

THE TRAJECTORY OF TRAUMA-INFORMED PRINCIPLES
ACROSS CHILD WELFARE ORGANIZATIONS

by

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ACROSS CHILD WELFARE ORGANIZATIONS

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Abstract

In this exploratory, mixed methods project, we seek to understand how implementation of Trust-Based Relational Intervention (TBRI), a trauma-informed, evidence-based model of caregiving developed by TCU faculty, has shaped systems of care for vulnerable children and youth. The current study reports on the first year of implementation across nine child welfare organizations participating in a county-wide mental health collaborative. Data included monthly implementation process interviews conducted with representative staff of each agency, as well as survey data from a subset of agencies [TCU Survey of Organizational Functioning (SOF); n = 4 agencies]. The data sample reveals overall increases for TBRI strategy use during the first year of implementation. In addition, organizational functioning scores that were above the baseline mean of the sample yielded increased scores in strategy use. Future research suggests further analyzing the complexities of TBRI implementation across the large-scale collaborative.

The Trajectory of Trauma-Informed Principles Across Child Welfare Organizations

According to SAMHSA's (Substance Abuse and Mental Health Services Administration) concept of a trauma-informed approach, a program, organization, or system that is trauma-informed will: realize the widespread impact of trauma in clients, families, and staff in the system, understand the potential paths for recovery and prevention of re-traumatization, and respond by fully integrating knowledge about trauma into policies, practices, and diverse settings. A trauma-informed approach creates a systematic caregiving environment that is geared towards meeting the unique needs of children as well as combating the negative trauma-induced changes affecting the children's bodies, brains, and behaviors.

Recent efforts have shifted the focus of childhood loss and trauma towards the impact caregiving organizations can provide on the development and behavior of children and youth. Trauma-informed care that is shaped by a set of shared values, goals, and practices has been shown to be an essential need for every organization serving children, youth, and families (Fetterman, 2010). Child-rearing institutions and service systems that develop a collective trauma-informed framework will be better equipped to battle childhood trauma and improve outcomes for vulnerable children and youth (SAMHSA, 2020).

Implementation Science Within A Trauma-Informed Approach

The success of a trauma-informed approach stems from the deeply rooted field of implementation science. According to Wiltsey & Beidas (2020), implementation science "promotes the application of research findings and evidence-based practices and principles (EBPs) into routine practice." Implementation scientists emphasize contextual factors that contribute to implementation success or failure within public mental health setting, and target these factors to accelerate treatment performance. In addition, implementation scientists work to

ensure that EBPs, which are discovered through psychological science, provide the best opportunities for children and adults to grow and benefit from these implementation treatments. With the ultimate goal of improving the health and quality of life of every individual, implementation science has become a popular outlet for child serving organizations. Bridging the gap between scientific findings and practice, implementation science may be utilized within trauma-informed systems of care to improve implementation outcomes for trauma-impacted families.

Another fundamental aspect that implementation scientists focus on within trauma-informed interventions is how the behavior of adults change within organizational implementation constraints. To examine adult behavior within child-serving environments, implementation researchers analyze different aspect of organizational psychology such as motivation, leadership, and attitudes (Williams & Beidas, 2019). Using this knowledge of behavioral characteristics, implementation scientists are better able to draw on psychological practices to improve implementation strategy development and deployment. Successful EBPs require implementation scientists to examine factors associated with adult behaviors in order to provide the best resolutions for organizational workers experiencing implementation constraints. The resulting recommendations can positively influence adult behaviors within child-rearing environments and work to improve the overall quality of services provided by trauma-informed interventions.

Implementation of the Trust-Based Relational Intervention (TBRI®) Model

The employment of implementation science within caregiving models allows child-serving organizations the opportunity to establish their trauma-informed approaches in ways that promote positive outcomes for both employees and clients. In an attempt to transform caregiving

culture and emphasize training in trauma-informed care, researchers from TCU's Institute of Child Development utilized implementation science to develop their own trauma-informed intervention known as the *Trust-Based Relational Intervention (TBRI) Model*.

The TBRI model is an evidence-based, trauma-informed model of care for vulnerable children and youth. TBRI implementation follows a theoretical foundation in attachment theory, developmental neuroscience, and developmental trauma. This caregiving model was formed for the purpose of organizing staff and leadership customs under three governing principles which are meant to serve children and families harmed by trauma. These distinct but highly interactive principles include the Empowering, Connecting, and Correcting Principles, along with implementation strategies that encompass each principle (Purvis, Parris, & Cross, 2011; Purvis et al., 2013).

The Empowering Principles

The Physiological Strategies focus on the internal physical needs of the child, such as hydration, blood sugar, and sensory needs. The Ecological Strategies focus on the external environment and the development of self-regulation skills in the child. Example of these skills include practicing transitions, scaffolding (guided support to a child's level in order to facilitate learning), and performing daily rituals.

The Connecting Principles

The Engagement Strategies are tailored towards building a relationship with the child. These strategies involve eye contact, behavior matching, and playful engagement. Behavioral Matching involves the ability to demonstrate rule-following or socially appropriate behaviors with children. An example of Behavioral Matching is allowing children to perform behavioral re-do's by first saying "use your words" or "show respect". The Mindfulness Strategies consist of

practicing self-awareness and understanding the personal factors that may influence an interaction with a child.

The Correcting Principles

Proactive Behavioral Strategies include the Life-Value Terms (LVT). LVT's are short phrases that carry a lot of meaning. Being gentle and kind, or having the child use his or her words when asking for something, are all examples of implementing LVT. Responsive Behavioral Strategies encompass both Levels of Response and the IDEAL Response. The IDEAL Response entails the ability to respond immediately to the behavior of the child. This occurs through eye contact, having close proximity to the child, using the least amount of firmness, and being responsive to the child's actions rather than his or her character. In conjunction to the IDEAL Response, the Levels of Response requires the ability to identify responsive practices that are matched in intensity to the level of risk or challenge in the child. This strategy calls for communication between the caregiver and child, especially in an atmosphere that is calm and reassuring.

Effectiveness of TBRI Intervention

The strategies described above elucidate a trauma-informed intervention that exercises applied research across a wide range of child-serving environments. Evidence for the effectiveness of the TBRI model has been revealed across a range of service settings, which include family preservations, schools, and adoption/foster care. In a quasi-experimental, one-group, pre-post study, children whose adoptive parents were trained in TBRI significantly improved in their psychological functioning. In addition, parents participating in the intervention showed decreased caregiver stress levels as measured by the Parental Stress Scale (Howard et al., 2014). Following TBRI implementation within an elementary school, findings demonstrated a notable change within the at-risk student population. The top ten most frequently referred

students at school were 18% less likely to be involved in incident reports as a result of TBRI implementation training (Purvis et al., 2015).

In one case study involving a group home providing transitional services for out-of-home children and youth, TBRI implementation was associated with improvements in reducing negative behavioral incidents among children, as well as lowering the frequency of verbal aggression and minor client injury (Purvis et al., 2012). The trauma-informed approach of TBRI has created a lasting impact on the child welfare community, taking advantage of implementation science to better the lives of families, children, and practitioners. For more information on the principles, practices, and strategies of TBRI, see Purvis et al. (2015).

The Current Study

In this exploratory, mixed methods report, we sought to further understand the implementation process of TBRI by examining organizational outcomes across several child welfare organizations participating in a collaborative project from a previous pilot study. During the first year of the pilot study, researchers from the Karyn Purvis Institute of Child Development were able to collect and analyze interview and survey data related to TBRI implementation, staff attributes, and organizational functioning. Results from the collaborative project suggested complex TBRI implementation within the organizations involved. One finding indicated that across all organizations, attitudes were more favorable towards trauma-informed care after TBRI implementation (Crawley et al., 2020).

This secondary analysis was guided primarily by the following research question: After a year of participation in a TBRI-focused collaborative project where TBRI training, consulting, and coaching were provided, what trends regarding TBRI Strategy Use and organizational functioning were identifiable within the first year of implementation for the agencies in the

sample? The purpose of this report was to uncover meaningful relationships between TBRI Strategy Use and organizational outcomes, with the goal of supporting TBRI implementation processes for caregiving agencies in the future.

Method

This report explored the data collected during the first year of TBRI implementation (December 2017 – November 2018) across nine child welfare organizations participating in a county-wide mental health collaborative. Components of the TBRI Strategy Use and organizational functioning data were inspected by researchers from the Karyn Purvis Institute of Child Development (KPICD) at Texas Christian University. In order to track implementation activities, KPICD interviewers asked organizational representatives from each agency to indicate the rate of frequency of their organization's use of TBRI strategies each month for the first year of implementation. Data collection activities included monthly implementation process interviews in conjunction with baseline follow-up surveys regarding organizational functioning for the nine agencies. By putting a spotlight on these two measures, we were able to identify trends in the data sample and make recommendations that could support agencies' current implementation plans.

Participants

The study utilized a purposive sample to explore the implementation of a trauma-informed intervention. Nine child welfare agencies within a metropolitan area in the southern region of the United States participated in the research collaborative. The agencies included in this report ($n = 9$) were a subset of over 20 organizations that took part in the multi-year, large scale implementation initiative. The sample included a number of large organizations, some of which were split into separate units or divisions. For the purposes of this report, these divisions

were treated as distinct agencies with separate names and given interview scripts/surveys to be completed on their own. The *criteria* for participation in the sample included agencies with at least eight completed monthly interviews (one must be within month 1 or 2), as well as one completed survey at baseline. Although only one representative from each agency completed the TBRI Strategy Use interview script each month, the number of overall representative staff who took part in TBRI Strategy Use interviews during the first year varied depending on the agency. Representatives were chosen within their respective agencies based on their involvement in the TBRI implementation process. Unlike the TBRI Strategy Use interviews, all staff from each agency in the sample were offered the chance to participate in the TCU Survey of Organizational Functioning & Workshop Evaluation (SOF & WAFU) survey measure. Thus, baseline means scores for each agency were calculated from a pool of participants.

Measures

Within the exploratory report, we selected a battery of measures that were of interest to our research question. These measures included the TBRI Strategy Use interview and TCU Survey of Organizational Functioning & Workshop Evaluation (TCU SOF & WAFU) scale (Crawley et al., 2020). The TBRI Strategy Use construct was measured along a monthly interview schedule for each agency during the first year of implementation. Reported here was a section (specific to TBRI Strategy Use) of a wider *structured* interview script in which agency representatives were asked about various TBRI implementation goals and outcomes monthly. Surveys from the SOF & WAFU scale were adapted from the TCU Institute of Behavioral Research to examine organizational functioning and staff attributes for each agency. This scale was conducted with agency staff at baseline, or within the first month of TBRI implementation.

Scoring

TBRI Strategy Use (Interview Scale)

The construct included eight variables found from the monthly interview completions, which consisted of the *Mindful Awareness Strategies*, *Engagement Strategies*, *Proactive Strategies-LVTs*, *Proactive Strategies-Behavioral Scripts*, *Responsive Strategies-IDEAL Response*, *Responsive Strategies-Levels of Response*, *Physiological Strategies*, and *Ecological Strategies*. The eight items were chosen from the principles of TBRI (see *Implementation of The TBRI Model*) and were of interest to our research report. The TBRI Strategy Use items were scored on an interval scale response option (1 = Never, 2 = Sometimes, 3 = About half the time, 4 = Most of the time, 5 = Always).

TCU Survey of Organizational Functioning & Workshop Evaluation (Survey Scale)

The construct was found from the monthly survey completions, and included perceived *Influence* among colleagues/within the program, *Mission* congruence (i.e., having a clear, well-understood mission), team *Cohesion*, organization *Communication*, on the job *Stress*, individual *Job Satisfaction*, *Autonomy* on the job, job *Burnout*, and *Leadership Engagement* in implementation. SOF and WAFU scale items used a 5-point Likert scale response option (Strongly Disagree = 1, Somewhat Disagree = 2, Neither Agree nor Disagree = 3, Somewhat Agree = 4, and Strongly Agree = 5). Scores for each scale were obtained by summing responses to a set of items (after reverse scoring on reflected items by subtracting the item response from “6”), dividing the sum by the number of items included (yielding an average) and multiplying by 10 in order to rescale final scores so they can range from 10 to 50 (e.g., an average response of 3.4 for a scale becomes a score of “34”). TCU SOF & WAFU baseline mean averages, which were compared to the mean averages of the sample agencies, were measured by the overall mean score for all agencies participating in the mental health collaborative.

Analysis Plan

In order to examine the trajectory of TBRI principles and organizational functioning during the first year of implementation, data from the sample agencies was analyzed in the following manner:

1. Counted the frequency of changes in TBRI Strategy Use from baseline to mid-year, and mid-year to post-training for each of the nine child welfare agencies (See Table 1).
2. Created visual representations of TBRI Strategy Use among a subset of agencies with distinct patterns of strategy use (See Figure 1 through Figure 4).
3. Further inspected the organizational functioning of the subset of agencies with the SOF & WAFU scale (See Table 2 through Table 5).

Step 1: Frequency of Changes in TBRI Strategy Use

Representative staff from the nine agencies were asked by KPICD interviewers to participate in a TBRI Monthly Implementation Call Script. During this interview, agency representatives indicated the degree to which their agency utilized each of eight TBRI Strategy items. All agencies were asked to participate in the monthly call scripts from August 2018 to July 2019. TBRI Strategy Use data for each agency was coded into a given time point along the 12-month span. Call scripts beginning in Aug-2018 were labeled as T1, Sep-2018 as T2, all the way to Jul-2019 as T12. The twelve time points, each consisting of 8 item scores for TBRI Strategy Use, were collected for all nine agencies and recorded on an Excel spreadsheet table. For the purposes of this report, agency titles were assigned specific identification numbers. For agencies that had multiple departments implementing TBRI separately, these sub-agencies were also given numbers and treated as separate entities for this analysis.

From the Excel spreadsheet data, we created eight separate pivot tables, each containing a

distinct TBRI Strategy Use item. Each pivot table was able to track measured responses for a particular TBRI strategy across all nine agencies and time points. From the original TBRI pilot study, over 20 agencies participated in the research collaborative. However, most agencies were not able to complete the call scripts for all twelve time points within the first year of data collection (can be seen by empty spaces between rows and columns). In this mixed-methods report, we selected 9 agencies that completed the TBRI Strategy Use scale for completing at least T1 or T2 (or both), as well as 7 other time points across the 12-month period. By tracking at least 67% of an agency's TBRI Strategy Use during the first year, we were able to form accurate representations of implementation trends throughout our data sample.

After producing nine pivot tables depicting TBRI Strategy Use for each agency, we were able to examine individual item scores at any given month during the one-year implementation process. In addition to analyzing individual TBRI strategies, we were also able to count the frequency of changes in TBRI Strategy Use from baseline to mid-year, and mid-year to post-training for each of the nine child welfare agencies (See Table 1). We created a table including all sample agencies, with four columns identifying agencies' mid-year increases, mid-year decreases, post-year increases, and post-year decreases. Scores from the table ranged from 0-8 (0 = no change in usage for all TBRI strategies; 8 = all TBRI strategies change in usage).

Mid-year increases indicated the number of TBRI Strategy Use items that *increased* from baseline (T1 or T2) to mid-year (T5, T6 or T7). Increases for a given strategy meant a shift in the item score by at least 1 on the scale measurement. Mid-year decreases indicated the number of TBRI Strategy Use items that *decreased* from baseline to mid-year. Post-year increases indicated the number of TBRI strategy measurements that *increased* from mid-year (T5, T6, or T7) to post-year (T10, T11, or T12). Post-year decreases indicated the number of TBRI Strategy Use

items that *decreased* from mid-year to post-year.

Step 2: Visual Representations of TBRI Strategy Use

After forming a table describing the frequency of changes in TBRI Strategy Use, we constructed a visual representation of TBRI implementation using a subset of four selected agencies in the sample. These agencies included: Agency 105, Agency 115, Agency 113-4-74, and Agency 120-1. We created line graphs on Microsoft Excel to depict monthly TBRI Strategy Use recorded by each agency (See Figure 1 through Figure 4). These four agencies were chosen because they represented the most visually distinct patterns in TBRI Strategy Use during the first year of implementation. The agencies that were not graphed indicated positive progressions of TBRI Strategy Use and suggested little change in the implementation process over the first year of data collection. The four agencies had their own visual line graph depictions, and the data included all eight TBRI Strategy Use items scored during monthly call scripts for that particular agency. Graphs were based on responses to the interview question, “how often do staff in your agency use the following TBRI strategies?” Agency representatives rated their agency’s use of TBRI strategies on a scale from 1 to 5 (1 = Never, 2 = Sometimes, 3 = About half the time, 4 = Most of the time, 5 = Always). Item scores from the TBRI Strategy Use interview script were labeled with distinct data series markers and color-coded lines.

Step 3: Inspection of Organizational Functioning

Baseline (T1 or T2) data collection from agencies 105, 115, 113-4-74, and 120-1 were further explored using the TCU SOF & WAFU survey scale measurement. Scales and item scoring were adapted to serve the purpose of analyzing organizational functioning within the four selected agencies. Organizational representatives completed baseline survey scales that measured the following items related to their work environment: *Job Autonomy*, *Burnout*,

Cohesion, Communication, Influence, Mission, Satisfaction, Stress, and Leadership Engagement.

Data collection for the SOF & WAFU survey scale were obtained and represented visually using a bar graph for each of the four agencies. Baseline survey data (from either T1 or T2) were only used in the visual aids among the four selected groups. Scores for the nine items within the TCU SOF & WAFU scale were compared to average mean scores for all agencies participating in the original pilot study.

After obtaining the TCU SOF & WAFU survey scale data for agencies 105, 115, 113-4-74 and 120-1, we formulated a corresponding table for all four agencies, and consolidated their data into four comprehensive charts (See Table 2 through Table 5).

Results

Increases and Decreases of TBRI Strategy Use

Table 1

Frequency of Change in TBRI Strategy Use

Agency Organization	Mid-year		Post-year	
	Increases	Decreases	Increases	Decreases
Agency 105	8	0	3	0
Agency 112	4	1	0	0
Agency 115	8	0	0	0
Agency 125	5	0	5	0
Agency 126	4	0	0	1
Agency 127	6	0	0	8
Agency 113-3-74	7	1	0	2
Agency 113-4-74	8	1	0	8
Agency 120-1	0	0	7	0

Note. A score of 8 indicates movement in all TBRI strategies.

For eight of the nine agencies used in the data collection sample, mid-year increases in TBRI Strategy Use occurred with minimal decreases. Three agencies experienced a single setback in a given strategy. Four agencies experienced decreases in TBRI Strategy Use in the post-year measure of implementation, while three agencies continued to show strategy increases.

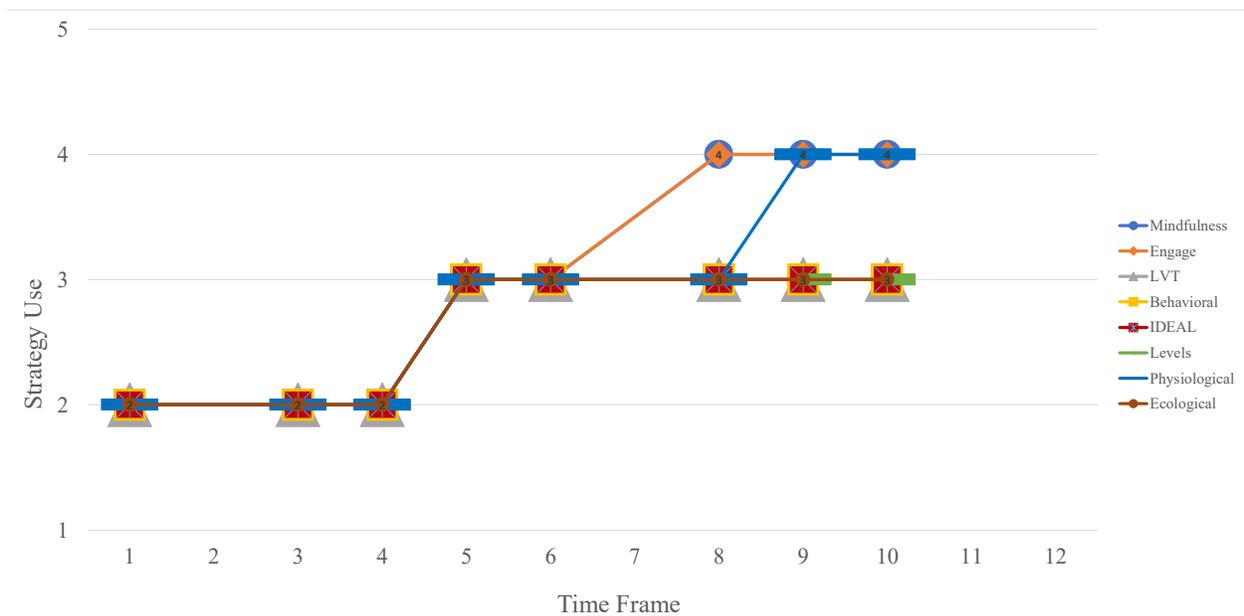
Visual Summary of TBRI Implementation

After inspecting the frequency of changes in TBRI Strategy Use among the sample agencies, we visually examined TBRI Strategy Use using a subset of four selected agencies in

the sample. These agencies included: Agency 105, Agency 115, Agency 113-4-74, and Agency 120-1. These four agencies were chosen because they represented the most uniqueness in TBRI Strategy Use during the first year of implementation. Plotting the frequency of use of each strategy for each organization revealed intriguing patterns. The following figures (Figure 1 through Figure 4) demonstrate the four distinct patterns of TBRI Strategy Use with a visual representation of the data from each agency.

Figure 1

Agency 105

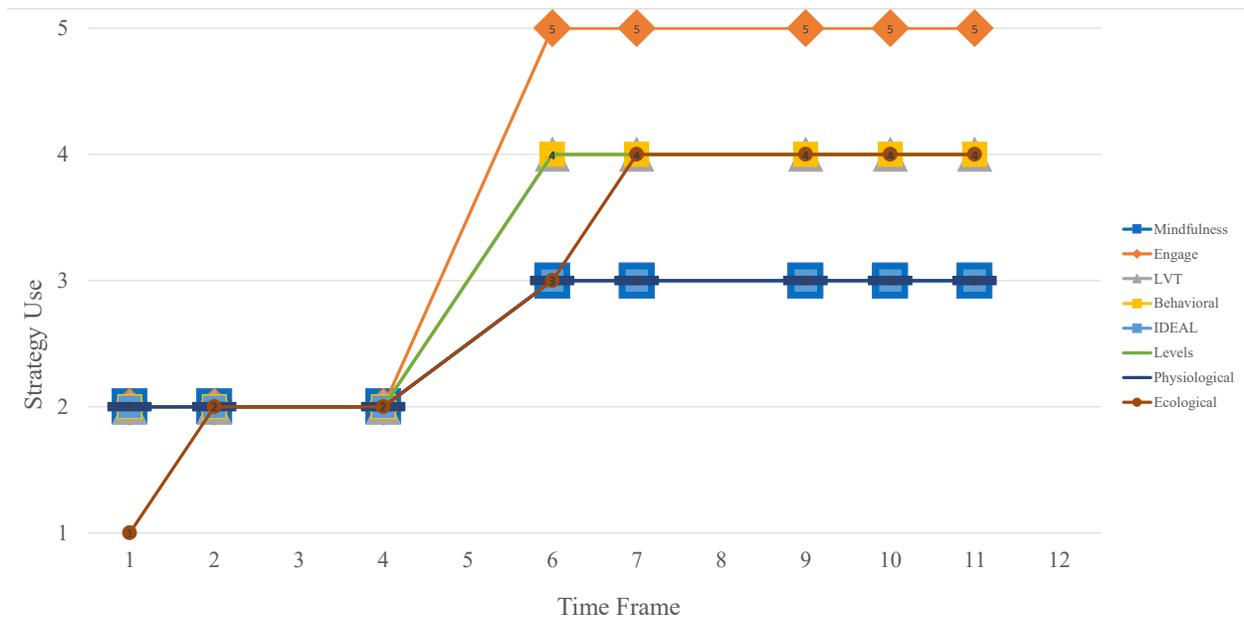


Note. Each month of implementation is indicated by a time point labeled on the x-axis.

The progression of TBRI Strategy Use for Agency 105 seemed to follow a “stair-step progression” trend from T1 to T10. As can be seen in Figure 2, all eight TBRI strategies are used “sometimes” at the project start. By T6, all eight TBRI strategies are used “about half the time”. At the end of the first year of implementation, *Mindfulness*, *Engagement*, and *Physiological Strategies* (labeled with a blue line) are used “most of the time”.

Figure 2

Agency 115

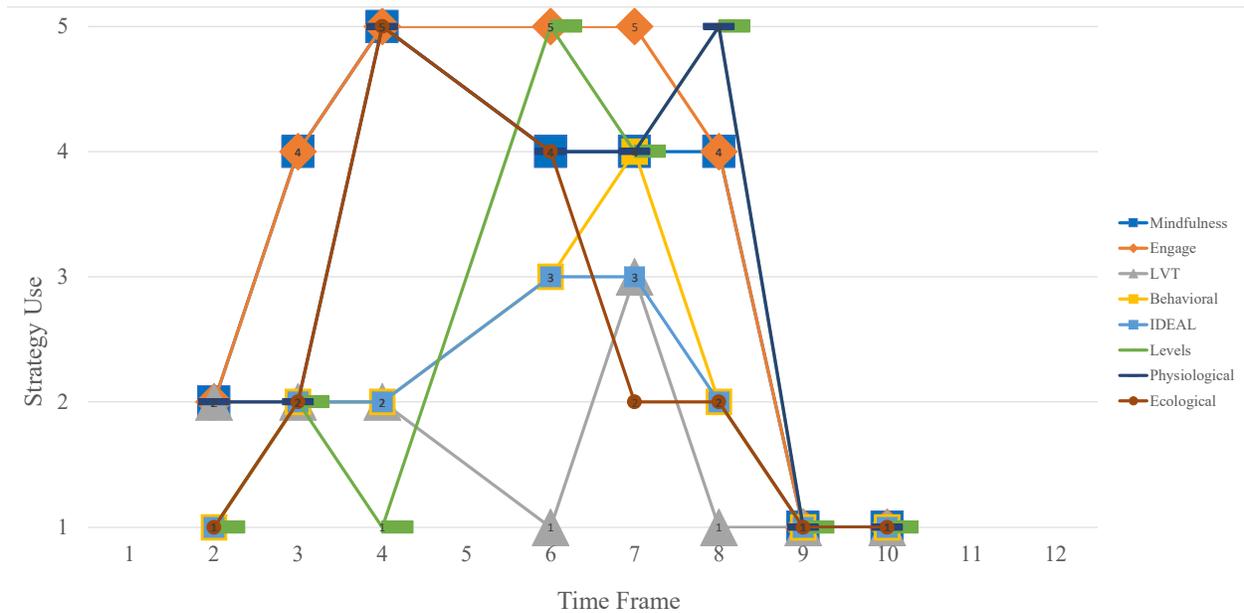


Note. Each month of implementation is indicated by a time point labeled on the x-axis.

The progression of TBRI Strategy Use for Agency 115 seemed to follow a “peak-progression” from T1 to T7. TBRI strategies plateaued after T7 for the remainder of the year, despite showing positive increase in the beginning. *Engagement Strategies* (labeled with an orange diamond) for both Agency 115 and 105 were noticeably utilized the most. When referring to Agency 115, scores from the *Mindfulness*, *IDEAL*, and *Physiological Strategies* were employed only about half the time. In contrast, the *Engagement Strategies* plateaued at high use during the second half of the year.

Figure 3

Agency 113-4-74

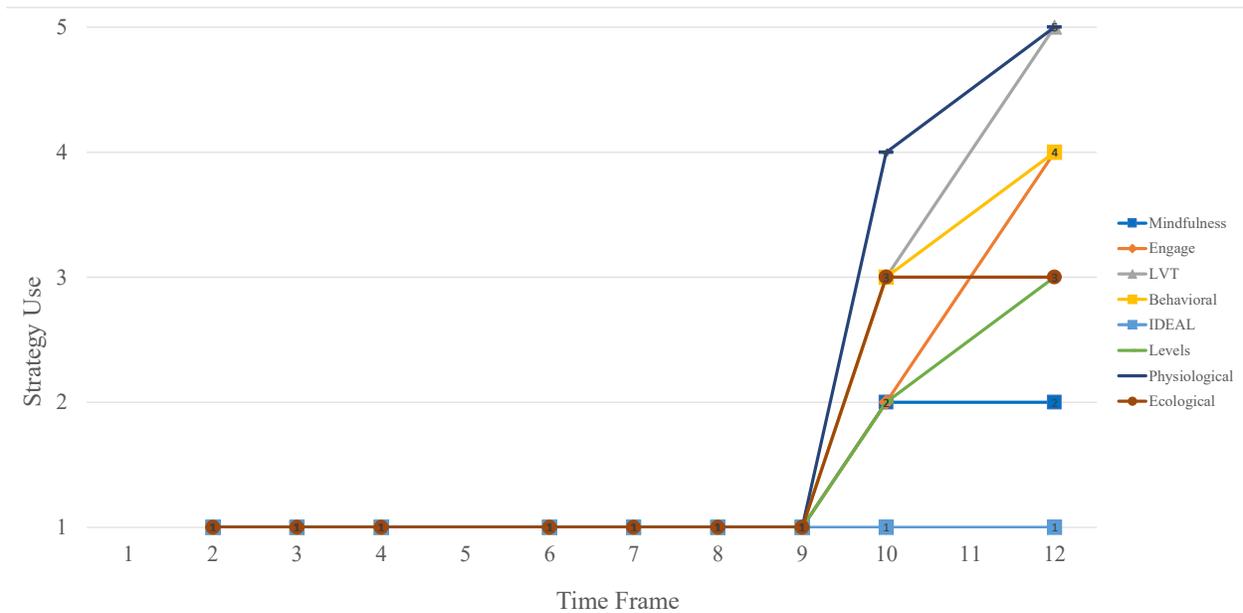


Note. Each month of implementation is indicated by a time point labeled on the x-axis.

The progression of TBRI Strategy Use for Agency 113-4-74 seemed to follow an “inverse U-shaped” curve from T2 to T10. Implementation of the TBRI strategies changed dramatically over the course of 8 months. *Levels*, *Engagement*, and *Physiological Strategies* came across as being implemented most of the time. Implementation of the *LVT*, *IDEAL*, and *Behavioral Strategies* varied from being utilized about half of the time to only sometimes. After T8, however, all strategies reverted back to never being used.

Figure 4

Agency 120-1



Note. Each month of implementation is indicated by a time point labeled on the x-axis.

The progression of TBRI Strategy Use for Agency 120-1 seemed to follow an “exponential curve” from T2 to T12. Scores for all items except the *IDEAL Strategies* improved by the end of the year. TBRI Strategy Use items, interestingly, showed signs of being exercised in the implementation process only after T9.

Baseline Means of Organizational Functioning

We then consolidated baseline TCU SOF & WAFU survey measures for all four agencies into four comprehensive tables (See Table 2 through Table 5). We compared all baseline item scores (n = 9) for the four agencies on a range from *Above Baseline Mean*, *Within Baseline Mean*, and *Below Baseline Mean*. *Above Baseline Mean* scores indicated agencies scoring at least 2 points above the baseline mean scores of any given item. Items that scored on *Below Baseline Mean* indicated agencies scoring more than 2 point below the baseline mean. Items that scored *Within Baseline Mean* fell less than 2 points above and below the baseline mean. The “X” indicators were placed in the given cells to mark whether each agency scored *Above Baseline*

Mean, Within Baseline Mean, or Below Baseline Mean for each item.

Table 2

Agency 105

TCU SOF & WAFU Subscales	Baseline Mean Scores		
	Above	Within	Below
Autonomy	X		
Burnout		X	
Cohesion	X		
Communication	X		
Influence		X	
Mission	X		
Satisfaction	X		
Stress			X
Leadership Engagement		X	

Most subscales scored *Above Baseline Mean* for Agency 105 (represented by the black “X”). This meant that organizational functioning scores were visibly higher for Agency 105 at baseline. The item *Stress* was the only subscale to be represented as below the mean average during the beginning of implementation.

Table 3*Agency 115*

TCU SOF & WAFU Subscales	Baseline Mean Scores		
	Above	Within	Below
Autonomy		X	
Burnout		X	
Cohesion		X	
Communication	X		
Influence		X	
Mission		X	
Satisfaction			X
Stress			X
Leadership Engagement		X	

For Agency 115, subscale scores fell *Within Baseline Mean* averages. This meant that organizational functioning scores were visibly average for Agency 115 at baseline. Subscales scores for *Satisfaction* and *Stress* were represented as falling below the baseline mean averages. The subscale *Communication* was represented as being above the mean average during the start of implementation.

Table 4*Agency 120-1*

TCU SOF & WAFU Subscales	Baseline Mean Scores		
	Above	Within	Below
Autonomy		X	
Burnout		X	
Cohesion		X	
Communication	X		
Influence		X	
Mission	X		
Satisfaction		X	
Stress		X	
Leadership Engagement	X		

For Agency 120-1, subscale scores fell *Within Baseline Mean* averages. Organizational functioning scores were visibly average for Agency 120-1 at baseline, despite above average subscale scores in *Communication, Mission, and Leadership Engagement*.

Table 5*Agency 113-4-74*

TCU SOF & WAFU Subscales	Baseline Mean Scores		
	Above	Within	Below
Autonomy	X		
Burnout			X
Cohesion	X		
Communication	X		
Influence		X	
Mission	X		
Satisfaction		X	
Stress			X
Leadership Engagement		X	

For Agency 113-4-74, subscale scores were variable and had a large distribution across baseline. The subscales *Stress* and *Burnout* were represented as falling below the baseline mean averages. In contrast, *Autonomy*, *Cohesion*, *Communication*, and *Mission* were labeled as being above the baseline mean averages.

When examining individual subscale scores in the table, we found that *Communication* and *Mission* seemed to be consistently scored as *Above Baseline Mean* for the selected sample agencies. In addition, *Stress* and *Leadership Engagement* subscales were scored *Within Baseline Mean* or *Below Baseline Mean*.

Discussion

Although we were not able to assess changes in TBRI over time, our secondary analysis aimed to explore, describe, and examine noticeable trends in organizational functioning and implementation of TBRI Strategy Use among child welfare agencies participating in a collaborative project. Findings illustrated a majority of agencies in the sample report ($n = 9$) improving in TBRI Strategy Use during the first year of implementation. In particular, *Mindfulness* and *Engagement* scores were noticeably higher for agencies progressing in TBRI Strategy Use. In addition, potential baseline associations involving organizational functioning and TBRI Strategy Use in the data sample were identified. Increases in organizational *Communication*, *Mission*, *Cohesion*, and *Influence* were to a greater extent seen among agencies with higher TBRI Strategy Use scores at baseline. Agencies that reported increases in *Stress* and *Burnout* also recorded lower TBRI Strategy Use scores at baseline.

After inspecting organizational functioning and TBRI Strategy Use across the first year of a mental health collaborative, our results were able to add to the body of literature that promotes a trauma-informed approach to child welfare institutions and systems. We expected to see that the majority of the agencies examined in this mixed-methods approach ($n = 9$) would show increases in TBRI Strategy Use over the first year of implementation. Past research on implementation science, however, indicates that the initial implementation of newly learned skills (i.e., TBRI) within organizations is a fragile process which requires practitioners and staff to communicate and adapt to support new ways of work (Akin et al., 2017). While we were surprised by the variability in TBRI Strategy Use among our subsample of agencies, we found that the secondary analysis was indeed effective at helping us distinguish baseline characteristics among the sample agencies. This method helped us to better understand the organizational

context in which individual agencies were applying trauma-informed approaches to their organizations at the start of the pilot study. Equally essential, the results of the study suggest developing individual implementation approaches that target specific factors accelerating or hindering TBRI implementation for each agency. For future implementation of TBRI, we recommend all agencies to continue recording baseline, mid-year, and post-year follow up measures in order to visually inspect organizational trends in strategy use and organizational functioning.

Our exploratory study contributed to the process of breaking down the complex data collected by the original pilot implementation, in efforts to describe visual trends that will help organizations better implement TBRI in the future. In reference to future policies and practices, we recommend that child welfare agencies correctly address factors associated with organizational stress and burnout, particularly before initiating TBRI implementation. In addition, we advise agencies to continue completing TBRI interview scripts at mid and post-year timepoints to record for monthly increases or decreases in TBRI Strategy Use. While the design of the study precluded conclusions about causation and presented clear limitations, the data showed that changes occurred, thus suggesting that future research is warranted.

Limitations and Future Directions

Patterns in TBRI Strategy Use were identified over time through the Visual Summary data on a subset of MHC organizations. The large-scale implementation project, however, was only able to visually examine reports of TBRI Strategy Use within agencies at several points across the first year of implementation. Due to the fact that this was an exploratory study, we could not calculate statistical significance or power with our small sample size. In addition, subscale score for the TCU SOF & WAFU measure only reported on the baseline data for all

agencies in the study. Further examination is needed among the sample to identify differences in organizational functioning at mid-year and post-year timepoints. Other factors not examined in the study may better explain reported measures and TBRI implementation. Future research should examine the association between *individual* TBRI strategies and organizational functioning. It would be beneficial to also examine agency size and TBRI Strategy Use among the sample, and perhaps find a significant correlation.

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