Evaluation of Changes in Beliefs and Attitudes of Registered Nurses Following Participation in a Trauma-Informed Care Education Program

JT Seaman, MSN,RN,PMHNP-BC

Introduction

► Trauma negatively affects mental health (Muskett, 2014).

► 91%
— Individuals with mental health diagnoses (SAMHSA, 2010).
— Trauma-Informed Care in Behavioral Health Services (SAMHSA,2014).

Introduction

► TIC increases positive outcomes (SAMHSA,2014).

► Costs; emotional, physical, sexual (The National Child Traumatic Stress Network, 2018).

► Staff and clients; invested and satisfied (SAMHSA, 2014).

Problem Statement

➤ A TIC program was not evaluated.

➤ No prior knowledge of TIC principles.

➤ TIC principles prevent re-traumatization (SAMHSA, 2014).

➤ Discussion with the program presenter.

➤ The parameters are staff RNs.

Purpose and Objectives

► Evaluate the effects of TIC program participation on RNs beliefs, attitudes, and behaviors.

► Objectives:
1. Develop questions.
2. Develop a digital survey.
3. Recruit participants.
4. Analyze qualitative and quantitative data.
5. Provide feedback.

Background

► Provided TIC program had no evaluation.

— Facility treats a variety of diseases.
— Trauma-informed care
— Focus Groups
— Assesses understanding and constructs.

Concepts

- ➤ Trauma-informed care
- ➤ Focus groups
- ➤ Program evaluation
- ➤ Attitude
- ➤ Belief
- ➤ Behavior

Framework

► Framework for Program Evaluation in Public Health.

► Establishes the steps for successful evaluation (CDC,1999).

• Engage, describe, focus, gather, justify, disseminate.

Engage Stakeholders
Describe the Program
Focus Evaluation Design
Gather Credible Evidence
Justify Conclusions
Ensure Use and Share Lessons

Standards
Utility
Feasibility
Propriety
Accuracy

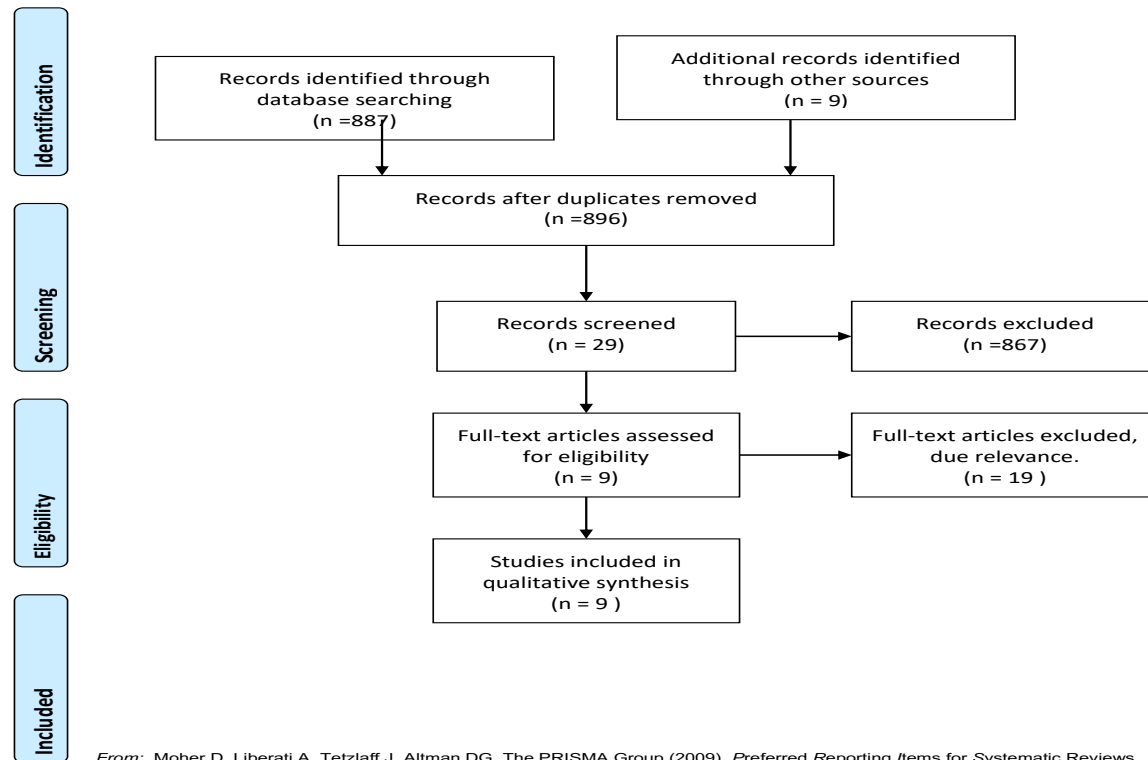*Insert Photo/Illustration credits here*

Synthesis of the Evidence: Evidence Search

- ► Will the attitudes, beliefs, and behaviors of RNs change after TIC program participation?

- ► Data bases: CINAHL Complete, Cochrane Clinical Answers, Ebscohost, MEDLINE, and PsychINFO

- ► Terms: Focus group systematic review, focus group effectiveness, focus groups for program evaluation, and "trauma-informed care.

- ► 895 articles limited to nine.

Synthesis of the Evidence: Evidence Search

PRISMA 2009 Flow Diagram

Identification

| Records identified through database searching (n =887) | Additional records identified through other sources (n = 9) |

Records after duplicates removed (n =896)

Screening

Records screened (n = 29) → Records excluded (n =867)

Eligibility

Full-text articles assessed for eligibility (n = 9) → Full-text articles excluded, due relevance. (n = 19)

Studies included in qualitative synthesis (n = 9)

Included

Insert Photo/Illustration credits here

Synthesis of the Evidence

- ► Level six evidence, utilized focus groups.

- ► The purpose, methods, and results varied.

- ► Found focus groups useful.

- ► Current evidence is investigating virtual use.

- ► Most are dated.

Methods

► **Project Design**

— Program evaluation.

► **Setting**

— Behavioral health unit

— Diagnoses and treats mental illness.

► **Participants**

— 10 of 24 eligible RNs completed the survey.

— Participated in TIC program in person.

Data Collection

► Assess RNs' attitudes, beliefs, and behavior.

► Fifteen survey questions in REDCap.
  — 7 Likert style questions.
  — 3 yes or no questions.
  — 5 free text questions.

.

1. I have incorporated TIC terms into my dialogue with clients.
2. I choose verbal interventions now more frequently than before participating in the program.
3. I value the information provided in the program.
4. The concepts presented in the program increased my awareness of the role trauma plays in behavior and mental illness.
5. Participating in the program allowed me to make positive changes in the unit milieu (environment or setting).
6. My perception of the clients is more positive since I completed the program
7. I often negatively perceived behavioral health clients before participating in the TIC program.
8. I would appreciate additional training or education about TIC. Yes No
9. TIC training should be reviewed annually. Yes No
10. TIC should be included as part of orientation for newly hired employees. Yes No
11. Number of years you have been practicing in behavioral health _____.
12. How did you perceive behavioral health clients before the TIC program?
13. How do you perceive behavioral clients now?
14. Describe your feelings about the concepts introduced in the program.
15. Describe any changes you have made in the unit milieu since participating in the TIC program?

Analysis

➢ Plan for Data Analysis.

➢ Utilized constant comparison and REDCap.

➢ Thematic analysis
— Familiarization
— Coding.
— Generating themes
— Reviewing themes.
— Define and name themes

Results

► Ten RNs.

► Five to 40 years experience.

► Results supported purported changes.

Results

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have incorporated TIC terms into my dialogue with clients.	10% (1)	60% (6)	20% (2)	0% (0)	10% (1)
I choose verbal interventions now more frequently than before participating in the program.	40% (4)	40% (4)	0% (0)	30% (30)	0% (0)
I value the information provided in the program.	50% (5)	40% (4)	10% (1)	0% (0)	0% (0)
The concepts presented in the program increased my awareness of the role trauma plays in behavior and mental illness.	30% (3)	60% (6)	10% (1)	0% (0)	0% (0)
Participating in the program allowed me to make positive changes in the unit milieu.	30% (3)	40% (4)	20% (2)	10% (1)	0% (0)
My perception of clients is more positive since I completed the program	20% (2)	70% (7)	10% (1)	0% (0)	0% (0)
I often negatively perceived behavioral health clients before participating in the TIC program.	10% (1)	10% (1)	10% (1)	50% (5)	20% (2)

Insert Photo/Illustration credits here

Results

Question	Yes	No
I would appreciate additional training or education about TIC	90% (9)	10% (1)
TIC training should be reviewed annually	90% (9)	10% (1)
TIC should be included as a part of orientation for newly hired employees.	100% (10)	0% (0)

Discussion

➤ Data supported the project aim.

➤ Easy access, less time.

➤ Late initiation, small sample.

➤ Continued TIC dissemination.

Discussion Cont.

► Focus Groups

Strengths	Weaknesses
More in-depth data	Costly in resource utilization
Utilizes group dynamics	Potential self-selection bias
Encourages storytelling	Potential social desirability bias
Able to interview multiple persons	Time consuming

Implications

For the profession	For the facility
Educate behavioral health RNs	Need informal evaluation
Educate emergency department RNs	Provide education to new hires.
Beneficial to stigmatized population.	Integrate TIC into the culture

Conclusion

► Surveys, especially digital ones are credible evaluative tool.

► Consider use of focus groups.

► More education is needed.

► Need to develop a culture that embraces TIC.

References

Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public

health. Retrieved from https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf

Muskett, C. (2013). Trauma-informed care in inpatient mental health settings: A review of the

literature. *International Journal of Mental Health Nursing*, *23*(1), 51-59.

doi:10.1111/inm.12012

Substance Abuse and Mental Health Services Administration, N. (2014). Trauma-Informed Care

in Behavioral Health Services - PubMed - NCBI. Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/24901203

Substance Abuse and Mental Health Services Administration. (2010). Trauma. Retrieved from

https://www.integration.samhsa.gov/clinical-practice/trauma