

Trauma-Informed Care Training: Staff satisfaction and effect on attitudes towards Trauma-Informed Care

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Abstract

Trauma-informed care training for multidisciplinary (MDT) staff was iteratively developed, based on qualitative reports and quantitative data from questionnaires. The training was well received, with high ratings and improved scores on attitudes toward trauma-informed care.

Introduction

Trauma-Informed Care (TIC) is an emerging and essential part of mental health care (Menschner & Maul, 2016). The "Four R's" build the foundations for a TIC approach by: Realising the impacts of trauma, Recognising the signs and symptoms, Responding by applying knowledge and techniques as well as Resisting re-traumatisation where possible. Butler et al. (2011) note the importance of educating and training staff about trauma to provide maximally appropriate and responsive care. Purtle (2020) notes that exploring and educating staff about the principles of TIC aims to increase knowledge, improve attitudes and positively influence behaviour (Purtle, 2020).

The authors developed a 5-day training package including the following topics: Trauma and Effects of Trauma, PTSD, Complex PTSD, Adverse Childhood Experiences, The Principles of TIC as well as Staff Wellbeing (self care, vicarious trauma, compassion fatigue and post traumatic growth). Training consisted of lectures, discussions, videos and activities (e.g. completing cultural formulations). Staff were also trained in grounding techniques.

Study aims

To evaluate the evolution of a 5-day training programme on TIC using an iterative process for multidisciplinary staff using both qualitative and quantitative data.

Methodology

Participants – MDT staff (including Consultants Psychiatrists, Healthcare Assistants, Assistant Psychologists and Social Workers) attended the training.

Materials – We collected qualitative data (collected using a brief questionnaire) from four groups who received TIC training. Groups three and four (total N=21) completed a questionnaire based on Pratt, et al (2005). The fourth group (N=7) also completed the Attitudes Related to Trauma Informed Care Scale (ARCTIC) (Baker et al., 2016). Evaluation focused on the percentage change in scores as well as identifying themes for qualitative data.

Design/Procedure – MDT staff attended one of four training events in TIC. Qualitative data were obtained at the end of the training. Quantitative data were collected after sessions on PTSD, the ARCTIC measure was completed pre and post the fourth group.

Results

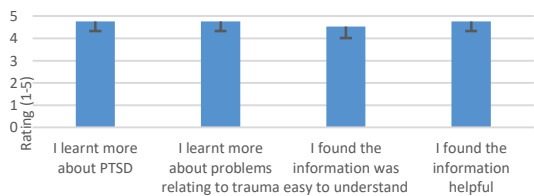


Figure 1. Mean scores of satisfaction levels of the programs (N=21 across groups 3 & 4)

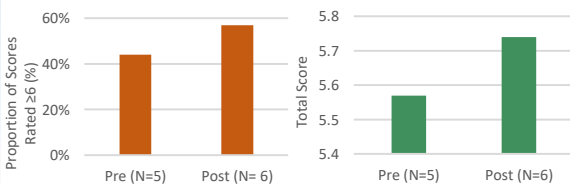
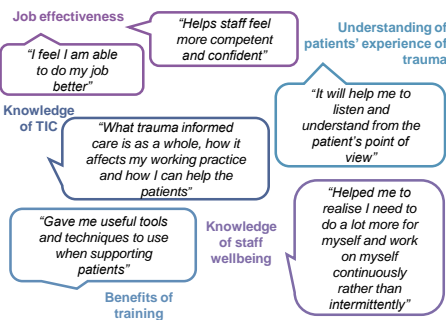


Figure 2. Proportion of scores of 6 or above on pre and post ARCTIC

Figure 3. Total Score for the ARCTIC measure

Staff satisfaction with the programme was high and all staff reported that they would recommend the training to a colleague. The proportion of high scores (6/7) on the ARCTIC improved as well as the overall mean score after training.

Qualitative data across all four training programmes indicated positive effects of the training in a number of areas:



Discussion

Findings support the importance of providing training for staff in trauma and the principles of TIC and that it was very well received. Currently, it is less clear however, if these changes in knowledge and attitudes are sustained over time (see Purtle, 2020). In order to maintain the positive effects of training, it is likely that top up sessions, a booklet on TIC as well as exploring TIC in reflective practice sessions will help sustain effects over an increased period of time.

References

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