

San Francisco Department of Public Health

Trauma Informed System Initiative

First Year Data Report
April 2014 – March 2015



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CONTENTS

Evaluation Program	2
Trauma 101 Training Feedback	3
Overall Course	3
Professional Relevancy & Level of Educational Activity Content	4
Trainer Effectiveness.....	5
Cultural & Linguistic Competency.....	6
Meeting Course Objectives.....	7
Improving the Trauma 101 Training	8
Most Liked Components	8
Least Liked Components	9
Suggestions for Improvement	10
Support for Trauma Informed System Initiative	11
Trauma Informed System Practice Change	12
Ideas for Becoming a Trauma Informed System	12
Participant Identified Practice Changes	13
Commitment to Change (C2C) Project.....	14
Level of commitment and common themes	15
Goals and TIS Principles	16
Success and continued implementation	17
TIS Evaluation Highlights	18

TRAUMA INFORMED SYSTEM INITIATIVE EVALUATION PROGRAM

Evaluation drives learning and development. A thoughtful and active evaluation program plays an essential role in large scale change efforts, such as the San Francisco Department of Public Health’s Trauma Informed System Initiative (TIS). It provides the critical information necessary for planning and delivery, accountability, resource allocation, and decision making. Accordingly, the TIS Evaluation Program began development concurrent to other components of the TIS Initiative and is an integrated facet of the work being done to shift SFDPH into a trauma informed system.

The TIS Evaluation Program centers on three interrelated components:

Knowledge Change

Are we supporting learning?

Participants evaluate the Trauma 101 foundational training.

Qualitative and quantitative results are comprehensively analyzed.

Key findings are used to improve training curriculum and assess support for the initiative.



Practice Change

Are we creating change?

Training participants complete a commitment to change plan.

Changes focus on creating a trauma informed worklife.

Participants are followed up with to assess themes, impact, and experience.



System Change

Are we improving our system?

Relationships, health, performance, and satisfaction will be broadly examined by considering:

Staff engagement/health, system HR and personnel data, client satisfaction, program data.



Initial components at both the Knowledge Change and Practice Change levels have been implemented and provide a rich source of information, which is detailed in the current report. Data from the System Change level is being collected and will be analyzed in a future report. It aims to create a baseline from which systemic changes can follow as the TIS Initiative and other workforce development programs are implemented throughout SFDPH. Comprehensive findings from the overall TIS Evaluation Program are published annually as part of the TIS Initiative’s Year in Review publication.

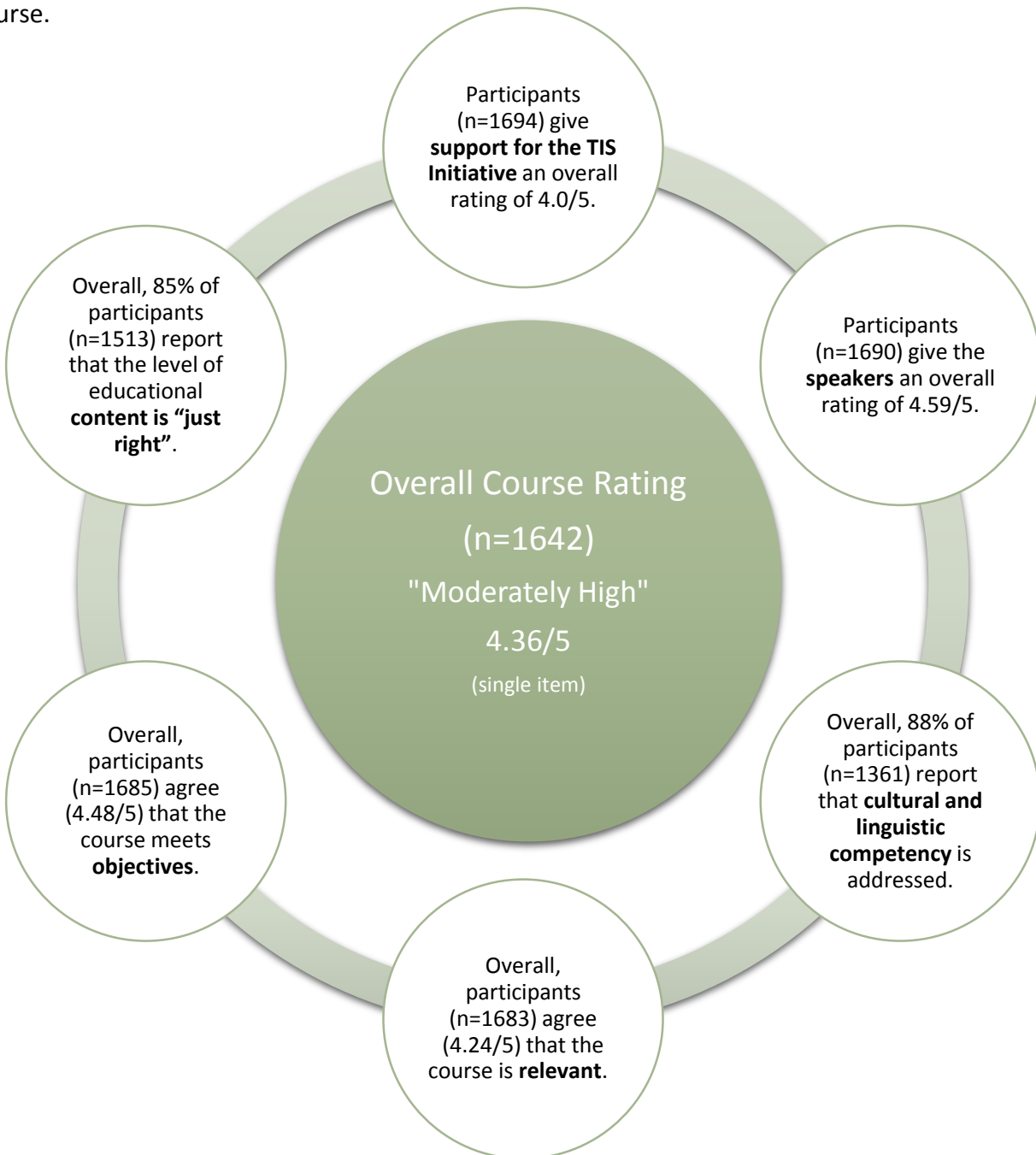
Questions about the TIS Evaluation Program may be directed to Briana Loomis, PhD, Director of TIS Evaluation at briana.loomis@sfdph.org or 415.255.3649. For additional information about the broader work of the SFDPH TIS Initiative, please contact Kaytie Speziale, MFT, SFDPH TIS Initiative Coordinator, at kaytie.speziale@sfdph.org or 415.255.3614.

TRAUMA 101 TRAINING DATA

The TIS Initiative developed and implemented a mandatory, foundational training on trauma for the entire SFDPH workforce with the first training occurring in April 2014 (small pilots were conducted prior to this date and data from those trainings are also included within this report). The training is a half-day program geared toward staff across all different positions. It blends didactic approaches with group discussions, role plays, and exercises, as well as a unique Commitment-to-Change component. At the conclusion of each training session, participants turn in an anonymous form providing feedback and ratings of the training. Below are highlights from the quantitative data on the course.

Quantitative Data

- Scores are averaged across all trainings.
- Scale based items use a 1 to 5 rating:
 - 1 = Disagree Most
 - 5 = Agree Most
- Sample sizes for items vary based on response rate.



PROFESSIONAL RELEVANCY & LEVEL OF EDUCATIONAL ACTIVITY CONTENT

A unique feature of the TIS foundational training is a curriculum designed for all positions across SFDPH, including clinical and nonclinical, managerial and staff, part and fulltime, etc. Within this broad base of employees, there are varying educational backgrounds, professional responsibilities, workplace cultures, and levels of prior trauma knowledge. Participants' reports on Professional Relevancy and Level of Educational Activity Content help us understand how effectively the universal curriculum is connecting with such a diverse audience. The majority of participants found the content level appropriate and relevant to their work, suggesting that a universal curriculum can be effective within a large, diverse system such as SFDPH.

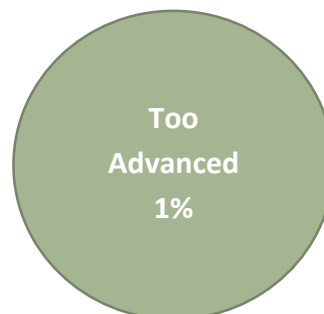
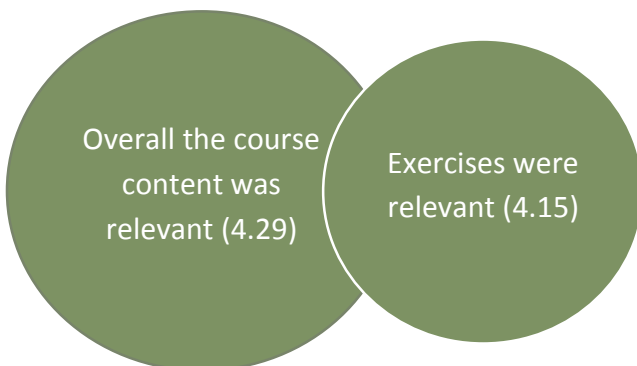
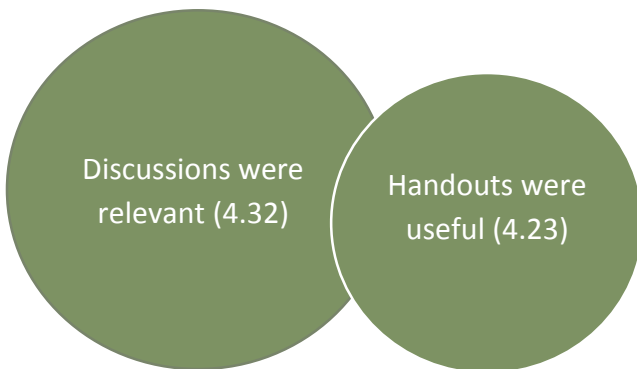
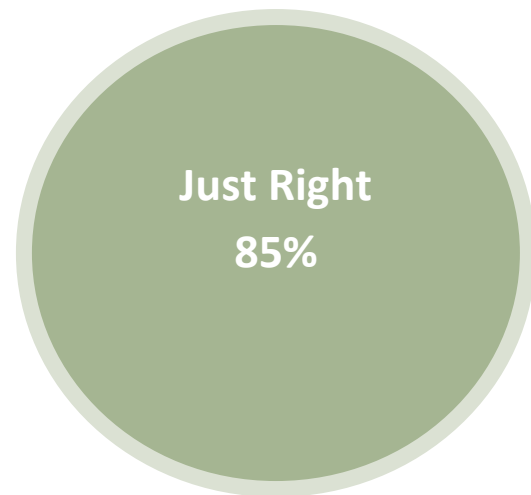
Professional Relevancy

(n=1683)



Level of Educational Content

(n=1513)

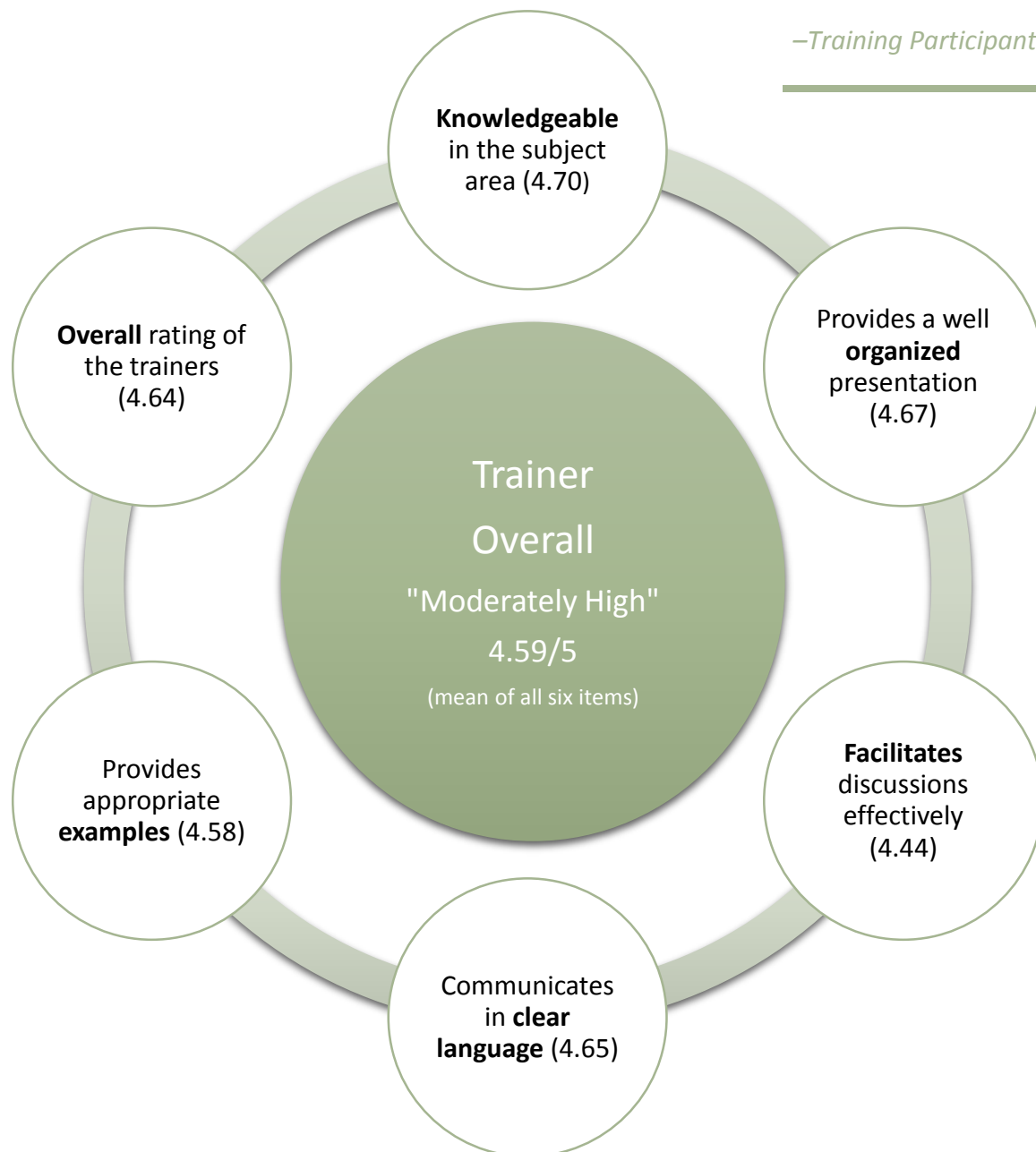


TRAINER EFFECTIVENESS

Trainings are presented using a multi-trainer format and participants are asked to rate their impressions of the trainers collectively rather than provide a separate rating for each individual. Over the course of the first year, nine different trainers were involved in presenting the TIS foundational training.

"...trainers [were] knowledgeable and grounding. I think having a trauma-informed system will pay off exponentially."

–Training Participant



CULTURAL AND LINGUISTIC COMPETENCY

Cultural Humility & Responsiveness is a core TIS Principle that is covered during the TIS foundational training. The training section includes a didactic component, exercises, and discussion that focuses on understanding the differential impact of trauma across unique social and cultural groups. The training evaluation asks participants, broadly, how well the training addressed issues related to cultural and linguistic competency.

“It’s always good to take a step back and remember that every person we interact with has a story that is as complex as our own.”

–Training Participant

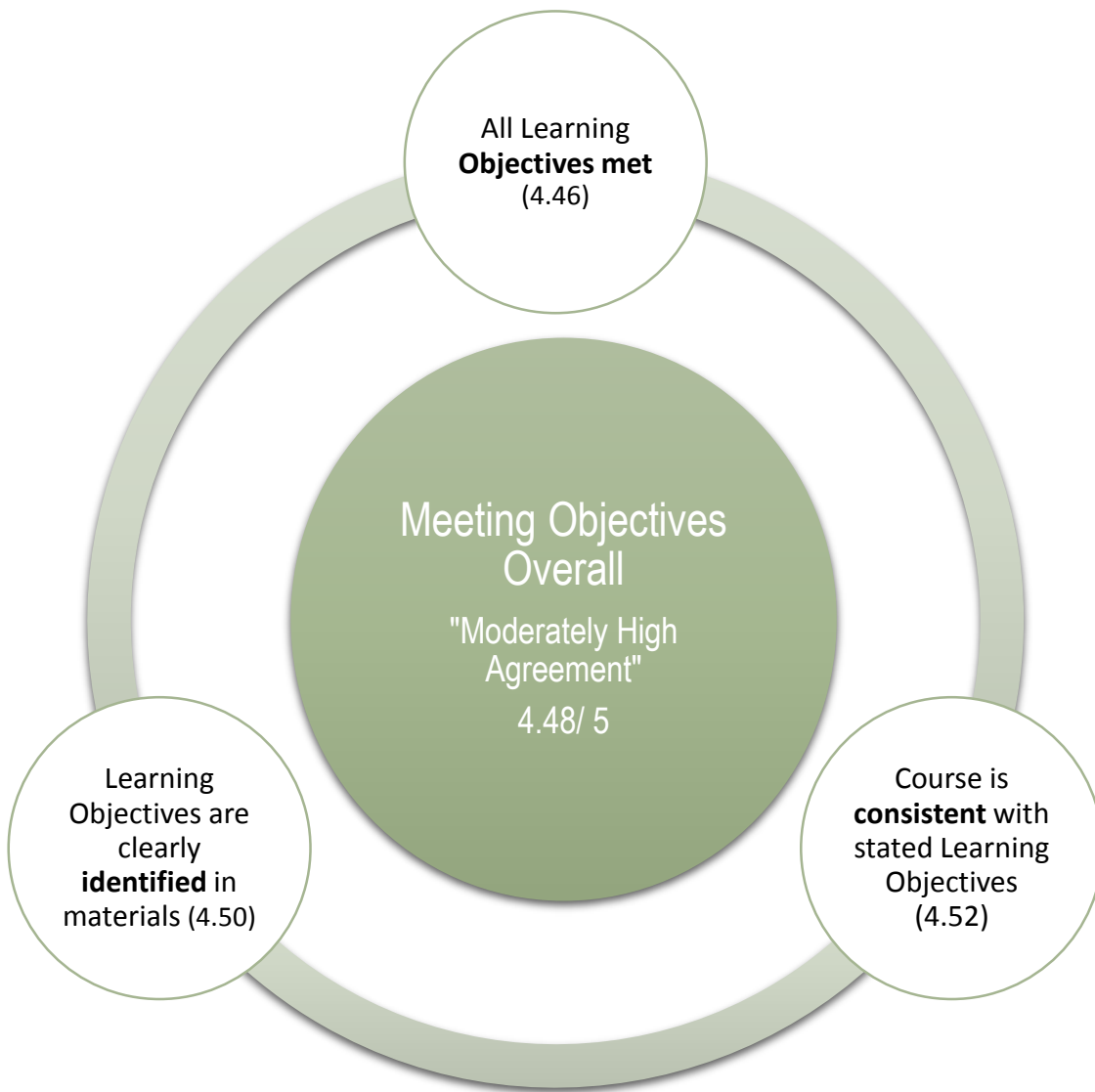
88% of participants report cultural and linguistic competency issues are addressed during the training

7% report these issues are not addressed during the training

5% report these issues are not applicable

MEETING OBJECTIVES

At the TIS foundational training, an effort is made to clearly identify and address each of several learning objectives. Across trainings, participants report a moderately high level of agreement that the course met these objectives.



Learning Objectives

Understand the effect of chronic stress and trauma in our lives and in the lives of those we serve

Understand fundamental effects chronic stress and trauma on our brains and bodies as applicable to our interactions with both patients each other in the workforce

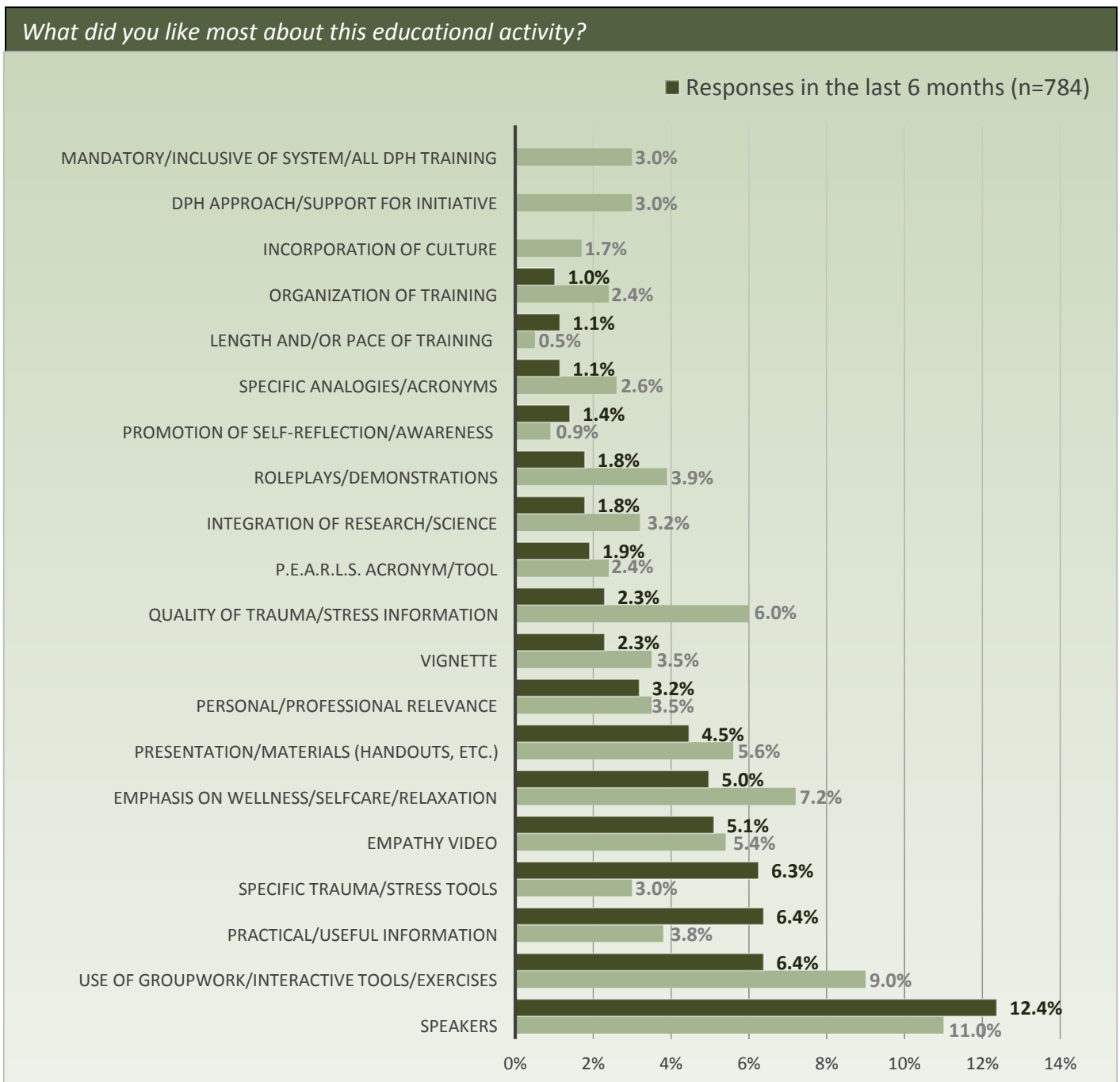
Learn about the impact of organizational trauma on individuals & on organizational functioning

Understand and apply principles of trauma-informed systems to ourselves and workplace relationships

Learn strategies to develop individual & organizational resilience in order to create and maintain healthier, trauma-informed responses in workplace relationships

IMPROVING THE TRAUMA 101 TRAINING

Through a series of open-ended questions, participants comment directly on training components that they like most and least, and offer suggestions for improvement. Comments are coded into themes reflecting the most prevalent categories of qualitative feedback. *Responses from the first 6 months were coded separately from responses during the last 6 months, resulting in different categories/themes.* During the first 6 months, substantial revisions to the training occurred as part of the iterative development process; however, during the last 6 months changes were less frequent and substantial. Additionally, although the training was mandatory, attendees during the first 6 months may have been characterized by staff who were more eager about the content. Anecdotally, many participants during the initial trainings did not realize it was mandatory. Conversely, during the last 6 months a larger proportion of attendees may have been directed to attend by management to.



IMPROVING THE TRAUMA 101 TRAINING

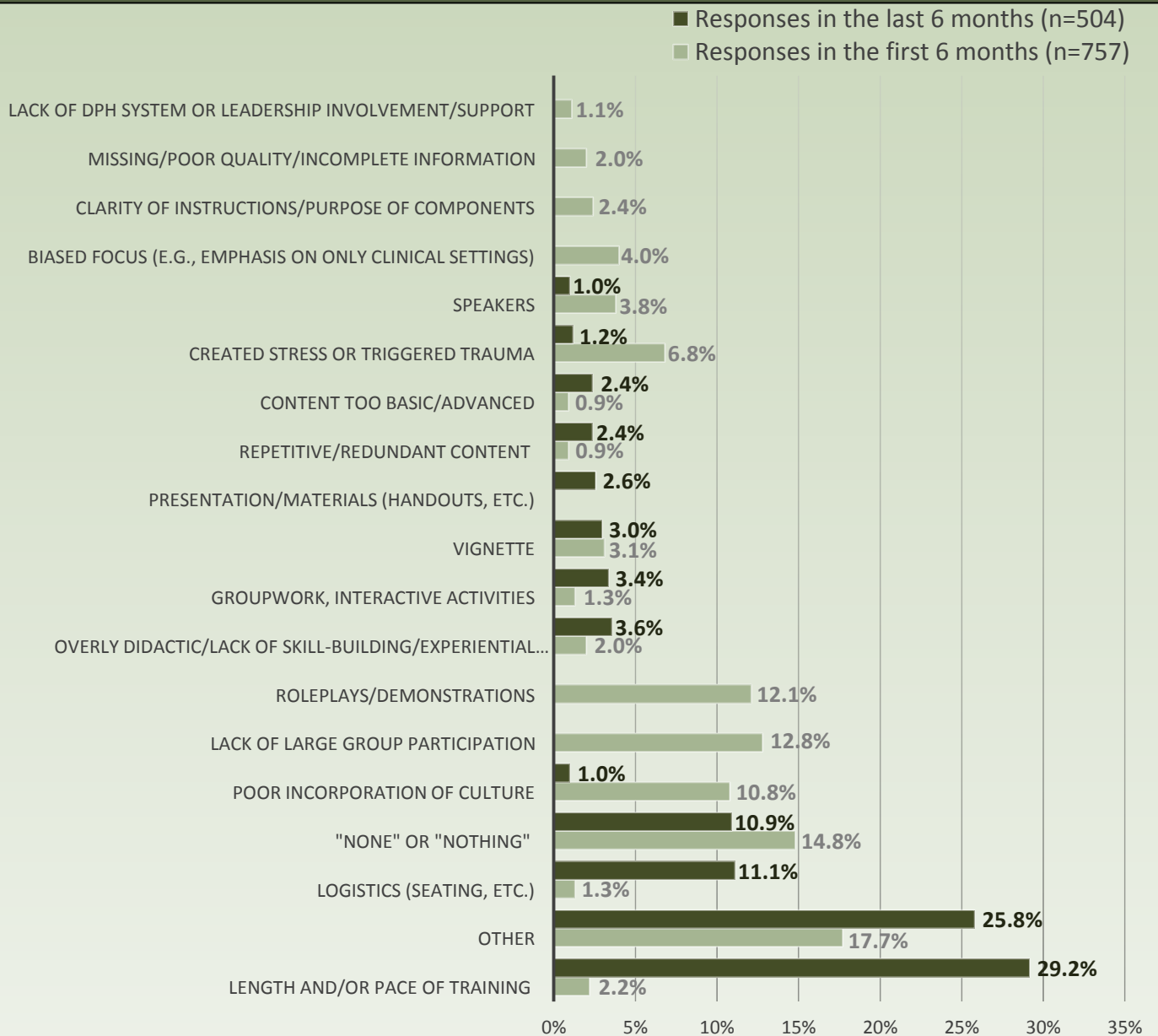
“It was very long... there were a lot of acronyms and even though they're great, it may be hard to remember what they stand for.”

–Training Participant

“I appreciate the department's intention to improve its service delivery by offering trainings to its entire staff around stress and trauma.”

–Training Participant

What did you like least about this educational activity?



Please note that not all themes were coded across the year and not all participants responded to the open ended questions.

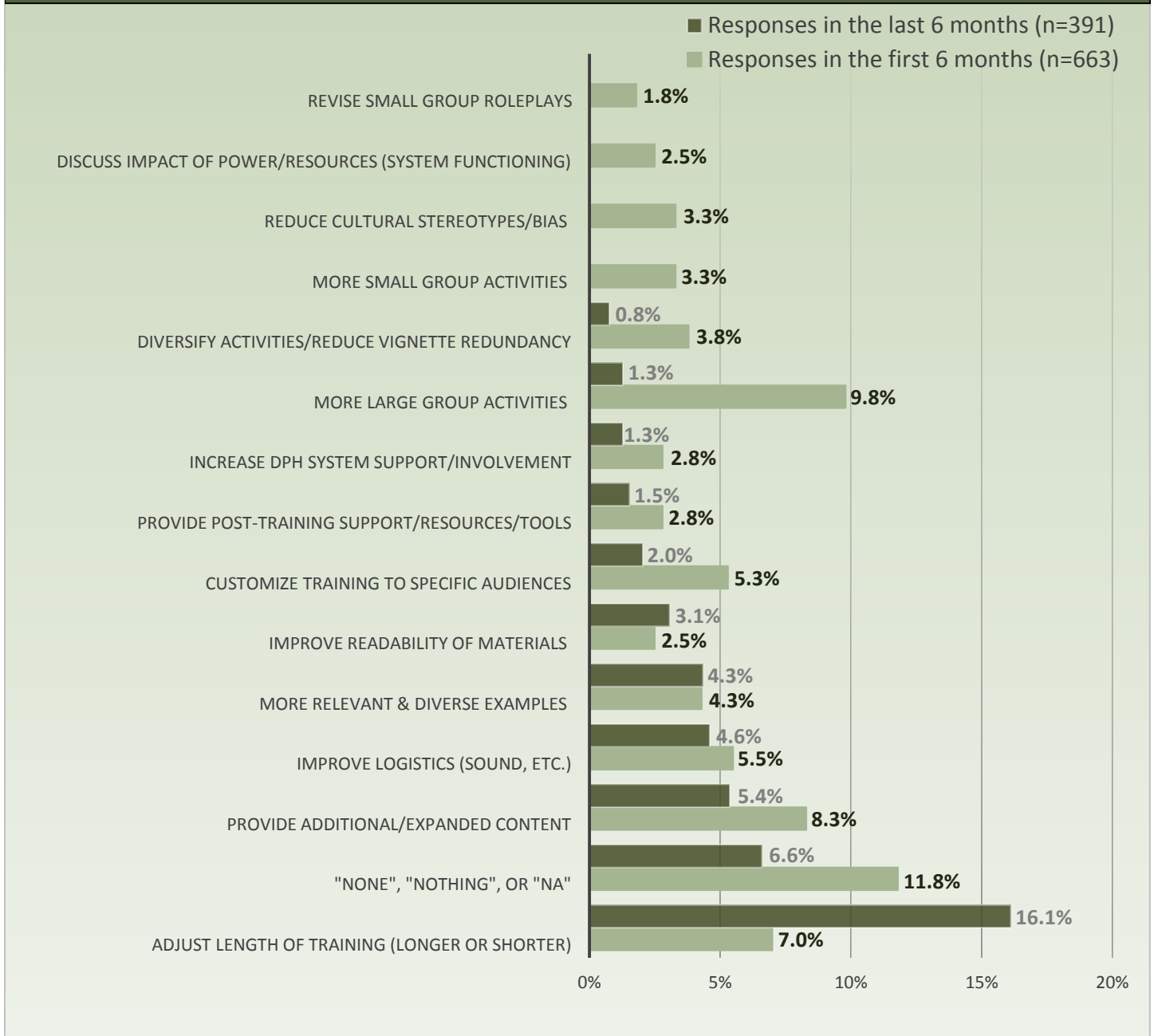
IMPROVING THE TRAUMA 101 TRAINING

"...more interacting with each other to better understand what is being talked about..."

–Training Participant

"...there needs to be more discussion [sic] about power and privilege within [sic] the workplace and society. More discussion on structural issues. Also maybe allow people personal stories vs. role playing ..." –Training Participant

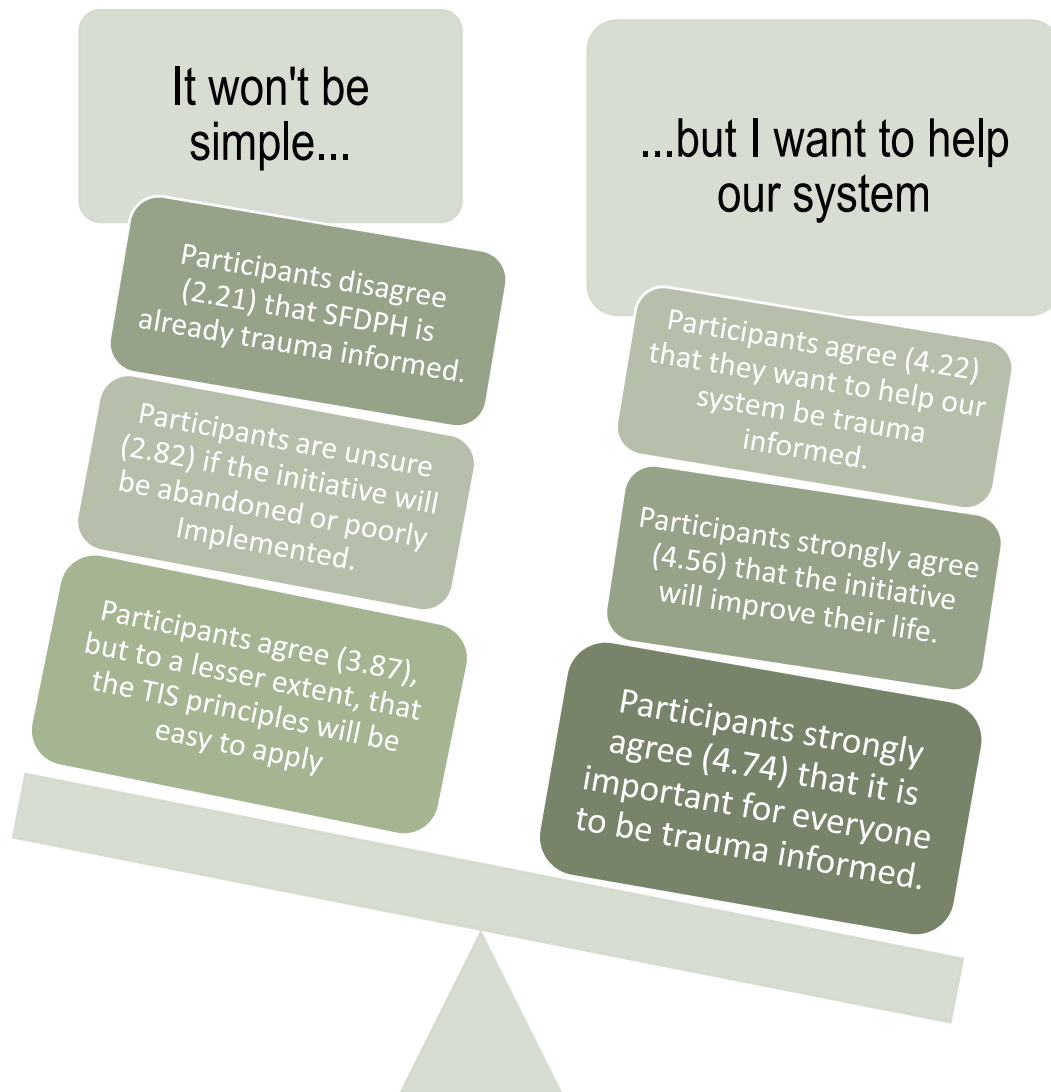
Do you have specific suggestions as to how this educational activity might be improved?



Please note that not all themes were coded across the year and not all participants provide responses to the open ended questions.

SUPPORT FOR TRAUMA INFORMED SYSTEM INITIATIVE

Support for the TIS Initiative was assessed through a series of items examining participant attitudes toward the idea of SFDPH becoming a trauma informed system. It is administered at the end of the TIS foundational training as part of the training evaluation form. Overall, participants are supportive of the TIS initiative. However, although participants were supportive of becoming a trauma informed system and saw value in the initiative, fewer participants thought that the principles would be easy to apply in their work, and many expressed concern that the initiative would be abandoned or poorly implemented.



**OVERALL (N=1694), SUPPORT FOR THE SFDPH
TIS INITIATIVE IS MODERATELY HIGH (4.06)**

.....

TIS PRACTICE CHANGE

Participants in the TIS foundational training are given three different opportunities to identify changes that could be made to become more trauma informed, including changes at both the system and individual levels. Please note that not all categories/themes were coded across the year and not all participants provide responses to the open ended questions.

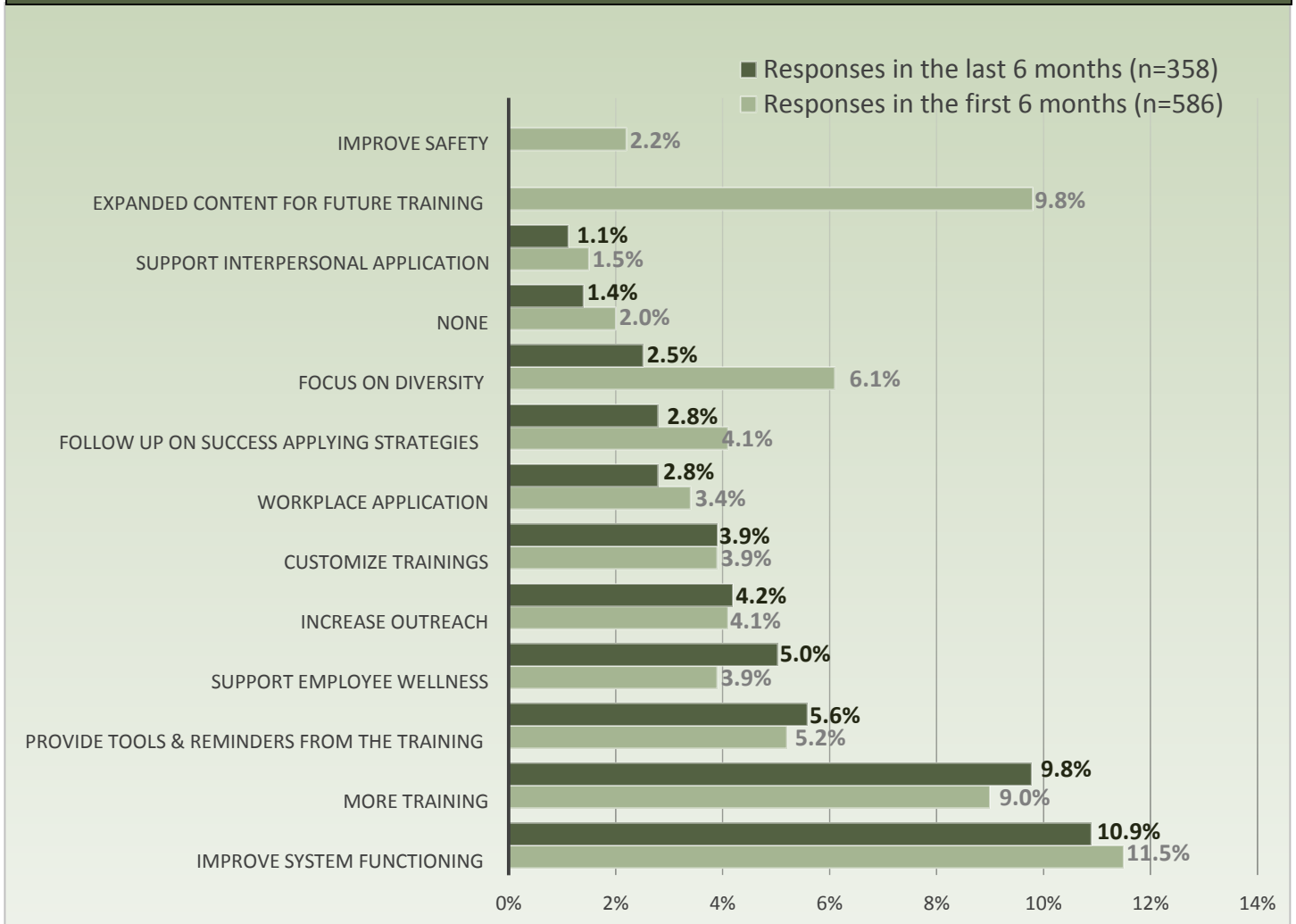
System Practice Changes

TIS foundational training participants are given the opportunity to provide their own ideas about how SFDPH could become a trauma informed system through an open-ended question administered as part of the training evaluation form. Responses are then coded into themes and collapsed into categories.

“Keep the topic alive, introduce into staff meetings, system management...”

–Training Participant

What ideas/thoughts do you have on how our system can become more trauma informed?



TIS PRACTICE CHANGE

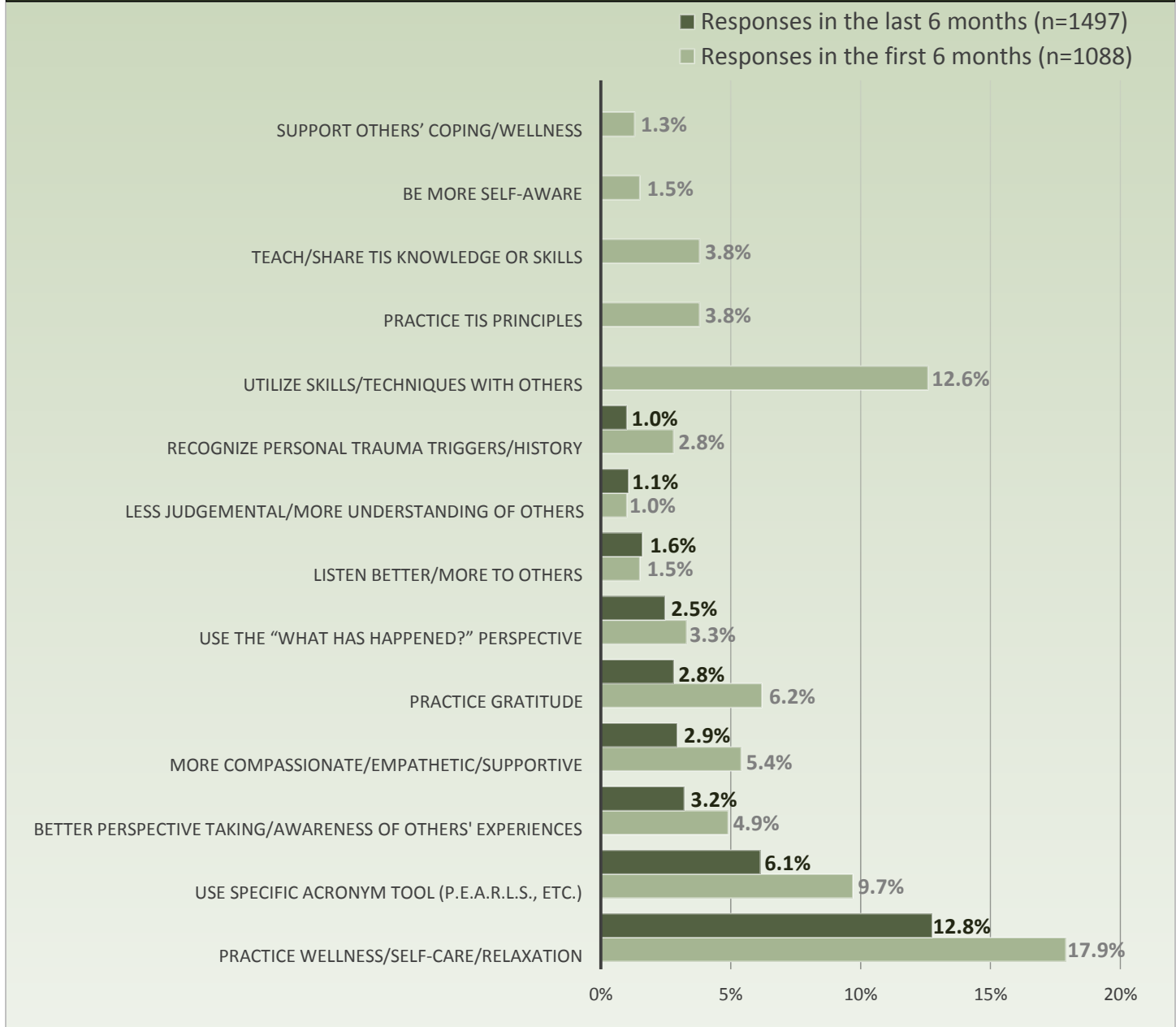
Participant Practice Changes

As part of the training evaluation form, participants are asked to write-in two different things that they might do differently after the training. Responses to these items are then coded into themes and collapsed to reflect the most prevalent categories of feedback.

“Try harder to put myself in another person’s place”

–Training Participant

List two things you might do differently as a result of this educational activity.



Please note that not all categories were coded across the year and not all participants provide responses to the open ended questions.

TIS PRACTICE CHANGE

Commitment To Change Project

Shifting knowledge into practice is a critical element of an effective training and system change effort. The SF TIS Initiative begins that process during the training. During the final segment of the TIS foundational training, participants identify one small change that they would like to make in their own worklife to be more trauma informed. They have the option to discuss their idea with a group or keep it confidential. A handout helps participants identify steps or resources they might need in order to make their change, as well as concerns and potential benefits to making it. Participants commit to making this change over the course of the following month and the TIS Evaluation Team follows up with a reminder and then conducts either an interview or survey to understand their experience.



Commitment to Change Timeline

COMMITMENT

Participants complete their Commitment to Change plan during the TIS foundational training.

76% of participants made a plan and provided contact information for follow-up.

REMINDER

1-2 weeks post training, participants receive a reminder and, if requested, a copy of their plan.

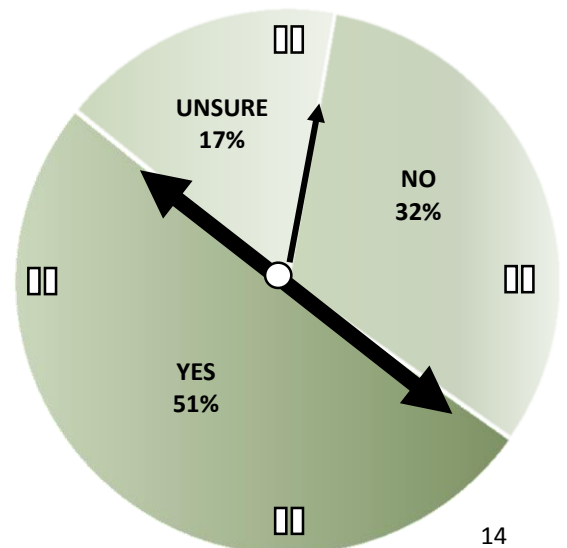
PROGRESS CHECK

1-3 months post training, participants are invited to complete a follow-up survey about their experience.

26% of those who made a plan and gave contact information completed the survey.

During the training, did participants have enough time to select goals?

Time Pressure (n=335): Forty-nine (48.64%) percent of participants did not feel they had enough time to consider what primary Commitment to Change goal they wanted to select or were unsure if they had sufficient time. Fifty-one (51%) percent felt they had enough time to select a goal.



How committed were participants to their Commitment to Change goals?

Commitment (n=1543): Using a 1 to 5 scale with 5 being the highest level of commitment, participants rated their level of commitment to their goals before implementing them. On average, participants reported a high level of commitment (4.24) to their goals.

“Introduce these principles to my team and leadership at my organization.”

“Support my staff in creating personal self-care for work and home life.”

What were the most common themes among Commitment to Change goals?

Themes: A sample (n=235) of participants’ C2C goals were selected to qualitatively examine their themes. The most prevalent C2C ideas and issues:

- Improving relationships with others (e.g., coworkers, staff, clients, supervisors).
- Focusing on self-care and, to a lesser extent, supporting coping skills in others.
- Sharing and utilizing tools and practices learned within the foundational training.
- Increasing mindfulness/awareness of trauma and its impact on self and others.

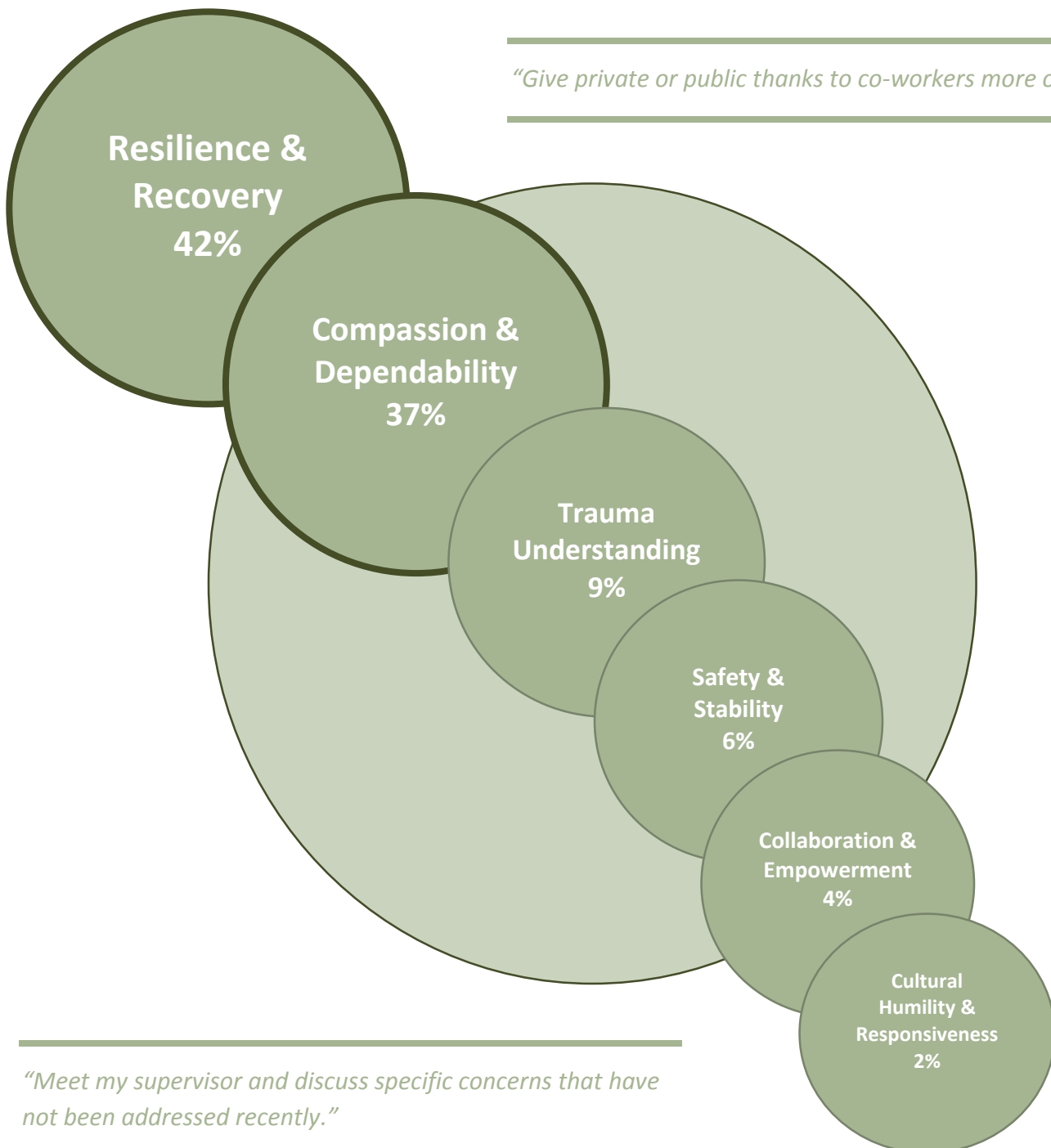
“Setting aside and communicating 'do not disturb' times for myself, so when I need to concentrate, I won't get interrupted.”

“To find a school to study something I like.”

COMMITMENT TO CHANGE GOALS & TIS PRINCIPLES

When mapped onto the six TIS core principles, a sample of qualitatively coded C2C goals (n=235) fall largely under **Resilience and Recovery** (e.g., self-care) and **Compassion and Dependability** (e.g., awareness/perspective taking). Multiple factors may have contributed to focus on these two principles. For example, they may be areas of particular concern for staff, areas where it is easiest for an individual to take action, or areas for which the foundational training highlighted multiple strategies for addressing.

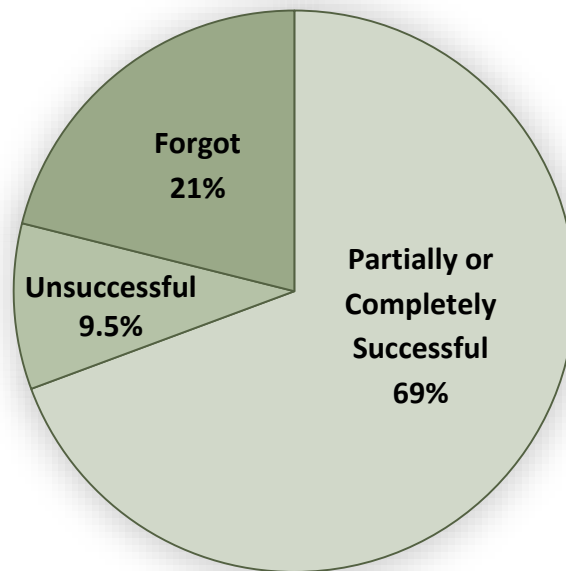
“Give private or public thanks to co-workers more often.”



SUCCESS WITH COMMITMENTS TO CHANGE

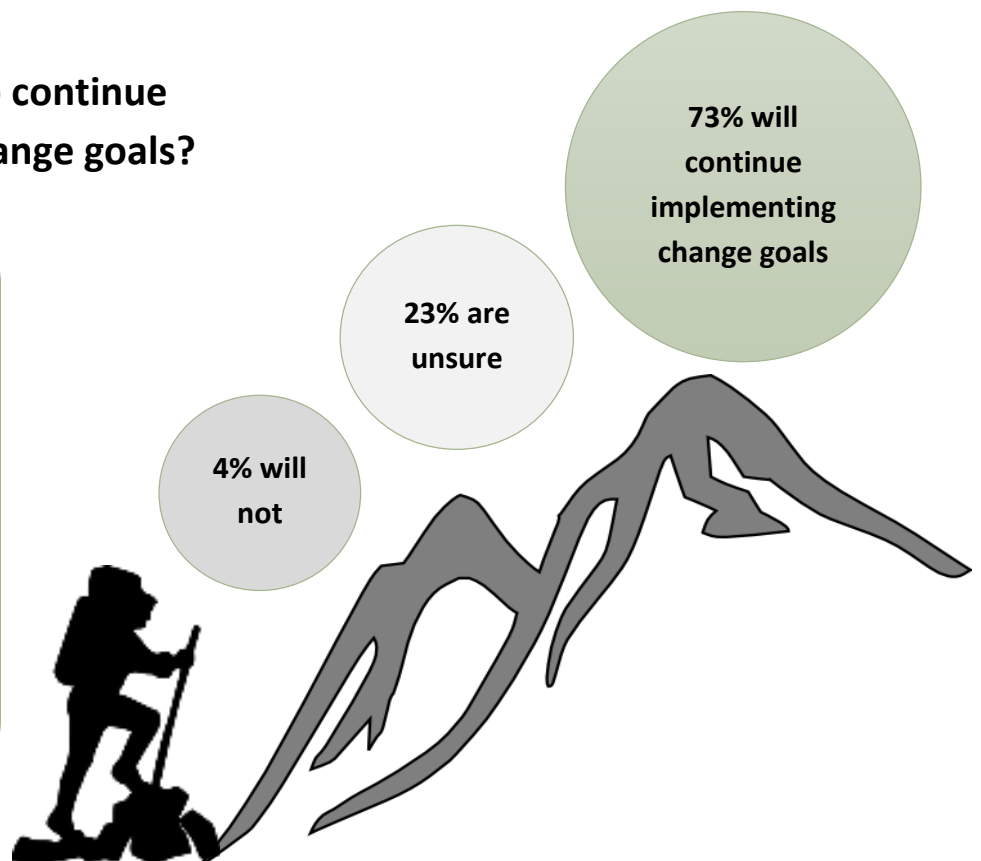
How successful are participants in implementing their change goals?

Success (n = 379): At 2-3 months post-training, 69% of participants (n=232) were partially or completely successful with implementing their primary Commitment to Change goal (9.5% were not successful, 21% did not remember their goal).



Do participants plan to continue implementing their change goals?

Continuation (n=379): Seventy-three (72.8%) percent of participants stated that they planned to continue implementing their primary Commitment to Change goal, regardless of success. Twenty-three (23.48%) were unsure if they would and 3.7% stated they would not continue to implement the goal.



TIS EVALUATION HIGHLIGHTS 2014-2015

Briana Loomis, PhD, Director of TIS Evaluation, San Francisco Trauma Informed System Initiative

Evaluation Components

- Knowledge Change
- Practice Change
- System Change

Trauma Informed System Evaluation Program

SFDPH's Trauma Informed System (TIS) evaluation program measures how effectively the TIS initiative is impacting knowledge, practice, and systems change. It operates in conjunction with all facets of the TIS initiative to scaffold an iterative process of planning and implementation that is consistently improving. Knowledge and practice change were a key focus in 2014-15 and data from those efforts is summarized here. A future report will include system change data, which is currently being incorporated. Comprehensive findings from the overall TIS Evaluation Program are published annually as part of the TIS Initiative's Year in Review publication.

Knowledge Change



Are we supporting learning?

A common understanding of trauma across the workforce is a core principle of a trauma informed system and the first goal of the SFDPH TIS Initiative. Toward that end, the Initiative's foundational training is universal and mandatory for all employees. ***The TIS evaluation program demonstrates that, despite diverse positions, levels of trauma expertise, and roles within the organizational hierarchy, participants give the training high marks. The vast majority of staff who complete the training feel that it meets objectives while providing professionally relevant content at an appropriate level (i.e., not too basic or advanced). Staff appreciate the quality of the training information, its emphasis on wellness, and the provision of practical tools. Further, participants note that the training directly addresses cultural and linguistic competency issues. Ultimately, staff who attend the training see the value of becoming trauma informed but express some skepticism about easily applying the principles within their worklives, as well as concerns that the TIS initiative will be abandoned or poorly implemented.*** Moving forward, the TIS training program will continue to use participant data as part of an iterative process to improve the curriculum. In the next year, more direct tests on the impact of the training are planned, such as whether training participants better understand key trauma concepts than the untrained workforce. Findings will enhance our ability to effectively use a universal workforce training to establish a common understanding of trauma.

TIS EVALUATION HIGHLIGHTS 2014-2015

Briana Loomis, PhD, Director of TIS Evaluation, San Francisco Trauma Informed System Initiative

Practice Change



Are we creating change?

Although changes in knowledge across the system are necessary, they are not sufficient to create a trauma informed system. Progress comes through practice changes at the individual and programmatic levels. In an effort to catalyze change at the individual level, where staff can notice an immediate impact, an innovative Commitment to Change (C2C) component was implemented. The C2C is an evaluation component, as well as a change process. **As part of the TIS evaluation program, over three-quarters of all training participants complete a C2C plan and provide their contact information for a follow-up survey. Most C2C goals center on TIS principles of Resilience & Recovery (e.g., self-care) and Compassion & Dependability (e.g., empathy) which receive significant attention during the foundational training. At follow-up, most staff are partially or completely successful in implementing their C2C goal and, notably, plan to continue implementing it even if they were not fully successful. Given that the SFDPH workforce numbers over 9,000, the cumulative impact of each employee implementing their own C2C goal may be significant. The benefits of the C2C goals are designed to be realized quickly at the individual level; however, qualitative data indicates that participants view the C2C program, including the follow-up component, as a sign of the system's commitment to implementing a Trauma Informed System. Over the next year, a closer examination of qualitative themes, as well as the relationship between initial commitment and subsequent success, will allow for improvements to the C2C program and dissemination of a model at the programmatic level.**

System Change

Are we improving our system?

Creation of a trauma informed system that embodies the six core TIS principles improves the care it provides through systematic changes that benefit everyone, including the workforce. An important first step is allowing the workforce to identify changes they believe are relevant to a trauma informed system. **Participants in the TIS foundational training identify several themes when asked how our system can become more trauma informed. Challenges in system functioning such as staff-supervisor relationships, resource allocation, and communication, are the most commonly cited for improvement. However, increased support for sharing and applying knowledge about trauma, such as more trauma-related trainings, expanded content on trauma topics, and the provision of tools or reminders following the training, is also an important marker of progress in creating a trauma informed system. To a lesser extent, staff see a need for the system to better support employee wellness and to do more outreach on the TIS initiative, principles, and practices.** These themes align with many planned components of the TIS model (e.g., expanded trainings, tools). In concert with outcomes indicated by literature on trauma informed practices and system changes, employee-identified outcomes will be integrated as the evaluation program evolves over the next year.

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