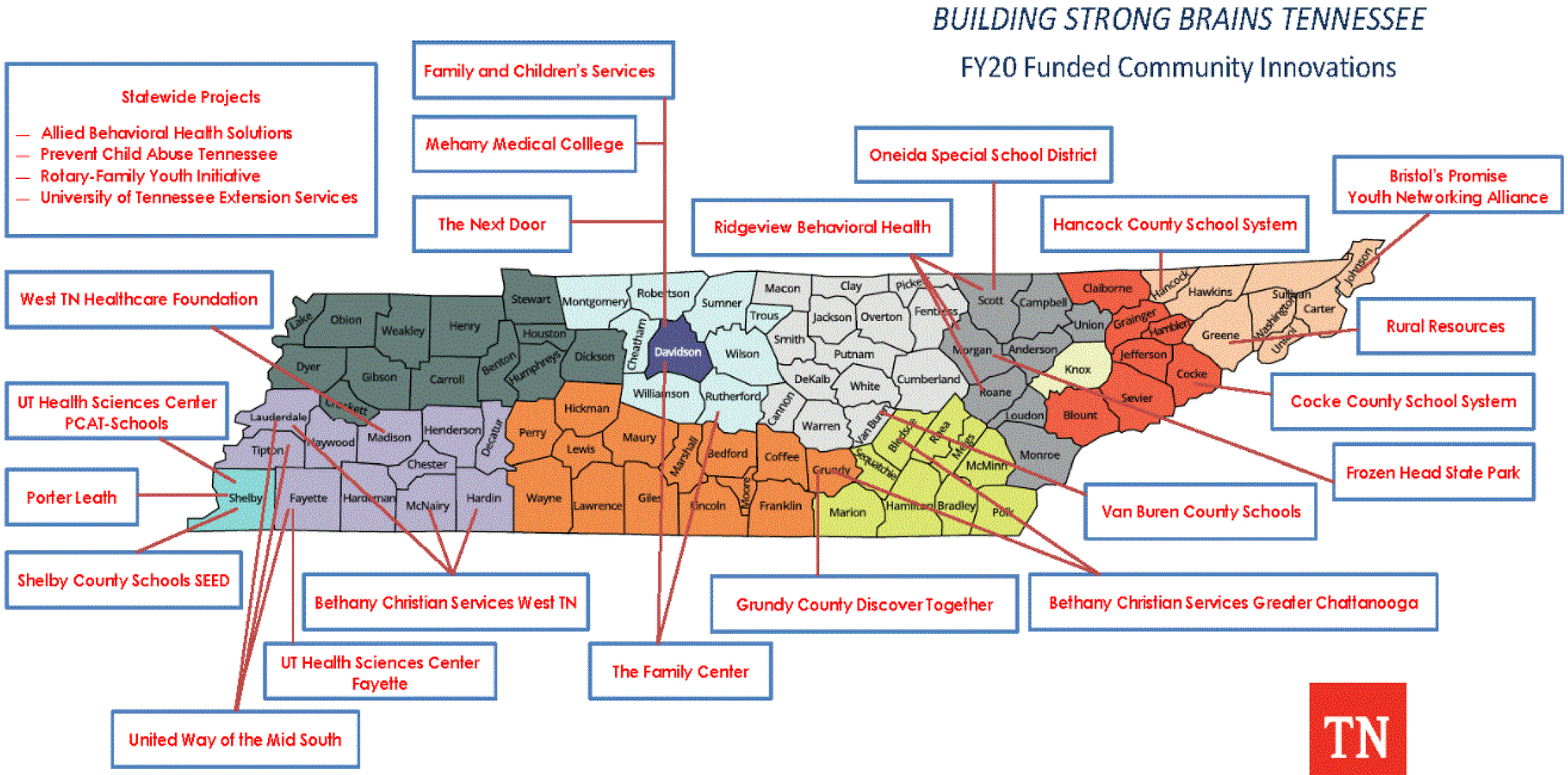
Over 1,100 geographically and sector diverse individuals have been trained to present.

Participants by county of residence



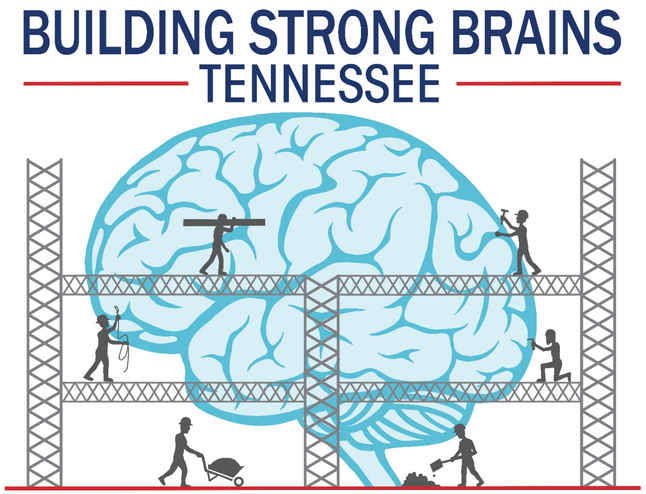
These trainers have presented to over 50,000 additional people.

Building Strong Brains ACEs Innovation Grants



Final Thoughts on Theme Two

- *Building Strong Brains Tennessee* **workforce efforts** have been intentionally broad in order to reach many professions, sectors and communities.
- Evidence-based, common language and extensive training to support **knowledge mobilization and better policies**.
- **Coordinated private and public sector work** to change philosophy, policies and funding, programs and professional practice.
- **Allocations in the state budget** supporting innovative strategies to prevent and mitigate the impact of toxic stress and childhood trauma.



Theme Three: Strengthen Measurement and Build Evidence of Impact

Overview of this Section

- ✓ TOC and LMs
- ✓ System-level Collaboration
- ✓ Involving Target Populations
- ✓ Equity Measures

Use Theories of Change and Logic Models

Poll 4

Define

Identify

Establish

- Often the goals are long-term (i.e., “to reduce ACEs”) without specifying how program inputs and activities will lead to these goals.
- A Theory of Change describes how goals will be reached by connecting activities/services with expected outcomes.
- A Logic Model (like a road map based on theory) helps to define the approach, guide implementation and better plan for and support in measurement efforts.

Collaborate with Systems Partners

- Ensures consistency and continuity across systems with which the same family might be involved; helps **reduce duplication of efforts and lessen confusion** for the family.
- When indicators of success are commonly defined, measurement efforts are more likely to be **accurate and applicable**.
- Assures **data sharing is optimized**, thus influencing common metrics and goals.
- Helps findings be **actionable and relevant** and grounded in the communities that are served.

Involve Target Populations in Decisions

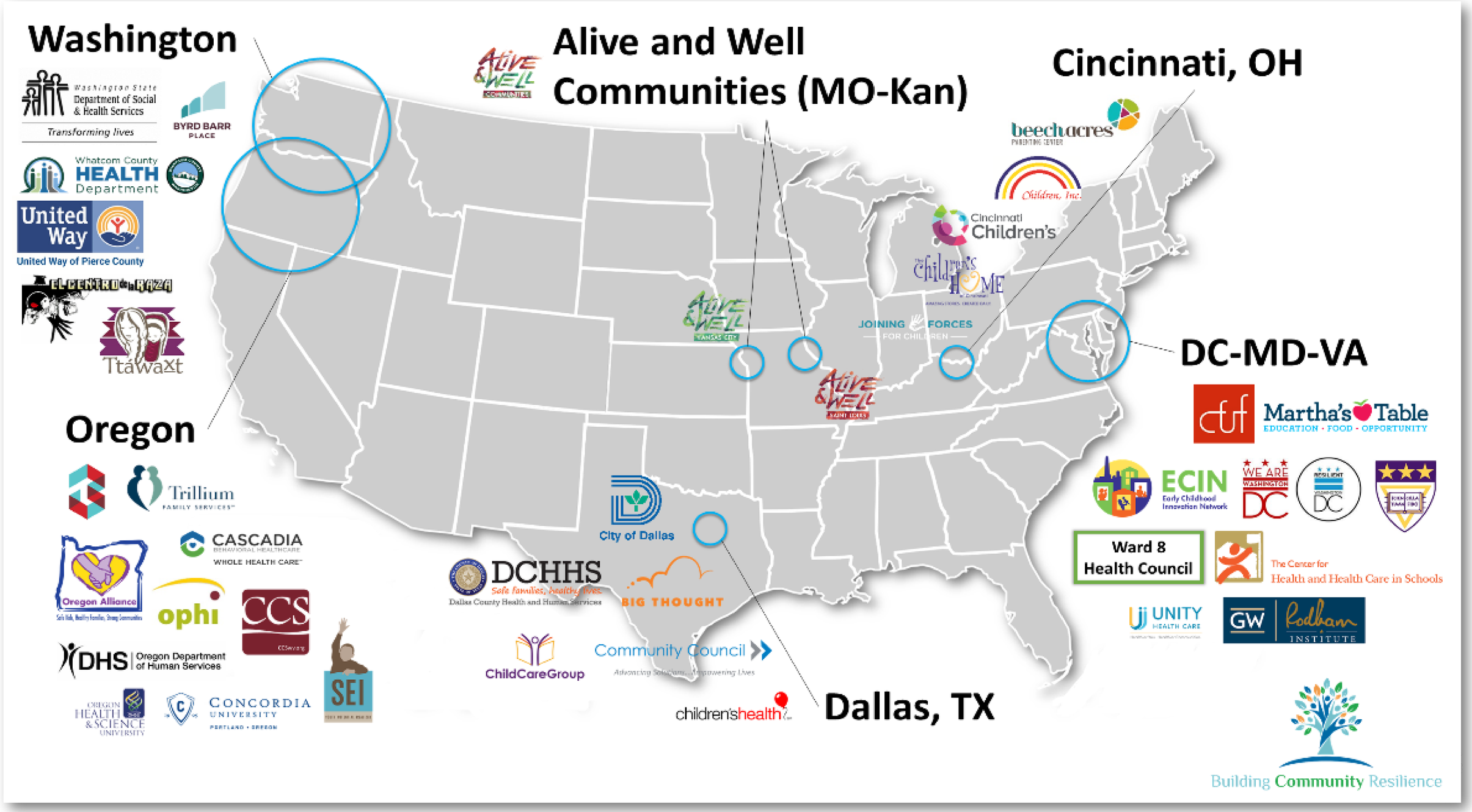
- Community-based participatory action research and other research approaches engage diverse groups in examining issues.
- Buy-in to TI efforts is increased by involving community residents, trauma survivors, those in recovery, alongside practitioners and researchers.
- Keep those who will be impacted actively involved in the planning, practice, research, and refinement of the efforts.

Expert Insight on Theme Three: Strengthen Measurement and Build Evidence of Impact

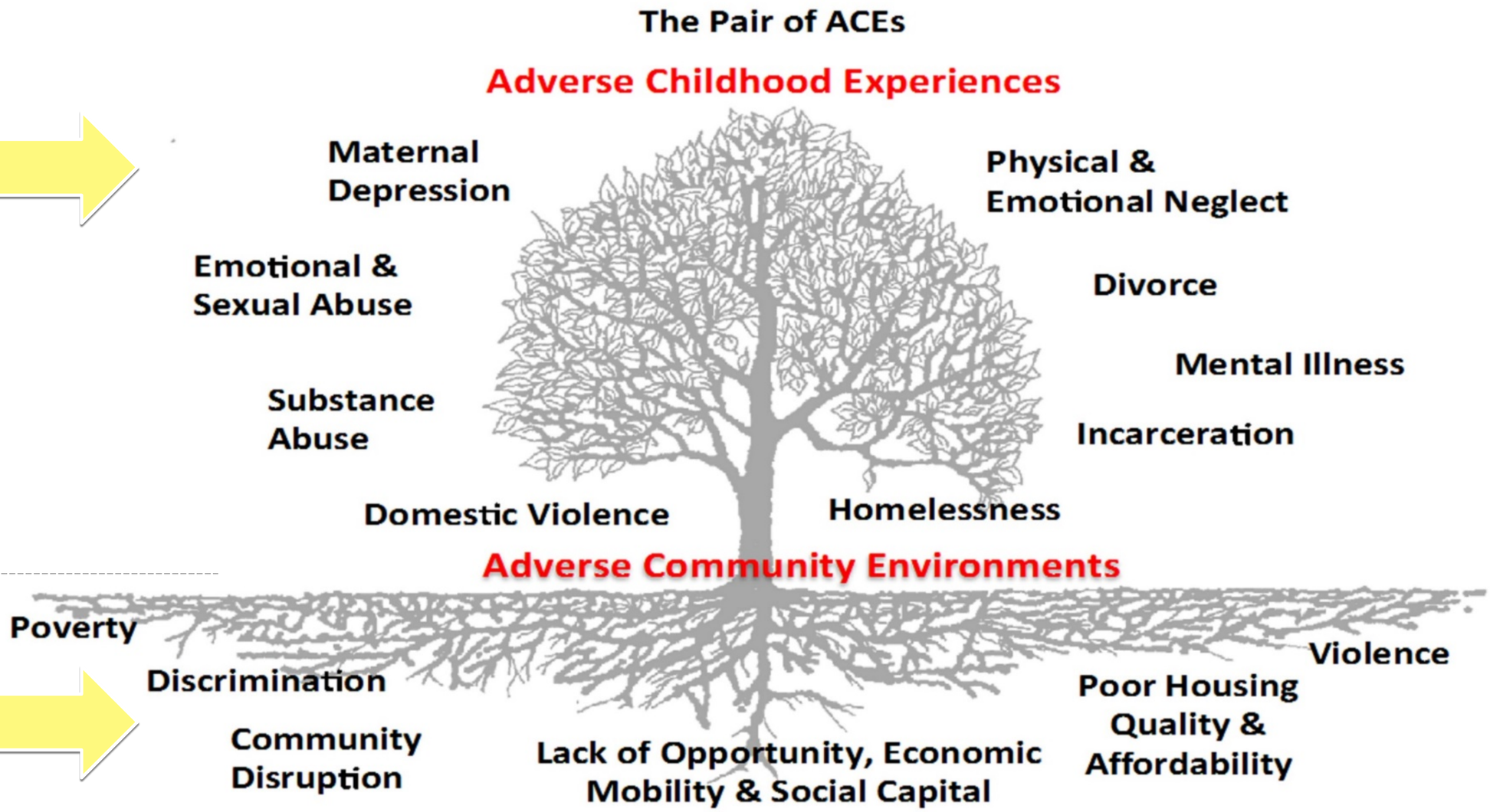
Jeff Hild, JD

Policy Director, Redstone Center at the George Washington University School of Public Health

https://publichealth.gwu.edu/redstone-center


Washington
Alive and Well Communities (MO-Kan)
Cincinnati, OH
DC-MD-VA
Oregon
Dallas, TX
Washington State Department of Social & Health Services
Transforming lives
BYRD BARR PLACE
Whatcom County HEALTH Department
United Way
United Way of Pierce County
EL CENTRO de la RAZA
Ttawaxt
Alive & Well Communities
Alive & Well Kansas City
Alive & Well Saint Louis
beech acres
Children, Inc.
Cincinnati Children's
The Children's HOME
JOINING FORCES FOR CHILDREN
Martha's Table
EDUCATION · FOOD · OPPORTUNITY
ECIN
Early Childhood Innovation Network
WE ARE WASHINGTON DC
Ward 8 Health Council
The Center for Health and Health Care in Schools
UNITY HEALTH CARE
GW Rodham INSTITUTE
Trillium FAMILY SERVICES
CASCADIA BEHAVIORAL HEALTHCARE WHOLE HEALTH CARE
Oregon Alliance
ophi
CCS
DHS Oregon Department of Human Services
OREGON HEALTH & SCIENCE UNIVERSITY
CONCORDIA UNIVERSITY PORTLAND · OREGON
SEI
City of Dallas
DCHHS Safe families, healthy lives
Dallas County Health and Human Services
BIG THOUGHT
ChildCareGroup
Community Council
children's health
Building Community Resilience

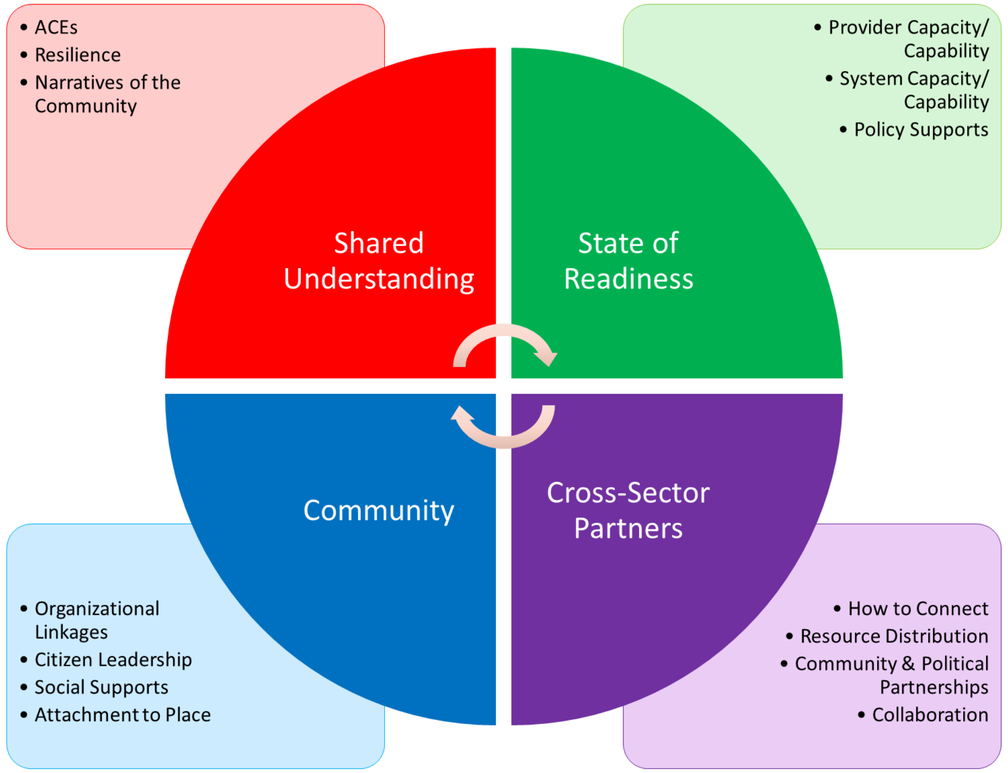
Outcomes



Policy and Practice

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Building Community Resilience:
Process of Assessment, Readiness, Implementation & Sustainability



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

BCR Tools for Network Progress Measurement

- Network module survey
- Program module survey

Data

- Quantitative + qualitative
- Collected annually

Domains

- Equity as a guiding principle
- Translate Pair of ACEs science into direct service
- Systems/Sectors coordination & integration
- Community engagement & leadership
- Use of data to inform practice
- Financial sustainability

For service providers

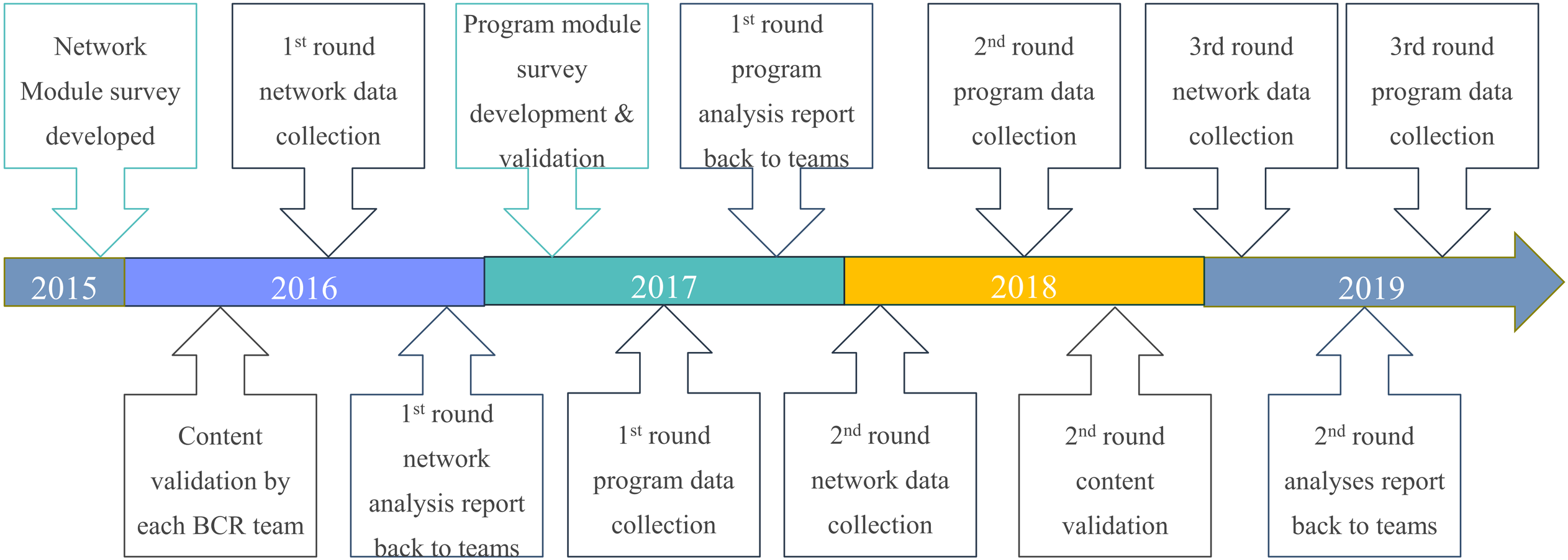
Analysis

- Evaluate progress
- Identify opportunities for growth

Example: Equity Measures

- Adoption of an equity statement into goals/mission
  - Quantitative: yes/no
- The equity statements
  - Qualitative: yes/no
  - Updates tracked over time
- How did the organization's community resilience initiative help achieve equity goal?
  - Qualitative: yes/no
  - Changes tracked over time
- Demographic comparisons (Program Module)
  - Program participants vs. Program staff vs. Local community

Measurement Development and Evaluation



- Developed based on Ostrom's IAD framework, focusing on the "Action Arena"
- 2 rounds of content validation (2016 & 2018)
- Program module developed based on respondent feedback

Final Thoughts on Theme Three

- Collectively identifying indicators of community resilience allowed BCR to track progress despite geographic and organizational diversity
- Measures at both the network and the organizational level are key to evaluating success
- Use of qualitative data has helped to identify both challenges as well as opportunities for growth and innovation
- Equity & Trauma-Informed Transformations can be measured as both outcome and process

Expert Insight Summary and Next Steps

Kelly Jedd McKenzie, PhD

Social Science Research Analyst, Office of Planning, Research, and Evaluation, Administration for Children and Families

Where Do We Go From Here?

This project demonstrated both:

- A wide array of promising and innovative efforts being made to become trauma informed, and
- Critical gaps in our shared understanding of the evidence behind such approaches.

How to we build the capacity of the system to take advantage of new efforts and answer outstanding questions?

Recommendations for Future Direction/Investments

Opportunities to break down silos and foster environments for dynamic learning across sectors include:

- Federal repository of information (e.g. trauma.gov)
- Meetings/conferences across sectors, disciplines, and levels around shared goals
- Increasing opportunities for researchers and programs to publish and disseminate knowledge

Technical Assistance Expansion and Collaboration

- Build the capacity of technical assistance centers to expand reach, impact, and cross-collaboration
- Help establish consistent guidance on definition and operationalization of what it means to be TI
- Increase training and professional development efforts (including more support for secondary stress)

Evaluation Capacity Building

- Establish cross-sector databases, platforms, and/or systems
- Develop database of measures to evaluate outcomes related to trauma and trauma-informed services
- Build capacity of stakeholders to “tell their stories” using quantitative and qualitative data

Action Steps

- In the chat pod, please type in one Action Step you have after participating in this webinar

Questions and Answers

What are you wondering about?

Website for Resources

Poll 5

All resources from this project are (or soon will be) available at this location:

https://aspe.hhs.gov/pdf-report/trauma-informed-approaches-connecting-research-policy-and-practice-build-resilience-children-and-families

Thank you for attending!