EVALUATION SUMMARY REPORT

Findings from Trauma-Informed Care Training at Two Texas State Supported Living Centers

Hogg Foundation *for* Mental Health

Training staff to implement trauma-informed approaches at residential care facilities, such as state supported living centers, is an important step in improving the safety and treatment of individuals with mental health conditions and developmental disabilities. Trauma produces long-lasting effects, and evidence suggests that further traumatization may occur from the use of restraints.[1] Individuals with developmental disabilities are at a higher risk for experiencing trauma through abuse than those without developmental disabilities, and they may develop behavior responses to that trauma.[2] Residential care staff may be unaware that re-traumatization has occurred and is contributing to problem behavior. By equipping staff with the knowledge and skills to make trauma-informed decisions, state supported living centers can shift the culture of care to be more positive and responsive.

In 2012, the Hogg Foundation for Mental Health and the Texas Department of Aging and Disability Services (DADS) established an agreement for implementing intensive training on trauma-informed care (TIC) practices at two Texas state supported living centers (SSLCs)—referred to here as SSLC A and SSLC B—in an effort both to reduce the use of restraints and to develop a culture of care based on trauma-informed principles. The Hogg Foundation funded the training, which was delivered by Karyn Harvey, Ph.D., a psychologist and leading expert in trauma-informed behavioral interventions for individuals with intellectual disabilities,[3] as well as a restraint reduction coordinator at each site.

In 2014, the training was evaluated by the Research Division of MHMR of Tarrant County under the direction of Kirstin Painter, Ph.D., LCSW. This brief summarizes the results of the evaluation,[4] which was funded by the Hogg Foundation for Mental Health and conducted in partnership with DADS.

EVALUATION FINDINGS:

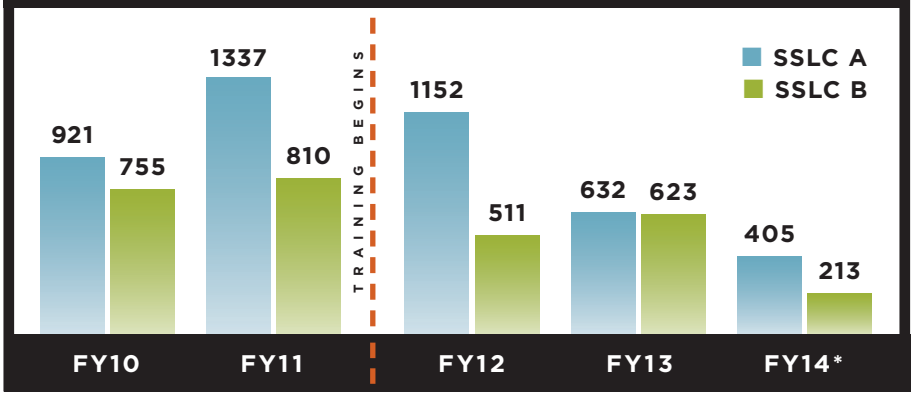
Reduction in Use of Restraints

Restraint data provided by SSLC A and SSLC B included the number of uses of crisis intervention restraints per quarter from FY10 through midway of the third quarter of FY14.

Figure 1 depicts the number of restraints occurring at each center for each of the past five fiscal years. The line between FY11 and FY12 marks the point at which the trauma-informed care training was implemented at both centers.

Restraint data collection methods changed three times between June 2012 and May 2013, making a comparison of the year-to-year data at the SSLCs challenging. This also contributed to difficulty tracking individuals with significantly higher rates of restraint who may have been moved between housing units and whose occurrences of restraint caused a fluctuation in collected data for individual housing units. In spite of these limitations, an analysis of available data shows a downward trend in the number of restraints per fiscal year following the implementation of the trauma-informed care training. However, caution should be utilized in interpreting the data because the evaluation did not allow for the control of other factors that may have played a role in the reduction.

FIGURE 1: Number of restraints per fiscal year, SSLC A and SSLC B



** Note that data for FY14 includes restraint data collected only through the first month of the third quarter.*

EVALUATION FINDINGS:

Training Facilitates Shift towards Trauma-Informed Culture of Care

Confidential, face-to-face interviews were conducted with a random, representative sample of 60 staff members from both SSLC A and SSLC B, for a total of 120 interviews. An additional 79 staff members at SSLC A and 101 staff members at SSLC B, who had not participated in face-to-face interviews, submitted responses to an online survey. Seventy-nine respondents (57 percent) from SSLC A and 63 respondents (39 percent) from SSLC B reported having received trauma-informed care training with Dr. Harvey.

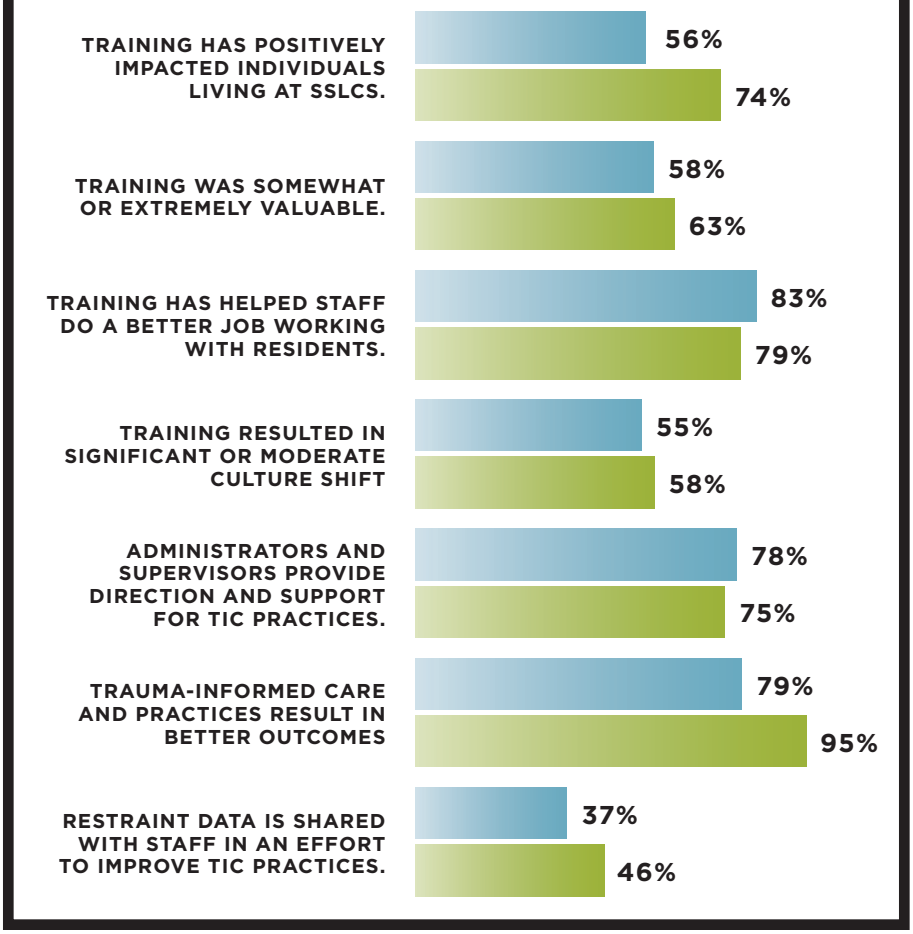
Staff Benefit from Trauma-Informed Care Training

Respondents reported overall positive results for both themselves and other staff members at the centers after participating in the trauma-informed care training. Staff noted that they now spend more time listening to and communicating with the individuals with whom they work, and that the shift in the culture of care has resulted in a more positive workplace with reduced stress on staff members.

Individuals Living at Centers Benefit from Culture Change

Staff reported the trauma-informed care training had a significant impact on the manner in which staff interact with individuals residing at the SSLCs, resulting in positive changes in the individuals' behaviors. Respondents noted better rapport between staff and individuals living at the centers, which has resulted in overall improved conduct and responses by residents. Staff also described decreased aggression and more positive reactions in response to the consistency of trauma-informed care practices.

FIGURE 2: Percentage of Respondents who "Agree" or "Strongly Agree" with Statement SSLC A ■ SSLC B ■



CONCLUSION

Evaluation findings show that both SSLC A and SSLC B have made significant progress over a short period of time in transforming their centers into trauma-informed cultures of care. At both centers, the occurrence of restraints due to crisis intervention was significantly reduced following the implementation of the trauma-informed care training. Staff members reported that the training had a positive impact on the way they do their own work at the centers, as well as the way other staff members perform their regular duties.

Administrators and supervisors were recognized by staff for providing support in transforming the centers into trauma-informed care communities by imbedding learning objectives into the policies and procedures of the centers. Staff

members also noted benefits the staff training had for individuals living at the centers, describing improved behaviors and better relationships with staff.

Overall, findings from the evaluation support the positive impacts of the trauma-informed care training in reducing the use of restraints at the SSLCs and developing a culture of care based on trauma-informed care principles.

RECOMMENDATIONS

Data and Information Sharing

- Collect and maintain an accurate record of restraints to identify common factors related to individuals being restrained most frequently, as well as other trends and patterns over time.
- Ensure staff at all levels receive restraint data, and use the information as a learning tool.
- Ensure policies, practices, and information shared is consistent across job positions.

Training and Staffing

- Adapt training to characteristics of staff (e.g., job position, education).
- Provide staff with specialized training on challenging issues (e.g., individuals experiencing both an intellectual disability and mental health problem).
- Seek ongoing consultation from experts in trauma-informed care for persons on staff who provide training to ensure fidelity of message.
- Work to prevent staff turnover by recruiting staff with the needed skills and passion to work with individuals residing in SSLCs.
- Support training objectives through new employee orientation and on-the-job training.

Administrative and Supervisor Support

- Support implementation of learning objectives through incorporating into policy, practice, procedures, and staff performance evaluations.
- Promote the development of treatment teams that are more inclusive of individuals and their families.
- Conduct ongoing reviews of treatment plans of individuals with more frequent instances of being restrained.
- Continue to emphasize the importance of the shift in culture to direct care staff and individuals at the centers.

FOR MORE INFORMATION: Kendal Tolle, Program Evaluation Fellow | kendal.tolle@austin.utexas.edu | (512) 471-2263

[1] Frueh, B., Knapp, R., Cusack, K., Grubaugh, A., Sauvageot, J., Cousins, V., Yim, E., Robins, C., Monnier, J., and Hiers, T. (2005). Patients' Reports of Traumatic or Harmful Experiences Within the Psychiatric Setting. *Psychiatric Services, 56*(9), 1123-1133.

[2] Bradley, E., Sinclair, L., and Greenbaum, R. (2012). Trauma and Adolescents with Intellectual Disabilities: Interprofessional Clinical and Service Perspectives. *Journal of Child & Adolescent Trauma, 5,* 33-46.

[3] Harvey, K. (2013). *Trauma-Informed Behavioral Interventions: What Works and What Doesn't* (1st ed.). Washington, D.C.: American Association on Intellectual and Developmental Disabilities.

[4] Painter, K., Rarden, M., Fox, L., Jordan, J., Jones, B., and Fogle, K. (2014). Trauma-Informed Training [SSLC A and SSLC B] State Supported Living Centers Evaluation Report. Prepared for the Hogg Foundation for Mental Health, Austin, TX.