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EVALUATING A STATE-WIDE TRAINING EFFORT TO UNDERSTAND SUSTAINED IMPACT

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BACKGROUND

INVESTING IN TRAUMA

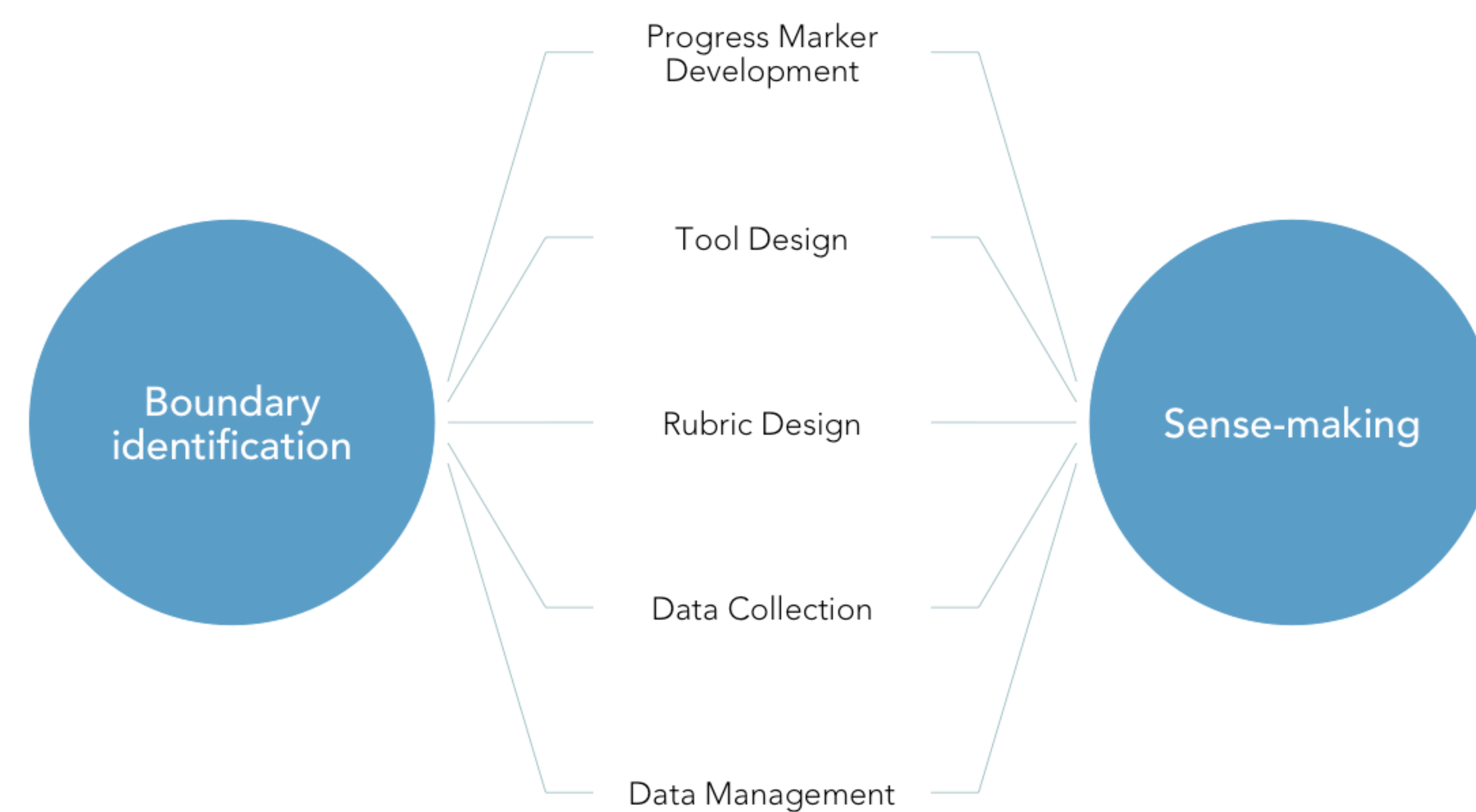
DBHDD, in collaboration with the COE, facilitated trainings across the state on Trauma Informed Systems. The training was offered to a multisystem audience to model the system of care philosophy that includes collaboration across agencies to enhance trauma informed service provision. The two-day training was developed by the National Child Traumatic Stress Network and takes a strengths-based approach in providing an understanding of how to recognize, approach and respond to children and families impacted by acute and complex forms of trauma. The curriculum is designed to teach basic knowledge, skills and values about working with children who have experienced trauma and have been involved with any child serving system such as education, child welfare and juvenile justice.

METHODS

ABOUT OUTCOME MAPPING

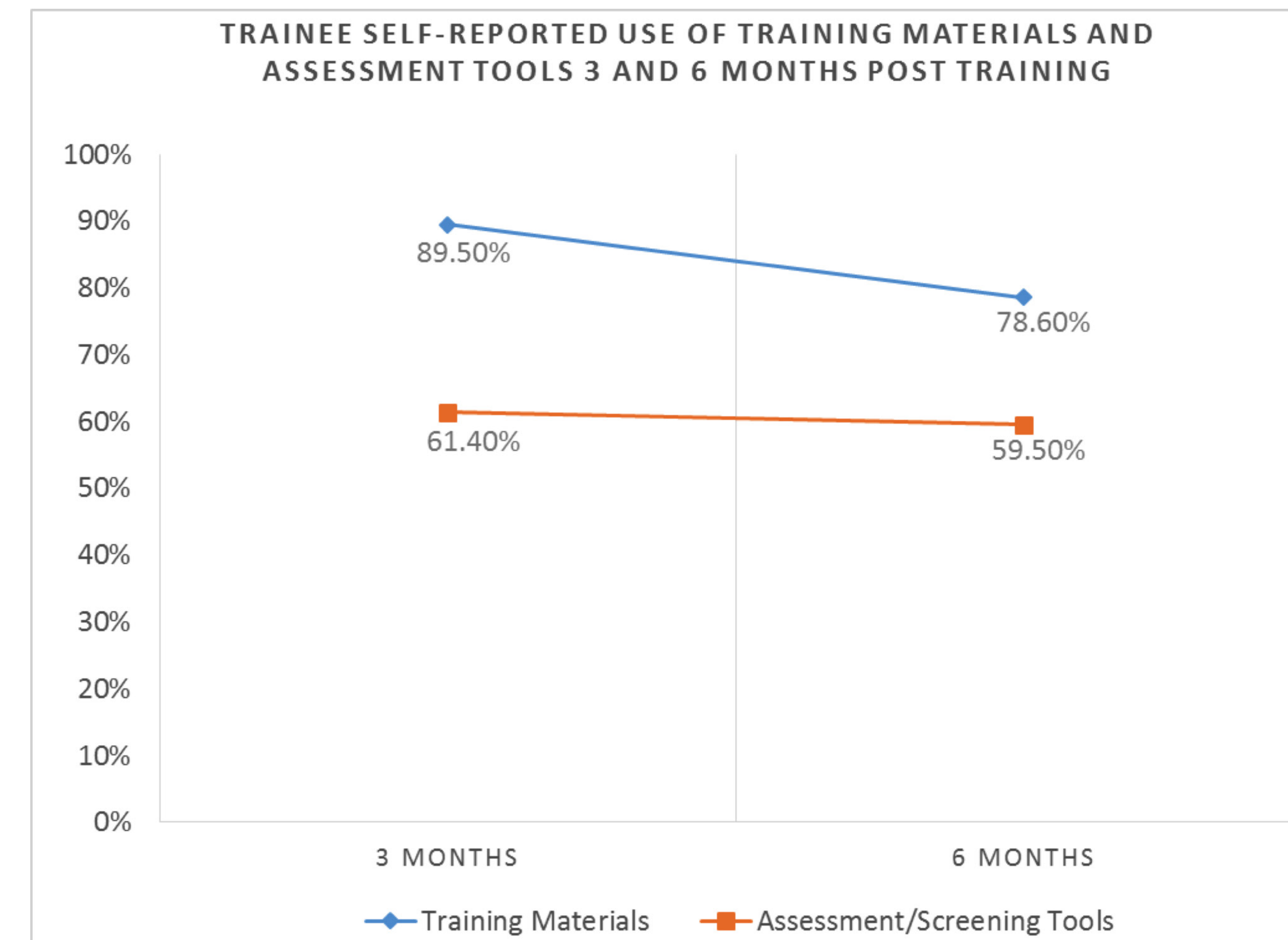
Outcome Mapping is an approach to planning, monitoring, and evaluation that puts people at the center, defines outcomes as changes in practice and behavior, and help measure contribution to complex change processes. Progress Markers are a set of graduated indicators that represent the change model unique to the intervention at hand.

PROCESS



KEY FINDINGS

FINDING 1: UTILIZATION OF TRAINING MATERIALS



FINDING 2: SENSITIVITY TO TRAUMA AND RE-TRAUMATIZATION

At the 6-month mark, approximately 15% (n=7) reported changes in their own practice or observed change among their colleagues related to improved awareness and knowledge of how to practice with a trauma-informed lens.

FINDING 3: ORGANIZATIONAL LEVEL RECOMMENDATIONS MADE AND CHANGES OBSERVED

By the 6-month mark, almost half (43%) of respondents indicated a need to reassess existing care strategies in place at the agency and shift more to trauma informed care approaches. This highlights the efficacy of trauma training, as well as the importance and understanding of trauma-informed care as a comprehensive strategy that affects all employees.

SUMMARY OF RESULTS

Progress Markers	3-months post training N=61		6-months post training N=45	
	Frequency	Valid %	Frequency	Valid %
Expect to see				
Talked to others about the training	52	91.2%	30	69.8%
Shared resources and tools from the training with others	47	82.5%	31	72.0%
Like to see				
Requested additional trauma-related training or professional development opportunities	18	31.6%	14	33.3%
Used supplemental materials at least once	51	89.5%	33	78.6%
Used a trauma screening and/or assessment form(s)	35	61.4%	25	59.5%
Love to see				
Sought trauma certification	25	43.9%	11	26.8%
In process of developing agency-wide action plan for incorporating Trauma-Informed Care	39	63.9%	22	53.7%
Made Trauma-Informed recommendations in their workplace or at their agency	47	77.0%	24	63.2%

CONCLUSION

The trauma trainings appear to have heightened trainees' sense of cultural competency pertaining to the sensitivity of trauma among the populations they serve. Not only are employees reporting a better awareness of trauma, they report increased awareness of how to handle client outbursts and other trauma-related behaviors. As one respondent noted, some staff at their agency are now more adept at picking up certain cues exhibited by their clients in an effort to not trigger and/or re-traumatize.

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