

Project Title	Implementation Science Approach to Trauma-Informed Workplace for People with Disabilities
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Lead discipline (please select one)

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| <input type="checkbox"/> Nursing | <input type="checkbox"/> Health Economics |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Biostatistics |
| <input type="checkbox"/> Medicine | <input checked="" type="checkbox"/> Value-based Healthcare |
| <input type="checkbox"/> Pre-clinical | <input type="checkbox"/> Epidemiology |

Outline of the project

This project aims to develop consumer led trauma-informed care tools to enable partnership training and ongoing evaluation to support people living with disabilities in the workplace and carers in the workplace of people with disability.

Research exploring the occurrence of trauma among adults with intellectual and developmental disabilities (I/DD) has grown over the past decade (1). Yet there is a dearth of literature investigating the impact of organisational factors on the trauma experience despite this population's need for organisational supports.

Trauma-informed care (TIC), a systems-focused model for service delivery, is a fast-developing interest among the broader field of trauma in the general population. It recognises the prevalence and impact of trauma, and creates a culture of safety, trustworthiness, choice, collaboration, and empowerment. The literature from both the intellectual and developmental disabilities areas is now being integrated with TIC and trauma literature to determine implications for service delivery within organisations. The effectiveness of TIC applications and their potential barriers to implementation are related to the philosophy of quality of life and organisational culture. As a result, TIC is a viable response for organisations, complementing and augmenting current efforts to improve people with disabilities lives in the workplace.

A trauma-informed workplace (TIW) “includes a self-defined balance of wellness habits,” (2). These can be broken down into ways for employers to look for signs of significant stress in an employee, including red flags such as: anxiety, fear, worry or anger; physical or somatic reactions/behavioural reactions such as crying, uncooperativeness, and restlessness; and cognitive reactions including memory impairment and forgetfulness.” Strengthened understanding of trauma can ensure a smooth transition back to the workplace. It is important to ensure that people with disabilities have access to culturally appropriate mental healthcare; this does, however, present a larger challenge as there is a general shortage of specialised mental healthcare professionals.

It is recognised that for an organisation to embrace a TIW model fully, it must adopt a trauma-informed organisational mission and commit resources to support it (2). This entails implementing an agency-wide strategy for workforce development that is in alignment with the values and principles of TIW and the organisation’s mission statement, including executive stewardship. Without fully trained staff, an organisation will not be able to implement the TIW model. However, simply training in TIW is not enough. A consumer leadership approach is required that supports team building, valuing lived experience, a culture of shared leadership, tools and relationships that address power imbalances and joint approaches to program and service development (3,4).

In this project we begin the development of a TIW for people with disabilities by creating the tools needed to implement the model in practice, as well as introduce partnerships between people with disability or carers, employee managers and culturally appropriate mental healthcare specialists as part of focus groups.

Proposed research methods

Design: An implementation science method that develops a consumer leadership model for a collaborative team training and coaching program.

This project develops the consumer led trauma-informed workplace tools to enable partnership training and ongoing evaluation. Partnership teams comprise people with disability or carers, employee managers and culturally appropriate mental healthcare specialists.

Under supervision, the student will:

- conduct a literature search to assess and select a set of internationally validated health-related quality of life and behavioural measures
- run focus groups among people with disability, carers, employee managers and healthcare specialists to develop a set of workplace expectations that can be used to assess how well the workplace achieves these expectations over time

Literature Search

The CINAHL, MEDLINE, PsychINFO, (date cut off 2000 to present, limited to English language). Key words (trauma-informed care/workplace, health-related quality of life

instruments, psychological assessment, behavioural and cognitive reactions) will be mapped to each electronic database using the appropriate MeSH term or used free search terms. The search architecture will use a wide range of keywords and free text items to increase the sensitivity and specificity of the searches.

Instruments identified in the literature will be cross-classified with instrument suites used across the world in value-based healthcare centres.

Validated quality of life and behavioural instruments assessment

Articles from the literature search will be assessed for validity, reliability, and responsiveness using well accepted psychometrics. Validity proves that the instrument measures what it claims to measure. Reliability proves that the results are reproducible in a stable setting. Responsiveness proves that the instrument is sensitive enough to record important differences or changes.

Focus groups to develop set of workplace expectations

Two or three focus groups of 8 participants in each will be recruited from the ACT Health Directorate and from the EAP service. The focus groups will be run online (depending on public health emergency restrictions). The groups will be guided around the development of a list of expectations of workplace culture in supporting people with disability or carers of people with disability. The sessions will be approximately 2 hours and recorded. A thematic analysis of the recorded conversations will be used to develop a list of expectations. Once a list is created it will be reviewed and refined by the ACT Health Directorate People with Disability Network, senior managers in the Directorate and healthcare specialists from EAP to obtain an endorsed set of expectations.

It is hoped that the focus group work and endorsement process of the project will establish relationships between people in the Directorate that will lead to developing teams that can be used in team training (not part of this project).

Preferred study discipline being undertaken by the student

This project could be undertaken by various disciplines associated with healthcare, especially in the medical, psychology and other allied health disciplines.

Potential benefits to the student and to the department

This project will benefit the student to develop and gain experience of evidence synthesis with an experience researcher in psychometrics and patient-related outcome measures. The student will develop skills engaging with people of different backgrounds and experiences associated with trauma, as well as, be immersed in consumer involvement and workplace culture. The project will provide an original contribution to the literature allowing the student to gain experience of publication process and help build their professional development. Where possible, the student will be supported and encouraged to present the results at the Directorate's Executive Board and conferences. The tools

coming from the project will help inform the team-based training and coaching, while supporting the improvement of workplace culture and the health and well-being of people with disabilities and carers.

The supervisors track record with the vacation student program has seen a reviewed publication in 2020, national and local conference presentations, posters and seminars on value-based healthcare, and support to the COVID 19 contact tracing solution in the ACT.

Department within ACT Health Directorate / Canberra Health Services where the student will be based

The student will be primarily placed with the Centre for Health and Medical Research but will spend time with the Office for Mental Health and Wellbeing and People Culture and Workforce.

Please submit form to preclinical.research@act.gov.au

1. Kessler J. A Call for the Integration of Trauma-Informed Care Among Intellectual and Developmental Disability Organizations. *Journal of Policy and Practice in Intellectual Disabilities* 11(1): 34-42.
2. Center for Substance Abuse Treatment (US). Chapter 2 Building a Trauma-Informed Workforce. In *Trauma-Informed Care in Behavioral Health Services*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207201/>
3. Powell M. Leadership in the NHS: thoughts of a newcomers. The King's Fund 2016. Paper can be found at https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Thoughts_of_a_Newcomer.pdf
4. Shadbolt B, Menon N, Gruen R, Lincoln M, Cox D, McDonald B, Reid B, Jonasson K, Brighton M. Value-Based Research in Healthcare. Value-Based Healthcare Conference 2021: a patient first approach practical strategies for implementation. Perth May 2021