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Mandating Trauma-Informed Care Education for Indiana Nurses: A Health Policy Analysis

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DOCTOR OF NURSING PRACTICE PROGRAM

A DNP PROJECT

TITLE: Mandating Trauma-Informed Care Education for Indiana Nurses: A Health Policy Analysis

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NURS 8490 DNP Project Implementation

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Abstract

Background: The prevalence of trauma exposure poses a significant concern for public health. Extensive research has established the correlation between trauma and adverse health consequences. Studies indicate that adopting trauma-informed care (TIC) can enhance satisfaction, communication, and overall patient health outcomes. However, the current state of TIC education in academic programs and professional practice settings needs to be improved.

Objectives: The goal of this policy analysis project was to devise specific language and strategies to promote the implementation of a TIC education mandate for Indiana nurses.

Methods: The design of this project was an analysis of governmental policies through an evidence-based model for policy change, which included eight key steps: identifying the issue, engaging stakeholders, assessing readiness, reaching out and educating, drafting policy, adopting policy, implementing policy, and evaluating its impact. The stakeholders in this project were the 2024 Indiana General Assembly and several professional organizations.

Results: Eighty-six Indiana legislators were contacted and provided with a TIC policy brief. Fifteen organizations across eleven states were identified and contacted. A systematic online search was conducted to identify sixty-three bills addressing TIC workforce training. Seven themes were identified: creating TI systems, upstream prevention, childcare/education, expanding behavioral health services, family support, reimbursement/financial, and supporting resilience. In October 2023, specific draft language for a proposed Indiana bill to mandate TIC education for nurses was drafted and shared with Senator Crider, who introduced Indiana Senate Bill 45 (2024) *Trauma-Informed Care* in January 2024.

Conclusions: Indiana has a record of bipartisan support when implementing TI initiatives despite the state's conservative political climate. The emphasis on TI systems in TIC workforce training legislation highlights the far-reaching impact of trauma and reinforces the necessity for multi-system approaches. The findings of this policy analysis revealed that employing an evidence-based policy change process, identifying effective strategies to introduce a TIC education mandate for Indiana nurses to lawmakers, and presenting well-crafted language to legislators were all instrumental in the successful proposal of Indiana Senate Bill 45 (2024) *Trauma-Informed Care*.

Keywords: Trauma-informed care, ACEs, TIC education, policy, advocacy, nursing

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Introduction

Trauma-informed care (TIC) principles and strategies have been outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), which defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing" (2014, p. 7). TIC transforms the question in healthcare from "What is wrong with you?" to "What happened to you?" (SAMHSA, 2014). SAMHSA (2014) defines four elements of a TI approach: 1) Realize the widespread impact of trauma and recovery pathways, 2) Recognize the signs and symptoms of trauma, 3) Respond by integrating NEAR (neuroscience, epigenetics, ACEs, and resilience) science into policies and practices, and 4) Resist retraumatization by supporting and enacting engagement that intentionally seeks to neutralize and protect against dynamics that may replicate trauma and adversity (SAMHSA, 2014).

Background & Significance

Exposure to trauma is a widespread public health issue affecting people across every demographic. The relationship between trauma and lifelong, even intergenerational, health outcomes is well documented (SAMHSA, 2014; Felitti et al., 1998). The physical, social, and emotional impact of trauma on the individual may include difficulties with interpersonal relationships, cognitive and emotional processes, alterations of neurobiology, as well as

increased rates of psychosis, addiction, chronic obstructive pulmonary disease (COPD), heart attack, and cancer (SAMHSA, 2014).

Interacting with the healthcare system can be traumatizing and potentially harm patients, violating the ethical principle of "do no harm" (Fleishman et al., 2019). Genetics, neuroscience, and epidemiology research demonstrate that accumulated trauma physiologically affects the brain and body at every level (Forkey et al., 2021). A trauma-informed (TI) approach acknowledges the biological effects of adversity and supports a non-judgmental, compassionate approach that fosters resilience (Forkey et al., 2021). TIC operationalizes biological research around toxic stress to mitigate the effects of trauma on the individual (Duffee et al., 2021). TIC partners with patients and families to support health and resilience, avoid retraumatization, and reduce secondary trauma in clinicians (Duffee et al., 2021).

Problem Statement

Trauma affects approximately 70% of American adults. Often, nurses are the first point of contact and are uniquely positioned to offer TIC, decrease retraumatization, and lessen the likelihood of long-term trauma-related health consequences (Carter & Blanch, 2019; Yang et al., 2019). A systematic approach to TIC education is lacking in academic nursing programs and professional practice settings, leaving nurses with limited knowledge and skills for providing TIC or addressing the needs of trauma survivors in their care (Yang et al., 2019; Zordan et al., 2022). Current best practice calls for trauma-informed health systems and TIC as a universal precaution. TIC education is an essential foundation for the successful implementation of TIC principles. In Indiana, no policy requires nurses or nursing students to receive TIC education.

Purpose and Aims

The purpose of this health policy analysis DNP project was to identify measures that will increase the rates of Indiana nurses receiving TIC education, improve TIC knowledge, skills, confidence, and competence, and support trauma-informed health systems. This project aimed to provide specific language for an Indiana legislative mandate requiring TIC education for nurses that build trauma-informed systems and eliminate institutional processes and individual practices that retraumatize and harm individuals with trauma histories.

Objectives

1. Identify strategies to facilitate the adoption of a TIC education mandate for Indiana nurses with Indiana legislators during the 2024 Legislative session.
2. Provide specific language to Indiana legislators during the 2024 Legislature for a proposed Indiana bill to mandate TIC education for nurses.

Review of Literature

Trauma-informed care (TIC) is a patient-centered approach that involves five fundamental principles: Safety, Trustworthiness and Transparency, Collaboration, Empowerment, and Intersectionality (SAMHSA, 2014). The DNP Project Team Lead completed a systematic review to determine the impact of a trauma-informed care educational intervention on healthcare professionals' knowledge, skills, confidence, and competence. Outcomes showed statistically significant gains in knowledge, skills, attitudes, confidence, and competency following training (Burge et al., 2021; Choi & Seng, 2015; Gauillard-Kenney et al., 2020; Hoysted & Jobson, 2019; Im & Swan, 2020; Niimura et al., 2019; Palfrey et al., 2018; Zordan et al., 2022). The literature supports the idea that implementing a trauma-informed approach improves patient care, provider

satisfaction, and patient health outcomes (Gundacker et al., 2021). This systematic review aimed to inform a policy analysis of the impact of an Indiana bill mandating trauma-informed care (TIC) educational intervention on healthcare professionals' knowledge, skills, confidence, and competence. The research question being investigated was, "*For Indiana nurses, what impact would a bill mandating trauma-informed care education for nurses have on TIC knowledge, skills, confidence, and competence?"*

Search Strategy

The DNP Project Team Lead searched three databases (PubMed, Scopus, and CINAHL) for articles examining the impact of a TIC educational intervention on TIC knowledge, skills, confidence, and competence. Studies were accessed through The George Washington University Himmelfarb Health Sciences Library. Based on recommendations from the Himmelfarb librarian, PubMed, Scopus, and CINAHL databases were used for this systematic review search. PubMed search terms were ("nurse*" [tiab] OR "nurses" [mesh] OR "student nurse*" [tiab] OR "healthcare provider*" [tiab]) AND ("Trauma-informed care educational program" [tiab] OR ("trauma-informed" AND "education* program") OR (trauma-informed AND train*) OR (trauma-informed AND "in-service training")) AND ("knowledge" [tiab] OR "skill*" [tiab] OR "confidence" [tiab] OR "competence" [tiab] OR "patient outcome*" [tiab]). Based on these search terms, 28 articles were obtained from PubMed.

Scopus search terms were TITLE-ABS-KEY ("nurse*" OR "student nurse*" OR "healthcare provider*") AND TITLE-ABS-KEY ("Trauma-informed care educational program" OR ("trauma-informed" AND "education* program") OR (trauma-informed AND train*) OR (trauma-informed AND "in-service training")) AND TITLE-ABS-KEY("knowledge" OR "skill*" OR "confidence" OR "competence" OR "patient outcome*") and yielded 32 articles.

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) database was searched using search terms ("nurse*" OR "student nurse*" OR "healthcare provider*") AND ("Trauma-informed care educational program" OR ("trauma-informed" AND "education* program") OR (trauma-informed AND train*) OR (trauma-informed AND "in-service training")) AND ("knowledge" OR "skill*" OR "confidence" OR "competence" OR "patient outcome*"). This CINAHL search yielded 36 articles. In total, 96 articles were identified from the three databases. After removing 42 duplicates, 54 articles were screened by title and abstract. Titles and abstracts of articles retrieved from each database were analyzed based on preset inclusion and exclusion criteria. Eligible studies examined the impact of a trauma-informed care educational program on the TIC knowledge, skills, confidence, and competence of nurses, student nurses, or other healthcare providers. Included studies were published in English within the last ten years. One report could not be retrieved via interlibrary loan and assistance from the Himmelfarb librarian and was therefore excluded (McNaughton et al., 2022). Twenty-one studies were identified as irrelevant and removed, leaving 32 eligible for full-text review. Based on the full-text review, 20 additional studies were excluded for wrong interventions, wrong population, and wrong outcomes, leaving twelve studies to be included (Burge et al., 2021; Choi & Seng, 2015; Gaillard-Kenney et al., 2020; Gundacker et al., 2021; Hoysted et al., 2019; Im & Swan, 2020; Nathan & Ferrara, 2020; Niimura et al., 2019; Palfrey et al., 2019; Shamaskin-Garroway et al.; Wheeler & Phillips, 2021; Zordan et al., 2022) A summary of the search strategy, screening, and article identification summary is presented in a PRISMA flow diagram format in Appendix B (Page et al., 2021). In addition, a Google and Google Scholar search of relevant grey literature was conducted. To meet the identified criteria, the literature was focused on healthcare or nursing organizations' position statements on TIC. Eight organizational TIC position and policy

statements were identified from The American College of Obstetricians and Gynecologists (ACOG, 2021), Nurse Practitioners in Women's Health (NPWH, 2023), The National Child Traumatic Stress Network (NCTSN, 2019), American Academy of Pediatrics (Forkey et al., 2021; Duffee et al.,2021), National Commission on Correctional Health Care (NCCHC, 2022), Society of Pediatric Nurses (Spence, 2021), National Association of Neonatal Nurses (NANN Board of Directors, 2022), and are included in the evidence table (Appendix C).

Synthesis of Evidence

Data extraction included elements of the current PICO question, including healthcare professionals (P), TIC educational program (I), no intervention (C), and TIC knowledge, skills, confidence, and competence (O). Data regarding the type of evidence, independent and dependent variables, sample, setting, limitations, and findings were extracted from each TIC education study and presented as an evidence table (Appendix C).

Setting and Sample

Studies were conducted in the United Kingdom (Burge et al., 2021), the United States (Choi & Seng, 2015; Gaillard-Kenney et al., 2020; Gundacker et al., 2021; Im & Swan, 2020; Nathan & Ferrara, 2020; Shamaskin-Garroway et al., 2019; Wheeler & Phillips, 2021), Australia (Hoysted et al., 2019; Palfrey et al., 2018; Zordan et al.,2022) and Japan (Niimura et al., 2019). All studies had adequate sample sizes. Participants included nurses, student nurses, advanced practice nurses and students, mental health, dental, optometry, and psychology professionals, sexual assault nurse examiners (SANE), refugee workers, and managers and support workers.

TIC Indications and Gaps

Because of the prevalence of trauma, TIC should be applied as a universal precaution (SAMHSA, 2014). The included literature noted TIC needs for specific patient populations, including victims of human trafficking, patients experiencing homelessness, victims of sexual violence, childbearing women, and patients receiving mental health care. Forty million people are trafficked worldwide, and 400,000 in the US annually. Human trafficking, often called modern-day slavery, is associated with devastating mental and physical health issues (Gaillard et al., 2020). Nearly ninety percent of human trafficking victims interact with a healthcare professional while being trafficked. However, education and training for healthcare professionals (HCPs) are lacking and create barriers to identifying and caring for trafficking victims (Gaillard et al., 2020). Patients experiencing homelessness have higher rates of trauma than the general population, which is compounded by the trauma of homelessness (Burge et al., 2021). Negative coping strategies commonly accompanying a history of trauma, such as substance abuse, increase the likelihood of experiencing homelessness and decrease the chances of escaping homelessness (Burge et al., 2021). Sexual assault victims can also be particularly vulnerable to retraumatization when interacting with the healthcare system. Thirty-six percent of women and seventeen percent of men in the US have experienced sexual assault. Sexual assault victims are more likely to suffer long-term health conditions and have unique healthcare needs (Nathan & Ferrara, 2020).

Training on sexual assault care is not consistently addressed in nursing education (Nathan & Ferrara, 2020). Twenty percent of pregnant women have a history of trauma correlated with adverse health outcomes such as low birth weight, maternal mental health issues, and poor parent-child bonding (Choi et al., 2015). Research suggests that addressing maternal traumatic stress improves birth outcomes (Choi et al., 2015). TIC training and resources for perinatal HCPs

are lacking (Choi et al., 2015). Work experience alone does not build TIC competencies, and there are significant gaps in available training for mental health professionals (Im et al., 2020). Because pre-licensure training does not systematically include TIC education, continuing education is needed for practicing clinicians to become competent in providing TIC (Choi et al., 2015). More evidence is required to demonstrate the impact of TIC education training (Gundacker et al., 2021; Zordan et al., 2022).

Interventions

There was variation in the TIC course format, content, and length of the education. The length of the educational session in studies ranged from fifteen minutes (Hoysted & Jobson, 2019) to four days (Burge et al., 2021). Some were in person and included simulation or group discussion, while others were completed online. TIC course content varied in depth and scope; however, the Substance Abuse and Mental Health Services (SAMHSA's) Concept of Trauma and Guidance for a Trauma-Informed Approach (2014) was used as a contextual framework, definitions, and foundation to inform educational course development in ten studies (Burge et al., 2021; Choi & Seng, 2015; Gauillard-Kenney et al., 2020; Gundacker et al., 2021; Im & Swan, 2020; Niimura et al., 2019; Paltrey et al., 2018; Shamaskin-Garroway et al., 2020; Wheeler & Phillips, 2021; Zordan et al., 2022). Other content included in the education varied depending on course length and target audience. They included concepts such as Adverse Childhood Events (ACEs), prevalence and need for TIC, the impact of trauma on patients, vicarious trauma, recognition, and prevention of triggers, building trust with patients, communication, and patient-centeredness.

Measures

Four studies identified the instruments' validity and reliability (Burge et al., 2021; Choi & Seng, 2015; Hoysted et al., 2019; Zordan et al., 2022). Others included researcher-authored instruments or instrument validity, and reliability was not reported (Gaillard-Kenney et al., 2020; Im & Swan, 2020; Palfrey et al., 2018), limiting the ability to compare precision between the studies. Many instruments were self-appraisal surveys rather than assessing actual knowledge and behavior change (Choi & Seng, 2015; Gaillard-Kenney et al., 2020; Nathan & Ferrara, 2020; Niimura et al., 2019; Palfrey et al., 2018; Shamaskin-Garroway et al., 2019). Instruments measured TIC knowledge, skills, and attitudes (Burge et al., 2021; Choi & Seng, 2015; Gaillard-Kenney et al., 2020; Hoysted et al., 2019; Nathan & Ferrara, 2020; Shamaskin-Garroway et al., 2019) as well as confidence, awareness, relationships, practice, policies, and procedures (Burge et al., 2021; Palfrey et al., 2018; Shamaskin-Garroway et al., 2019; Zordan et al.,2022).

Outcomes

The synthesis of the outcomes from the included articles supports acquiring TIC knowledge, skills, confidence, and competence following a TIC educational intervention. Results demonstrated statistically significant gains in knowledge, skills, attitudes, confidence, competency, or awareness following training (Burge et al., 2021; Choi & Seng, 2015; Gauillard-Kenney et al., 2020; Gundacker et al., 2021; Hoysted & Jobson, 2019; Im & Swan, 2020; Nathan, & Ferrara, 2020); Niimura et al., 2019; Palfrey et al., 2018; Zordan et al., 2022). Studies found that TIC education led to increased patient-centeredness, increased understanding of and sensitivity to issues surrounding trauma, cultural expressions of trauma and stress-related symptoms, increased ability to recognize potential triggers, and culturally responsive trauma-informed care (Gauillard-Kenney et al., 2020; Hoysted & Jobson, 2019; Im & Swan, 2020; Palfrey et al., 2018; Niimura et al., 2019). The scoping review reported training outcomes

regarding Kirkpatrick's training evaluation levels (Kirkpatrick Partners, 2023). More than half of the staff training achieved Level 3 behavior change outcome levels, and 12% reported Level 4 patient satisfaction outcome levels (Gundacker et al., 2021). Three studies noted the persistence of gained knowledge at follow-up points from one week to one-year post-training (Burge et al., 2021; Hoysted & Jobson, 2019; Niimura et al., 2019).

Evidence Level & Quality

Of the twelve articles included, nine were research, and three were non-research (Gundacker et al., 2021; Shamaskin-Garroway et al., 2019; Wheeler & Phillips, 2021). The study designs included eight quasi-experimental (Burge et al., 2021; Choi & Seng, 2015; Gauillard-Kenney et al., 2020; Im & Swan, 2020; Nathan & Ferrara, 2020; Niimura et al., 2019; Paltrey et al., 2018; Zordan et al., 2022), one was a quality improvement project (Shamaskin-Garroway et al., 2019), one was an RCT (Hoysted & Jobson, 2019), one scoping review (Gundacker et al., 2021), and one was an expert panel opinion article (Wheeler & Phillips, 2021).

For this review, the DNP Project Team Lead used the Johns Hopkins Research Evidence Quantitative Appraisal Tool to assess the level and quality of the twelve articles included (Dang et al., 2021). The combination of level and quality determines the overall strength of evidence and recommendations for clinical practice (Dang et al., 2021). According to the Johns Hopkins Hierarchy of Evidence Guide, Level 1 includes experimental studies, random controlled trials (RCTs), explanatory mixed methods design (with Level 1 quantitative study), and systematic reviews of RCTs (Dang et al., 2021). Level 2 includes quasi-experimental studies, explanatory mixed methods design (with only a Level 2 quantitative study), systematic reviews of the combination of RCTs and quasi-experimental studies, or quasi-experimental studies only (Dang et al., 2021). Level 3 includes nonexperimental studies, systematic reviews of varieties of RCTs,

quasi-experimental and nonexperimental studies, exploratory, convergent, or multiphasic mixed methods studies, explanatory mixed methods design that includes only a Level 3 quantitative studies, and qualitative studies or systematic reviews of qualitative studies (Dang et al., 2021). Level 4 evidence includes expert opinions, clinical practice guidelines, consensus panels, and position statements (Dang et al., 2021). Level 5 has experimental and non-research evidence, including scoping, integrative literature reviews, quality improvement programs, case reports, and opinions of nationally recognized experts based on experiential evidence (Dang et al., 2021).

Based on The Johns Hopkins Research Evidence Appraisal Tools for Research and non-research (Appendices E & F), the levels of evidence of the 13 articles include one level I, eight level II, one level IV, and two-level V studies. The strength of evidence for this review can be discussed regarding the risk of bias, consistency, directness, and precision. All studies were rated A or B in quality. There is a moderate risk of bias because there is only one RCT, and the remaining is lower quality research or non-research. Evidence is consistent; all articles determined that a TIC educational offering significantly improved knowledge, skill, competence, or confidence. However, none of the studies examined the impact on patient outcomes, so the evidence is indirect.

Barriers and Limitations

Studies identified barriers to providing TIC include a lack of training and knowledge on the subject, difficulty accessing TIC education, time constraints, limited skills and confidence, and few opportunities to apply TIC in clinical settings (Hoysted & Jobson, 2019; Palfrey et al., 2018; Niimura et al., 2019). Lower response rates at various follow-up time points limit the power and generalizability of results (Burge et al., 2021; Wheeler & Phillips, 2021). Limitations also include the use of convenience and self-selection sampling (Choi & Seng, 2015; Gaillard-

Kenney et al., 2020; Hoysted & Jobson, 2019; Palfrey et al., 2018); the heterogeneity of participant roles and baseline knowledge (Choi, 2015; Zordan et al.,2022), Training heterogenous groups together is challenging due to varying skill and knowledge levels (Choi, 2015). Outcomes measured by self-assessment, varied TIC content, lack of standard and valid measurement instruments, and multiple training methodologies limit results' generalizability.

Conclusions and Implications

The relatively high level and quality of evidence indicate that TIC education for health professionals is necessary and effective at improving TIC competence and provides direction for developing and testing TIC educational programs. Ideally, training should be supported by a culture of TIC and necessary policy changes (Burge et al., 2021). Using TIC as a universal precaution supports TI health systems (Fleishman et al., 2019). TI principles must be applied to the workforce, and TIC training must be complemented by changes in culture, policy, and leadership practices (Burge et al., 2021; Fleishman et al., 2019). In a TI health system, staff can "put on their oxygen mask first," which is essential to providing TIC to patients. Healthcare organizations must acknowledge staff exposure to trauma, provide employee assistance, offer stress-reducing practices (breaks, sufficient staffing), support for self-care, and work toward a cultural shift that stops equating "good nurses" with self-sacrifice (Fleishman et al., 2019; Burge et al., 2021). TIC education is a crucial foundational component of creating a TI health system, but more is needed in the absence of organizational efforts to create a TI culture (Burge et al., 2021; Fleishman et al., 2019). This review concludes that TIC knowledge, skills, confidence, and competence are positively impacted by TIC education. Nurse leaders must bring policy, education, and employer healthcare stakeholders together to ensure this vital education is

available to all nurses. A proposed policy mandating TIC education should also support broader organizational policy changes aligned with TI practice and systems.

Methods

Design

The design of this DNP project was a governmental policy analysis of the need for a legislative mandate for TIC education for Indiana nurses. The final project includes an introduction to the policy problem and the purpose of the policy project, a review, evaluation, and summary of the literature, a critical appraisal of the evidence, a review of the project's evidence-based policy change model, a discussion of the feasibility and utility of the policy, project methods, measurement tools and plan for impact evaluation, the data collection process and analysis plan, the proposed budget and resources plan, project outcomes and limitations, and recommendations and implications for policy and practice.

Recommendations for Implementation of Policy Option

The DNP Project Team Lead completed a systematic literature review to inform the DNP policy analysis project of the impact of an Indiana bill mandating trauma-informed care (TIC) educational intervention on healthcare professionals' knowledge, skills, confidence, and competence. The research question investigated was, "*For Indiana nurses, what impact would a bill mandating trauma-informed care education for nurses have on TIC knowledge, skills, confidence, and competence?"*

Data regarding the type of evidence, independent and dependent variables, sample, setting, limitations, and findings were extracted from each of the articles included in the literature review and are presented as an evidence table (Appendix C). The summary and

analysis of evidence were consistent; all articles determined that a TIC educational offering significantly improved knowledge, skill, competence, or confidence.

Plan for Evidence-Informed Policy Change

Policy Change Model

The evidence-based model used for this DNP project was the Oregon Health Authority (OHA) Health Promotion and Chronic Disease Prevention (HPCDP) Policy Change Model (Oregon Health Authority, 2023). This model recommends eight steps to affect policy change: 1) identify and describe the problem, 2) engage stakeholders, 3) assess readiness for policy change, 4) reach out and educate, 5) draft policy and plan implementation, 6) adopt the policy, 7) implement policy and support compliance, and 8) evaluate impact (Oregon Health Authority, 2023).

Step 1 includes defining the problem, synthesizing evidence, and assessing current policies and best practices to identify gaps and solutions (OHA, 2023). Step 2 includes identifying and engaging stakeholders through networking to build relationships and develop a diverse coalition of champions and supporters (OHA, 2023). Step 3 includes assessing community and stakeholder support for policy change, reviewing similar policy successes occurring outside Indiana, and estimating the implications of policy change (OHA, 2023). Step 4 expands networks through outreach and education (OHA, 2023). Step 5, drafting the policy, requires assessing the process for drafting a policy proposal, monitoring the policy drafting process, including expert reviews, and planning for implementation. Step 6 involves working with policymakers to navigate the formal policy adoption process (OHA, 2023). Step 7 occurs after policy adoption and consists of monitoring implementation and creating a comprehensive

policy communication plan (OHA, 2023). Lastly, Step 8 evaluates the impact of the policy implementation and change process and incorporates findings into future policy projects (OHA, 2023).

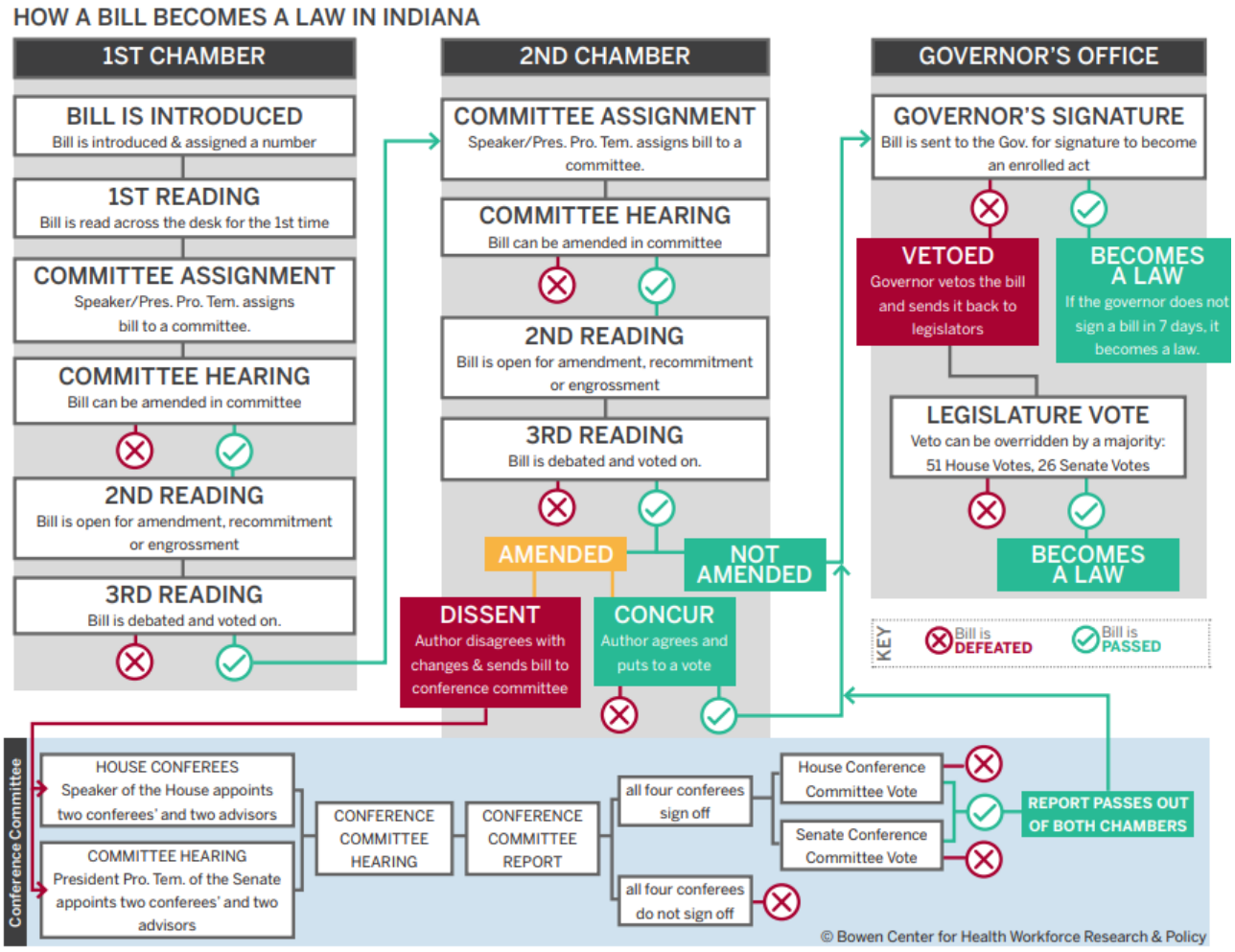
Project Implementation Goals

The purpose of this health policy analysis DNP project was to identify measures that will increase the rates of Indiana nurses receiving TIC education, improve TIC knowledge, skills, confidence, and competence, and support trauma-informed health systems. This project aimed to provide specific language for an Indiana legislative mandate requiring TIC education for nurses that build trauma-informed systems and eliminate institutional processes and individual practices that retraumatize and harm individuals with trauma histories.

Setting

The primary setting for this project was the Indiana General Assembly. The Indiana House and Senate consist of 100 representatives serving two-year terms and 50 Senators serving four-year terms (Indiana General Assembly, 2023). The sessions of the General Assembly take place at the Indiana State Capitol building in downtown Indianapolis, Indiana. Both houses meet annually for the general session, which lasts three to four months. When not in session, legislators may be assigned to interim study committees that meet between sessions (Indiana General Assembly, 2023). The Indiana legislative process is detailed in Figure 1.

Figure 1 How a Bill Becomes a Law in Indiana



(Bowman Center for Health Workforce Research & Policy, 2024)

Population, Recruitment, Consent

This project involved TIC national and Indiana-based stakeholders. Primary targeted stakeholders/participants are healthcare professionals and organizations, trauma-informed care advocates and organizations, and Indiana Legislators. Stakeholders were contacted; however, no participant recruitment was necessary for this project. No official consent procedure was needed.

Risks/Benefits

There were no human subjects in this project and, therefore, no potential risks or harm to participants. The primary risk of this DNP project was that the adoption of the proposed policy was not guaranteed. Patients in Indiana would be the primary beneficiaries of the successful adoption of a policy that mandates TIC education for nurses. Trauma-informed care is a person-centered approach based on the knowledge of the widespread prevalence of trauma and its effects and the need to "do no harm" by employing strategies to prevent retraumatization (SAMHSA, 2014). More broadly, the proposed policy supports the IHI Triple Aim (Stiefel & Nolan, 2012), IOM Six Aims (IOM, 2001), The National Academies of Sciences, Engineering, and Medicine (NASEM) recommendations to include TIC as a core concept and competency in nursing education. (NASEM et al., 2021) and CMS Quality Measures (Tzelepis, 2015).

Implementation Plan

The implementation plan for this DNP policy analysis project included a structured approach focused on stakeholder buy-in regarding TIC nursing workforce training, practice guidelines, TIC awareness, and project outcome measures.

Project Objectives and Interventions

Objective 1: Identify strategies to facilitate the adoption of a TIC education mandate for Indiana nurses with Indiana legislators during the 2024 Legislative session.

Policy advocacy began by disseminating educational materials to increase awareness of Indiana's gaps in best practices toward patient-centered care and TIC principles, nurses' need for TIC education, and successful outcomes from other TIC educational programs. The journey to adopting TIC principles in healthcare must begin with the education of healthcare professionals

(HCPs), elected officials, and policymakers to educate them about the importance of funding trauma-informed programs. After completing the needs assessment and Indiana government readiness for change, the DNP Project Team Lead identified relevant state and national TIC stakeholders. Stakeholders included targets of change (people who directly experience the policy gap), such as nurses, patients, and agents of change, or those who can impact and address the problem. This project's agents for change included Indiana Legislators, the Indiana State Board of Nursing (SBON), and professional nursing and TIC organizations. Next, the DNP Project Team Lead identified contacts with authority, connection to the target population, and available resources and began the stakeholder engagement process. The DNP Project Team Lead initiated outreach efforts to build relationships with legislators and stakeholders. After initial outreach, conversations focused on introducing the proposed policy and project purpose. The implementation strategy was assessed and refined monthly based on past encounters and information gained.

Objective 2: Provide specific language to Indiana legislators during the 2023-2024 Legislature for a proposed Indiana bill to mandate TIC education for nurses.

Systematic tracking of stakeholders and outreach efforts yielded data to inform specific policy language. Indiana state constitution requires all laws to be enacted by the General Assembly as a bill. A bill must be considered by the House of Representatives and the Senate before it can be passed into law. When the Senate and the House of Representatives agree to the language of a bill, the leaders sign it and send it to the Governor. The Governor may sign and approve the bill or veto the bill. A vetoed bill can go back to both Houses for changes and resubmission, or the legislature can vote to override the Governor’s veto (Indiana General

Assembly, 2024). Bills for the 2024 legislative session were due by December 2023 (Indiana General Assembly, 2024).

Needs Assessment and Readiness for Change

Needs assessment and readiness for change was an ongoing and iterative part of this DNP project. An initial needs assessment was conducted in August 2023 to discover gaps in evidence-based practice regarding TIC nursing education in Indiana, revealing that Indiana lacks any policy requirement for TIC nursing education. A SWOT analysis was completed and is summarized in Appendix A. The information contained within the SWOT analysis was obtained through personal interviews, an examination of current literature and professional organizations, and a review and initial analysis of TIC-related state and federal legislation and Indiana political climate.

The initial SWOT analysis completed in February 2023 outlines the strengths and opportunities of a proposed governmental Indiana policy mandating TIC education for nurses compared to the weaknesses and threats of the current state of no policy. Facilitators of the proposed policy project are detailed in the strengths and opportunities sections. Strengths and opportunities of a TIC education policy include substantial evidence that supports the effectiveness of improving healthcare professionals' TIC knowledge, skills, confidence, and competence following a TIC educational intervention. The IHI Triple Aim supports the proposed policy by improving care experience and population health and decreasing per capita cost (Stiefel & Nolan, 2012). The proposed approach also aligns with the IOM's six aims, which state that safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness should be included in the definitions of the value of healthcare (IOM, 2001). Patient-centered care is also a priority goal for CMS Quality Measures (Tzelepis, 2015).

The weaknesses and threats sections describe barriers to the policy project. Weaknesses and threats of the current state (no policy) included potential patient harm due to the widespread pervasiveness of trauma. Victims and survivors frequently interact with a healthcare system that can be retraumatizing due to its invasive nature and lack of patient control. Nurses are commonly the first point of contact and are uniquely positioned to offer TIC, decrease retraumatization, and lessen the likelihood of long-term trauma-related health consequences (Yang et al., 2019; Carter & Blanch, 2019). Without a systematic approach to TIC education, nurses are left with limited knowledge and skills for providing TIC or addressing the needs of trauma survivors in their care (Yang et al., 2019; Zordan et al., 2022).

Data Collection and Analysis

Description of Data Collection Software

Google Sheets is a free web-based spreadsheet application that integrates with Google Docs, Google Drive, and other Google products and tools. The author used Google Sheets to collect, organize, and analyze project outcome data. This software allows for creating, editing, and sharing spreadsheets for data collection. The DNP Project Team Lead collected, stored, and analyzed data in Google Sheets. Various tools within Google Sheets will be used to visualize data and perform an analysis.

Data Entry

The DNP Project Team Lead entered, maintained, analyzed, and secured all data. The DNP Project Team Lead created a Google Sheets spreadsheet titled "DNP Project Outcomes Data Collection," stored in the DNP Project Team Lead's George Washington University Google Drive, and shared it with the primary and secondary advisors for periodic review. Six worksheets

were created, with each one representing Outcomes 1-6. The author entered relevant data points and notes to the spreadsheet when activities occurred.

Data collection process and logistics

The DNP Project Team Lead completed data collection, including current and past legislation, information about current Indiana state legislators, and other relevant stakeholders. Several sources were used to gather data on current TIC bills in Indiana and other states. The Indiana General Assembly website provides legislator-specific data, including contact information, voting records, and current committee assignments.

The documentation of stakeholder interactions was ongoing, systematic, organized, and purposeful to support data-driven project implementation and evaluation. Data collection began in June 2023 and concluded in January 2024. This author created a stakeholder contact data collection template to track stakeholder names, titles, organizations, and contact details such as the contact method, location, length of contact, details of discussion and information/resources shared, follow-up requirements, and future recommendations. This data was analyzed monthly to identify where ongoing advocacy efforts should be focused.

Data analysis and security

All data was entered, maintained, analyzed, and secured by the project author, who has exclusive access to the personal computer and electronic files containing project-related data. The contact database was analyzed qualitatively for common themes monthly, and quantitative analyses were completed to determine where time was spent and how many contacts were made. Based on data analysis, the author evaluated and refined the policy change strategy and action plan each month.

Model use analysis

As identified above, the evidence-based model used for this DNP project is the Oregon Health Authority OHA) Health Promotion and Chronic Disease Prevention (HPCDP) Policy Change Model (Oregon Health Authority, 2023). The OHA model recommends eight steps to affect policy change: 1) identify and describe the problem, 2) engage stakeholders, 3) assess readiness for policy change, 4) reach out and educate, 5) draft policy and plan implementation, 6) adopt the policy, 7) implement policy and support compliance, and 8) evaluate impact (Oregon Health Authority, 2023).

Steps 1-3 were implemented as described above. Efforts toward these steps continued throughout project planning and implementation. Initial outreach, included in Step 4, consisted of the needs assessment and review of the current state. Step 4 included educational outreach to stakeholders, and Steps 5 and 6 occurred from June 2023 to January 2024 during project implementation. Step 5, draft policy, included clarifying the policy drafting and proposal process, planning a review process with legal and policy experts, and creating a communication plan for policy rollout. Step 6, working with policymakers to formally adopt the proposed policy, began with the 2024 Indiana Legislative Session in January 2024. Therefore, steps 6 and 7 were contingent on getting a bill proposed and passed. Step 8 focused on project evaluation and dissemination during the 2024 Spring semester.

Budget, Time, and Resources

Costs and Compensation

The DNP Project Team Lead provided all financial resources for this DNP project, including time invested, travel expenses for meetings, written educational handouts, and fliers. The cost to travel and attend events and create educational materials totaled approximately $200.

Project Timeline

The project's planning phase began in January 2023 and ended in May 2023. Project implementation was from August 2023 through January 2024. Project evaluation and dissemination commenced in January 2024 and concluded in April 2024. The project timeline details are presented in Appendix E.

Ethics

Healthcare has four primary ethical principles: autonomy, beneficence, justice, and non-maleficence. The universal application of TIC supports all four ethical principles, especially non-maleficence or "do no harm," as TIC prevents further harm to patients who have experienced trauma. The author completed Collaborative Institutional Training Initiative (CITI) training in February 2023 and completed Institutional Review Board review through The George Washington University Institutional Review Boards (IRBs) Office of Human Research (OHR) in May 2023.

According to the Indiana General Assembly website, the Legislative Ethics Committee prohibits a legislator's sharing of confidential information and accepting gifts of more than $50 per day from lobbyists (Indiana General Assembly, 2023). The DNP Project Team Lead did not operate as a lobbyist as defined by the Indiana General Assembly (2023). No unethical behavior was noted during the project.

Evaluation Plan

Project evaluation included tracking the project implementation process, monitoring policy change and the political environment, and incorporating findings into future planning and implementation. The project was evaluated based on achieving Outcomes 1-6 goals, demonstrating the DNP Project Team Lead's ability to educate stakeholders on evidence-based TI practices and policy gaps, build trauma-informed stakeholder partnerships, and encourage Indiana Legislators to sponsor a bill mandating TIC education for Indiana nurses.

Results

Outcome 1: Increase awareness of Indiana legislators about the prevalence and impact of trauma, the key concepts and importance of TIC, and the benefits of TIC on patients and health outcomes. The benchmark was to contact 50% of the 150 Indiana Legislators. The percentage of legislators contacted was measured by documenting the meeting date and duration, contact mode, contact name, political party, past TIC legislation, title, email, address, phone number, email address, Indiana State legislative branch, committee membership, and role.

In total, eighty-six Indiana Legislators were contacted, surpassing the benchmark of 50%. Thirty-eight were Representatives, and forty-eight were Senators. Twenty-two were Democrats, and sixty-four were Republicans (Table 1). Other contacts included two legislative assistants and one staff attorney from the Legislative Services Office. Legislators assigned to health or education committees were prioritized. Committee membership details are presented in Table 2. Meetings took place from July 2023 through January 2024 (Table 3). The total time spent contacting Legislators was 605 minutes or approximately 10 hours. Seventy-three percent of the total time was spent on email communications. Ten percent of the total time was spent in person and seventeen percent on virtual meetings (Table 3).

Table 1 Number of Contacts by Party (Outcome 1)

# of Contacts by Party	Party			
Legislative Body	Democrat	Republican	Unknown	Grand Total
IN House of Representatives	12	26		38
IN Senate	10	38		48
Indiana Legislative Services Agency; Office of Bill Drafting and Research			1	1
National Conference of State Legislatures (NCSL)			3	3
Grand Total	**22**	**64**	**4**	**90**

Table 2 Committee Membership of Contacted Legislators (Outcome 1)

Committee Membership	
Public Health	13
Education	11
Education and Career Development	10
Health and Provider Services	9
Appropriations	1

Table 3 Legislator Meeting Time (in minutes) by Month (Outcome 1)

Legislator Meeting Times by Month		Contact Mode			
Meeting Year	Meeting Month	Email	In-person meeting	Virtual Meeting	Grand Total
2023	07-July	5.00	60.00	45.00	110.00
	08-August			30.00	30.00
	09-September	160.00			160.00
	10-October	255.00		30.00	285.00
	11-November	5.00			5.00
2023 Total		425.00	60.00	105.00	590.00
2024	01-January	15.00			15.00
2024 Total		15.00			15.00
Grand Total		**440.00**	**60.00**	**105.00**	**605.00**

Outcome 2: Educate Indiana legislators about the impact of TIC education on nurses' TIC knowledge, skills, confidence, and competence, and Indiana's gap in best practice regarding trauma-informed care education for nurses. The benchmark was to provide 50% of Indiana Legislators with TIC education. The percentage of legislators educated was calculated by documenting the number of Indiana legislators receiving a TIC educational one-pager outlining the gap in EBP and the impact of TIC education. One hundred percent of the eighty-six Indiana House and Senate legislators contacted were provided with a TIC policy brief, which included substantial evidence that supports improving healthcare professionals' TIC knowledge, skills, confidence, and competence following a TIC educational intervention. The policy brief also noted evidence supporting the adoption of TIC to improve provider-patient communication, patient satisfaction, medication information recall, compliance, service referrals, provider satisfaction, and patient health outcomes (Gundacker et al., 2021; Oral et al., 2020). TIC training has been correlated to decreased healthcare costs, post-traumatic symptoms, and improved parenting capacity (Oral et al., 2020). TIC courses exist in dentistry, social work, medicine, and psychiatry curricula (Yang et al., 2019). Highlighting **e**vidence-based benefits can serve as a compelling argument for its integration into nursing practice.

Outcome 3: Identify relevant state-level and national TIC and health policy/advocacy stakeholders and organizations. The benchmark was to engage with 25% of identified state-level and national TIC and health policy/advocacy stakeholders and organizations. The percentage of state-level and national TIC and health policy/advocacy stakeholders and organizations was calculated by documenting the name and type of organization, the date and duration of the interaction, contact mode, contact name, contact title, address, phone number, email address, and additional notes or details.

Table 4 TIC Health Policy/Advocacy and Professional Org Stakeholders Contacted (Outcome 3)

Outcome 3 Organization Contact Location	*Contact Mode* Email	In-person meeting	Virtual Meeting	Grand Total
			1	1
California	1		1	1
District of Columbia	1		1	1
Florida	1			1
Illinois	1			1
Indiana	4	1	4	5
Iowa	1			1
Maryland			1	1
Michigan			1	1
New York	1			1
North Carolina	2		1	2
Wisconsin	1			1
Grand Total	**13**	**1**	**9**	**15**

Fifteen (100%) TIC health policy/advocacy and professional organizations across eleven states were identified and contacted. For clarity, this was not an exhaustive search. TIC organizations were selected and prioritized based on the DNP Team Lead's previous working relationships and by personal referral from organizational representatives with whom the DNP Team Lead connected. These included The Institute on Trauma and Trauma-Informed Care (ITTIC), Campaign for Trauma-Informed Policy and Practice (CTIPP), The Committee on Commercially Sexually Exploited Children (CSEC), The UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN), PACEs Connection, The Anna Institute, Trauma Informed, Interagency Task Force for Trauma-Informed Care, The National Center for Trauma-Informed Care (NCTIC), Trauma-Informed Care Network, ACEs Indiana Coalition, Pathways to Resilience. Professional organizations identified included the Indiana Center 4 Nursing, the Indiana State Nurses Association (ISNA), the American Nurses Association (ANA), the UIHC Dept. of OBGYN, and the Centers for Medicare & Medicaid Services (CMS).

Outcome 4: Identify process variations and measures from other states to increase TIC education. The benchmark was to identify all current state laws/active legislation. The number of states with legislation related to TIC education will be calculated and reported. The number of states with legislation associated with TIC was calculated by documenting legislation in each state. The text of each bill/resolution guided the language for the proposed Indiana TIC education policy. Inclusion criteria for selected legislation included policies that:

- Mention TI or TIC.
- Refer to the four trauma-informed assumptions.
    - Realizes trauma
    - Recognizes signs
    - Responds
    - Resists re-traumatization (SAMHSA, 2014).
- Refer to the six guiding principles of TIC.
    - Safety
    - Trustworthiness and transparency
    - Peer support
    - Collaboration
    - Empowerment
    - Cultural, historical, and gender issues (SAMHSA, 2014).
- Adverse Childhood Events (ACEs)
- Refers to TI or TIC workforce education or training
- Proposed or enacted from 2017-2023

A systematic, state-by-state online search was conducted to identify sixty-three bills across twenty-one states addressing various aspects of TIC workforce training. California and Illinois had the most bills/resolutions, with fifteen and eleven, respectively (Table 5). TIC workforce training legislation focused primarily on individuals working in early childhood, education, health, justice, and social service, and those focused on multiple sectors were coded as "multiple" (Table 6). Justice had the most bills, with seventeen. TI workforce training for those in healthcare and social services tied for second with ten bills each (Table 6).

Table 5 Number of Bills/Resolutions by State (Outcome 4)

State	Number of Bills/Resolutions by State
Arizona	1
California	15
Colorado	6
Connecticut	2
Florida	3
Hawaii	3
Idaho	1
Illinois	11
Indiana	5
Iowa	1
Louisiana	1
Maine	1
Maryland	3
Massachusetts	0
Minnesota	1
Nevada	1
New York	4
North Dakota	0
Texas	1
Vermont	1
Washington	2
Grand Total	**63**

Table 6 Number of Bills/Resolutions by Sector and Year (Outcome 4)

Number of Bill/Resolution	*Year*							
Sector	2017	2018	2019	2020	2021	2022	2023	Grand Total
Early Childhood		1	1			6		8
Education		1	0	1	2	5		9
Health	1		3			5	1	10
Justice				1	2	14		17
Multiple			1		1	6	1	9
Social Service		0	1		2	7		10
Grand Total	**1**	**2**	**6**	**2**	**7**	**43**	**2**	**63**

Table 7 Number of Bills/Resolutions by Theme (Outcome 4)

Theme	Number of Bills/Resolutions per Theme
Childcare/Education	20
Creating TI Systems	20
Expanding Behavioral Health Services	6
Family/Foster/Resource Family	6
Reimbursement/Financial	2
Supporting Resilience	8
Upstream Prevention	1
Grand Total	**63**

Seven themes were identified across the sixty-three TIC workforce training bills identified. Themes included creating TI systems, upstream prevention, childcare/education, expanding behavioral health service, family/foster family support, reimbursement/financial, and supporting resilience (Table 7). Childcare/education and creating TI systems were the most common themes identified, with twenty bills each (Table 7). The focus on TI systems, the breadth of sectors, and the themes identified indicate a recognition of the widespread impact of trauma and the need for multi-system strategies.

1. **Creating Trauma-Informed (TI) Systems**: Bills within this theme focused on implementing trauma-informed practices across multiple sectors, including education,

early childhood, healthcare, justice, and social services. A concerted effort is being made to provide training and resources to professionals across different fields to enhance their understanding of trauma, ACEs, and trauma-informed practices, thus building a more competent and responsive workforce.

2. **Upstream Prevention**: Bills within this theme focused on prevention, incorporating screenings, assessments, and interventions to prevent/minimize the impact of adverse childhood experiences (ACEs).
3. **Childcare/Education**: Bills within this theme focused on training teachers, administrators, and childcare providers to create safe and supportive environments by incorporating trauma-informed practices, social-emotional learning, and culturally responsive school instruction.
4. **Expanding Behavioral Health Services**: Bills within this theme focused on training therapists and social workers in TIC on early identification, prevention, and treatment of mental health issues, especially for children and families.
5. **Reimbursement/Financial**: Bills within this theme focused on initiatives directed toward payment models that cover trauma screening, assessment, and treatment.
6. **Family/Foster Family Support**: Bills within this theme focused on programs aimed at supporting families and providing support services for children in foster care and families in need.
7. **Supporting Resilience**: Bills within this theme focused on training in strategies to promote resilience and improve overall well-being for trauma survivors.

Outcome 5: Assess Indiana's governmental readiness for evidence-informed policy change.

The benchmark was to identify Indiana-specific facilitators and barriers to proposing the TIC

bill. The author collected data from policy documents and stakeholder interviews to determine Indiana's political climate, facilitators, and barriers to the proposed TIC education policy. This information guided the language for the proposed Indiana TIC education policy.

Indiana has a history of Republican leanings in both statewide and presidential elections. Recently, the state has consistently supported Republican presidential candidates, although specific urban centers may exhibit more political diversity. For the past two decades, Indiana has elected Republican governors, with Eric Holcomb (R) currently holding the position. Both chambers of the Indiana General Assembly have often been under Republican control, influencing policy decisions toward conservative positions on fiscal policy, social issues, and government regulation. Indiana also has a politically conservative climate, with a focus on socially and culturally conservative values such as abortion, gun rights, and support for traditional family values. The state has traditionally pursued pro-business and conservative economic policies, emphasizing fiscal responsibility and limited government intervention.

Barriers to TIC Policy Implementation

The biggest threats to adopting SB 45 are the Indiana State Nurses Association (ISNA), the Professional Licensing Agency (PLA), the lack of response from the Indiana State Board of Nursing, the lack of knowledge about TIC, and the lack of agreement regarding the TIC course content, length, and frequency. The ISNA opposes a bill mandating TIC for licensed nurses because it would be the first continuing education requirement tied to licensure for Indiana nurses. They view this as a barrier to nurses renewing their practice licenses, potentially worsening the insufficient nursing workforce.

ISNA has also pointed out the PLA's gaps in service promulgating SB 7 and posits that the PLA is under-resourced to manage the logistics such a mandate would require. The PLA has historically been understaffed and underfunded, leading to several service gaps (Miller, 2023). COVID-19 brought an increased workload, and the PLA had a 70% staff turnover in 2021 (Miller, 2023). Despite leadership efforts to modernize technology and improve staff retention, the PLA still has service gaps, most notably failing to implement processes required by Indiana Senate Bill 7 (2021), which requires forensic nurses to complete biannual TIC training (Crider, 2021).

Nurses who opposed a TIC education mandate had varying levels of understanding about TIC. Some incorrectly assumed this was related to physical trauma, such as motor vehicle accidents. Others believed that TIC was a trauma treatment and only applied to those working in behavioral health. Others noted that this should only be required for patient-facing staff. ISNA noted that nurses often have demanding work schedules, and adding mandatory training may be challenging without adjustments in workloads or providing flexible training options. When a free, online TIC course was readily available and self-paced, the ISNA felt that the six-hour course needed to be shorter, and that training should only be required once rather than every two years.

SBON's lack of response and ISNA's opposition reflect resistance to change. This type of institutional resistance or lack of buy-in from healthcare organizations and professionals may impede the adoption of new approaches, including TIC, within established healthcare systems. The lack of existing CE requirements for Indiana nurses means the **c**omplexity of TIC mandatory

education implementation would require substantial changes in workflows, policies, and procedures.

Facilitators for TIC Policy Implementation

The proposed policy aligns with the Department of Health and Human Services (HHS) FY 2023 Annual Performance Plan and Report - Strategic Goal 3: Objective 3.4 Increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence and support those who have experienced trauma or violence (HHS, 2022). The IHI Triple Aim supports the proposed policy by improving care experience and population health and decreasing per capita cost (Stiefel & Nolan, 2012). The proposed approach also aligns with the IOM's six aims, which state that safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness should be included in the definitions of the value of healthcare (IOM, 2001).

Existing Indiana law requires TIC education for law enforcement, classroom teachers, and DCS workers. Indiana House Bill 1533 requires all school employees with direct contact with children to attend evidence-based, trauma-informed classroom instruction (DeVon et al., 2021). Indiana Senate Enrolled Act 81 requires law enforcement to receive education regarding the neurobiology of trauma, trauma-informed interviewing, and investigative techniques (Crider & Doriot, 2021).

Outcome 6: Provide specific language for a proposed Indiana bill to mandate initial and ongoing TIC education for nurses.

On October 25, 2023, the DNP team lead shared specific language for a proposed Indiana bill to mandate initial and ongoing TIC education for nurses with Senator Crider. The language was sent to Katherine B. Cassell, Staff Attorney for the Indiana Legislative Services Agency, Office of Bill Drafting and Research, who reviewed and formatted it into a preliminary draft, which Senator Crider shared with this author for review on October 31, 2023. On January 8, 2024, Senator Crider introduced Indiana Senate Bill 45 (2024).

> *SENATE BILL No. 45 A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations. Be it enacted by the General Assembly of the State of Indiana: 1 SECTION 1. IC 25-23-1-1.7 IS ADDED TO THE INDIANA CODE 2 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 3 1, 2024]: Sec. 1.7. As used in this chapter, "trauma-informed care" refers to an approach used to provide health care to a patient that acknowledges the effects of trauma and adversity on the patient.*
>
> *SECTION 2. IC 25-23-1-36 IS ADDED TO THE INDIANA CODE 7 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 8 1, 2024]: Sec. 36.*
>
> *(a) At least once every two (2) years, an individual who holds an active license under this article shall complete a trauma-informed care training program that meets one (1) of the following:*
>
> *(1) The trauma-informed care training program provides a foundational trauma-informed care curriculum that includes information on:*
>
> *(A) the definition of trauma-informed care.*
>
> *(B) the prevalence and impact of trauma.*
>
> *(C) trauma-informed care as a universal precaution.*

(D) the five (5) principles of trauma-informed care.

(E) the difference between trauma-informed treatment and trauma-specific treatment.

(F) practical strategies for adopting and integrating trauma-informed care into practice and

(G) trauma-informed care as a strategy to promote resilience and prevent secondary traumatic stress in nurses.

(2) The trauma-informed care training program:

(A) is substantially equivalent to the curriculum described in subdivision (1), as determined by the board; and

(B) has been approved by the board.

(b) Upon completion of a training program described in subsection (a), an individual shall submit documentation of completion of the training program to the board.

On January 10, 2024, the bill was referred to the Health and Provider Services Committee for an initial hearing (Table 8). The committee requested amendments were made, and the updated bill was passed unanimously at a second Health and Provider Services Committee hearing on January 17, 2024. On February 1, 2024, SB 45 had its third reading and was passed. At that time, Representative Ledbetter, a nurse practitioner, signed on as a House sponsor, and several other legislators signed on as cosponsors and coauthors, indicating more significant support and momentum. On February 2, 2024, after being passed in the Senate, SB 45 was referred to the House. Having passed the Senate committees, SB 45 was slated to be heard by the House Public Health Committee however, committee chair did not put the bill on the agenda and therefore no hearing took place, effectively killing SB 45 for the 2024 General Assembly Session

Table 8 Actions for Senate Bill 45

1/8/2024	Authored by Senator Crider
1/8/2024	First reading: referred to Committee on Health and Provider Services
01/16/2024	Senator Charbonneau added as a second author
01/25/2024	Committee report: amend do pass adopted; reassigned to Committee on Appropriations
01/29/2024	Pursuant to Senate Rule 68(b), reassigned to the Committee on Rules and Legislative Procedure
01/29/2024	Committee report: without recommendation, adopted
01/30/2024	Second reading: ordered engrossed
02/01/2024	Third reading: passed; Roll Call 82: yeas 43, nays 6
02/01/2024	House sponsor: Representative Ledbetter
02/01/2024	Cosponsors: Representatives Goss-Reaves and Garcia Wilburn
02/01/2024	Senator Rogers added as coauthor.
02/02/2024	Referred to the House
02/12/2024	First reading: referred to Committee on Public Health
03/01/2024	Died in committee (Public Health committee chair refused to add SB 45 to agenda for hearing)

Discussion

Implications for Practice

Per SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, patients are entitled to receive trauma-informed care (2014). Considered the best practice for all patients, TIC can improve patient engagement and outcomes and the well-being of HCPs (Marsac, 2016; Menschner & Maul, 2016). Current evidence of the effects of trauma demonstrates that healthcare interactions that create safety, trust, and transparency improve patient outcomes,

improve resiliency, assist healing, and contribute to a paradigm shift toward more TIC practices (National Council, 2021).

Interacting with the healthcare system and receiving care can be traumatizing and potentially harm patients, violating the ethical principle of "do no harm" (Fleishman et al., 2019). The IHI Triple Aim supports the proposed policy by improving care experience and population health and decreasing per capita cost (Stiefel & Nolan, 2012). The proposed approach aligns with the IOM's six aims, which state that safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness should be included in the definitions of the value of healthcare (IOM, 2001).

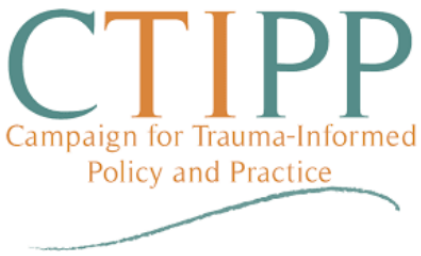
Implications for Healthcare Policy

The design of this project was an analysis of governmental policies through an evidence-based model for policy change, which included eight key steps: identifying the issue, engaging stakeholders, assessing readiness, reaching out and educating, drafting policy, adopting policy, implementing policy, and evaluating its impact. The success of this DNP project lends credibility to the efficacy of following such an evidence-based policy change model.

As part of legislator outreach, The DNP Project Team Lead targeted legislators prioritized legislators who had previously sponsored or authored TI bills and those who served on committees such as public health, education, career development, health and provider services, and appropriations. Prioritizing relationship-building with lawmakers who already had an awareness and record of support for TI systems helps to build momentum in advocacy efforts (ITTIC, 2023). This proved to be a successful strategy and aided in scoping down the work and time required to meet the benchmark for Outcome 2. In addition, advocacy efforts completed in collaboration with state-level and national TIC and health policy/advocacy stakeholders and

organizations, such as the Women's Health Toolkit, podcast, and presentation with The Campaign for Trauma-Informed Policy and Practice (CTIPP), created valuable allies and connections that were instrumental later in the project (see Figure 2).

Figure 2 CTIPP Call to Action



Hi Lori,

We need your help.

Trauma has widespread effects across demographics and systems, contributing to societal challenges like poverty, violence, and substance misuse. Nurses play a crucial role in healthcare and can implement trauma-informed practices, but formal education on trauma and resilience is lacking.

Senate Bill 45 would mandate comprehensive trauma-informed care (TIC) education for all Indiana nurses, ensuring they can effectively address trauma and improve patient outcomes.

Please consider making your voice heard. **View and sign our powerful and concise call to action**, co-created with local RN and advocate Lori Hardie.

Together, we can make a difference.

In solidarity,

Jesse Kohler, Executive Director of CTIPP

TI health policy initiatives must support and fund community consciousness-raising and education efforts about the interconnectedness of trauma, creating resilient families, and general health and well-being. Policymakers must support increasing pipeline investments to educate, train, and support the healthcare workforce by prioritizing community-based providers and organizations whose work commits itself to advancing health equity, accessibility, and justice in appropriating funds.

Implications for Executive Leadership

While federal and state policy can play significant roles in helping or hindering trauma-informed change implementation, it is essential to recognize how local factors can powerfully influence the experiences and outcomes of people accessing and engaging with services, supports, and resources to enhance well-being (Marris & Hardie, 2023). Healthcare executives must integrate consideration for trauma-informed care and health equity into policies that outline professional education, certification, licensing, and ongoing training requirements. Institutionalizing ongoing training protocols and practices can provide a sense of self-efficacy in implementing a trauma-informed approach and produce more positive experiences and outcomes among those seeking healthcare services. Reinforcement and reminders of how to embody a trauma-informed approach can be formal and informal, and due to the time constraints often present in healthcare settings, to get creative about supporting ongoing learning and digestion.

Indiana healthcare leaders must continue to advocate for appropriating adequate resources for agencies such as The Indiana Professional Licensing Agency (PLA) to ensure their ability to collect and track continuing education, such as TIC education. The PLA coordinates the regulation of forty professions in Indiana (PLA, 2023). Despite this critical role, the PLA has historically been understaffed and underfunded, leading to several service gaps (Miller, 2023). COVID-19 brought an increased workload, and the PLA had a 70% staff turnover in 2021 (Miller, 2023). Despite efforts to modernize technology and improve staff retention, the PLA still has service gaps, most notably failing to implement processes required by Indiana Senate Bill 7 (2021), which requires forensic nurses to complete biannual TIC training (Crider, 2021). During 2024, the Professional Licensing Agency plans to undertake three projects to upgrade its IT system:

1. Addition of a system to manage litigation more effectively.
2. Obtain a vendor to track and report continuing education for CE tracking.
3. Replace licensing software (PLA, 2024).

Healthcare leaders and policymakers in Indiana need to maintain oversight to ensure that rulemaking and processes are developed and implemented as required by law.

Implications for Quality/Safety

TIC is vital to achieving The Quintuple Aim, especially in terms of HCP wellbeing (Nundy et al., 2022). The Quintuple Aim for healthcare improvement includes improving population health, enhancing the care experience, reducing costs, advancing health equity, and addressing healthcare professional (HCP) wellbeing (Nundy et al., 2022). With far too few HCPs, building workforce capacity and creating TIC systems of care is essential to supporting caregiver and patient wellbeing, and ultimately to providing safe, quality care (Itchhaporia, 2021; Miller, 2016)). Nundy et al. (2022) note that failing to address HCP wellbeing and health equity, both of which would be improved in a TI healthcare workforce, is detrimental to overall quality improvement efforts and may result in worsening outcomes.

Patient-centered care is a priority goal for CMS Quality Measures (Tzelepis, 2015). To ensure patient and staff safety, healthcare policy and practice should be grounded in TIC principles (Fleishman et al., 2019). Safety is one of the six core principles of a TI approach (SAMHSA, 2014). The movement of trauma-informed care towards trauma-informed organizations has drawn attention to creating spaces and experiences that respect what people may have experienced in their lives and provide for emotional, physical, and psychological well-being. Conversations about safety must be grounded in TI approaches that prioritize respect, equity, and compassion and demand TI policies, processes, and environments in healthcare

(National Healthcare for the Homeless Council, 2017). Topics, themes, and concepts that have been associated with positive experiences, outcomes, and transformation at individual and collective levels when integrated into training and ongoing education efforts include trauma and trauma-informed practices, the interconnections of trauma and health, systems thinking, prevention science, and adopting a public health lens.

Statewide initiatives with strong stakeholder collaborations have great potential to improve patient safety, quality of care, and patient outcomes (Oral et al., 2020). State-level programs have demonstrated improved safety and patient outcomes and increased provider-patient capacity following the adoption of TIC principles (Oral et al., 2020; SAMHSA, 2014). In Massachusetts, the *Child Trauma Project* aimed to improve the safety and well-being of children in the welfare system by educating staff on TIC. Following implementation, they noted decreased recidivism, physical abuse, and neglect while increasing provider-patient capacity (Oral, 2020). In New Hampshire, a statewide program, *Partners for Change Project*, demonstrated improved overall system performance following adopting TIC principles (Oral, 2020).

Plans for Sustainability and Future Scholarship

Future research and collaboration are needed to develop TIC curricula for healthcare education, including national TIC educational competencies and clinical practice standards. (Ashworth et al., 2023). The lack of consistency and agreement regarding TIC definitions, applications, education, and research is a barrier to TI health systems. Outcome metrics, baseline data, and measurement strategies for TIC continue to emerge. Healthcare providers and policymakers need more evidence on the best data collection methods and tracking TIC-specific

outcomes (Menschner & Maul, 2016). Future research needs to be broader in scope and look for consensus from experts, patients, and the healthcare community to allow for consistent, evidence-based TIC. As more data becomes available regarding TIC Healthcare's ability to mitigate long-term patient outcomes, outcome metrics may need to be modified (Stiefel & Nolan, 2012).

The National Academies of Sciences, Engineering, and Medicine (NASEM) identified TIC as a core concept and competency that should be included in all levels of nursing education. (NASEM et al., 2021). The DNP Team Lead has made multiple attempts to contact a member of the NCSBN to discover the timing and method to give input for the next NCLEX revision. However, no response has been received at the time of this writing.

Future Policy and Advocacy Work

The future of SB 45 is unknown at this point (Crider, 2024). The bill could go to an Interim Study Committee over the Summer of 2024. The Legislative Council determines topics for interim study committees. The Legislative Council is comprised of legislators with committee or party leadership positions. The DNP Project Team Lead plans to advocate for SB 45 to be added to the interim study committee by contacting members of the 2023 interim study committee to request it. The interim study committee meets over the summer and recommends bills for the next General Assembly session. When the bill gets a hearing the following year, someone from the interim study committee may testify with information learned from the interim study.

Plans for Dissemination

As part of the DNP Project Team Leader's position as a policy intern for the Indiana State Nurses Association (ISNA), an article highlighting the DNP project will be published online and in print in The ISNA Bulletin this Spring (ISNA, 2024). The DNP Project Team Leader presented this project virtually to Dr. Ric Ricciardi's Ph.D. class on March 22, 2024. The project will also be presented at the Indiana Association for Healthcare Quality (InAHQ) on May 10, 2024, in Indianapolis, Indiana.

Conclusion

Trauma survivors are providing and receiving care in healthcare (Fleishman et al., 2019). Using TIC as a universal precaution supports TI health systems and must be applied to the workforce. TIC education is a crucial foundational component of creating a TI health system, but more is needed in the absence of organizational efforts to create a TI culture (Burge et al., 2021; Fleishman et al., 2019). TIC training must be complemented by changes in culture, policy, and leadership practices (Burge et al., 2021; Fleishman et al., 2019). A proposed policy mandating TIC education supports broader organizational policy changes aligned with TI practice and systems. Policy advocacy efforts should begin by disseminating educational materials that increase awareness of Indiana's gaps in best practice toward patient-centered care and TIC principles, nurses' need for TIC education, and successful outcomes from other TIC educational programs.

It is critical that training be provided to all members of the healthcare workforce. "One and done" training can impact how some healthcare providers engage with their work. However, the work of being trauma-informed requires ongoing digestion and integration of information, self-reflection, and other processes (Marris & Hardie, 2023). There is no end destination to

becoming trauma-informed. The culture change required in organizations, communities, systems, and institutions requires ongoing touchpoints during which opportunities to review and connect with others to reflect on and discuss concepts, skills, and strategies about how to anchor individual and collective policies, practices, protocols, and interactions in a trauma-informed approach.

HCPs have a unique opportunity to ease the impact of trauma and improve health outcomes while decreasing costs. Still, they cannot do so without policies that support TIC education and training. The journey to the adoption of TIC principles in healthcare must begin with the education of HCPs, elected officials, and policymakers to educate them about the importance of funding trauma-informed programs. Full integration of a TI approach will not be quick in healthcare. TIC principles directly oppose traditional medical culture, which devalues self-care and focuses on "sick care" rather than primary care. So, while a federal TIC policy option is superior, TI health systems will likely be a long-term, iterative "bottom-up" process that begins locally and builds on itself as each step forward increases knowledge and policy momentum.

The DNP Project Team Lead has applied to the Healing Politics 2024 Campaign School for Nurses & Midwives held at Duke Sanford School of Public Policy in Durham, NC, from June 5th to 8th. If accepted, the school will include training in communications, messaging, interacting with media, and successfully running for office. The DNP project experience has illuminated the need for more nurses in politics and how vital a nursing perspective is to public health policy. This author hopes to take these lessons and those to come to move forward toward trauma-informed health systems and policies.

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Appendix A: Trauma-Informed Care (TIC) in Indiana: Policy Proposal Needs Assessment and SWOT Analysis

(Problem) No current requirement for TIC education for nurses	
Strengths: What stakeholder support exists for TIC education for nurses? What is the political feasibility of TIC policies? What other state or federal TIC policies exist? What evidence exists to support implementing TIC education for nurses? What examples exist in other states?	The proposed policy supports the following: IHI Triple Aim (Stiefel & Nolan, 2012). IOM Six Aims (IOM, 2001). The National Academies of Sciences, Engineering, and Medicine (NASEM) recommends including TIC as a core concept and competency in nursing education. (NASEM et al., 2021). CMS Quality Measures (Tzelepis, 2015). Professional, political, and public interest in trauma and its consequences have continued to increase over the last two decades, which makes this an excellent time to forge a pathway toward trauma-informed systems. Existing Indiana law requires TIC education for law enforcement, classroom teachers, and DCS workers In Indiana, which could serve as models for the new proposed state law.

(Problem) No current requirement for TIC education for nurses	
What could be leveraged to improve the feasibility of the proposed policy change?	Indiana House Bill 1533 requires all school employees with direct contact with children to attend evidence-based, trauma-informed classroom instruction (DeVon et al., 2021). Indiana Senate Enrolled Act No 81 requires law enforcement to receive education regarding the neurobiology of trauma, trauma-informed interviewing, and investigative techniques (Crider & Doriot, 2021). Federally, there has been increasing attention to TIC in recent years, signaling political will and a potential opportunity to codify trauma-informed practice through legislation (Purtle & Lewis, 2017) In 2017, Sens. Heidi Heitkamp and Dick Durbin introduced S. 774 Trauma-Informed Care for Children and Families Act (Heitkamp, 2017). This bill aimed to mitigate the adversities of exposure to trauma by providing financial and educational resources, health services, and networks that support those affected by trauma exposure. In 2018, the US Congress passed the HR 6 *SUPPORT for Patients and Communities Act*, recognizing the need for TIC for opioid addictions (Walden, 2018). Programs in other states have demonstrated improved safety and patient outcomes and increased provider-patient capacity following the adoption of TIC principles (Oral et al., 2020; SAMHSA, 2014).

(Problem) No current requirement for TIC education for nurses	
	In Massachusetts, the *Child Trauma Project* aimed to improve the safety and wellbeing of children in the welfare system by educating staff on TIC. Following implementation, they noted decreased recidivism, physical abuse, and neglect while increasing provider-patient capacity (Oral, 2020). In New Hampshire, a statewide program, *Partners for Change Project*, demonstrated improved overall system performance after adopting TIC principles (Oral, 2020). Many TIC publicly available, foundational online training resources can be used for organizations needing more financial resources to hire a trainer or create training. SAMHSA's "Concept of Trauma and Guidance for a Trauma-Informed Approach" defines trauma and the implementation domains of a trauma-informed approach (SAMHSA, 2014). Center for Health Care Strategies' brief, "Key Ingredients for Successful Trauma-Informed Care Implementation." Identifies critical ingredients for successful trauma-informed care implementation. Includes companion slide decks and infographics (Menschner & Maul, 2016)

(Problem) No current requirement for TIC education for nurses	
	The existence of national TIC-focused organizations will help leverage resources and guidance. The Institute on Trauma and Trauma-Informed Care Campaign for Trauma-Informed Policy & Practice and the National Trauma Campaign As a member of the Indiana State Committee on Sexual Exploitation of Children (CESC), I have a local champion, Judge Kimberly Dowling, who is willing and able to assist me with making connections with legislators and navigating the political landscape. A valid and reliable tool for assessing TIC exists, which would allow the identification of gaps in knowledge, attitude, and practice (King et al., 2019).
Weaknesses: What are the weaknesses of the current state? What necessary expertise/resources do you currently lack?	While many TIC courses exist, there needs to be more agreement on what the curricula should include. There needs to be an identified budget for the financial expense to accrediting bodies and educational and healthcare organizations to develop, accredit, implement, and track TIC educational programs. The proposed policy would require regulatory changes from the Indiana State Board of Nursing (SBON), which currently has no process for requiring or tracking nurses' continuing education (CE).

(Problem) No current requirement for TIC education for nurses	
Are there adequate resources/support to facilitate the policy change?	As part of my work with the Indiana State Commission on the Sexual Exploitation of Children (CSEC), I have tried multiple times to connect with the Indiana SBON, to no avail thus far. Sustainable funding for TIC education for nurses has yet to be identified and allocated. I need to gain knowledge of Indiana law, research, and network to gain the required expertise to accomplish the project's aims. I need to identify and better understand the stakeholders who will oppose the proposed policy to inform my advocacy talking points and educational materials.
Opportunities: What are the benefits of TIC education for nurses? Who stands to benefit from the proposed policy?	Often, nurses are the first point of contact and are uniquely positioned to offer TIC, decrease retraumatization, and lessen the likelihood of long-term trauma-related health consequences (Yang et al., 2019; Carter & Blanch, 2019). Training staff in TIC best practices is foundational to creating trauma-informed organizations and health systems (SAMHSA, 2014).

(Problem) No current requirement for TIC education for nurses	
How would TIC education benefit patients? How would TIC education benefit nurses? What external changes or factors present opportunities? What are the financial benefits?	Current evidence of the effects of trauma demonstrates that healthcare interactions that create safety, trust, and transparency improve patient outcomes, improve resiliency, assist healing, and contribute to a paradigm shift toward more TIC practices (National Council, 2021). TIC improves patient safety and prevents retraumatization. The literature demonstrates statistically significant gains in knowledge, skills, attitudes, confidence, and competency following training (Burge et al., 2021; Choi & Seng, 2015; Gauillard-Kenney et al., 2020; Hoysted & Jobson, 2019; Im & Swan, 2020; Niimura et al., 2019; Palfrey et al., 2018; Zordan et al., 2022). The literature supports the idea that implementing a trauma-informed approach improves patient care, provider satisfaction, and patient health outcomes (Gunacker et al., 2021). Evidence supports the adoption of TIC to improve provider-patient communication, patient satisfaction, medication information recall, compliance, and service referrals (Oral et al., 2020). TIC training has been correlated to decreased healthcare costs, post-traumatic symptoms, and improved parenting capacity (Oral et al., 2020).

(Problem) No current requirement for TIC education for nurses	
	TIC courses exist in dentistry, social work, medicine, psychiatry, and psychology curricula and could provide a framework for nursing curricula (Yang et al., 2019). Cost-effective: Congressional Budget Office (CBO) cost estimates for implementing S. 2680, The Opioid Crisis Response Act of 2018, totaled $7.1 billion over 2019-2023, or approximately $1.5 billion annually (Walden, 2018). The cost of Adverse Childhood Events (ACEs) in California regarding disability-adjusted life years (DALYs) exceeds $102 billion annually (Miller et al., 2020). Funding for state programs is available through grant options such as SAMHSA's Mental Health Transformation Grant program for State and local governments to implement TIC training and implementation (SAMHSA, 2014). TIC-educated nurses will be equipped to offer expertise on TIC policy changes needed to advance social determinants of health (SDOH) systems (housing, education, justice, child development, etc.).

(Problem) No current requirement for TIC education for nurses	
	Nurses and patients are both impacted by trauma when engaging with healthcare (Marsac et al., 2016). Nurses who utilize a trauma-informed lens can enhance job satisfaction, reduce burnout, and promote a culture of staff wellness (Schulman & Menschner, 2018).
Threats: What is the biggest threat of the current state (no requirement for nurse TIC education)? How vital is the issue? What are the threats of the current state to patients? What obstacles to the proposed policy exist?	The biggest threat to the adoption of the proposed policy is that a systematic approach to TIC education is lacking in both academic nursing programs and professional practice settings, leaving nurses with limited knowledge and skills for providing TIC or addressing the needs of trauma survivors in their care (Yang et al., 2019; Zordan et al., 2022). Healthcare can be re-traumatizing to trauma-affected patients. The lack of TIC education and practice violates the ethical principles of non-maleficence and beneficence. Due to the widespread pervasiveness of trauma, victims and survivors frequently interact with nurses. Lack of TIC threatens the health and safety of most patients: Trauma affects approximately 70% of American adults. About half of all women will experience a traumatic event during their lifetime (Sachdeva et al., 2022).

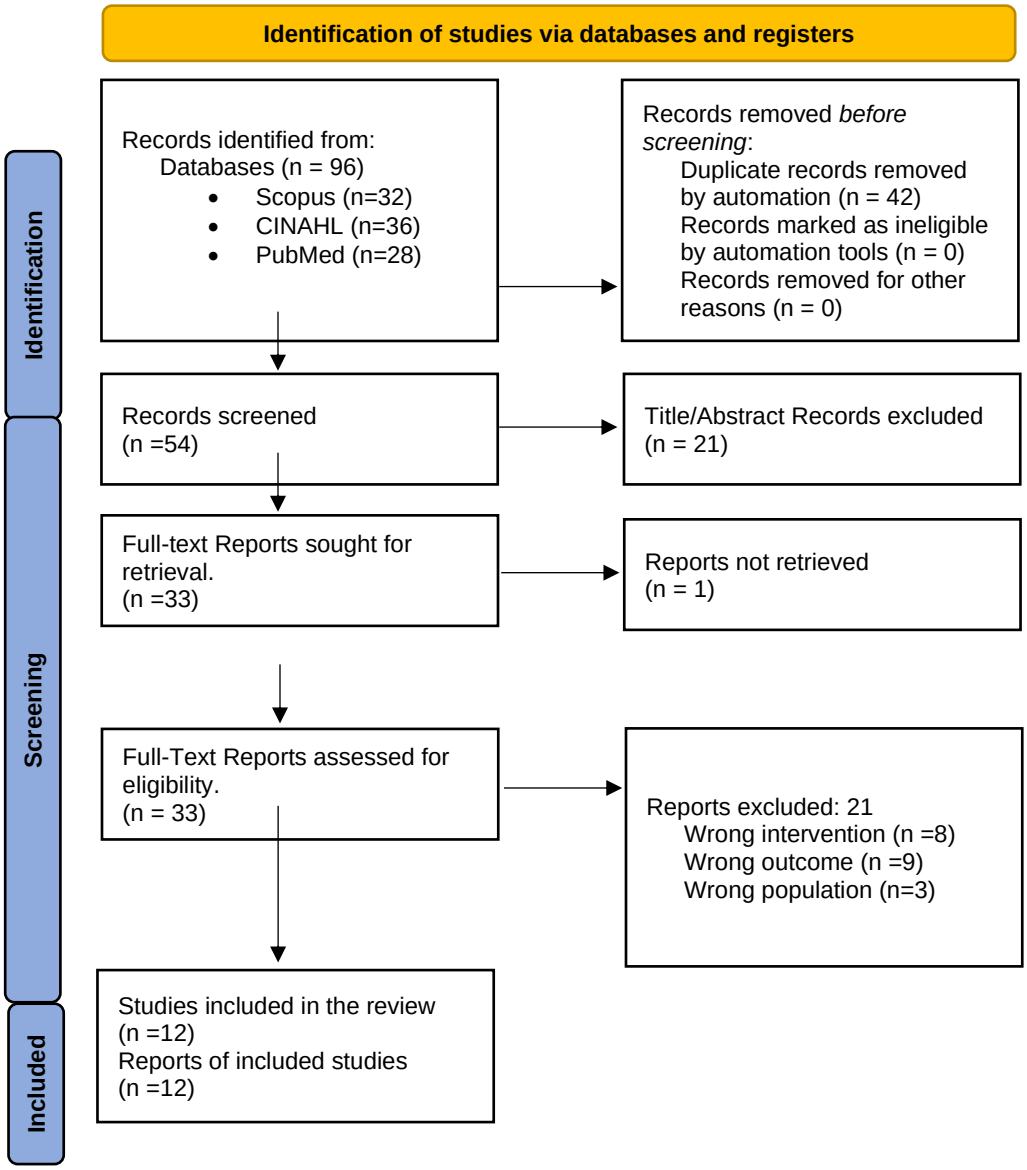
(Problem) No current requirement for TIC education for nurses	
Are external economic forces affecting the proposed policy?	About half of American children experience at least one ACE, and more than one-third of children exposed to violence will develop post-traumatic stress disorder (PTSD) (Sacks & Murphey, 2018). More than half of adults have had some trauma in childhood, and 25 percent were exposed to two or more types of traumatic experiences (Felitti et al., 1998).
What needs to happen to ensure health policy success?	I need to assess the Indiana political landscape and engage with relevant stakeholders and policymakers to educate and advocate for the requirement of TIC education for nurses by demonstrating the clear benefits to patients and staff.

SWOT Analysis

	Helpful To achieve the objective	Harmful To achieve the objective
Internal Origin Current State	Strengths Strong evidence of the impact of education on nurses' TIC knowledge, skills, competency, and confidence. Supports recommendations from The National Academies of Sciences, Engineering, and Medicine (NASEM), IOM Six Aims, IHI Triple Aim, and CMS Quality Measures Evidence of cost-benefit Current Indiana law requires TIC education for other professions. Successful TIC programs in other states as exemplars	Weaknesses Currently, no states require TIC for nurses. Funding challenges; no budget NO CE requirement for Indiana nurses Lack of agreement regarding TIC educational content and methodology

	Helpful To achieve the objective	Harmful To achieve the objective
External Origin Proposed policy	Opportunities TIC improves patient outcomes and safety and prevents retraumatization (National Council, 2021). TIC education contributes to statistically significant gains in knowledge, skills, attitudes, confidence, and competency following training	Threats There needs to be a systematic approach to TIC education in academic nursing programs or professional practice settings. The lack of TIC education and practice violates the ethical principles of non-maleficence and beneficence.

Appendix B: PRISMA diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372: n71. DOI: 10.1136/BMJ.n71

Appendix C: Evidence Table

Summary of Trauma-Informed Care Education Studies from Systematic Literature Review and Organizational Position Statements

Article #	Author, Date & Title	Type of Evidence	Population, Size, Setting	Intervention	Findings	Measures Used	Limitations	Evidence Level & Quality
1	The American College of Obstetricians and Gynecol	Position Statement	N/A	N/A	ACOG recommends that HCPs create a psychologically safe care environment, recognize the prevalence and effects of trauma, understand and universally apply a TIC approach, build a TI workforce by training clinicians and staff, implement universal screening for trauma	N/A	N/A	Level IV, A

	ogists, (2021).							
2	Burge, R., Tickle, A., & Moghaddam, N. (2021).	Quasi-experimental (Pretest/Post test)	Pre-training N=80; post-training N=18; Follow-up N=26 in community-based service organizations and hostels for young adults (UK)	4-day TIC educational course	**Knowledge and Skills**: Post-training knowledge and skills scores were significantly higher than the pre-training scores with a medium effect size. Follow-up knowledge and skills scores were not significantly different from the post-training scores, with a small effect size. **Relationships:** Post-training relationship scores were significantly higher than pre-training scores with a medium effect size; follow-up	TIC knowledge and skills, relationships, respect, service delivery, policies, and procedures measured by TICOMETER at six months post-training and one year after the pre-	Pre/posttest design and low follow-up response rate	Level II, B

					relationship scores were significantly higher than pre-training scores with a medium effect size. Follow-up relationship scores were not significantly different from the post-training scores. **Respect:** Post-training and follow-up respect scores were not significantly different from the pre-training scores, with a medium effect size. The follow-up respect scores were not significantly different from the post-training scores, with a small effect size. **Service delivery**:	training baseline (follow-up)		

					The post-training and follow-up service delivery scores were not significantly different from the pre-training scores. **Policies and procedures**: The post-training policies and procedures scores were significantly higher than the pre-training scores with a medium effect size. The follow-up policies and procedures scores were significantly higher than the pre-training scores, with a large effect size.			
3	Choi, K. R., & Seng, J.	Quasi-experimental	N=47 perinatal health	1-hour training program on	Posttest scores showed a statistically significant increase in knowledge, skills, and overall	Eleven-item questionnaire; Internal	Convenience sampling: Participants	Level II, A

	S. (2015).	(Pretest/Post test)	professionals (US)	trauma-informed perinatal care, using knowledge, skills, and attitudes (KSAs) framework.	score. Qualitative data from the pretest and posttest revealed the following themes: a) Relevance and usefulness of the training, b) Additional learning needs, c) Depth and scope of training.	consistency reliability was examined for the pretest and posttest. Cronbach's alpha was .78 for the pretest and .85 for the posttest.	self-selected to participate; small sample size, but the results were statistically significant; the survey was a self-appraisal.	
4	Duffee J, Szilagyi M, Forkey	Policy Statement	N/A	N/A	AAP Policy Statement regarding TIC in pediatric health care. TIC operationalizes the biological evidence of toxic stress and resilience to enhance healthcare	N/A	N/A	Level IV, A

	H, et al. (2021)				delivery and mitigate trauma's effects. A TIC approach promotes and restores resilience in children and adolescents, partners with families to support relational health, and reduces secondary trauma among pediatric healthcare clinicians. It recommended that health systems train the workforce in TIC.			
5	Forkey, H., Szilagyi, M., Kelly, E.	Expert Opinion/Position Statement	N/A	N/A	Research in genetics, neuroscience, and epidemiology demonstrates that accumulated trauma physiologically affects the brain and body at the	N/A	N/A	Level IV, A

	T., & Duffee, J. (2021). Trauma-Informed Care. *Pediatrics (Evanston), 148*(2), 1.				molecular, cellular, and organ level. All staff (clinical and non-clinical) are recommended to be trained in TIC.			
6	Gaillard-Kenney, S., Kent,	Explanatory (Mixed methods that include	N=83 optometry, dental, and psychological	90-minute training on human trafficking,	a) Significant increases in awareness, knowledge, and skills in providing trauma-informed care to survivors of trafficking	A 17-item survey measuring knowledge of	Instrument validity and reliability should have	Level II, B

	B., Lewis, J., & Williams, C. (2020).	a Level II quantitative study)	faculty, residents, and post-doctoral students working in clinics (US)	trauma, and triggers of traumatic stress in the healthcare environment, and TIC principles.	b) Focus group participants increased their overall knowledge of the signs and symptoms of human trafficking	human trafficking and TIC skills	been discussed. Purposive sampling method, limited numbers of participants, self-reported nature of the data from the focus group.	
7	Gundacker, C., Barry, C.,	Scoping review	N=19 articles included in the scoping literature	Curricula were analyzed using	Trauma-informed curricula resulted in positive reactions, increased confidence, knowledge, screening,	53% of articles reported Kirkpatrick level 3	N/A	Level V, A

	Laurent, E., & Sieracki, R. (2021)		review of primary care provider (PCP) TI approach curricula (US)	Kirkpatrick's four levels of training evaluation.	communication, patient satisfaction, improved attitudes toward patients' histories of trauma, changes in PCP behavior post-training with patients. and no change in referrals or health outcomes.	behavior change evaluation outcomes. 12% reported Kirkpatrick level 4 patient satisfaction (significant) and health outcomes (not significant)		
8	Hoysted, C., Jobson, L., &	RCT	N=71 (Control n=32; Training	A 15-minute online, single-module	A significant difference in knowledge scores between the training and control groups at the 1-week and 1-month follow-up.	Outcome assessments of knowledge of traumatic	Participants self-selected to be in the study and	Level I, A

	Alisic, E. (2019).		group n=39) Emergency Department MDs (n=6) and RNs (n=65) (Australia)	training program about traumatic stress following injury and TIC in the emergency department.	Participant course evaluation: 29% were "mostly satisfied," 48.4% were "very satisfied," 9.7% were "extremely satisfied," and 80% indicated training had met "most" to "all" of their training needs. 74.2% indicated valuable training in their role in the ED.	stress and TIC were administered at baseline, 1-week, and 1-month follow-up.	were predominantly female nurses. Unable to determine the long-term knowledge retention of traumatic stress or measure the effect of training on behavior or patient outcomes.	

9	Im, H. & Swan, L. (2020)	Mixed-methods retrospective pre-and post-training	n=124 healthcare workers, teachers, social services; Educational sessions occurred in 5 statewide refugee health program sites in 2 states over two years (US)	2-day (eight 1.5-hour long sessions) Cross-Cultural Trauma-Informed Care (CC-TIC) training followed by a one-hour discussion session.	a) The average total core competency score change was 8.35 $p<0.001$). b) Topics rated as most helpful by participants were refugee trauma and trauma-informed care (n=56, 43.8%), cultural competency (n=40, 31.3%), partnership building (n=35, 27.3%), clinical skills (n=19, 14.8%), self-care (n=10, 7.8%), and the multi-tiered intervention model (n=5, 3.9%).	Test of 7 core competency areas of participants' knowledge and skills before and after the CC-TIC training.	No comparison group	Level II, B

10	Nathan, S. & Ferrara, M (2020)	Quasi-experimental	N=21 APNs and APN students at California School of Nursing (US)	The Sexual Assault Forensic Examiner Recruitment and Retention (SAFERR) 2-day course incorporates various educational modalities, including simulations with	95% of participants agreed or strongly agreed that the course positively impacted their nursing practice. Statistically significant change (p = .01, 95% confidence interval [CI]) in participants' self-reported knowledge and awareness. Statistically significant (p = .01, 95% CI) for a change in participants' self-reported attitudes toward providing trauma-informed care.	Pre- and post-course comparison of self-reported knowledge and awareness of course topics.	Low # of participants due to space constraints. Measures of knowledge and awareness were self-reported.	Level II, B

				standardized patients (SPs), lectures, and interactive group role-play focused on trauma-informed care of sexual assault patients.				
11	National Child Traumat	Position Statement	N/A	N/A	60% of children nationally have experienced at least one type of trauma in the last year, costing	N/A	N/A	Level IV, A

	ic Stress Network (2019)				approximately $124 billion per year; NCTSN is committed to an "evidence-based approach" and emphasizes interventions that have proven to be effective while respecting the values and preferences of patients and HCPs			
12	National Association of Neonatal Nurses (NANN) Board of Directors (2022)	Position Statement	N/A	N/A	NANN recognizes the traumatic impact of maternal separation and recommends that all nurses serving NICU patients and families use a TI approach. TIC is an effective, evidence-based strategy that protects clinicians and improves safety and quality of care.	N/A	N/A	Level IV, A

13	National Commission on Correctional Health Care (NCCHC) (2022)	Position Statement	N/A	N/A	NCCHC supports trauma-responsive care (TRC) in the juvenile justice system and recommends staff education in trauma-responsive philosophy and practices.	N/A	N/A	Level IV, A
14	National Association of Nurse Practitioners in	Position Statement	N/A	N/A	Every patient is a potential trauma survivor, so all patient care should be TI. TIC can improve healthcare engagement and patient satisfaction. Ongoing TIC training about the 4 R's	N/A	N/A	Level IV, A

	Women's Health (NPWH) (2023)				(realization, recognition, responding, resisting) is needed. NPWH Leaders are committed to engaging with other organizations to advocate for TI federal, state, and local policies.			
15	Niimura, J., Nakanishi, M., Okumura, Y., Kawano, M., & Nishida,	Quasi-experimental	n=65 healthcare professionals; 82% of nurses (Japan)	3.5-hour lecture and 1-hour group discussion TIC training program (based on SAMHSA, 2014)	a) Mean scores on the ARTIC significantly increased from 5.1 to 5.5 immediately after training and 5.4 after three months. b) The most common themes regarding the most helpful contents were refugee trauma and trauma-informed care, cultural competency and cultural idioms of distress, partnership	The ARTIC scale to evaluate attitudes towards TIC implementation and support of TIC adoption	No control group; a self-reported instrument to report the implementation of TIC in daily practice at 3-month follow-up—	Level II, B

	A. (2019)				building, interventions in multi-tiered programs, and self-care.		potential for selection bias with participants who volunteered for the study.	
16	Palfrey, N., Reay, R., Aplin, V., Cubis, J., McAndr	Quasi-experimental	N=102 healthcare professionals working in mental health services (Australia)	One-day TIC workshop	a) Statistically significant increase in participant rating of the relevance of training and awareness of trauma services (9.02/10, $p<.05$). b) Statistically significant increase in mean levels of confidence in the assessment of trauma and adversity ($p<.001$),	a) A five-item measure of self-rated confidence, awareness, and attitude toward TI practice b) A six-item checklist of	The questionnaire used was self-appraisal and author-created. Results could have been strengthened	Level II, B

	ew, V., Riordan, D., & Raphael, B. (2018)				confidence in responding to disclosures (p<.001), knowledge and skills working with individuals affected by trauma and adversity (p<.001), and awareness of services and resources (p<.001) c) Statistically significant reduction in three out of five perceived barriers and the mean number of barriers identified by participants (2 vs. 1.2, p<.05).	perceived barriers to working with clients affected by trauma	using a validated TIC confidence, knowledge, and attitudes measure.	
17	Shamaskin-Garroway, A.,	Quality improvement project	N-21 trainees (16 physicians, 5 NPs) (US)	Trauma-informed care training: Five 1-hour	Significant improvements in TI knowledge, attitudes, and practice.	Pre/post-training self-assessments demonstrated	Small sample size with a self-selected group;	Level V, B

	McLaughlin, E., Quinn, N. & Buono, F. (2019)			didactic sessions, 10-minute group reflections, and optional patient care observation and feedback.		improvements in TI knowledge ($t=5.80$, $p < 0.001$), attitudes ($t=6.85$, $p < 0.001$), and practice ($t=3.78$, $p < 0.001$).	outcome measures relied on self-reported data.	
18	Spence, 2021	Position Statement	N/A	N/A	Society of Pediatric Nurses Position Statement on Child Welfare: Pediatric nurses are crucial to identifying children's needs, providing TIC,	N/A	N/A	Level IV, A

					advocating, and ensuring safety and protection.			
19	Wheeler, K. & Phillips, K. (2021)	Non-research	Expert panel n=16 national trauma and resilience experts from nursing practice, education, and research. Delphi Survey Validation Panel n=24 nurses from practice,	An expert panel completed a 2-day in-person Competency Development Workshop to determine undergraduate, graduate, and psychiatric NP nursing	The trauma and resilience competencies for nursing education offer a guideline for nursing programs curricula development for 1) undergraduate, 2) graduate, and 3) psychiatric NP.	88 trauma and resilience nursing competencies were identified and designated as a skill, knowledge, or attitude.	Low response rate (n=11) on the second round of Delphi survey	Level IV, B

			education, and research (US)	competencies in trauma and resilience.				
20	Zordan, R., Lethborg, C., Forster, J., Mason, T., Walker, V., McBrearty, K., &	Quasi-experimental	N=24 graduate nurses in their first year of employment at a tertiary hospital (Australia)	One-day trauma-Informed simulation-based training with didactic and simulation-based education	• Significant improvement in TIC behaviors • Significant increase in the level of TIC knowledge • No significant differences in scores of anxiety and confidence	Measures of effectiveness, safety, acceptability, TIC behaviors, anxiety, confidence, and satisfaction	Pandemic limited participant numbers to 12 and follow-up to one week versus ongoing assessment. The sample included new graduate	Level II, A

	Torcasio, C. (2022).						nurses; results could vary with more experienced nurses.	

Appendix D: Outcome Measures, Data Collection, and Analysis Methods

Outcome 1: Increase awareness of Indiana legislators about the prevalence and impact of trauma, the key concepts and importance of TIC, and the benefits of TIC on patients and health outcomes.

Measure	**Measure Type***	**Data Source**	**Sampling Method**	**Timing/Frequency**
Number of legislators and stakeholders contacted	Process measure	Excel spreadsheet	Indiana State Legislators (50 Senate; 100 House)	Monthly from April 2023 – December 2023
Standard Measure?**	No			
Numerator	Contacts (email, letter, phone call, in-person) made to legislators			
Denominator or Population***	Total number of legislators			
Exclusions	None			
Calculation/Statistic(s)	Percentage/Proportion			
Goal/Benchmark	50%			

Data Elements	**Variable Name**	**Definition**	**Data Type***	**Data Values & Coding**	**Restrictions/ Validation**
Senator Name	sen_name	Name of IN Senator	Text	Alphanumeric	Required
House Name	house_name	Name of IN Representative	Text	Alphanumeric	Required

Party affiliation	party	Democrat, Republican, Independent	Categorical	1. Democrat 2. Republican 3. Independent	Required
Date of Contact	contact_date	Date that contact was made (email, letter, phone call, or in-person)	Categorical	Date (D-M-Y) 04-01-23 to 12-31-23	Required

Outcome 2: Educate Indiana legislators about the impact of TIC education on nurses' TIC knowledge, skills, confidence, and competence, and Indiana's gap in best practice regarding trauma-informed care education for nurses.

Measure	**Measure Type***	**Data Source**	**Sampling Method**	**Timing/Frequency**
Number of legislators provided with TIC educational one-pager outlining gap in EBP and impact of TIC education.	Process Measure	Excel spreadsheet	Indiana State Legislators (50 Senate; 100 House)	Monthly from April 2023 – December 2023
Standard Measure?**	No			
Numerator	Legislators provided with a TIC educational one-pager outlining the gap in EBP and the impact of TIC education			
Denominator or Population***	Total number of legislators			
Exclusions	None			
Calculation/Statistic(s)	Percentage/Proportion			

Goal/Benchmark	50%

Data Elements	**Variable Name**	**Definition**	**Data Type***	**Data Values & Coding**	**Restrictions/ Validation**
Senator Name	sen_name	Name of IN Senator	Text	Alphanumeric	Required
House Name	house_name	Name of IN Congressman	Text	Alphanumeric	Required
Party affiliation	party	Democrat, Republican, Independent	Categorical	1. Democrat 2. Republican 3. Independent	Required
Date of Contact	contact_date	Date that contact was made (email, letter, phone call, or in-person)	Categorical	Date (D-M-Y) 04-01-23 to 12-31-23	Required

Outcome 3: Identify relevant state-level and national TIC and health policy/advocacy stakeholders and organizations.

Measure	**Measure Type***	**Data Source**	**Sampling Method**	**Timing/Frequency**
State-level and national TIC and health policy/advocacy stakeholders	Structural Measure	Literature Review; Excel spreadsheet	TIC health policy stakeholders	Establish a baseline at the beginning of the project and monitor monthly for changes.

Standard Measure?**	No

Numerator	# of health policy stakeholders engaged with for purposes of advocacy and collaboration
Denominator or Population* **	# of health policy stakeholders identified
Exclusions	None
Calculation/Statistic(s)	Percentage/Proportion
Goal/Benchmark	Identify all **relevant state-level and national TIC and health policy/advocacy stakeholders and organizations.**

Data Elements	**Variable Name**	**Definition**	**Data Type***	**Data Values & Coding**	**Restrictions/ Validation**
Name of stakeholder organization	Stake_name	**State-level and national TIC stakeholders**	Text	Alphanumeric	Required

Outcome 4: Identify process variations and measures from other states to increase TIC education.

Measure	**Measure Type***	**Data Source**	**Sampling Method**	**Timing/Frequency**
States with or proposing mandatory TIC education	Structural Measure	Review of individual states	States with or proposing mandatory TIC education	Establish a baseline at the beginning of the project and monitor monthly for changes.
Standard Measure?**	No			

Numerator	States with laws/proposed laws requiring TIC education
Denominator or Population* **	States other than Indiana
Exclusions	Indiana
Calculation/Statistic(s)	Percentage/Proportion
Goal/Benchmark	Identify all current laws/active legislation

Data Elements	**Variable Name**	**Definition**	**Data Type***	**Data Values & Coding**	**Restrictions/ Validation**
Current TIC states	Active_TICstates	States with current TIC laws	Text	Alphanumeric	Required
Proposed TIC states	Proposed_TICstates	States with proposed TIC laws	Text	Alphanumeric	Required

Outcome 5: Assess Indiana's governmental readiness for evidence-informed policy change**. (**what has previously worked in Indiana or not; political climate, culture, what is the climate in Indiana, and what would prevent the proposed bill)

Measure	**Measure Type***	**Data Source**	**Sampling Method**	**Timing/Frequency**
Identify Indiana-specific facilitators and barriers to proposing TIC bill	Structural Measure	Review of healthcare bills in Indiana	Healthcare bills in Indiana	Establish a baseline at the beginning of the project and monitor monthly for changes.
Standard Measure?**	No			

Numerator	N/A
Denominator or Population* **	N/A
Exclusions	N/A
Calculation/Statistic(s)	N/A
Goal/Benchmark	Describe Indiana-specific facilitators and barriers to proposing TIC bill

Data Elements	**Variable Name**	**Definition**	**Data Type***	**Data Values & Coding**	**Restrictions/ Validation**
Indiana Facilitators	IN_fac	Indiana-specific facilitators to proposing TIC bill	Text	Alphanumeric	Required
Indiana Barriers	IN_bar	Indiana-specific barriers to proposing TIC bill	Text	Alphanumeric	Required

Outcome 6: Provide specific language for a proposed Indiana bill to mandate initial and ongoing TIC education for nurses.

Measure	**Measure Type***	**Data Source**	**Sampling Method**	**Timing/Frequency**
Introduction of 2023 bill mandating TIC education for nurses	Process	Indiana General Assembly	N/A	Jan/Feb 2024
Standard Measure?**	No			
Numerator	N/A			

Denominator or Population* **	N/A
Exclusions	N/A
Calculation/Statistic(s)	N/A
Goal/Benchmark	Introduction of a bill in 2023/2024

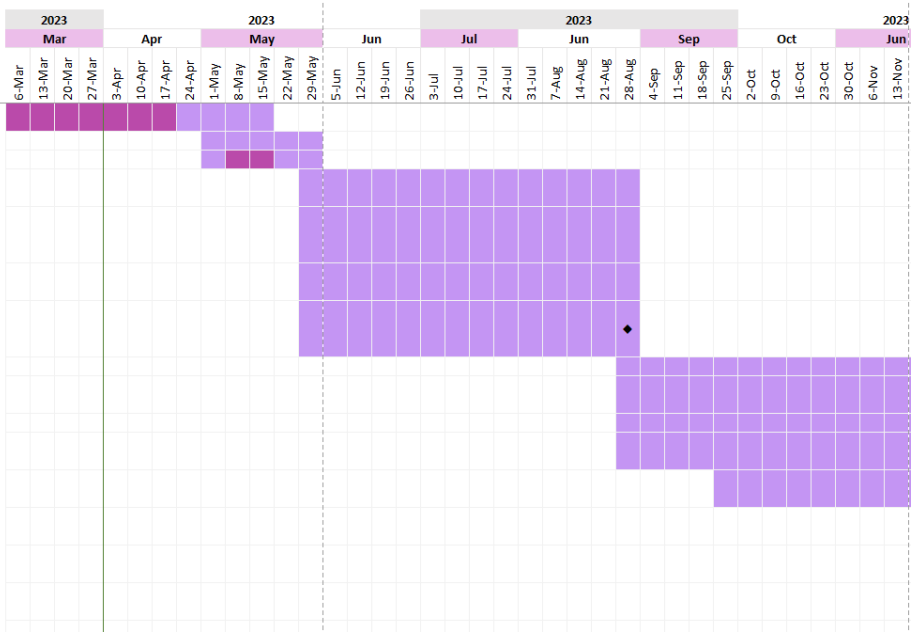
Data Elements	**Variable Name**	**Definition**	**Data Type***	**Data Values & Coding**	**Restrictions/ Validation**
House bill name	House_bill	Name and description of the bill	Text	Alphanumeric	Required
Senate bill name	Senate_bill	Name and description of the bill	Text	Alphanumeric	Required

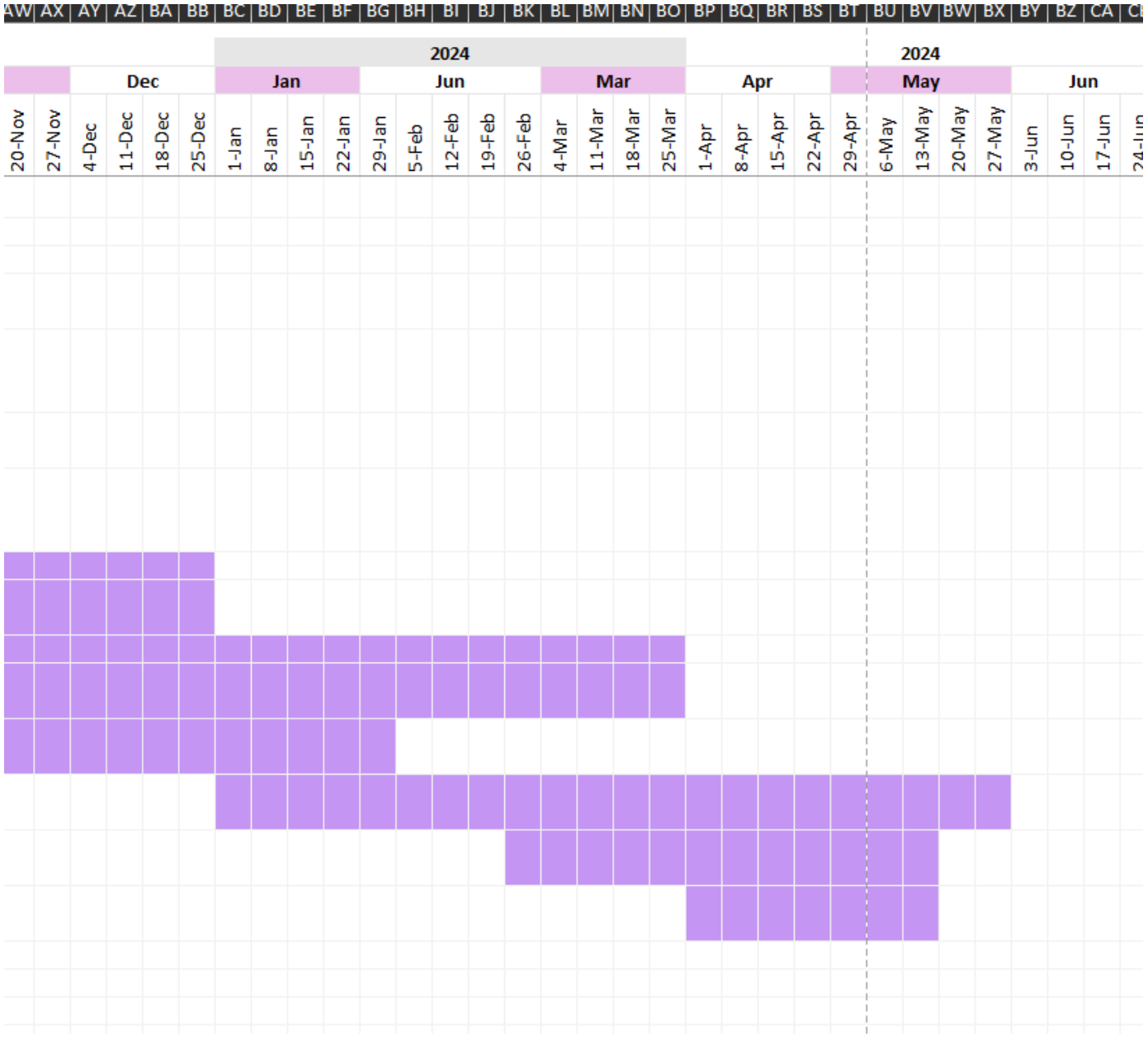
Appendix E: Project Timeline

Project Start Date: 1/29/2023

Project Name: *Mandating TIC education for Indiana*

Project Planning and	Jan-29-2023	May-16-2023	77	In Progress	75%
Project Approval	May-1-2023	May-31-2023	23	Planning	
IRB	May-1-2023	May-30-2023	22	Planning	50%
Identify states with or proposing mandator TIC educaiton	Jun-1-2023	Aug-31-2023	66	Planning	
Identify relevant state-level and national TIC and health policy/advocacy stakeholders and organizations	Jun-1-2023	Aug-31-2023	66	Planning	
Assess Indiana Political Climate and Readiness for Change	Jun-1-2023	Aug-31-2023	66	Planning	
Needs Assessment: Identify and Begin to Engage Key Stakeholders and Community Groups	Jun-1-2023	Aug-31-2023	66	Planning	
Conduct Community Outreach and Education	Aug-31-2023	Dec-31-2023	87	Planning	
Track name, party, organization, date and mode of contact	Aug-31-2023	Dec-31-2023	87	Planning	
Engage and Educate Key Decision Makers	Aug-31-2023	Mar-31-2024	152	Planning	
Track level of stakeholder engagement and support	Aug-31-2023	Mar-31-2024	152	Planning	
Draft Policy and Plans to Implement	Oct-1-2023	Jan-31-2024	88	Not Started	
Policy Adoption	Jan-1-2024	May-31-2024	110	Not Started	
Project Evaluation: Review outcomes, analyze data	Mar-1-2024	May-15-2024	54	Planning	
Project Dissemination (Project, Poster, Podium)	Apr-1-2024	May-15-2024	33	Not Started	

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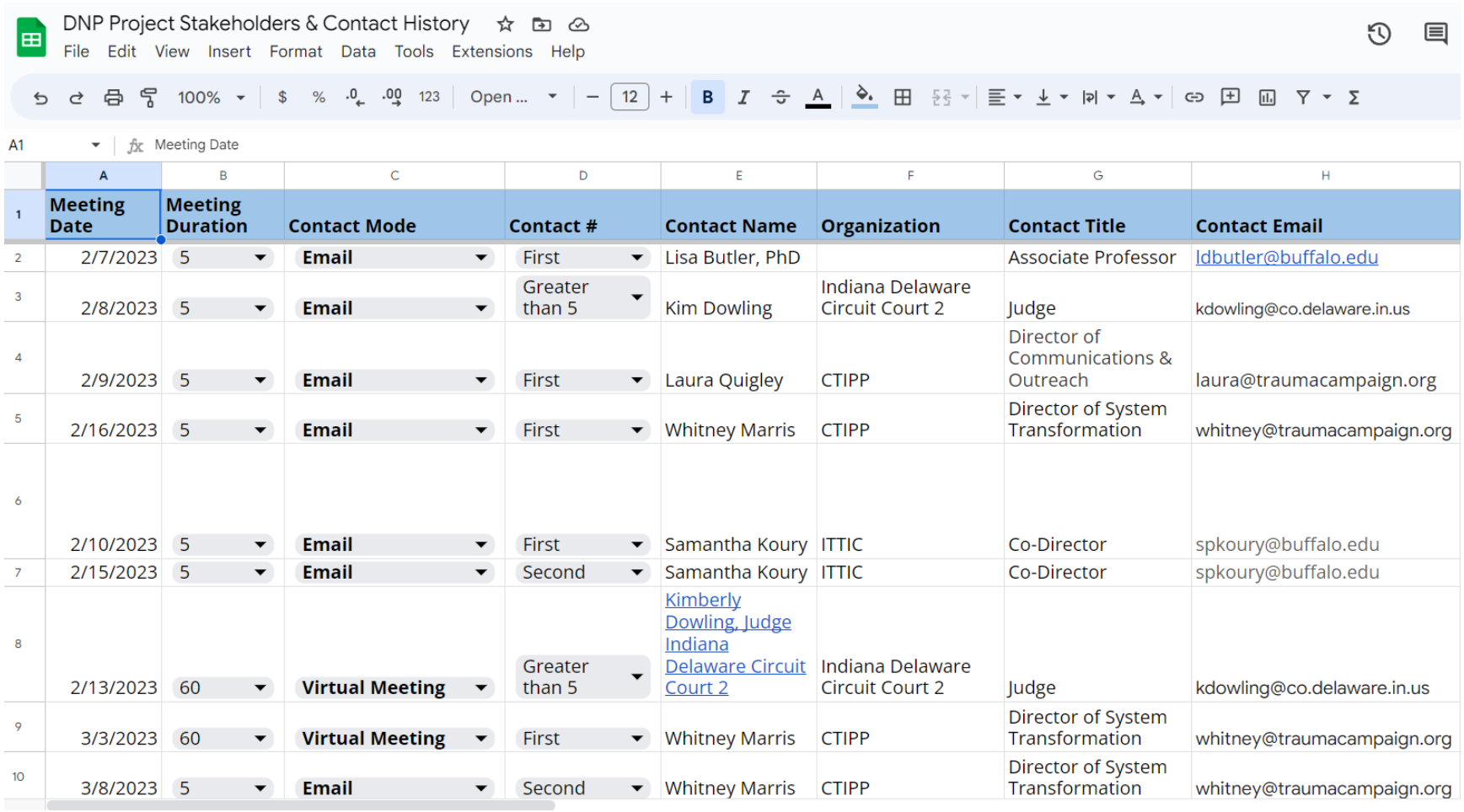
Appendix F: Data Collection Project Stakeholders and Contact Data



DNP Project Stakeholders & Contact History

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A1 | Meeting Date

	A	B	C	D	E	F	G	H
1	**Meeting Date**	**Meeting Duration**	**Contact Mode**	**Contact #**	**Contact Name**	**Organization**	**Contact Title**	**Contact Email**
2	2/7/2023	5	**Email**	First	Lisa Butler, PhD		Associate Professor	ldbutler@buffalo.edu
3	2/8/2023	5	**Email**	Greater than 5	Kim Dowling	Indiana Delaware Circuit Court 2	Judge	kdowling@co.delaware.in.us
4	2/9/2023	5	**Email**	First	Laura Quigley	CTIPP	Director of Communications & Outreach	laura@traumacampaign.org
5	2/16/2023	5	**Email**	First	Whitney Marris	CTIPP	Director of System Transformation	whitney@traumacampaign.org
6	2/10/2023	5	**Email**	First	Samantha Koury	ITTIC	Co-Director	spkoury@buffalo.edu
7	2/15/2023	5	**Email**	Second	Samantha Koury	ITTIC	Co-Director	spkoury@buffalo.edu
8	2/13/2023	60	**Virtual Meeting**	Greater than 5	Kimberly Dowling, Judge Indiana Delaware Circuit Court 2	Indiana Delaware Circuit Court 2	Judge	kdowling@co.delaware.in.us
9	3/3/2023	60	**Virtual Meeting**	First	Whitney Marris	CTIPP	Director of System Transformation	whitney@traumacampaign.org
10	3/8/2023	5	**Email**	Second	Whitney Marris	CTIPP	Director of System Transformation	whitney@traumacampaign.org

Appendix G: Driver Diagram

<table>
<tr><th>Aim</th><th>Primary Drivers</th><th>Secondary Drivers</th><th>Activities</th></tr>
<tr><td rowspan="2">Adoption of an Indiana legislative mandate requiring TIC education for nurses that build trauma-informed systems and eliminates institutional processes and individual practices that retraumatize and harm individuals with trauma histories.</td><td rowspan="2">Identify strategies to facilitate the adoption of a TIC education mandate for Indiana nurses with Indiana legislators during the 2023-2024 Legislative session.</td><td>Increase awareness of Indiana legislators about the prevalence and impact of trauma, the key concepts and importance of TIC, and the benefits of TIC on patients and health outcomes.</td><td rowspan="2">Create a one-page TIC policy brief outlining the EBP gap and the impact of TIC education for legislators.
Meet with 50% of Indiana legislators to educate them regarding Indiana's TIC policy gap and advocate for TIC policy adoption.
Track contacts monthly in an Excel spreadsheet with the legislators' names, party affiliations, dates, and contact mode.
Track and analyze changes in Indiana legislators' TIC policy engagement and support.</td></tr>
<tr><td>Educate Indiana legislators about the impact of TIC education on nurses' TIC knowledge, skills, confidence, and competence, and Indiana's gap in best practice regarding trauma-informed care education for nurses.</td></tr>
</table>

		Identify relevant state-level and national TIC and health policy/advocacy stakeholders and organizations.	• Research TIC health policy advocacy organizational activities and document them in Excel. • Establish a baseline and monitor monthly for changes. • Track TIC organizational information and activities in Excel. • Educate policymakers about TIC advocacy organizations and recommendations.
		Identify process variations and measures from other states to increase TIC education.	• Identify states with proposed or passed TIC education legislation. • Establish a baseline for TIC legislation in other states. • Compare process variations and measures from other states to Indiana to identify proposed policy facilitators and barriers. • Monitor monthly for changes. • Track in Excel.

			• Educate policymakers about TIC policy successes in other states.
		Assess Indiana's governmental readiness for evidence-informed policy change.	• Examine Indiana's political landscape and priorities. • Identify current activities regarding nursing legislation and regulation.
	Introduction of the 2023 bill mandating TIC education for nurses	Provide specific language to Indiana legislators during the 2023-2024 Legislature for a proposed Indiana bill to mandate TIC education for nurses.	• Build TI stakeholder partnerships with legislators and stakeholders. • Clarify the process for drafting and proposing bills in Indiana. • Plan for expert review of a draft policy. • Request an Indiana legislator to sponsor a bill requiring TIC education for nurses.

Appendix H: **DNP Project Proposal Approval Signature Form**

All DNP Projects require formal approval by the DNP Project Team. After the written proposal is approved the DNP Project Team will complete this form. Students and DNP Project Team Members should also keep a copy for their records.

Full Title of DNP Project___ Mandating Trauma-Informed Care Education for Indiana Nurses: A Health Policy Analysis

Name of Team Members

Student_Lori Hardie

DNP Project Primary
Advisor_Dr. Mercedes Echevarria___

DNP Project Secondary Advisor _Judge Kimberly Dowling

DNP Project Team
Member_____N/A_____

Guidelines for DNP Project Proposal

Cover Page, Table of Contents, Abstract, and general formatting meet APA requirements and GWSON instructions.
I**ntroduction**: Basic overview of project and describes the contribution it will make to **change practice** and **impact outcomes.**
Background & Significance: The problem or gap between current practice and current best evidence is clearly identified. **Description of the problem/practice gap** includes the population affected, what is currently happening, why the reader should care, what we currently know, and what we need to find out. The significance is explained in detail to include the impact/status of the problem/practice gap on population, cost, policy, leadership, healthcare systems, and beyond.
Needs Assessment: The need, feasibility, and resources available are discussed. Congruence of the project to the organization's mission and strategic plan is evident. The student describes logically the contextual/organizational environment. Discusses previous attempts or possible solutions to the problem based on evidence and experience.

Was a specific process used? Ex: SWOT, Community Assessment, etc. Attach as appendix.
Problem/Purpose Statement: Problem/Purpose is clearly stated and summarized. Scope of project is realistic and appropriate to DNP Project Scholarship.
Practice Question: The student frames an answerable practice question related to the problem/practice gap.
Aims & Objectives: All aims are supported by objectives that are specific, measurable, achievable, realistic, and time-bound.
Review of Literature: Directly relates to answering the posed Practice Question. Databases used, key terms, and search strategy are described. **Evidence is appraised and synthesized into a narrative** and
An Evidence Table is attached as an Appendix using the instructions by Dang and Dearholt (2021). **The student integrates and synthesizes the evidence and articulates a written summary of the findings and does not simply regurgitate information.**
EBP Translation Model: The EBP Translation Model for the project is described and applicable to operationalizing the project.
Methods: The overall design of the project aligns with the Aims & Objectives. The student clearly communicates the: Setting, Participants/Population, and Recruitment Strategy, the Consent Procedure, Risk/Harms to Participants, and Cost/Compensation. The project implementation is described in detail. Progress Indicators/Outcomes to be measured are relevant to the project. Tools/Instruments are appropriate. Include Outcome Measures table and GANTT chart as appendices. A project timeline and budget/resource list is presented.
Evaluation Plan: An evaluation plan for the DNP Project Process is included. Evaluation measures, tools, instruments, and measures match the Aims/Objectives and Project Type. Provide written permission to use a published tool. Indicate established validity and reliability data for the tool.
IRB: IRB approval at the practice site occurs first. If no IRB is available at the practice site, then a Determination of Human Subjects Research can be submitted to SONResearch@gwu.edu. Place DNP Project IRB Determination in subject line of email. If indicated, all GW SON IRB requirements are met. If the project is suitable for IRB submission, all IRB forms have been completed and approved by the DNP Primary Project Advisor. All organizational IRB requirements are met.
Letter of Cooperation is included.

Writing of DNP Project: Scholarly writing exhibited, appropriate grammar, spelling, organization, and flow.
Turn-It-In Originality Report is included.

Comments_____
_____

Describe Corrective Actions if Revisions Required (Use additional paper if necessary)

_____
_____

Select the Outcome of the proposal:

☐ Approved as presented ☐ Approved with minor revisions ☐ Reject proposal

for IRB submission, all IRB forms have been completed and approved by the DNP Primary Project Advisor. All organizational IRB requirements are met.
Letter of Cooperation is included.
Writing of DNP Project: Scholarly writing exhibited, appropriate grammar, spelling, organization, and flow.
Turn-It-In Originality Report is included.

Comments_____

Describe Corrective Actions if Revisions Required (Use additional paper if necessary)

_____

Select the Outcome of the proposal:

☒ Approved as presented ☐ Approved with minor revisions ☐ Reject proposal

Student Signature _____

DNP Project Primary Advisor Signature Mercedes Echevarria

DNP Project Secondary Advisor Signature _____

DNP Project Team Member
Signature_____

Date May 4, 2023

Appendix I: TIC in Indiana Policy Brief

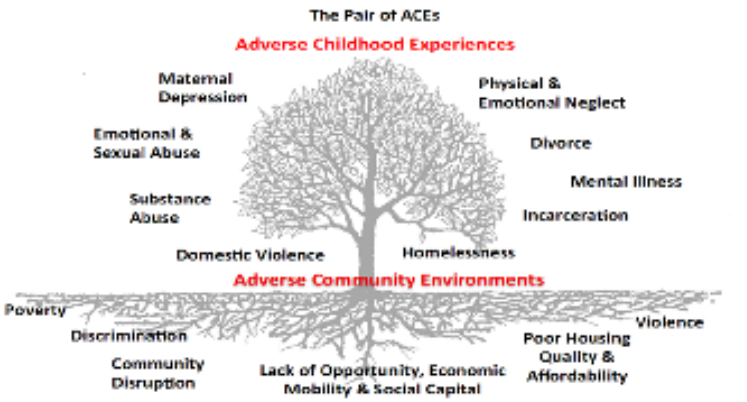
Trauma-Informed Care (TIC) in Indiana Policy Brief

Addressing trauma is a key policy priority, particularly as we continue navigating the widespread trauma of the COVID-19 pandemic and the associated challenges in the healthcare workforce. Exposure to trauma is common and has lifelong effects on children and adults if not addressed. We must ensure the safety of Indiana nurses and patients by adopting a Trauma-Informed (TI) approach to healthcare. Professional, political, and public interest in trauma and its consequences have increased over the last two decades, which makes this an excellent time to forge a pathway toward trauma-informed health systems.

The Problem

Exposure to trauma is a widespread public health issue affecting people across every demographic. The relationship between trauma and lifelong health outcomes is well documented (SAMHSA, 2014; Felitti et al., 1998). Adverse Childhood Events (ACEs) and a history of trauma are widespread public health problems costing billions nationally. Trauma adversely affects a lifetime of health outcomes and continues the cycle of many priority social ills such as poverty, violence, incarceration, and addiction. Trauma affects approximately 70% of American adults; Fifty percent of women will experience a traumatic event in their lifetime. The lack of trauma-informed threatens the health and safety of the majority of patients and nurses. There is no systematic initial or continuing TIC education for nurses in Indiana.

Impact of Trauma	**Traumatic life events have lifelong health consequences, increasing rates of physical conditions such as diabetes, cancer, and stroke, as well as rates of behavioral health issues such as suicide, addiction, and depression.**



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. 86-93. DOI Information: 10.1016/j.acap.2016.12.011

Trauma is an economic issue. The combined cost of health conditions, lost productivity, and reduced earnings associated with childhood trauma equates to hundreds of billions of dollars annually (Bellis et al., 2019).

Solution	**Trauma-informed care (TIC)** • **A paradigm shift from "What's wrong with you?" to "What happened to you?"** • **Realizes the widespread impact of trauma and understands potential paths for recovery** • **Recognizes the signs and symptoms of trauma and prolonged stress** • **Responds by fully integrating knowledge about trauma into policies, procedures, and practices** • **Seeks to actively resist re-traumatization (SAMHSA, 2014)** **6 Guiding Principles of a TI Approach (CDC, 2020)**  • **Acknowledges the biological effects of adversity** • **Supports a non-judgmental, compassionate approach**
Benefits	• **Creates a safe physical and emotional healthcare environment** • **Fosters resilience** • **Reduces staff burnout and may reduce turnover (Forkey et al., 2021).**
Facilitators	• **The prevalence and impact of trauma have gained more awareness and support since the COVID-19 pandemic.** • **Heightened focus on work-related toxic stress in nurses, and patient health inequities, especially poor and minority populations post-COVID** • **Senate Bill 1426 – The Resilience, Investment, Support, and Expansion (RISE) from Trauma Act was reintroduced in 2023 to support children exposed to Adverse Childhood Events (ACEs) and other types of trauma (Durbin, 2023).**
Barriers	• **Indiana nurses have NO continuing education requirements**
Call to Action	**Your leadership and support are needed to sponsor and support a legislative proposal that mandates TIC education for all Indiana nurses.**

Contact Information

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lorihardie@gwu.edu Twitter: @LoriPolicyNurse LinkedIn

Appendix J: Data Collection/Evaluation and Analysis Methods

Aims/Evaluation Questions	Measures	Measure Type	Data Source	Recruitment Method/ Population	Timing/Frequency	Calculation/ Statistics	Goal/ Benchmark
Increase awareness of Indiana legislators about the prevalence and impact of trauma, the key concepts and importance of TIC, and the benefits of TIC on patients and health outcomes. ***Does increased legislator awareness increase support for a proposed TIC***	Number of legislators and stakeholders contacted.	Process	Google Sheets	Indiana State Legislators (50 Senate; 100 House)	Monthly from April 2023 – December 2023	Percentage/ Proportion	50%

education bill for IN nurses?							
Educate Indiana legislators about the impact of TIC education on nurses' TIC knowledge, skills, confidence, and competence, and Indiana's gap in best practice regarding trauma-informed care education for nurses. ***Does providing legislators with TIC education gaps in IN increase support for a***	Number of legislators provided with TIC educational one-pager outlining gap in EBP and impact of TIC education.	Process	Google Sheets	Indiana State Legislators (50 Senate; 100 House)	Monthly from April 2023 – December 2023	Percentage/ Proportion	50%

proposed TIC education bill for IN nurses?							
Identify relevant state-level and national TIC and health policy/advocacy stakeholders and organizations. ***Does identifying TIC and health policy/advocacy stakeholders and organizations offer greater visibility and collaboration toward a policy solution in Indiana?***	State and national TIC and health policy/advocacy stakeholders	Structural	Google Sheets	TIC health policy stakeholders	Establish a baseline at the beginning of the project and monitor monthly for changes.	Percentage/ Proportion	Identify relevant state-level and national TIC and health policy/advocacy stakeholders and organizations; Engage with 25%.

Identify process variations and measures from other states to increase TIC education. ***Do states other than IN provide exemplars for increasing TIC education for IN nurses?***	States with or proposing mandatory TIC education	Structural	Review of individual states; Google Sheets	States with or proposing mandatory TIC education	Establish a baseline at the beginning of the project and monitor monthly for changes.	Percentage/ Proportion	Identify all current laws/active legislation
Assess Indiana's governmental readiness for evidence-informed policy change. ***Does identifying Indiana facilitators and barriers offer insight into the***	Identify Indiana-specific facilitators and barriers to proposing TIC bill	Structural	Review of healthcare bills in Indiana; Google Sheets	Healthcare bills in Indiana	Establish a baseline at the beginning of the project and monitor monthly changes.	N/A	Describe Indiana-specific facilitators and barriers to proposing TIC bill

successful proposal of an IN TIC policy?							
Provide specific language for a proposed Indiana bill to mandate initial and ongoing TIC education for nurses. ***Does the provision of specific language for a proposed Indiana bill to mandate initial and ongoing TIC education for nurses result in the introduction of a bill in 2024?***	Introduction of 2023 bill mandating TIC education for nurses	Process	Indiana General Assembly; Google Sheets	N/A	Jan/Feb 2024	N/A	Introduction of a bill in 2023/2024

Appendix K: Data Dictionary

Data Element	Data Label	Data Type	Definition/Purpose	Data Values & Coding
Senator Name	sen_name	Text	Name of IN Senator	Alphanumeric
House Name	house_name	Text	Name of IN Representative	Alphanumeric
Party affiliation	party	Categorical	Democrat, Republican, Independent	4. Democrat 5. Republican 6. Independent
Date of Contact	contact_date	Categorical	Date that contact was made (email, letter, phone call, or in-person)	Date (D-M-Y) 04-01-23 to 12-31-23
Name of stakeholder organization	Stake_name	Text	State-level and national TIC stakeholders	Alphanumeric
Current TIC states	Active_TICstates	Text	States with current TIC laws	Alphanumeric
Proposed TIC states	Proposed_TICstates	Text	States with proposed TIC laws	Alphanumeric

Indiana Facilitators	IN_fac	Text	Indiana-specific facilitators to proposing TIC bill	Alphanumeric
Indiana Barriers	IN_bar	Text	Indiana-specific barriers to proposing TIC bill	Alphanumeric
House bill name	House_bill	Text	Name and description of the bill	Alphanumeric
Senate bill name	Senate_bill	Text	Name and description of the bill	Alphanumeric