TIC Implementation Process Summary

Rationale

The high rate of trauma experienced by the youth involved with [organization] is well understood. The effect this can have on clients and the workforce is also clear. Stress and trauma impact relationships, communication, and the ability to engage in the work and services. Individuals experiencing stress or trauma will use prior experience to determine their expectations for present and future events – paying closer attention to threat and issues of safety, power, and self-worth. Good communication and supportive relationships can mitigate a negative interpretation and promote positive experiences and a trauma informed environment.

[Organization] understands the impact of trauma and is working to reduce activation of the stress response and create environments that support youth, staff, and proctor families. By reducing activation, participants are more likely to be engaged in the program and in services, function at their best, and experience post-traumatic growth.

Project

Beginning in Fall 2017, [organization] partnered with Trauma Informed Oregon (TIO) to initiate trauma informed care (TIC) within the agency. The desired outcomes of the project included an increase in staff knowledge about TIC, establishment of a sustainable TIC implementation process, and improved client experience and services. The activities provided by the TIO team included:

1. **All-staff training**
2. **Train the trainer (two staff participated)**
3. **Consultation about implementation and support for TIC work groups**
4. **Evaluation of progress**

Process

All-Staff Training
In September 2017, TIO provided a four-hour foundational training on trauma informed care for all [organization] staff and proctor parents.   Across all departments, attendance was good (58 out of 72 invited).

Support for TIC work group
Two work groups met bi-monthly to establish a process for TIC implementation. One group used data that had been collected at the all-staff training (opportunities for TIC referred to as hotspots), while the other group worked through the TIO Standards of Practice. Each group used information to identify TIC priorities and create a work plan. The intent was to have each group work separately for several months and then form a combined group in May 2018.

The bi-monthly meetings started in November, 2017 and were approximately 90 minutes in length. Each group had broad representation from departments and roles, including proctor parent involvement. Both groups started with 10-12 members, but lost several right away due to schedules or organizational attrition.

TIO helped the work groups establish a sustainable process for implementation with administrative support and technical assistance, as needed. Each group created infrastructure and process in order to move the work forward; however, this differed between the groups. The summary of approach is outlined in the findings section under document review.

Evaluation:
The following data were used to address the questions guiding this evaluation:
- **Survey Data**: Staff knowledge, self-efficacy, and professional satisfaction: Several surveys were sent to all staff at [organization], including proctor parents, between October 2017 and August 2018. The staff received an email invitation to participate from the TIO evaluator, forwarded in an email from the Executive Director. Reminder emails were sent out approximately one week after the initial email.
    - Staff knowledge and self-efficacy: A survey was sent electronically at three time points (Oct, Feb, and Aug). This survey included 49 multiple choice or true/false questions about TIC knowledge in six categories (basics of trauma, what is TIC, TIC application, TIC neurobiology, resilience, and workforce wellness). It also included questions about TIC self-efficacy (e.g. I have the skills needed for TIC), amount of prior training, and recency of training.
    - Professional satisfaction: The Professional Quality of Life (ProQOL) was sent electronically twice during this time period--in October 2017 and August, 2018. The ProQOL is a validated instrument that measures burnout, secondary traumatic stress, and compassion satisfaction. Also included in this survey were demographic questions about role, years of experience in the field, and length of time at the agency. Participants were also invited to provide age, race, and gender if they wished.
- **Agency data**: Existing client data was used to indicate changes in youth engagement and behavior. This data was de-identified and aggregated.
- **Focus group data**: Two focus groups were held on July 19th and 20th, 2018. All previous and current work group members (n=22) were invited to attend. Each focus group was 75 minutes long. The focus group on July 19th had five participants, four from the standards work group and one from the hotspots workgroup. The focus group on July 20th had four participants, three from the hotspots work group and one from the standards work group. Overall, nine work group members (41%), participated in a focus group and both work groups were equally represented.
- **Work group process documents**: TIO facilitators maintained a very organized and thorough documentation of the process. This included agendas and meeting notes from all meetings, action plans and other documents organizing the data, powerpoint presentations, and relevant tools or educational handouts. This information was stored in a Google drive and was accessible to all work group members.

Questions Guiding Project Evaluation:

1. Determine whether professional job satisfaction improves among the staff at [organization] as a result of TIC implementation.
2. Determine whether TIC related knowledge and perceived self-efficacy improves among the staff at [organization] as a result of TIC implementation.
3. Determine the extent to which, and in what ways, the work group is able to foster TIC within [organization].
4. Determine whether client engagement improves at [organization] as a result of TIC implementation.

Findings

Q. Did professional job satisfaction improve among the staff at [organization] as a result of TIC implementation?

Job satisfaction was measured using the Professional Quality of Life (ProQOL) instrument. In order to explore whether satisfaction improved as a result of the introduction of TIC, the ProQOL was completed at two time points, once at the beginning of the project (Oct 2017) and once at the end (August 2018). The intent was to match respondents at time 1 and time 2. This type of design is advantageous because it balances individual characteristics (such as experience, age, attitudes) between groups--factors that might be contributing to the effect. Unfortunately, only six individuals completed the ProQOL at both time periods, too small a number to do a pre/post comparison.

As an alternative, comparison can be made between independent groups (the group completing the survey in Oct, and the group completing the survey in Aug). Conclusions that can be drawn from this type of analysis are much more limited, but it is possible to determine whether levels of burnout, secondary traumatic stress, and compassion satisfaction were significantly different between the group of individuals completing the survey in October, 2017 (n=30) and the group of individuals completing the survey in August, 2018 (n=23). An independent samples t test was conducted to investigate possible group differences.
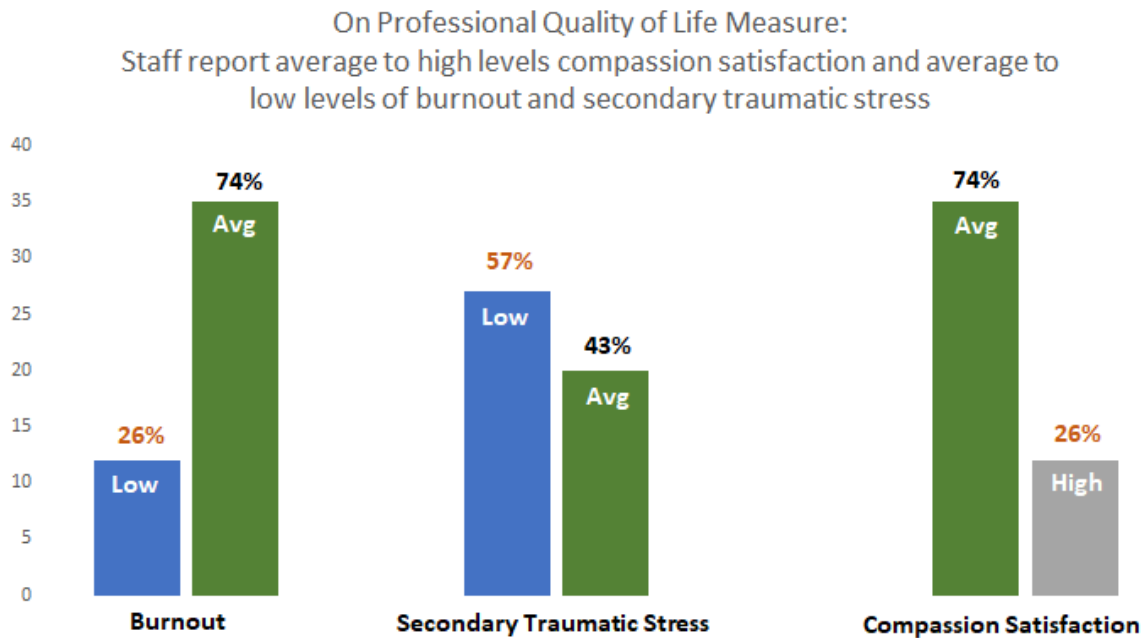
Results suggested there was no significant difference in the levels of burnout, secondary traumatic stress, and compassion satisfaction between time 1 (Oct 2017) and time 2 (Aug 2018).

Despite a non-significant difference between the two time periods, some interesting and meaningful points emerged from the data.

- One-hundred percent of respondents endorsed average or low burnout, average or low secondary traumatic stress, and average or high compassion satisfaction.
- Not one individual endorsed high burnout, high secondary traumatic stress, or low compassion satisfaction.

- More than 1/4 of respondents (26%) reported a low level of burnout.
- More than half of respondents (57%) reported a low level of secondary traumatic stress.
- More than 1/4 of respondents (26%) reported a high level of compassion satisfaction.

Below is a graph that illustrates the results from all unique individuals, n=47, collapsed across both time periods. For those individuals who had completed the ProQOL twice, their data was averaged.

On Professional Quality of Life Measure:
Staff report average to high levels compassion satisfaction and average to low levels of burnout and secondary traumatic stress

	Burnout	Secondary Traumatic Stress	Compassion Satisfaction
Low	26%	57%	
Avg	74%	43%	74%
High			26%

During the focus groups there was some concern that workloads may be high, especially in specific departments. The results of individual questions on the ProQOL can be a way to validate this perspective. Below, are the responses to two questions that address this issue.

I feel overwhelmed because my case [work] load seems endless

Never   Rarely **13 (28%)**   Sometimes **19 (40%)**   Often **9 (19%)**   Very Often **6 (13%)**

I am happy that I chose to do this work

Never   Rarely   Sometimes **14 (30%)**   Often **19 (40%)**   Very Often **14 (30%)**

Staff turnover is often an indication of engagement and even satisfaction. While there are many reasons staff leave a place of employment, it can be a useful number to track. In

addition to indicating how many people are leaving (for whatever reason) it also paints a picture regarding the amount of personnel change taking place, which can contribute to a feeling of organizational turbulence.

Due to the transfer of HR functions to an outside contractor, determining and corroborating the staff turnover rate was challenging. However, it is customary for IT to suspend employee accounts when they leave [organization] Youth Progre—data that can be used as a proxy for staff turnover. From this information it was determined:

- Between Oct 1. 2017 and Oct 1. 2018 – 77 accounts were terminated (as compared to 72 the prior year).
- Between Oct 1. 2017 and Oct 1. 2018 – 60 new employees were hired.
- As of October, 2018 there are 75 employees

Q. Did TIC related knowledge and perceived self-efficacy improve among the staff at [organization] as a result of TIC implementation?

TIC knowledge was measured using a knowledge test created by TIO. The questions covered a range of foundational topics including basics of trauma and TIC, TIC application, TIC neurobiology, resilience, and workforce wellness. Questions were either multiple choice or true/false. In addition to the knowledge test, respondents answered questions about their confidence in their answers, amount of guessing, TIC self-efficacy, amount of prior training, and recency of prior training.

As was the case with job satisfaction, the knowledge survey was completed at multiple time points (Oct 2017, Feb 2018, Aug 2018) in order to explore whether knowledge and self-efficacy improved as a result of the introduction of TIC. Unfortunately, the number of individuals who completed the survey at more than one time point was too small to investigate change over time. However, analysis can be done to explore whether there are significant differences between independent groups (e.g. individuals at each time point).
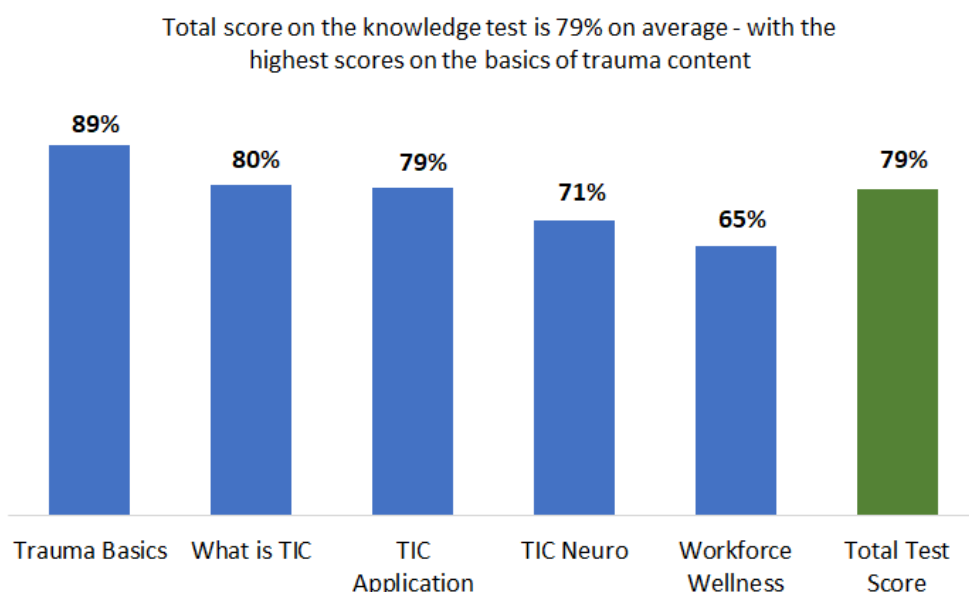
⭐ Anova was conducted to compare differences in self-efficacy, scores on the test of knowledge, and amount of prior training across the three periods of time. There was no significant difference between time 1 (Oct 2017), time 2 (Feb 2018), or time 3 (Aug 2018) on any of these measures.

Despite a non-significant difference between the time periods, some interesting and meaningful points emerged from the data.

- 67% of respondents scored in the 70-85% range on the knowledge test in Oct 2017. In February and August, 80% fell within this range.
- Four individuals would have received an A on the test at time 1, but this dropped to 2 individuals at time 2 and time 3.

- Amount of face-face training (a lot, some, very little, none) significantly predicted knowledge test scores.
- Neither recency of training nor perceived self-efficacy predicted knowledge test score.
- Self-efficacy was moderately correlated with amount of training, but was weakly correlated with knowledge test score and wasn't correlated at all with recency of training.

Below, are the average scores on the knowledge test collapsed across all three time periods.

Total score on the knowledge test is 79% on average - with the highest scores on the basics of trauma content

Trauma Basics	What is TIC	TIC Application	TIC Neuro	Workforce Wellness	Total Test Score
89%	80%	79%	71%	65%	79%

It should be noted that not all sub-topics had an equal number of questions. For instance, the workforce wellness topic only had five question compared to 12 about neurobiology. As a result, one incorrect answer will have a larger effect in this sub-category than in others. That said, respondents scored poorly (less than 50% choosing the correct answer) on the questions related to parallel process, vicarious trauma, and secondary traumatic stress.

Q. How was TIC fostered within [organization] and to what extent, and in what ways, were the work groups able to support this?

Document Review

TIO documents were reviewed including meeting agendas, meeting notes, action plans, and other tools. The work groups started meeting in November, 2017. Each group started with approximately 10-12 members. After the initial meeting, approximately 5-6 members attended each meeting. Each group followed a process and appeared very organized.

- **Standards work group**: The aim of this group was to walk through TIO's Standards of Practice. The group worked on one standard at each meeting, listing ways [organization] reflected TIC currently, changes that were occurring, and suggestions for

additional changes to be made. This information was organized in a template. The group met five times to work through this framework. Strategies were identified, but it was unclear from the notes whether these were initiated or simply suggested.

● **Hotspots work group**: The aim of this group was to organize and prioritize opportunities for TIC using the hotspots data collected at the all-staff training. Before jumping into the hotspots data, the group created a mission statement for the workgroup and established a process for their work including membership, voting, and decision making. The meetings between November-February focused on establishing this process. In February, the group began to organize hotspots and identify priorities. The priorities were organized in a template that included other information such as person in charge, next steps, and timeline.

Focus Group Interviews

Two focus groups were held in July 2018 to understand the TIC implementation process. Members of both the hotspots and standards work groups were invited to participant. The intent was to learn how the work group process was for members and to hear what wisdom and advice they would share with others starting this process.

Participants started the focus groups by discussing what TIC means and its most important elements. The table provides the overarching themes that emerged from this discussion.

What does TIC mean?	
"Just knowing what other people bring into the space, like from outside. So, like what happened in their life previously. What happened that day previously. Just knowing that trauma can occur in anyone's life."	● Being client focused and meeting them were they are at ● Understanding that we carry past trauma with us, but not needing to know the details ● Not wanting to perpetuate trauma ● Opportunity to empower and create trusting relationships
"It's a bonding type of situation and if you can create that then they'll be more open to change and that's very important. A lot of them have lost trust in the system, and I try to make them feel comfortable and knowing that hey I'm there for you, the program's here for you, we're all in this together so let's try to make it work."	● Appreciating the intersectionality and broader contexts of people's lives

| What are the important elements of TIC?	● Demonstrating TIC values ● Self-awareness

"Creating a calm environment is a really important piece of it. Where people know what to expect when they come into the space."

- Safe spaces

- Non-threatening relationships

- Future orientation

- Focus on equity

"Physical and emotional safety in a space cause a lot of behaviors or reactions can be just a reaction to, like, their degree of safety and how they feel."

The focus group participants also talked about the process of being part of a work group and/or implementing TIC. Below, are common themes that represent **lessons learned** and **advice to others embarking on TIC**. The themes have been organized by the TIC implementation phases.
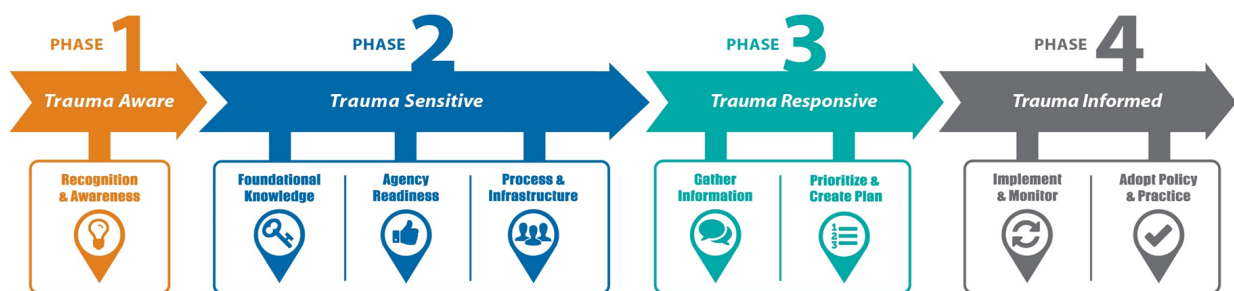
Phase 1: Trauma Aware

Recognition & Awareness

"It feels like to me the whole organization has taken that [TIC] on. It's real personal now, you know? That's how I feel coming here. TIC is real personal."

- Ensure everyone understands trauma, the need for TIC, and what TIC looks like in the organization

"I would have wanted in the beginning maybe a little of what to expect. What are you expecting me to look like after this, or sound like, or think like? What's really my role?"

Phase 2: Trauma Sensitive

Foundational Knowledge

"The shared language is huge. And then that way everyone in the entire agency has had the same training so they're kind of aware of the same problems that can occur, and the problems that we're looking to find solutions for. Just having everyone on the same page is huge. To start."

- Ensure all stakeholders receive training including leadership and board
- Offer trainings and refreshers on a routine basis
- Imbue TIC language into work right away to maintain momentum
- Include TIC in onboarding

Agency Readiness

"They [management] have to model it every day. Every policy they create. Every conversation they have. Every supervision opportunity. And if that's not being done, then the staff won't see it, and they won't engulf that concept, and it just goes away."

- Identify ways to embed TIC into the culture
- Strive to model spirit of TIC at all levels of organization
- Harness the momentum and work to not lose steam
- Recognize that organizational stress and turbulence (amount of change happening) may impact TIC implementation – adjust as needed

Process & Infrastructure

"I do feel like we were able to get a lot of clarity on priorities for the organization. We did a great job of identifying this is what's happening, what's not happening. Like, I got the process and also for me, I was just like but when are we actually going to do the thing"

"the thing is, no one was ever assigned that job [communicating out]. So it never happened. We don't have right now, like a way that we communicate with people that aren't on the workgroups."

"I don't know if there would have been a time where an outside person could have said, you're ready to go on your own. They [TIO] were the engine. And the engine goes away, we're just coasting on the tracks now."

- Establish a pace for implementation that is fast enough to keep staff interested
- Seek input and ensure strategies are well-thought out
- Create and maintain a process for communicating out about progress
- Learn from external consultants but develop internal expertise and leadership

Phase 3: Trauma Responsive

Gather Information

"I don't know what it was in our conversations that didn't pull out this particular theme [staff wellness-noted as an important consideration]. We were talking about all the hotspots, we were talking about all the things that come up for our agency. Maybe it was the framing of what we think of as a hotspot."

"I think we can understand tangible hotspots, like coming into a dark room is scary. But maybe it's harder to say that the structure of my job is a hotspot. I don't think people thought of it that way."

- Support a culture where input and feedback are solicited and welcome
- Ensure larger order opportunities for TIC are noted (such as staff workloads) as well as the concrete and tangible strategies such as painting the lobby

Prioritize & Create a Plan

"I do remember we had a really hard time at the beginning of our meeting conveying what a hotspot was, and I wonder if that's part of the issue that we weren't able to fully capture what is most causing and reinforcing trauma here."

- Ensure prioritization is both purposeful, e.g. low hanging fruit to create buy-in, and meaningful

Phase 4: Trauma Informed
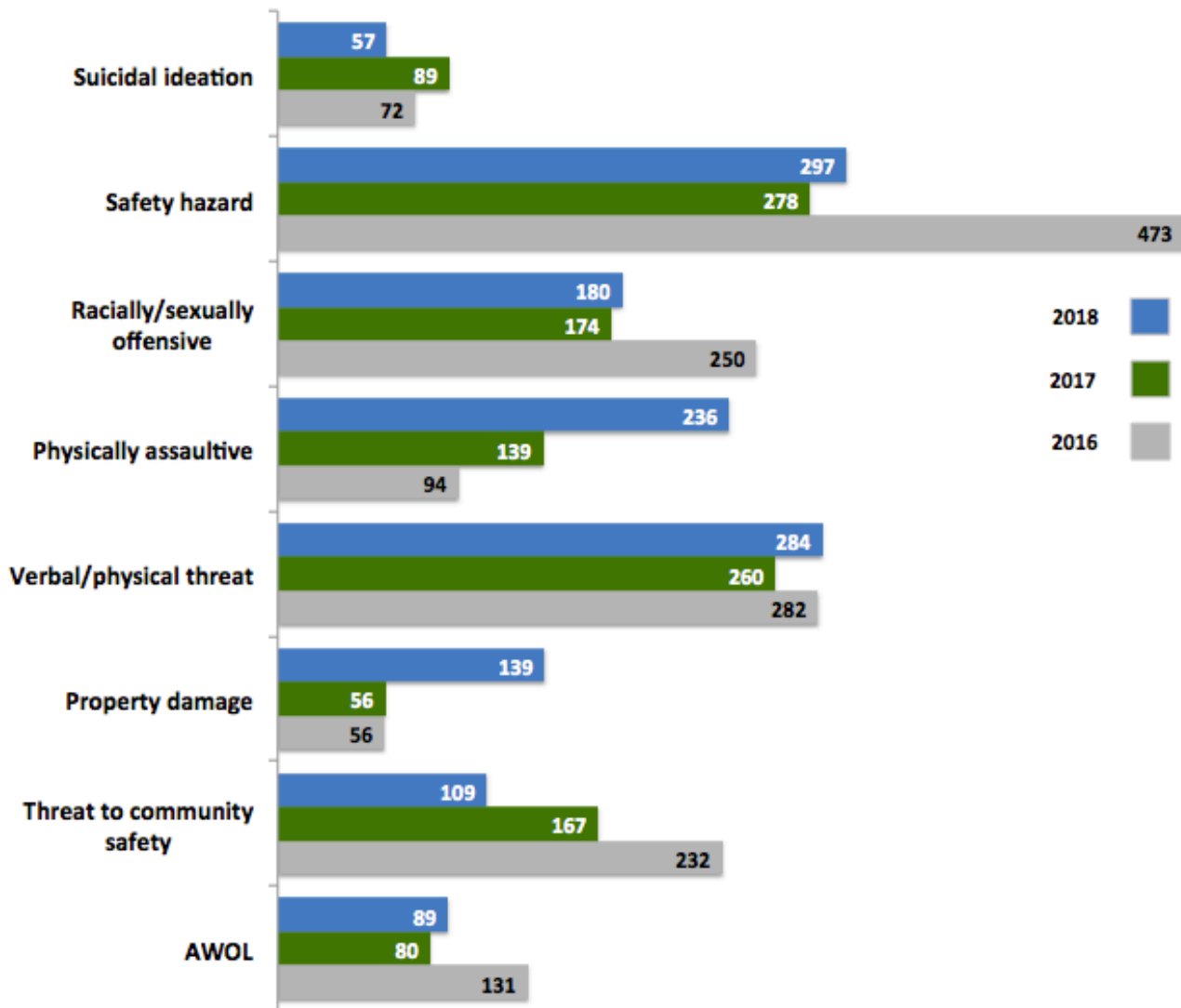
Implement & Monitor

"I think it would've been really hard for us to say, [for example] we need case managers to have a clear definition for what their jobs are, and training for how to do that. That would have been hard for us to say, because none of us were case managers."

- Seek input from individuals or depts that can advise on the logistics and practicality when implementing strategies
- Monitor impact

Q. Did client engagement improve at as a result of TIC implementation?

At [organization], one of the goals for TIC is to improve the client experience and outcomes. Across the field, measuring the impact of TIC is in its infancy, yet it is hypothesized that client engagement and satisfaction are likely areas of improvement. In addition, when clients feel safe, empowered, and valued, it is likely that negative behaviors will decrease. Because implementation is in the beginning phases at [organization] it is difficult to attribute client level change to the TIC effort. However, the following client behavior data are already collected by [organization] and could be tracked to see change over time.

Incidence of behaviors yearly rate per 100 youth served

Suicidal ideation
- 2018: 57
- 2017: 89
- 2016: 72

Safety hazard
- 2018: 297
- 2017: 278
- 2016: 473

Racially/sexually offensive
- 2018: 180
- 2017: 174
- 2016: 250

Physically assaultive
- 2018: 236
- 2017: 139
- 2016: 94

Verbal/physical threat
- 2018: 284
- 2017: 260
- 2016: 282

Property damage
- 2018: 139
- 2017: 56
- 2016: 56

Threat to community safety
- 2018: 109
- 2017: 167
- 2016: 232

AWOL
- 2018: 89
- 2017: 80
- 2016: 131

Legend: 2018 (blue), 2017 (green), 2016 (gray)

Discharge data can also be a good indicator of client engagement. The specific reasons associated with discharge, (e.g. runaway, graduation) were not carefully tracked during 2016-2017 so a comparison could be misleading. However, this information could be helpful to follow moving forward. The distinction between AWOL and discharge should be noted. AWOL refers to youth whose location cannot be determined for more than a 4-hour period. Discharged youth leave the program.

Moving Trauma Informed Care Forward

Over the past year, [organization] has made considerable progress in adopting a trauma informed approach to internal operations, services, and programming and appears strongly situated in phase 2 (trauma sensitive) of implementation. Work group members report a strong commitment to this approach and feel that it is valuable for the organization. Despite this support, implementation can feel bumpy. The organization has experienced a fairly high rate of turnover (see page 5), which can leave remaining staff wondering how the effort will survive. In addition, new staff will require time to understand TIC. Given this reality, it is reasonable to think additional time needs to be spent building buy-in and creating organizational readiness. It's important to remember that this is a marathon and not a sprint. Embedding TIC into the culture takes time—time that can be marked with ups and downs. It's important to remain committed, optimistic, and steadfast to the TIC values; modeling it across all levels of the organization and throughout all policies and practices.

Based on the reflections of work group members about the process over the past year and the supporting data, we offer the following recommendations moving forward.

Increase TIC Visibility as a way to promote buy-in and build champions
- Consider adding the following questions to meetings:
  - TIC sightings?
    - "Have you noticed anyone (or the organization) doing something trauma informed?"
    - "Have you noticed a moment that could have used a trauma informed approach?"
    - "What is one thing you have observed or learned about trauma or TIC this week?"
- Consider adding trauma informed happenings to newsletters or bulletin boards.
- Develop some common language that can be shared among staff. Is there a way you can talk about this so that it increases visibility to the effort?
- Consider using a periodic survey to assess whether staff are aware of the TIC effort.

Build knowledge in order to ensure staff have the skills and information they need for TIC
- Include TIC related information in orientation and training.
- Identify online modules or other TIC training that can be offered as a refresher.
- Find other ways to continue learning about trauma and best practices.
  - Have one person review an article or resource at each meeting
  - Hold a book group
  - Use case studies to apply TIC

- Add trauma related questions to staff meetings
- Practice TIC skills at staff meetings (e.g. reframing behaviors, or revising a current policy or practice).
- Keep in mind that face-to-face training was most predictive of actual knowledge. Self-efficacy was a poor indicator.

Improve Communication to maintain momentum and ensure transparency

- Find multiple ways clients, staff and community can provide feedback. This allows people to be heard and can provide innovative ideas to improve practices.
    - o Provide ways to offer suggestions that do not make the observer feel they are getting someone in trouble or complaining.
        - ▪ Use suggestion boxes (balancing the pros and cons of location etc.). Review suggestions in a team/staff meeting.
        - ▪ Survey on a regular basis about certain domains or related topics
        - ▪ Continue practice of holding office hours
    - o Encourage sharing successes at every meeting – e.g. some organizations do 'shout outs' to each other either anonymously or in the meeting.

Re-evaluate process and infrastructure to ensure TIC implementation is manageable and sustainable at [organization]

- Consider having management prioritize and execute the TIC work plan
- Consider establishing an implementation team that reviews proposed changes and strategies
- Consider incentivizing involvement

Cultivate internal TIC leader in order to create capacity for change within [organization]

- Identify a team member who will champion efforts for a period of time. Ideally, this person would:
    - o have enthusiasm and energy for TIC
    - o have content expertise
    - o act as a project manager, able to support the implementation effort with logistical support and leadership
    - o identify as a change agent (with needed authority and decision-making power)
    - o have capacity in their schedule

Remain curious in order to understand the experience of clients and staff

- Take time to check-in with each other. Seek information about how things are going.
- Use multiple sources of information when determining the experience of staff and clients. Findings can often be confusing and even contradictory. In a hectic

environment, it's important to check-in and use multiple ways to assess people's reality. The following two examples demonstrate how information can be confusing:

- o The ProQOL seemed to suggest that staff satisfaction is generally good; however, anecdotally, staff seemed to be concerned about stress levels and workload.
- o Staff seemed confident in their knowledge of TIC (as reported on the self-efficacy questionnaire) but the average score on the knowledge test was 79%.

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