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EVALUATING A STATE-WIDE TRAINING EFFORT TO UNDERSTAND SUSTAINED IMPACT

Astrid Prudent and Colleen Smith, Center of Excellence for Children’s Behavioral Health; Stephanie Pearson, Ph.D., and Dawne Morgan, M.S.W., Georgia Department of Behavioral Health and Developmental Disabilities

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.

KEY FINDINGS

Finding 1: Utilization of Training Materials

<table>
<thead>
<tr>
<th>Progress Markers</th>
<th>3-months post training N=61</th>
<th>6-months post training N=45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expect to see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talked to others about the training</td>
<td>52 91.2%</td>
<td>30 69.8%</td>
</tr>
<tr>
<td>Shared resources and tools from the training with others</td>
<td>47 82.5%</td>
<td>31 72.0%</td>
</tr>
<tr>
<td>Like to see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requested additional trauma-related training or professional development opportunities</td>
<td>18 31.6%</td>
<td>14 33.3%</td>
</tr>
<tr>
<td>Used supplemental materials at least once</td>
<td>51 89.5%</td>
<td>33 78.6%</td>
</tr>
<tr>
<td>Used a trauma screening and/or assessment form(s)</td>
<td>35 61.4%</td>
<td>25 59.5%</td>
</tr>
<tr>
<td>Love to see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sought trauma certification</td>
<td>25 43.9%</td>
<td>11 26.8%</td>
</tr>
<tr>
<td>In process of developing agency-wide action plan for incorporating Trauma-Informed Care</td>
<td>39 69.9%</td>
<td>22 53.7%</td>
</tr>
<tr>
<td>Made trauma-informed recommendations in their workplace or at their agency</td>
<td>47 77.0%</td>
<td>24 63.2%</td>
</tr>
</tbody>
</table>

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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