Diffusion of Trauma-informed Policies and Practices among Mental Health Agencies

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Background and Purpose

- Numerous studies have documented the increased risk of negative consequences from children's exposure to traumatic experiences
- Recent reviews of policy and program initiatives point out gaps between the urgent need to integrate trauma-informed care into children's service systems, and the current status of policy and practice (Cooper et al. 2007)
- This paper sheds light on agency–level policies and practices targeted for children and adolescents exposed to traumatic experiences.
- Secondary analysis of data from the cross-site evaluation of SAMHSA's National Child Traumatic Stress initiative (NCTSI) to examine the diffusion of trauma-informed care into mental health agencies' policies and practices

Study Components of the Cross-site Evaluation of the NCTSI

- Characteristics of children, services received, and outcomes
- Trauma-informed care among agencies affiliated with the NCTSI
- Nature and scope of products developed (e.g., treatment, training, information resources) by the Network and dissemination processes
- Extent to which products and innovations are adopted within Network
- Nature and extent of collaboration among NCTSN centers
- Extent to which the NCTSN has impacted policies and practices among mental health and non–mental health agencies beyond the NCTSN funded communities *(Data source for the present analysis)*

Methods

- **Design** – Cross-sectional survey of mental health agencies at two points in time
- **Sample** – Executive Directors of state, county, and local mental health agencies recruited through national professional associations which have *agencies* as their membership
- **Instrument** – National Impact Survey, developed for this project
- **Data Collection** – Late Spring/Summer of 2006 and 2008. Personal email invitations to respond in web-based format with hardcopy and telephone interview options
- **Analysis** – Descriptive analyses and analysis of differences in responses of mental health agencies in 2006 and 2008

Measurement Domains of the National Impact Survey

- Agency characteristics
- Agency staff's knowledge and use of trauma principles
- Trauma-informed policies and practices (screening; assessment; training; provision of specialized trauma treatments and services and percent of population in need that receive; routine tracking of client needs, service utilization, and costs; financing of trauma services)
- Specific evidence-based trauma interventions delivered
- Familiarity with the NCTSN and specific NCTSN Centers, type of collaboration

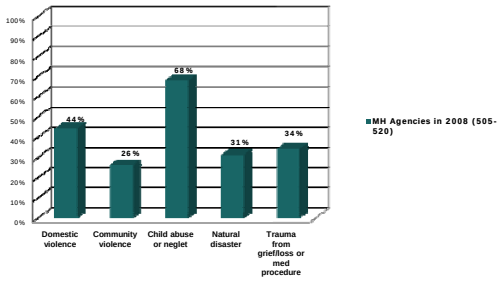
Professional Associations Recruited to Participate in Survey of Mental Health Agencies

- National Association of State Mental Health Program Directors (Division of State Directors of Child and Family Services)
- National Council for Community Behavioral Healthcare
- National Association of County Behavioral Health and Developmental Disabilities Directors
- National Association of Psychiatric Healthcare Systems
- American Association of Children's Residential Centers

Response Rate and MH Agency Profiles

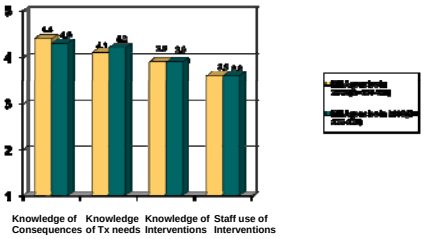
	2006	2008
Response Rate	35% (702/2026; with 82% completing the survey in full)	23% (570/2515; with 88% completing the survey in full)
Agency has Jurisdiction Over Other Agencies	**(*n* = 633)**	**(*n* = 546)**
Yes	10%	7%
No	90%	93%
Agency Type	**(*n* = 620)**	**(*n* = 531)**
Private, Not for Profit	61%	56%
Private, for Profit	2%	11%
Public	37%	33%
Children and Adolescents are Included in Organization/Agency's Target Population	**(*n* = 613)**	**(*n* = 529)**
Yes	97%	94%
No	3%	5%

Types of Traumatic Experiences of the Populations Served

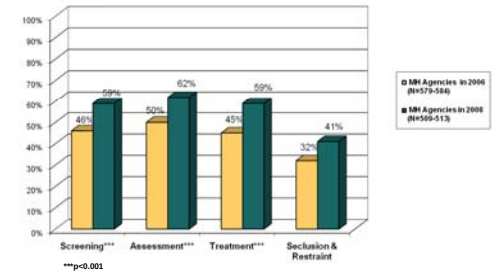


Agency Profiles - Knowledge and Use of Trauma Interventions

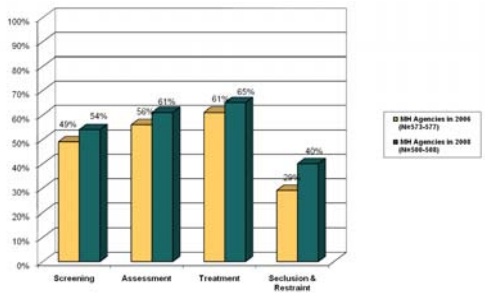
Using the Likert Scale 1 = not at all, 3 = some, 5 = a lot, agencies were asked to rate their knowledge and use of trauma interventions.



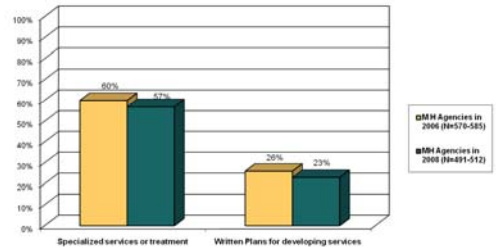
Proportion of Agencies That Report Having Various Types of Trauma-Informed Policies and Procedure



Proportion of Agencies That Have Special Training in Various Aspects of Trauma-Informed Policies and Procedures



Proportion of Agencies That Report Providing Trauma Services and Planning New Services



Provision of Evidence-Based Practices

	2006 MH agencies	2008 MH agencies
Percentage of population in need with access to specialized trauma services	**55%** (n=356 agencies responding)	**59%** (n=299 agencies responding)
Are any of the specialized services evidence-based practices (EBPs)?	**Yes = 60%** (n=344 agencies responding)	**Yes = 74% **** (n=292 agencies responding)
Most frequently implemented EBPs	• **Trauma-focused cognitive behavioral therapy (TF-CBT) – 35%** • **Abuse-focused CBT – 16%** • **Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP) – 3%** • **Parent-child interaction therapy – 14%** • **Combined TF-CBT and medication management – 13%** • **Attachment, self-regulation, and competence (ARC) – 9%** • **TF-CBT for childhood traumatic grief – 8%** • **Cognitive behavioral intervention for trauma in schools (CBITS) – 8%**	• **Trauma-focused cognitive behavioral therapy (TF-CBT) – 44% *** • **Abuse-focused CBT – 25% **** • **Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP) – 21% ***** • **Parent-child interaction therapy – 15%** • **Combined TF-CBT and medication management – 13%** • **TF-CBT for childhood traumatic grief – 13%** • **Psychological First Aid – 12%** • **Cognitive behavioral intervention for trauma in schools (CBITS) – 11%** • **Attachment, self-regulation, and competence (ARC) – 6%**

*P<.05, **P<.01, ***P<.001

Familiarity and Collaboration with the National Child Traumatic Stress Network

Relationship to NCTSN	2006	2006 Mean (sd)	2008	2008 Mean (sd)
Proportion of agencies with any familiarity with the activities of NCTSN *(Scale: 1 = Not at all to 5 = A lot)*	47% (n=612)	2.9 (.89)	53% (n=531)	2.9 (.93)
Proportion of agencies that reported collaborating with at least one NCTSN center	37% (n=623)	1.84 (2.4)	35% (n=539)	2.07 (2.5)
Proportion of agencies that participated in at least one specific type of collaborative activity with NCTSN centers	40% (n=621)	2.06 (1.4)	38% (n=536)	2.56 (1.8)

NOTES: The means pertain to the subset of agencies reporting any familiarity with the NCTSN or collaborating with at least one center

Collaborative activities include: information and referral, training, service coordination, committee participation, product development, evaluation, conference/meeting coordination, training for families or youth, policy development.

Facilitators in Integrating Trauma-informed Care into Service Systems

- **State and County MH Authority Involvement**
  - Developing a written Trauma Strategic Implementation Plan for bringing an overarching Trauma Policy to the service delivery sector for publicly funded mental health services
  - Planning to disseminate TF-CBT across the state to all 38 county providers.
  - Implementing a trauma task force in partnership with legal advocates and consumers and developing/implementing trauma assessments for public sector inpatient consumers and safety tool/crisis planning for this group
  - Broadening the reach of training and understanding of the issues, and planning to pilot trauma-informed systems of care in the State Department of Social Services, and in the Children's Behavioral Health Initiative
  - State agency has strong bonds with a NCTSN-funded Center. They contract with them to provide services.
  - Local community mental health authorities are independently involved in promoting trauma-informed service development around identification of evidenced based practices to meet behavioral health needs.

Continued facilitators…

- **Cross-sector Collaboration**
  - A specialized juvenile justice institute made a conscious decision to join with a Trauma Center to enhance services for adolescents and young adults.
  - Collaboration between the State Mental Health Division and a state university to offer training to public mental health providers. These have included working with parents and in-depth training on the trauma narrative.
  - Working on development of a military affairs committee to address trauma related services for all families involved in active duty service
  - Collaborating with the county prosecutor around child abuse, particularly around sexual abuse of youth and provide a clinical onsite program at their advocacy center
  - Partnering with the State Division of Substance Abuse and Mental Health and participating in a statewide effort to screen, assess, and treat children and youth experiencing trauma on any level

Barriers Encountered in Integrating Trauma-informed Care into Service Systems

- Limited access to technical assistance for trauma training and programming issues.
- Limited availability of funding to actually implement needed programs.
- State initiatives to transform the service system with insufficient attention to trauma.
- Time spent in training can be a burden to agencies because staff coverage often means over time for another staff, in addition to training fees.
- The cost of providing evidence based programming along with adequate population size to be cost effective

Conclusions

- Results suggest growth in the uptake, by mental health agencies, of trauma-informed policies and practices for children affected by traumatic experiences.
- Specifically there were significant increases between 2006 and 2008 in the:
  - Proportion of agencies that reported having policies and procedures related to screening, assessment, and treatment
  - Proportion of agencies that reported using evidence-based practices, in general
  - Proportion of agencies that reported using specific EBPs, including: TF-CBT, Abuse-focused CBT, and DBT (which tend to have active multi-modal dissemination strategies)
- Facilitators – Involvement of state and county MH authorities, cross-sector collaboration
- Barriers – Access to funding, technical assistance, and information
- Next Steps – Complete National Impact Survey with other non-mental health service sectors and analyze data by service sector and over time to examine impact of the NCTSN on diffusion of trauma-informed care