**Title: Evaluating “Trauma-Informed Care” for Veterans: Two States’ Approaches and Challenges**

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**Abstract:**

This paper examines how evaluation of “trauma-specific interventions” has proceeded in two states that are part of a larger multi-state project providing various forms of trauma-informed care to justice-involved veterans as they enter the criminal justice system. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services,the Jail Diversion and Trauma Recovery Program-Priority to Veterans grant program calls for each state to employ interventions aimed at trauma, along with other supports, as a way to “divert” arrested individuals from the usual sentencing and incarceration. Although the primary focus of the cross-site evaluation is on client outcomes, in this paper we provide observations and insights regarding the nature of the interventions (TAMAR in RI and Seeking Safety in TX) and the issues raised by addressing the fidelity and isolating the effects of the “treatment” across the sites in this large-scale national project.

**Table 1. Evaluation Challenges for Drawing Meaningful Conclusions: Site Variations**

|  |  |  |
| --- | --- | --- |
| **Characteristic** | **RI** | **TX** |
| Intercept | 2 = Arraignment | 1 = pre-booking |
| JDTR Model: | Court-based | Center-based |
| Client Population |  |  |
| * Age
 | 37.9 | 48.8 |
| * Race/Ethnicity
 | 8.3% Latino | 37.9% Latino |
| * Education
 | 36.1% some college | 50.0% some college |
| * Working full-time
 | 25.0% | 16.7% |
| * Income in past 30 days
 | $1,013 | $200 |
| * Housing past 30 days
 | 65.6% own home | 70.8% homeless |
| * Criminal Justice involved - Prison
 | 40.0% | 83.2% |
| * Military: Era served
 | 46.9% Afghanistan/Iraq | 88.4% Vietnam/post-Vietnam |
| * Civilian
 | 25.0% | 0.0% |
| * Non-military Trauma<18
 | 81.3% | 43.2% |
| * Alcohol problems
 | 46.9% | 76.0% |
| * Past SUD treatment
 | 13.9% | 30.2% |

**Table 2. Comparison of Trauma-specific Interventions**

|  |  |
| --- | --- |
| **TAMAR – Rhode Island** | **Seeking Safety - Texas** |
| SAMHSA Promising Practice | SAMHSA EBP |
| Psycho-educational group, originally for women in prison | Effective for veterans |
| Originally 12 “modules” in the manual | 25 possible topics in no specified order |
| **PILOT SITE:** |
| Adapted for male veterans | In the service continuum, at CHCS since 2009 |
| Re-adapted for female non-veterans | 1st 8 topics, then p to 3 more at counselor’s discretion |
| 11 sessions, very different order from original (7/11 similar content) | Topic order varies based on the group |
| **Statistics on use at the pilot site:** |
| 11 completed groups of men (veterans) means size=4.7 | Separate groups for men and women |
| 4 completed groups of women, mean size=2.8 | Seeking safety part of service array |
|  | 84.1% report SS participation |
|  | 54 veterans (56%) SS “Brief Intervention |
| **Fidelity?** |
| One primary provider/trainer | One primary trainer, many providers |
| Manual revision with staff and VA expert help | Fidelity checks, not part of evaluation |
| Manual-based checklists in development for post-session ratings | Reduction in trauma symptoms at 12 months |

**Evaluation Challenges:**

* **Within-site variations**
	+ **“Psycho-educational” can blur into clinical**
	+ **Composition of individual groups**
	+ **Clinician expertise varies (substance abuse, trauma, psycho-ed)**
	+ **Works in progress, adapting to clients, settings, court requirements**
	+ **Fidelity is best seen as a way to track evolution and variation**
* **Cross-site variations**
	+ **Trauma-informed vs. Trauma-specific**
	+ **Different Trauma-specific interventions**
	+ **Trauma-specific intervention offered at different Intercept points**

**Ability to draw conclusions:**

* **The independent variable is not well specified**
* **The population is remarkably varied**
	+ **from state to state**
	+ **within states across implementation sites**
	+ **looking at moderating effects will be difficult, as the treatment is so various and client-responsive**
* **Everyone cares about the “priority to vets” but**
	+ **What about women? How is this going for them?**
	+ **Does the positive commitment to vets lead to over-promising?**

**Bottom line: in situations like these process evaluation is at least as important as outcome evaluation (what happens, when, to whom?)**