Fostering Recovery from Homelessness with Trauma-Informed Care

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I have no known conflict of interest to disclose.

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Abstract

Purpose: This project evaluates the impact of education on a housing program worker's attitude toward trauma-informed care (TIC).

Background: Trauma, particularly among women and families experiencing homelessness, is widespread and creates lifelong effects on physical and mental health. Unaddressed trauma perpetuates homelessness despite resources provided by human services. Human service providers must possess positive attitudes toward TIC for successful implementation. Evidence shows that education is the most effective tool to improve attitudes toward TIC.

Methods: This project occurred at an emergency shelter in the southwestern United States, serving women and families without housing after receiving expedited Institution Review Board (IRB) approval. Participants signed informed consent and completed the first Attitudes Related to Trauma-Informed Care (ARTIC) scale immediately after an educational session describing the project. Participants had 8 weeks to watch a 1-hour webinar providing an overview of trauma and TIC created by the National Health Care for the Homeless Council. Upon completing the webinar, participants completed a second ARTIC scale. Responses were analyzed using Intellectus Statistics software.

Results: The two-tailed paired samples t-test showed significance ($p=0.19$) in participants' ($n=6$) attitudes toward TIC after receiving education on its impact on recovery from homelessness.

Conclusion: Successful implementation of TIC begins with an assessment of staff readiness. Positive attitudes toward TIC are necessary and begin with education, an evidence-based tool for attitude improvement.

Keywords: emergency shelter, homeless, families, women, and trauma-informed care

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Women and children experiencing homelessness face unique challenges compared to their male counterparts. The trauma endured by these women and children can last a lifetime, leading to chronic physical and mental illness and lower life expectancies. Through trauma-informed care (TIC), human service providers can help women and children transition from homelessness to sustainable recovery.

Problem Statement

The United States Department of Housing and Urban Development (HUD) defines homelessness as lacking a consistent and sufficient place to sleep at night (HUD, 2023). Over 650,000 people were homeless in the United States on any night in 2023. 38.3% were female, and just over 186,000 people experienced homelessness as part of a family. There are profound social and familial costs associated with homelessness, and specific populations are more adversely affected by homelessness than others. The frequency of moving is directly related to increased chronic illness, substandard physical health, and developmental delays in children (Office of Disease Prevention and Health Promotion [ODPHP], n.d; Andrade et al., 2020). Furthermore, most homeless families consist of single women who often suffer from domestic violence or trauma throughout their lives (Williams-Arya et al., 2021; Andrade et al., 2020; Azim et al., 2019). As most of the homeless population using emergency shelters are families and women, these shelters have a unique opportunity to promote health among these vulnerable populations.

Purpose and Rationale

Women and families experiencing homelessness face monumental challenges, especially regarding healthcare. Emergency shelters provide support and resources to attain housing stability, but basic health needs, including mental health, are forgone. This leads to increased use of emergency departments for preventable illnesses and the development of chronic diseases, all of which contribute to increased taxpayer costs and strain on our healthcare system (Baggett & Kertesz, 2022; Lim et al., 2018). The purpose of this project is to educate shelter staff on trauma to improve attitudes toward caring for homeless women and children to support sustainable recovery from homelessness.

Background and Significance

Homelessness is a pervasive public health issue in the United States. Women and families are susceptible to the damaging impacts of living without a home and can suffer profound lifelong consequences from a lack of appropriate support. Additionally, their suffering has contributed to monumental societal burdens.

Women and Families Experiencing Homelessness

Most homeless families comprise a single mother with at least one child and commonly turn to emergency shelters for temporary housing (Williams-Arya et al., 2021; Andrade et al., 2020; Azim et al., 2019). These mothers are found to be receiving inadequate health care, including reproductive healthcare, and are not receiving preventive health screenings. Additionally, most women with or without children and without housing are victims of violence, suffer from mental illness, and become involved with substance abuse (Williams-Arya et al., 2021; Cronley et al., 2020; Gilroy et al., 2019). Multiple barriers exist to accessing quality health care for families and single women experiencing homelessness (ODPHP, n.d.; Williams-Arya et al., 2021). In addition, it should be noted that homelessness disproportionately affects

African American and Native-American women and their families (HUD, 2022; Fanning, 2021; Williams-Arya et al., 2021; Cronley et al., 2020; Lynch, 2018).

Children experiencing homelessness suffer significant consequences in terms of their health and development. In addition to trauma, abuse, and mental illness, children become developmentally delayed, leading to difficulties in school and adversity in adulthood (Andrade et al., 2020; Lynch, 2018). Poor outcomes in homeless infants, such as stays in the neonatal intensive care units, increased emergency department visits, and reoccurring health problems, contribute to economic burdens (Fanning, 2021; Clark et al., 2019). Housing instability increases adverse childhood experiences (ACEs) that have been linked to chronic health conditions and mental illness (Centers for Disease Control and Prevention [CDC], 2022a; Snyder & Wenocur, 2022).

Interventions

Numerous interventions are directed toward addressing health and wellness through person-centered TIC. The Substance Abuse and Mental Health Services Administration (SAMHSA; 2014) developed a framework for organizations supporting vulnerable populations. Utilization of appropriate screening tools for identifying trauma, enhancing communication, developing coping skills, and improving mental health and resiliency can effectively guide these populations on a sustainable path out of homelessness (CDC, 2022b; Reid et al., 2021; Snyder, 2021; Cronley et al., 2020; SAMHSA, 2014). Furthermore, developing a plan based on cultural beliefs in partnership with the person and family is essential for success since not all people view healthcare and optimum health similarly (Williams-Arya et al., 2021; Cronley et al., 2020; Lynch, 2018).

Current Practice

Securing affordable housing has been and currently is at the forefront of interventions for people experiencing homelessness. Housing was thought to improve health outcomes and relieve society of the financial impact of homelessness (Baggett & Kertesz, 2022; NHCHC, 2022). However, findings indicate insufficient quality evidence to demonstrate better health outcomes or lower societal costs for housing persons experiencing homelessness. Temporary Assistance for Needy Families (TANF) is a government program offering many services to promote stability by focusing on employment for families at risk of or experiencing homelessness. A two-generational study found that TANF does not consider exposure to trauma, and those who secured employment with the help of TANF were less likely to maintain employment long-term, often caused by debilitating mental illness (Booshehri, 2018). Women with unaddressed mental health issues, primarily due to trauma, find it interferes with their ability to keep employment regardless of housing status (Gilroy et al., 2019).

Outcome

National initiatives have ensued to address the gap in health outcomes endured by those without a home. The National Health Care for the Homeless Council (NHCHC; 2018) recognizes that the priorities of shelters generally do not include healthcare, which led to the development of innovative methods to deliver tailored healthcare to shelter patrons. The Health Resources & Services Administration (HRSA; n.d.) initiated a strategic plan addressing improvement in quality healthcare access and developing a healthcare workforce to care for the needs of different populations competently. HRSA encompasses over ninety programs, such as those focusing on housing insecurity or ACEs and new opportunities to address intimate partner violence (Lachance et al., 2020).

In addition to partnering with government agencies, shelters are instrumental in supporting women and families experiencing homelessness. Implementing TIC and person-centered support can significantly affect the success rate of that person or family in achieving and maintaining stability (Twis et al., 2023; Booshehri et al., 2018). The American Academy of Pediatrics (AAP) stresses the importance of TIC in childhood for early intervention of ACEs and enhancing resiliency (Duffee et al., 2021).

Common Themes

Women and families face distinct challenges when living without a home. Although countless programs exist to tackle this issue, women and families experiencing homelessness only receive short-term solutions. Many interventions implemented could realize success if they are paired with TIC. Additionally, forming a team with the person or family experiencing homelessness to determine a plan that considers the person's beliefs and values can be critical to lifelong success.

Internal Data

A non-profit emergency shelter in the southwestern United States serving women, women with children, and female veterans without housing was examined and found to lack appropriate measures to support guests with basic health needs. This shelter provides temporary housing, utilizes a case manager, and guides women toward obtaining permanent housing within 90 days. Shelter staff report noncompliance with medication and frequent use of the local emergency department by many of the shelter's guests. Guests face additional barriers, such as lack of transportation, long waits for appointments, and limited childcare options. Shelter staff also note countless encounters with guests stating that healthcare was a low priority at that time and combating mental illness was a big concern. Educating the shelter staff on applying TIC may

effectively address healthcare needs for women and children experiencing homelessness and provide sustainable success.

PICO Question

A review of the literature led to the clinically relevant PICO question: For emergency shelter staff supporting single women and women with children experiencing homelessness (P), how does trauma-informed care training (I) compared to no training (C) affect the shelter's staff confidence in promoting dignity and independence in this population (O)?

Search Strategy

An exhaustive review of the evidence was completed to answer the PICO question. The following four databases were used: CINHAL, PubMed, SCOPUS, and ProQuest. These databases were chosen for their notable academic repository of significant evidence-based materials in healthcare. High-quality primary research articles were attained with information related to TIC and single women and families experiencing homelessness. Grey literature on government publications from the CDC, SAMHSA, and the United States Housing and Urban Development (HUD) was also searched.

Keyword Selection

Keywords were meticulously selected to generate results specific to the PICO question as part of the search strategy. The initial search of all four databases included the keywords *(emergency/transitional/homeless) shelter, homeless (females/families/women/women with children, (females/families/women/women with children) without housing, (females/families/women/women with children) experiencing homelessness, and trauma-informed care.* Although this search yielded many articles related to TIC and the target population, numerous results could not be used due to lacking PICO criteria. A second search

was performed with the following additional keywords: *transitional housing, housing program, (women-only/female-only) shelter, gender-based (violence),* and *trauma-informed (services).* This produced additional results that could be utilized for review and synthesis.

Initial and Final Search Yields

Search limits were set to include publication dates between 2018-2023, female-only subjects, and peer-reviewed journals for the four databases. Setting those specific limits resulted in 676 articles in CINAHL. Key terms were adjusted with the same limiters to narrow the search further, yielding between 2,292 and 32 final articles. PubMed resulted in between 0 and 30 articles. Keywords were changed to include *gender-based* and *women-only space,* resulting in 22,390 articles. These keywords were removed and changed to *unsheltered (females/families/women/women with children),* yielding 48 articles. A primary search of SCOPUS yielded 184 results. After setting limiters, a result of 37 articles was obtained. An initial search of ProQuest produced 3,970 articles. Keywords were changed from *women* to *females.* This led to a final search result of 72 articles.

Limitations, Inclusion, and Exclusion Criteria

A detailed review of titles and abstracts of 25 articles was completed. Each article received a rapid critical appraisal to determine its relevancy in answering the stated PICO question. Article limiters included English language studies and publications in the last five years. Inclusion criteria included homeless women with or without children, a housing program, health outcomes, and TIC. Homeless males, no gender differentiation, and articles not evidence-based or without a primary search model were all part of the exclusion criteria. Study settings took place globally and included ages from birth to late adulthood. The final ten articles chosen

for this literature review included six qualitative studies, three mixed-method studies, and one randomized controlled trial.

Critical Appraisal and Synthesis of Evidence

Study quality and level of evidence were determined according to applicable rapid critical appraisal (RCA) tools, resulting in 10 studies (Melnyk & Fineout-Overholt, 2019). Most of these final studies were qualitative, resulting in lower levels of evidence. However, these studies best answered the PICO question (see Appendix A, Table A2). Quantitative and mixed-method studies (see Appendix A, Table A1) were also included in the evaluation and synthesis tables (see Appendix A, Table A3) to offer supportive evidence surrounding the efficacy of TIC in preventing relapsing into homelessness for women and families.

The subjects within the studies comprised primarily single women with and without children who experienced homelessness during their lives. Other demographics varied or were unknown to protect anonymity. Measurement tools were surveys and interviews. Interventions were homogenous, involving some form of TIC. Most of the studies discussed the importance of TIC specifically for female trauma survivors compared to their male counterparts. All studies had small sample sizes, with one two-generational study that was relatively larger. Settings were either at a community center or at a nonprofit in the form of an emergency shelter or transitional housing program. Central themes were heterogeneous but unified in understanding the relationship between TIC and sustainable recovery from homelessness for women and families.

Discussion

TIC is necessary for any housing program or emergency shelter assisting women and families experiencing homelessness. These service providers that implement TIC will offer support sensitive to the needs and experiences of trauma survivors while promoting healing and

recovery. Compelling evidence substantiates the lack of efficacy of programs solely focusing on housing and job attainment. TIC has become widely recognized and is considered necessary for any establishment providing services to individuals who have experienced trauma. Housing and shelter programs that implement TIC offer a safe, empowering, and respectful environment. This will ultimately lead to sustainable recovery from homelessness for women and families.

Theoretical Framework

The theory of TIC is based on the understanding that individuals who have experienced traumatic events can significantly impact their physical, mental, and emotional health (SAMHSA, 2014). The TIC framework guides service providers to support trauma survivors in a manner grounded in an understanding of the effects of trauma. TIC theory emphasizes the importance of creating a safe and supportive environment for people who have experienced trauma, including recognizing the signs and symptoms of trauma and responding in a manner that is sensitive to their needs. Furthermore, TIC aims to encourage individuals to make decisions about their care and provide opportunities to guide their healing process.

SAMHSA (2014) outlines six essential standards that direct a trauma-informed approach for any organization that aids this population. These include "1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality; 5) empowerment, voice, and choice; 6) cultural, historical, and gender issues" (SAMHSA, 2014). These principles create a partnership between the individual and the organization to combat the lifelong effects of trauma. Any support offered to trauma survivors will be more efficacious if performed in conjunction with TIC. Thus, adopting TIC is crucial to leading these individuals to healing and self-efficacy.

Implementation Framework

Implementing this evidence-based practice (EBP) project is guided by the revised Iowa model (see Appendix B, Figure B1). The following are the steps of this model: 1) identify problems or opportunities in clinical practice; 2) form a question or state the purpose; 3) establish if the problem or opportunity is a priority to the organization and form a team to appraise and synthesize evidence; 4) propose the change to practice; 5) integrate the evidence and implement the intervention; and 6) evaluate the outcomes and disseminate the findings (Buckwalter et al., 2017). Some of the revised model's critical developments include participant involvement and stakeholder decision-making to support patient-centered care.

The staff working within the organization partnered with this EBP project have identified the inability to appropriately support women and families who have experienced trauma as an issue. Additionally, a noted concern is the sustainability of homelessness recovery after the completion of the program. The staff agrees these are high priorities with a need for change. The performance of an exhaustive search, critical inquiry, and evidence synthesis has been completed. Next, an EBP project will be executed in the form of TIC training for the shelter staff. This will be preceded and followed by an assessment of the staff's attitudes toward TIC, a vital indicator of the success of implementing TIC.

Implications for Practice Change

Implementing TIC practices in a homeless shelter or housing program can have sizeable impacts on the well-being and outcomes of the women and families utilizing these services. Stakeholders will come from a variety of backgrounds because of the widespread impacts of TIC. These stakeholders include women and families experiencing homelessness, emergency shelters, transitional housing programs, healthcare systems, and employers of individuals who

have experienced trauma. To ensure successful implementation, staff must be trained in TIC principles, and the organization must provide appropriate resources and support for ongoing implementation and evaluation.

Stakeholders committed to improved outcomes for women and families without a home will look for improvements in several key areas. Progress should be realized through the shelter staff's awareness of trauma, providing appropriate resources for their guests, and continuing to provide ongoing support after the guest completes the housing program to monitor for sustainability. Additionally, women and families will feel confident in the staff's ability to provide respectful services to their experienced trauma. These goals can only be achieved by the organization's adoption of a culture that prioritizes TIC (SAMHSA, 2014).

Methods

The partner of this project was an emergency shelter dedicated to supporting women with or without children and female veterans facing homelessness. The shelter directors recognized shelter staff attitudes and that working with people who experienced trauma needed improvement. This project aimed to educate shelter staff on TIC to improve attitudes toward applying TIC when supporting women and children experiencing homelessness. This was accomplished using a psychometrically valid scale and an educational TIC webinar. For an organization to become trauma-informed, staff attitudes are vital to its success.

Setting and Stakeholders

The project occurred at a non-profit emergency shelter in the southwestern United States that serves women, women with children, and female veterans without housing. This shelter provides temporary housing, utilizes a case manager, and guides women toward obtaining

permanent housing within 90 days. The women must meet with a case manager weekly and participate in educational classes to develop employment and coping skills.

Stakeholders were all employees and volunteers working in the shelter, as each person will have some interaction with the women and children. The Director of Programs oversees all programs the shelter will participate in and helps the women navigate the healthcare system. The Executive Director initiates program acceptance with the women and provides permissions for new programs. The marketing director teaches the women many classes to develop life skills and promote self-efficacy. The case managers work intimately with each woman in the shelter to provide individualized support and create a tailored plan for obtaining housing and employment. The case managers also refer to numerous essential services such as health care and mental health. The volunteers oversee meals, overnights, mother respite care, and numerous other activities.

Participants and Recruitment

Participant inclusion criteria included employment or volunteering at the shelter, being at least 18 years old, and being able to speak, write, and understand the English language. This criterion was appropriate because the intervention aims to recognize staff attitudes toward TIC. Recruitment occurred through the Director of Programs' email, which will invite potential participants to an educational session discussing the project's purpose and design.

One class was held at the shelter on September 13, 2023, at 1 p.m. After class, informational consent was provided for the agreement to complete the pre- and post-intervention scales and the demographic questionnaire and watch the TIC educational webinar. This was distributed in person to allow potential participants to ask questions before agreeing to participate in the project.

Planning

Will staff attitudes toward TIC improve after watching the webinar discussing the importance of implementing TIC? The first step was to provide the Attitudes Related to Trauma-Informed Care (ARTIC) scale to answer this question. The scale and demographic questionnaire were given to the participants directly after the educational session and were collected immediately after completion.

From September 13, 2023 until October 9, 2023, participants watched a 1-hour webinar developed by the National Health Care for the Homeless Council. The Director of Programs provided a link to the webinar via email and allowed the employees and volunteers to watch the webinar while on duty. This webinar aimed to provide an overview of trauma and TIC, how it relates to the population experiencing homelessness, and the service provider's role in appropriately supporting this population.

After the webinar, participants completed the second ARTIC scale by October 8, 2023. An envelope was available to place completed scales, locked in the Director of Programs' office. The second set of scales and surveys were retrieved on October 9, 2023. Data analyses of comparison scores were completed during the remainder of October and through November 2023.

Budget and Funding

The emergency shelter staff have the potential to significantly impact positive outcomes in the population they serve using the DNP project intervention. The budget (See Appendix C, Figure C1) is estimated to be $19.50. Cost savings will occur because the shelter will allow volunteers and employees to participate during already scheduled working hours, so salary reimbursement is unnecessary. Hourly wages are valued at $30.00 per hour. Donated hourly

time: $30.00 per hour for 30 people x (1 hour for an educational session and pre-intervention scale + 1 hour for webinar + 20 minutes for post-intervention scale) = $2,100 of donated time.

Data Collection and Outcome Measures

The ARTIC scales and demographic questionnaires were used for data collection. These were de-identified with a randomized ID. Participants were given the demographic questionnaire with two scales assigned to 101-115. The participant added a four-digit number of their choice after the assigned number on both scales on the three tools. Once the participants completed the demographics and first scale, they were placed into an envelope and collected. The second scale, completed later, was placed into an envelope in the Director of Programs office at the shelter. The office remained locked when the Director of Programs was away. The envelope was retrieved on October 9, 2023.

The theory of TIC drove the data collected for the project and targeted the participant's attitudes related to TIC. The quantitative measurement using a Likert scale provided a rating of the participants' attitudes to compare the effect of the webinar with pre- and post-education scales.

Attitudes Related to Trauma-Informed Care Scale

The willingness of staff to transition into a trauma-informed organization was measured with the Attitudes Related to Trauma Informed Care (ARTIC) scale. This scale was developed to measure TIC by assessing staff attitudes toward TIC in any organization supporting individuals with a history of trauma (Baker et al., 2016). Staff attitudes toward TIC will be categorized as favorable or unfavorable toward TIC, a vital factor to consider when developing a trauma-informed organization (Champine et al., 2022).

The ARTIC scale is a self-reporting survey with a 45-item including seven subscales, 35-item, or 10-item short-form variations (Baker et al., 2016). The seven subscales of the 45-item scale are: "…(a) underlying causes of problem behavior and symptoms, (b) responses to problem behavior and symptoms, (c) on-the-job behavior, (d) self-efficacy at work, (e) reactions to the work, (f) personal support of TIC, and (g) system-wide support for TIC" (Baker et al., 2016). The questions are all rated on a 7-point Likert scale. Scale means, standard deviations, internal consistencies, and intercorrelations were examined to test reliability and calculated utilizing Cronbach's alpha (Baker et al., 2016). The 45-item format received a Cronbach's alpha score of 0.93, which is excellent for internal consistency and reliability.

Pearson's product-moment correlation was used to examine validity indicators supporting construct and criterion-related validity (Baker et al., 2016). Strong correlations were demonstrated between familiarity with TIC and positive attitudes toward TIC. Educating and raising awareness of what it means to provide TIC can improve attitudes toward TIC (Champine et al., 2022). Attitudes will translate into behaviors, which are critical in successfully implementing TIC.

The emergency shelter staff received the 45-item human services format of the ARTIC scale. This scale was administered pre- and post-intervention and should take 15-20 minutes to complete. The education consists of webinars created by the National Health Care for the Homeless Council (NHCHC), which discuss TIC and what it means to be trauma-informed. Assessing staff attitudes will be the first step for this shelter to become a trauma-informed organization.

Ethical Considerations

The four ethical principles guiding this project were autonomy, beneficence, justice, and non-maleficence. As the right to self-determination, autonomy necessitates the appropriate amount of information to be presented to a person to allow them to make their own choices based on their values and beliefs (American Nurses Association [ANA], n.d.). Second, beneficence is described as advocating for the good, or the person's best interest, regardless of the nurse's opinion. Third, justice is stated as ensuring fair or equal dissemination of benefits without consideration of a person's age, gender, orientation, ethnicity, or socioeconomic status. Finally, the ANA (n.d.) describes non-maleficence as doing no harm or minimizing the risk of harm to a person.

Participants included all staff employed with and volunteering at the emergency shelter. A class was held at the shelter to include all participants and an educational session was provided to explain the project and answer any questions. They were given a consent letter before receiving the educational intervention and pre-intervention survey. The consent letter informed participants that their involvement was voluntary and that they may opt out anytime. A potential risk is the discomfort that may have been experienced related to the topic of trauma. Finally, faculty mentors and the Institutional Review Board at Arizona State University reviewed and approved the methodology.

Results

Outcomes

Descriptive statistics were used to define the participants. Six (n=6) completed both ARTIC scales. The average age of the participants was 51.33 (SD=22.36). All participants were female and identified their race as white. Most participants (n=4) obtained a Bachelor's degree or higher. Two of the participants expressed experiencing homelessness at some point in their lives.

Most participants (n=5) have devoted five years or more to working with populations experiencing homelessness.

A two-tailed paired samples *t*-test was conducted to examine whether the mean difference between the pre-education ARTIC score and post-education ARTIC score significantly differed from zero. A Shapiro-Wilk test was conducted to determine whether the differences in pre-education ARTIC scores and post-education ARTIC scores could have been produced by a normal distribution (Razali & Wah, 2011). The Shapiro-Wilk test results were insignificant based on an alpha value of .05, $W = 0.95$, $p = .761$. This result suggests the possibility that the differences in pre-education ARTIC scores and post-education ARTIC scores produced by a normal distribution cannot be ruled out, indicating that the normality assumption is met.

The two-tailed paired samples t-test result was significant based on an alpha value of .05, $t(5) = -3.42$, $p = .019$, indicating the null hypothesis can be rejected. This finding suggests that the difference between the pre-education ARTIC scores and the mean of post-education ARTIC scores differed significantly from zero. The mean of pre-education ARTIC scores was significantly lower than the mean of post-education ARTIC scores. The results are presented in Table 1.

Table 1

Two-Tailed Paired Samples t-Test for the Difference Between Pre-Education ARTIC Scores and Post-Education ARTIC Scores

Pre-Education ARTIC		Post-Education ARTIC				
M	*SD*	*M*	*SD*	*t*	*p*	*d*
5.42	0.84	6.03	0.75	-3.42	.019	1.40

Note. N = 6. Degrees of Freedom for the *t*-statistic = 5. *d* represents Cohen's *d.*

Additionally, mean scores of the seven ARTIC scale domains were calculated pre-education and post-education. The means of each domain increased post-education and can be found in Table 2.

Table 2

Mean Scores for ARTIC Domains Pre- and Post-Education

ARTIC Domain	Pre-Education Mean	Post-Education Mean
Underlying Causes of Problem Behavior and Symptoms	4.90	5.62
Responses to Problem Behavior and Symptoms	5.33	5.83
On-the-Job Behavior	5.62	6.21
Self-Efficacy at Work	5.67	6.26
Reactions to the Work	5.38	5.98
Personal Support of Trauma-Informed Care	5.36	6.27
System-Wide Support for Trauma-Informed Care	5.89	6.26

Sustainability

Sustainability will be mainly dependent upon the staff of the emergency shelter. The findings were introduced to key stakeholders upon completion of the implementation of the DNP project. This included the Director of Programs, who is also the site champion. The Director of Programs contributes to employee and staff training development. This role is critical to the sustainability of this DNP project. The webinar can be implemented into organization training for all future employees and volunteers to watch as new hire orientation. This is significant because TIC will immediately be identified as part of the organizational culture.

There are other areas of research future DNP students could potentially impact to support sustainability of this project. One opportunity is the implementation of an organizational toolkit to guide the organization to becoming trauma-informed. There are also opportunities to partner with other human services organizations in the community to raise awareness of TIC. A critical

component of trauma-informed care is the development of relationships between organizations that offer resources to people who may have experienced trauma at some point in their lives (SAMHSA, 2014). Finally, another opportunity is to set up a system to collect data on the impact of trauma-informed services provided by the organization to understand results over a more extended period.

Discussion

Limitations and Barriers

Some limitations and barriers were noted throughout this evidence-based project, which may have impacted the study's strength. The study sample size was small due to the small number of shelter employees and volunteers with varying schedules. Another significant limitation is the lack of standardized TIC education. Furthermore, choosing a low to zero-cost quality education tool was challenging. A final barrier was determined to be the lack of privacy when watching the webinar at the shelter. Although the staff and volunteers were permitted to watch the webinar during a shift, they would have had to leave the guests to go into another room physically. Some participants had to watch the webinar at home or the library.

Conclusion

The significant finding of this study is that TIC education improves attitudes toward it. This is in line with other studies on the impact of education on staff readiness, such as Ajeen et al. (2022), Reid et al. (2021), and Gewirtz et al. (2022). TIC is vital in the long-term sustainability of homelessness recovery for women and children. Assessing staff attitudes toward TIC is the first step in determining readiness to transition into a trauma-informed organization. The shelter directors desired to adopt TIC to better serve the women and children who utilize their services. Measuring staff attitudes toward TIC is the first step in accomplishing this goal.

Future projects may want to explore implementing TIC practices in an organization after assessing staff readiness. It would also be beneficial to track the women and families experiencing homelessness for more extended periods and compare the data from TIC organizations and organizations lacking TIC to understand the impact of TIC further. Another opportunity is to investigate other human service settings, particularly healthcare.

TIC involves understanding and responding to the impact of trauma on an individual's health, behavior, and well-being. Research demonstrates that implementing this framework into any human services organization gives women and families utilizing this service a higher likelihood of sustainable recovery from homelessness (SAMHSA, 2014). With greater awareness and support, a more trauma-informed society will be better equipped to support trauma survivors, ultimately leading to better outcomes.

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Appendix A

Evaluation and Synthesis Tables

Table A1

Evaluation Table for Quantitative Studies

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalization
Booshehri et al., (2018), Trauma-informed Temporary Assistance for Needy Families (TANF): A randomized controlled trial with a two-generation impact **Country**: United States **Funding**: Not listed **Bias**: None reported	TIC with integration of children's health	**Design: S**ingle-blind randomization **Purpose:** Test effectiveness of financial empowerment combined with trauma-informed peer support against standard TANF programming; reduce economic hardship for these families	**N=**103; Participants were primary caregivers of young children under the age of six who were receiving temporary assistance for needy families and who are required to work at least 20 h per week to receive these benefits. **Demographics:** Most caregivers were female, from the United States, and Black/African American; high rates of exposure	**IV1:** Full program intervention **IV2:** Partial program intervention **DV1:** Depressive symptoms **DV2:** Developmental risk **DV3:** Self-efficacy **DV4:** Hardship index **DV5:** Employment **DV6:** Log of Earnings	**Tools:** Center for Epidemiologic Studies Depression Scale; General Self-Efficacy Scale (GSE); Parent's Evaluation of Developmental Status Scale (PEDS); U.S. Household Food Security Survey Module (HFSSM) **Validity/ Reliability:** All tools are valid and reliable.	**Statistical Tests Used:** Mixed effect models	**DV1:** Full intervention experienced declines in depressive symptoms by month 15 compared to baseline (−1.13 points; p = 0.0640) **DV2:** Increase in the probability of reporting child development risks at month 9 (21%; p = 0.0680) for control group. **DV3:** Full intervention experienced an increase in self-efficacy at	**Level of Evidence**: Level 2 **Strengths**: Eligibility across states is similar for TANF, a two-generation study **Weakness**: Findings limited to TANF families in one city, class participation rates were low, high attrition rates, data is self-reported **Feasibility**: Shortening the time of the program to improve attrition could increase feasibility **Application**: Because TANF requirements are

ACE Adverse Childhood Experience, **DV** Dependent Variable**, GBV** Gender-based Violence, **IV** Independent Variable, **TIC** Trauma-Informed Care **YEH** Youth Experiencing Homelessness

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalization
			to violence and adversity **Setting:** Building Wealth and Health Network RCT, Philadelphia **Exclusion:** Not receiving TANF assistance **Attrition:** 50% at month 9 (n = 52), 50% at month 12 (n = 53), and 45% at month 15 (n = 46)	**Definitions:** None			month 9 (1.08 points; p = 0.0388). **DV4:** Full intervention-declines in economic hardship by month 12 (−0.73 points, p = 0.0640). **DV5:** No significant changes from any group **DV6:** The full intervention group reported increase in earnings by month 12 (p = 0.0857)	similar across all states, further research could make this program applicable in all locations.
Ajeen et al., (2022), The impact of trauma-informed design on psychological	TIC; place-based needs	**Design:** Mixed-methods; pre-and post-survey; qualitative survey	**N**=61; participants are residents of a homeless shelter **Demographics:** Not collected to	**IV1:** Room renovation **DV1:** Feelings of preparedness	**Tools:** Likert-scale questions for pre/post test **Qualitative:** Open-ended questions	**Statistical Tests Used:** paired samples *t*	**DV1:** p<.001 **DV2:** p<.010 **DV3:** p<.001	**Level of Evidence:** Level 3 **Strengths:** One of the first studies of this kind; unique

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalization
well-being in homeless shelters **Country:** USA **Funding:** Not stated **Bias:** None reported		**Purpose:** Understand homeless shelter residents' responses to a trauma-informed design of shelters.	leave participants anonymous **Setting:** A Lotta Love-a regional nonprofit dedicated to updating the interior design of shelters serving women, children, and families using TIC partnered with two North Carolina homeless shelters serving the same population. **Exclusion:** No exclusions listed **Attrition:** 30%; n=43 participants who completed both pre and post-surveys	**DV2:** Feelings of hope **DV3:** Feeling safe **Qualitative Themes Studies:** Feelings brought on by the room renovations **Definitions:** None	issued with the quantitative post-test **Validity/Reliability:** Not explicitly stated in the article	test; Cohen's *d* **Qualitative Data Analysis:** Thematic approach	Feelings of preparedness, hope, and safety all increased significantly **Qualitative Findings:** • Feeling dignified • Feeling safe in the shelter • Increased feelings of hope	aspect of TIC; important for understanding importance of shelter design **Weakness:** Small number of participants; high requirement of flexibility required of shelter staff and participants; no demographics; small time frame to analyze environmental effects **Feasibility:** Difficult due to the costs of renovations but some changes are easily replicated **Applicability:** This would apply to any housing program for homeless women and families.
Bani-Fatemi et al., (2020), Supporting female survivors	TIC	**Design:** Longitudinal observational study using mixed	**N**=70; recruited among successive service users of	**IV1:** PEACE program	**Tools:** Surveys-WHO Quality of Life, Hospital Anxiety and	**Statistical Tests Used:** Descriptive statistical	**DV1:** Overall quality of life increased at 12	**Level of Evidence:** Level 3

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalization
of gender-based violence experiencing homelessness: Outcomes of a health promotion psychoeducation group intervention **Country:** Canada **Funding:** Public Health Agency of Canada **Bias:** No conflicts of interest		methods for evaluation **Purpose:** Evaluate changes in the quality of life in young women experiencing GBV and homelessness 12 months after enrollment in a community-based trauma-informed, group psychosocial intervention (called the PEACE program)	the PEACE program **Demographics:** Females ages 16-24 years, proficient in English; some participants have children **Setting:** Covenant House Toronto **Exclusion:** Lack of English proficiency **Attrition:** 11.43% at 6 months and 1.78% at 12 months	**DV1:** Quality of life **DV2:** Victimization **Qualitative:** Impact of intervention on wellness and recovery **Definitions:** None	Depression Scale, Connor-Davidson Resiliency Scale, Global Assessment of Individual Need-Substance Problem Scale, ACEs, 2014 Stats Canada General Social Survey Victimization Module, Pearlin Mastery Scale, UCLA-PTSD Reaction Index-DSM V **Validity/Reliability:** All tools are valid and reliable	analysis, linear mixed models	months (p=0.004) **DV1:** Experiences of victimization decreased (p=0.02) **Qualitative Themes:** Participants value the safe, women-only space, the shared lived experiences, and tailored psychoeducation. Also noted were improved self-confidence, coping skills, health, interpersonal relationships, and future directedness.	**Strengths:** Uniqueness of setting, paucity of prior research with this population, co-designed with service users, co-delivered with peer mentors **Weakness:** Small sample size, observational, nonexperimental study, one location **Feasibility:** Easily implemented if other settings have the same resources as Toronto, Canada. If not, this may not be realistic. **Applicability:** Could be used for similar populations.

Table A2
Evaluation Table for Qualitative Studies

Citation	Theory/ Conceptual Framework	Design/ Method/ Sampling	Sample/ Setting	Major Themes Studied/ Definitions	Measurement/ Instrumentation	Data Analysis	Findings/ Themes	Level/ Quality of Evidence; Decision for/ Application to practice; Generalization
Kahan et al., (2019), Implementing a trauma-informed intervention for homeless female survivors of gender-based violence: Lessons learned in a large Canadian urban centre. **Country:** Canada **Funding:** Public Health Agency of Canada **Bias:** None listed	TIC	**Design:** 5-year community-led demonstration project **Method:** Ethics board approval obtained from Centre for Addiction and Mental Health **Purpose:** Examine service user and provider experiences of a trauma-informed, peer facilitated group psychosocial intervention for female youth experiencing homelessness and gender-based violence.	**Sample:** (n=19); 12 service users, 7 stakeholders **Demographics:** 19-24-year-old females, Caucasian, Black, South Asian, and mixed ethnicities **Setting:** Covenant House Toronto, Canada **Attrition:** 0%	• Perspectives on program acceptability • Key enablers of successful implementations • Helpful and unhelpful program components • Impact of program on health and well-being • Opportunities for program improvement **Definitions:** None	**Data Collection:** Semi-structured interviews to capture experiences **Data Dependability:** Data source and investigator triangulation was used to ensure trustworthiness	Thematic analysis	• Inviting space • Promoting empowerment and choice • Safety and enhancing learning • Making the most of lived experiences	**Level of Evidence:** Level 6 **Strengths:** User-centered, emphasizes participant preferences, delivered in a well-established organization **Weakness:** No validation sessions, small number of participants and stakeholders **Feasibility:** Easy to implement **Application:** Use of TIC paired with psychosocial

ACE Adverse Childhood Experience, **DV** Dependent Variable**, GBV** Gender-based Violence, **IV** Independent Variable, **TIC** Trauma-Informed Care **YEH** Youth Experiencing Homelessness

								support to support homeless women in homeless shelters who have experienced violence.
Vabric et al., (2022), Perceptions of support in shelter environments for caregivers and young children experiencing family homelessness **Country:** USA **Funding:** Not Stated **Bias:** None Listed	Transcultural theory	**Design:** Cross sectional design **Method:** On-site recruitment and assessment are performed after informed consent is obtained. **Purpose:** Encourage family homeless service providers to work in partnership with caregivers to improve child development and well-being of the family.	**Sample:** (n=60); 60 caregivers **Demographics:** 18-47-year-old biological mothers, 88.3% black or multi-racial **Setting:** Five different emergency shelters in Philadelphia. **Attrition: 0%**	• Parenting stress • Social support • Adversity • Children's social-emotional functioning **Definitions:** None	**Data Collection:** Tool for self-assessment of shelter environments **Data Dependability:** Good internal reliability	Descriptive statistics and item-total correlations	Poor caregiver response for: • Child safety • Private time with child • Working with the shelter for a common goal	**Level of Evidence:** Level 6 **Strengths:** Use of quantitative methods to investigate hypotheses of qualitative studies, information for shelters to understand caregiver experiences better **Weakness:** Small sample size, low statistical power to test for shelter-level effects, only large urban area

								Feasibility: Easy to implement **Application:** Information for emergency shelters to utilize in supporting homeless families.
Reid et al., (2021), Promoting wellness and recovery of young women experiencing gender-based violence and homelessness: The role of trauma-informed health promotion interventions **Country:** Canada **Funding:** Public Health Agency of Canada's Family	TIC	**Design:** Cross sectional design **Method: A**udio-recorded and transcribed semi-structured interviews with participants **Purpose:** To explore the value of community-based, trauma-informed group interventions in facilitating wellness and recovery in this population	**Sample:** (n=21) **Demographics: S**elf-identified women, aged 16 to 24 years; experienced GBV; diverse ethnicities **Setting:** In-person interviews with participants in The Peer Education and Connection through Empowerment program **Attrition:** 14%	• Health • Sense of self and relationships • Major life events **Definitions:** None	**Data Collection:** Semi-structured, individual, in-person interviews over 9 to 12 months following program enrollment. Open-ended questions were asked by an interviewer trained in trauma-informed interviews. **Data Dependability:** All interviews were audio-recorded and transcribed verbatim. Investigator triangulation enhanced	Thematic content analysis	• Valued program experiences • Improvement in self-image, empowerment, and confidence, health and self-care, interpersonal skills and relationships, hopefulness and future goals, and coping skills	**Level of Evidence:** Level 6 **Strengths:** Extensive consensus-building process, development of a codebook **Weakness:** Cross-sectional design for evolving program; negative experiences did not emerge strongly; small sample **Feasibility:** Context-

Violence Prevention Investment. **Bias:** None Listed					analytic rigor and increased trustworthiness of the data			specific so findings can be transferred but not generalized **Application:** Could be used to inform programs with similar settings
Milaney et al., (2020), Recognizing and responding to women experiencing homelessness with gendered and TIC **Country:** Canada **Funding:** Not-for-profit community collective called the Calgary Recovery Services Task Force. **Bias:** None Listed	TIC/Gendered-informed care	**Design:** Descriptive **Method:** Survey interviews with 300 people experiencing homelessness **Purpose:** Fill existing gaps, provide insight and recommendations into how services and practices can be improved to respond to the gender and trauma-specific needs of women.	**Sample:** (n=300); 300 people experiencing homelessness **Demographics:** Men and women over 18 years old Must have been homeless for the past 6 months or four times in the past two years **Setting:** Two emergency shelters in Calgary; some interviews took place in the streets **Attrition:** 0.7%	• Where sleep took place • ACE scores • Details of homelessness • Alcohol use • Mental health history • Sociodemographic factors • Recreational drug use **Definitions:** ACE-traumatic events that happen during childhood (ages 0-17)	**Data Collection:** Modified *Perceived Need for Care Questionnaire* adapted for this study; fulsome version of the *Adverse Childhood Experiences survey* **Data Dependability:** Statistical Package for the Social Sciences software was used to analyze the data; dependability is not discussed	Logistic regression	• Increased incidents of women staying in a psychiatric hospital, suicidal attempts and/or thoughts, and having a diagnosable mental health issue. • Substantially higher ACEs in women	**Level of Evidence:** Level 6 **Strengths:** Significant findings for advocating for gendered and TIC of homeless women **Weakness:** Small sample size of women compared to men **Feasibility:** Easy to implement **Application:** Could be used to inform programs of the importance of

								funding women-centered programming; enhance Housing First programs
Gewirtz et al., (2022), Development of a shelter-based health empowerment program for pregnant and parenting youth experiencing homelessness **Country:** USA **Funding:** National Center for Advancing Translational Sciences of the National Institutes of Health; Leadership Education in Adolescent Health	Implementation framework	**Design:** **C**ommunity-based participatory research **Method:** Interviews and focus groups with youth experiencing homelessness, shelter staff, and community experts **Purpose:** Identify an evidence-based program that could be adopted and implemented within a transitional housing facility to meet the needs of all stakeholders.	**Sample:** (n=30) 30 stakeholders; YEH n=17; shelter staff (n=8); community experts (n=5) **Demographics:** YEH were between the ages of 16 and 21, mainly comprising female-identifying. The shelter staff participants either provided direct care to youth or were a part of the program management team. Community experts included public health professionals,	• Sexual health and relationships • Mental health • Child health and development • Nutrition and exercise • Self-efficacy **Definitions:** None	**Data Collection:** Consolidated Framework for Implementation Research, Hexagon Exploration Tool of the National Implementation Research Network, and Socioecological Model of behavior **Data Dependability:** The researcher states these are all validated and reliable tools	Content Analysis	Stakeholders would like the program to be: • Gender and sexuality affirming • Trauma-informed • Less pressure about abstinence and birth control (specifically YEH) • Addressing mental health, including post-partum mental health • Teaching independent living skills • Nutritional education/addressing food insecurity • Access to healthcare, insurance, and childcare	Level 6 **Strengths:** Community engagement; first study to design a program of this kind and implement **Weakness:** Limited amount of data on YEH limiting data; need for real-time adaptability for YEH which makes long-term studies a challenge; small sample size **Feasibility:** Can be implemented nationally but specific for YEH

ACE Adverse Childhood Experience, **DV** Dependent Variable**, GBV** Gender-based Violence, **IV** Independent Variable, **TIC** Trauma-Informed Care **YEH** Youth Experiencing Homelessness

training program **Bias:** None			clinicians, leaders of housing/shelter programs, and a researches all experienced with YEH. **Setting:** The Bridge Housing Program in Minnesota **Attrition:** 0%					**Application:** Shelters and housing programs should engage with community stakeholders to implement similar programs
Phipps et al., (2020), More than a house: Women's recovery from homelessness in Australia **Country:** Australia **Funding:** Not stated **Bias:** Article states there are no conflicts of interest	TIC	**Design:** Community-based participatory research **Method:** Auto-driven photo elicitation and in-depth interviews with previously homeless women. **Purpose:** Investigate women's experiences of exiting homelessness and examine factors	**Sample:** (n=11) 11 women who had experienced homelessness and rehousing **Demographics:** Women were between the ages of 30-66. Age of homelessness ranged from 8-64 years old. 2 of the participants were homeless in a location other than Australia. **Setting:** Mental health and	• Experiences of becoming, being, and exiting homelessness • Interaction between structural and personal factors that influence recovery • Recovery is more than housing **Definitions:** None	**Data Collection:** Photo-elicitation to guide discussion in a face-to-face interview; interviews were audio recorded and transcribed verbatim **Data Dependability:** An audit trail was created to justify and document all decisions made throughout the data collection and analysis process and to enhance the trustworthiness	Thematic analysis	The overarching theme is women's recovery from homelessness. There are five subthemes: • Finding the right house that meets individual needs • Making a house a home • Feeling connected socially • Self-confidence and hope for the future • Helping others-specifically women in similar situations or changing the system to make it more helpful	**Level of Evidence:** Level 6 **Strengths:** Identifies other factors needed for homelessness recovery; recognizes the significance of TIC in housing programs **Weaknesses:** Small sample size, one geographical location, only captures findings from women who

		that influence recovery	women's and homeless services in Sydney, Australia. **Attrition:** 0%		of the qualitative inquiry			have successfully recovered from homelessness **Feasibility:** Easily implemented into any emergency shelter or housing program **Application:** Supports TIC within any housing program
Fleary et al., (2019), "They give you back that dignity": Understanding the intangible resources that make a transitional house a home for homeless families **Country:** USA **Funding:** Tish College of	Ecological framework	**Design:** Individual interviews with current and past residents of a transitional housing program **Method:** Semi-structured interviews **Purpose:** Determine how well the program met recommendations informed by the ecological	**Sample:** (n=9) **Demographics:** 9 females with at least one child who utilized the transitional housing program during a period of experienced homelessness **Setting:** A transitional housing program in a	Identification of major underlying themes of how the transitional housing program met the ecological needs of the participants. **Definitions:** None	**Data Collection:** Interviews were recorded and transcribed verbatim. **Data Dependability:** Interviews were checked for accuracy by two research team members	Thematic analysis	• Interpersonal resources-services and support provided by staff; a sense of being cared for and belonging • Empowerment resources-the staff helped facilitate self-efficacy and family preservation • Ensuring the housing program offers culturally responsive, trauma-based services.	**Level of Evidence:** Level 6 **Strengths:** Identifies family needs that need to be met in a transitional housing program, focuses on the role of the program **Weakness:** Small sample

Civic Life, Tufts University, Medford, MA **Bias:** No conflicts of interest		perspective and explore underlying themes across recommendations.	prominent New England city in the United States. **Attrition:** 0%					size, single site, no outcome data **Feasibility:** Easy to implement **Applicability:** Transitional housing programs should be culturally sensitive and trauma-based to provide resources to this population effectively.

Table A3
Synthesis Table

Author	Booshehri et al.	Ajeen et al.	Bani-Fatemi et al.	Kahan et al.	Vabric et al.	Reid et al.	Milaney et al.	Gewirtz et al.	Phipps et al.	Fleary et al.
Year	2018	2022	2022	2019	2022	2021	2020	2022	2020	2019
Design	RCT	MM	MM	CBPR	MM	CSD	Descriptive	CBPR	CBPR	Interview
LOE	2	3	3	6	6	6	6	6	6	6
Sample										
Sample Size	103	61	70	19	60	21	300	30	11	9
Attrition %	50, 50, 45	30	11.43, 1.78	0	0	14	0.7	0	0	0
Setting	CC	Nonprofit	CC	CC	Nonprofit	CC	Nonprofit	Nonprofit	Nonprofit	Nonprofit
Measurement Tool										
Survey	x	x	x				x			
Interviews				x	x	x	x	x	x	x
Interventions										
TIC Program	x		x	x		x		x		
TIC Shelter Design		x								
Major Themes										
Desire a safe space		x	x	x					x	
Dignity		x							x	x
Hopeful for the future		x	x						x	
Empowerment and independence				x		x	x	x	x	x
Need for resources				x			x	x		x
Supportive of family					x			x		x
Supported by shelter					x	x	x			x
Outcomes										
Increased dignity		x								x
Increased hopefulness		x	x			x				
Better quality of life			x	x		x				
Better coping skills			x	x		x				
Improved interpersonal skills			x			x				x
Housing program improvement					x		x		x	

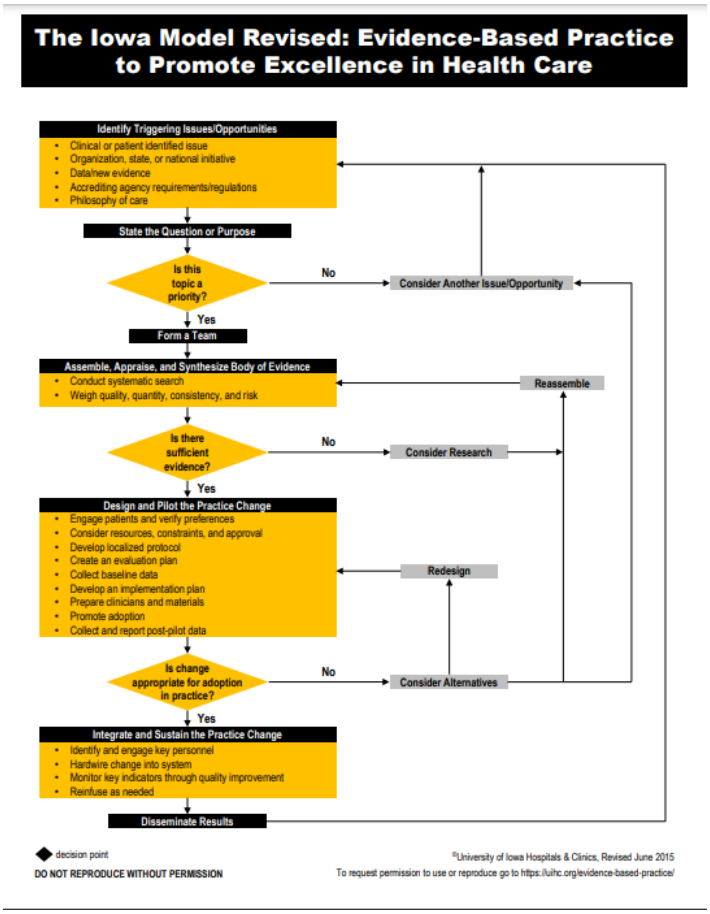
CBPR Community-based Participatory Research **CC** Community Center **CSD** Cross Sectional Design, **LOE** Level of Evidence, **MM** Mixed Methods **RCT** Randomized Controlled Trial, **TIC** Trauma-Informed Care

Appendix B

Models and Frameworks

Figure B1

The Iowa Model Revised



The Iowa Model Revised

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(Iowa Model Collaborative, 2017)

Appendix C

Figure C1
Budget

Category	Item	Count	Cost	Total
Direct	ARTIC Scale Black & White Copies	30 Scales (90 pages: 2 scales for each person with 3 pages in a scale)	$0.10 per page	**$9.00**
	Demographic Questionnaire	15	$0.10 per page	**$1.50**
	Informed Consent Black & White Copies	15	$0.10 per page	**$1.50**
	Participation Survey	15	$0.10 per page	**$1.50**
	Envelope to hold finished scales	2	$6.00 for a 2 pack	**$6.00**
Total				**$19.50**

Cost Savings: The shelter will allow volunteers and employees to participate during already scheduled working hours; therefore, salary reimbursement is unnecessary. Hourly wages are valued at $30.00 per hour. Donated hourly time: $30.00 per hour for 30 ppl x (1 hour for an educational session and pre-intervention scale + 1 hour for webinar + 20 minutes for post-intervention scale) = $2,100 of donated time.