Evaluation of impact of trauma-informed training on perceived knowledge and impact on practice within public services

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‘This is a pre-publication version of the following article: Richmond, E., McColm, R., & McCaig, M. (2021). Evaluation of impact of trauma-informed training on perceived knowledge and impact on practice within public services. *Clinical Psychology Forum, 2021*(341), 17–23.’
Introduction

Trauma can be understood as ‘an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening’ (Substance Abuse and Mental Health Service Administration, 2014). As a result of exposure to single incident (e.g. road accident, sexual assault) or repeated traumatic experiences, people may develop a form of Post-Traumatic Stress Disorder (ICD-11, 2020a). Individuals with PTSD relive their experiences through vivid memories, flashbacks and nightmares, through one or more sensory modalities. Those affected can be hyper vigilant; interpreting the world as threatening, which leads to avoidance of thoughts, memories or other triggers that remind them of the event. Herman (1992) further subdivided PTSD, identifying Complex Post Traumatic Stress Disorder (C-PTSD). C-PTSD is defined as repeated traumatic events, usually in the context of interpersonal relationships, such as childhood sexual abuse or domestic abuse (NHS Education for Scotland, 2017). Individuals with C-PTSD are described as having severe and persistent problems in affect regulation; believing they are diminished, defeated or worthless, feeling shame, guilt or failure related to the traumatic event and having difficulty sustaining relationships and feeling close to others (ICD 11, 2020b).

Psychological trauma is a global problem. Research has shown that trauma can significantly impact quality of life (Bentall et al., 2014), reporting that people affected by trauma have increased incidence of alcohol and drug misuse (Hammersley & Dalgarno, 2013; Najavits, 2019), use of mental health services (Mauritz et al., 2013) and are more likely to be imprisoned in comparison to non-traumatised individuals (Stensrud, Gilbride & Bruinekool, 2019). Furthermore, trauma can impact day-to-day activities such as education, health promoting activities, and tasks including standing in a queue or using public transport (Bryant et al., 2016; Evren et al., 2011).

Central to understanding trauma is the knowledge that trauma experiences are subjective. Therefore, it is the perception and meaning of the experience that determines whether an event is or is not traumatic. Factors that can influence the perception of a traumatic experience include personality, responses of others (including public service workers), culture and social factors, including the ability to form positive connections (NHS Education for Scotland, 2017). Herman (1992) describes the core experience of trauma as “disempowerment and disconnection with others, with recovery based on empowering survivors and creating connections”. The development of trusting relationships extends beyond familial and peer support, but also to the workforce, with those that have been affected by trauma describing their relationship with a public service worker making the most
significant impact on their capacity to seek and receive support and intervention (Fenney, 2019; NES, 2017).

Research has shown that services lacking in trauma-awareness can lead people becoming aggressive in response to interpreting a situation as threatening, with organisations responding using authoritative measures as staff members feel unsafe (Bloom, 2006). Lack of control can reduce feelings of safety, increase fear and use of safety behaviours such as anger, aggression, self-harm or illicit drug use, therefore perpetuating the cycle and leading to barriers to access of care. The development of trusting relationships extends beyond familial and peer support, but to the workforce, with those that have been affected by trauma describing their relationship with a public service worker making the most significant impact on their capacity to seek and receive support and intervention (NHS Education for Scotland, 2017). Having a trauma-informed workforce can go a long way to understanding and avoiding the re-traumatisation for people within mental health (Harris & Fallot, 2001) and vital public services such as policing and social work (Levenson, 2017).

The importance of trauma-informed practice has been gaining traction within recent literature, with greater recognition in both policy and practice. NHS Education for Scotland in partnership with the Scottish Government has developed the “Transforming Psychological Trauma” framework, identifying the need for staff across the workforce to become trauma-aware and responsive to those with trauma experience (NHS Education for Scotland, 2017, p 4). Emerging evidence is showing that trauma-informed approaches have led to reductions in symptoms and in-patient stays, whilst improving coping skills, treatment retention and physical health (Sweeney, 2016). Furthermore, the evidence suggests the need for trauma-informed training within public service workers. Purtle’s (2020) systematic review suggested the benefit of trauma-informed training for multi-disciplinary groups, which led to statistically significant improvements in participants’ knowledge, attitude and behaviours related to psychological trauma. As the literature lacks designs with long-term follow-up, the current paper sought to understand the impact of training and the implications on practice.

Method

Ethical approval was not required as this project was registered as an evaluation. The evaluation was formally registered in NHS Dumfries & Galloway Health Board.
Participants

From May 2018 to December 2019, 10 1-day Trauma-Awareness Training courses were carried out across Dumfries & Galloway. In total, 224 public service workers including NHS, Scottish Prison Service and Third Sector charitable organisations attended. Individual group size ranged between 12 and 70, depending on location capacity.

Data Collection

Participants were asked to complete an anonymised paper questionnaire pre- and post-training. Returning the questionnaires indicated consent to participation. At 7-month follow-up, participating organisations were emailed and asked to distribute an online questionnaire to the attendees.

One-Day Training Workshop

Session information was delivered via Power-point, short videos, whiteboard explanations/drawings and case examples. The morning workshop constituted of defining psychological trauma, understanding the psychological process of PTSD and the subsequent consequences. The afternoon session focussed primarily on Complex PTSD, the role of adverse childhood experiences, attachment and emotional regulation/dysregulation, and trauma-focused working wider multidisciplinary workforce. The session concluded with self-care strategies for the participants.

Quantitative

Participants completed a 6-item questionnaire on their knowledge of trauma-informed practices pre- and post-training. Perceived knowledge was rated for:

1) Understanding of trauma and its prevalence within the general population
2) The different experiences of trauma and implications of these
3) Coping mechanisms utilised by those who have experienced trauma
4) Adverse Childhood Experiences
5) Principles of Trauma-Informed Practice
6) Impact of witnessing traumatic events
Participants were asked to rate these items on a scale of 1 (Excellent) to 5 (Very Poor) with higher scores indicating higher level of knowledge.

Qualitative

Participants were asked to complete 3 open-ended questions post-training:
1) What did you find most helpful about today’s training?
2) Any suggestions on how training session could be improved upon, constructive feedback is very welcome?
3) Please identify any aspect of your own, or your organisation’s approach that you think requires review, to become more trauma responsive?

Participants were contacted 7 months post-training and asked:
1) How Trauma Informed Training impacted their knowledge and practice within their profession?

Analysis

Wilcoxon signed-ranks tests were conducted using SPSS v.23 (IBM Corp., 2015) to assess differences in the level of perceive knowledge pre- and post-training. Analysis was computed with 95% confidence intervals with an alpha level of $p<.05$. Qualitative data was thematically analysed to identify key themes using Braun & Clarke (2006) guidance.

Results

204 participants completed both questionnaires and were included in the analysis. Follow-up questionnaires were returned between 7-months and 1-year post-training. Wilcoxon signed-ranks tests were conducted with all assumptions met. Figure 1 depicts the flow diagram of participant loss.
The findings as depicted in Table 1 below show statistically significant improvements in knowledge over all areas from pre- to post-training, with medium to large effects.
Table 1

Results of Wilcoxon Signed Ranks Tests

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<td>Q6</td>
<td>-9.08</td>
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Qualitative feedback

The overarching themes have been drawn out from the data using thematic analysis (Braun and Clark, 2006) with examples to provide context. The following themes were drawn from participants’ feedback from the training.

Theme: Understanding complexity and impact across the lifespan. Many participants acknowledged that they did not fully comprehend the complexity of trauma prior to training and how their current approach could be construed as unhelpful. With this knowledge, participants recognise gaps within their methods of reflecting on sessions with clients: “We have many people who ‘do not engage’ – may be good to reflect on why this may be” AND “Patients are very quickly diagnosed and labelled when trauma is never really investigated or taken seriously”

Participants also looked at how to incorporate knowledge within current engagement strategies for people entering services: “Think about it in initial assessment. Maybe ask more questions around trauma. Need to be responsive even if they’re difficult to assess”. Participants wrote particularly about the need to adapt their non-verbal communication strategies: “Be more aware of potential triggers, my own body language towards others”

A number of participants described the importance of the training within child protection services. “Child protection processes are very stressful and can be reinforcing the negative for vulnerable adults. (We should be looking at) ways of addressing the issues... how to support the adults while still protecting the children” AND “[Prisons] would be better investing in young offenders and parents who are serving a prison sentence (that have) young children”
Theme: Realism. This theme captured how participants benefited from understanding how theoretical concepts are applied in practice, with many identifying a need for practical training and how techniques can be realistically applied in services. Participants emphasised the need for a trainer that was well-versed in working with individuals with experience of trauma: “The videos and real-life examples... really help explain and tie in what was being taught and explained in the session” and examples provide context for their practice: “Understanding [ways] to help myself for when I may feel distressed from my own situations”. Participants felt they needed more opportunity to practice techniques in a safe but supportive environment. Some individuals suggested that tailored sessions focusing on particular skills and within different specialties would be beneficial: “[Need to] have a go at role-play where you introduce the ‘threat-drive-soothe’ model and tips/strategies to help with Soothe”

Theme: Need for clinical supervision. Most public service workers felt that they should be in receipt of additional support such as clinical supervision. Some participants felt that their managers/ supervisors lacked understanding of the difficulties of a public facing role and members of staff need to debrief after difficult sessions: “allow[ing] staff to ‘offload’ and be more aware of burnout possibilities” AND “Should be a designated member of staff on call for support of staff member”. Another participant describes how their organisation needs to be more pro-active: “Need permission to engage longer with individuals and avoid rapid discharge - revoking over worsening presentation, prognosis - better support for staff to be more involved with trauma/struggling individuals” AND “Organisations need to be more compassionate in supporting staff, in-house training and better trauma support for officers”

Theme: Need for interaction. This theme encompasses not only the need for communication about topics within the training itself, but within public sector staff groups. Participants also acknowledged the need for more multi-disciplinary team working and collaboration: “Raising awareness. Increased opportunities for collaborative approaches/working” AND “More focus on formulation of need and early experiences” AND “(need a) team approach to recognising and sharing that impact”.

Application of training on practice

Further to the above, participants were contacted via email to ask how Trauma-Informed Training has impacted their practice.
Theme: Confidence. Participants reported that trauma-awareness training has led them to feel more confident in their work with clients. "With more awareness and understanding, it has increased my confidence in 1-1 conversations, especially when they are disclosing sensitive information" AND "I am more aware of trauma within my work, (I use) trauma type language more often, and open up discussion with individuals to consider whether or not they would classify their experiences within a trauma context". One participant also identified that is has helped their confidence in working collaboratively with other professionals: “Made me more confident about challenging other agencies particularly when dealing with young people in the care system”.

Theme: Practical skills. Participants acknowledged that particular skills they learned within the training have been helpful within their current practice. Some participants have used the content of the training as psychoeducation for clients, to assist learning of psychological Terminology: “The information about processing of memories has been incredibly useful, and I pass this onto clients I work with as psycho-education so they are aware that their distress is not an abnormal response to their situation” AND “The window of tolerance and stress bucket are two analogies that I use... as well as ways to support individuals to improve their health and wellbeing”

Discussion

The findings of this evaluation suggest that attending trauma-informed practice training is associated with increased perceived knowledge about psychological trauma within public service workers. This falls in line with previous research reviewed by Purtle (2020), with statistically significant improvements in knowledge within participants post-training. The 7-month post-training follow-up question provides additional support for the benefits of trauma-informed training within public service workers.

The results of the current evaluation suggest that public service workers were significantly more informed of the biological, psychological and social effects of trauma on their clients’ mental health and how this presents in practice through a 1-day workshop. Utilising theories from the trauma evidence-base, case examples and applicable skills in practice appears to be the desirable approach for most participants. The creation of this training stemmed from what therapists have learned within clinical practice; participants reported significant benefit from the use of case studies. In future, training could be improved by incorporating a coproduction approach (NES, 2017), with service user input providing insight into current practice.
From our qualitative reports, the results suggest positive improvements in practice for service users in line with those identified within Sweeney (2016). Participants identified that the training improved their practice including awareness of triggers and utilising distress reduction techniques. Self-reports also suggest a reduction in distress within patients attending their services. However, there may be further benefits on public services that are not presently identified within this paper, for example, in larger geographical areas. As the current findings are based on practitioners’ perspectives, further research is required to investigate whether service users perceive improvements in access to public services and whether their underlying needs are being met. In addition, gaining feedback from a wider range of workers within public services will increase the applicability of the benefits within various services.

Within the training, participants could identify benefits within their own practice and also the wider organisation – encouraging training to be mandatory within their workplace. Within the findings, participants raised concerns regarding their ability to implement the skills learned due to role limitations and lack of resources within the workplace. Furthermore, some participants identified that training made them more aware of their need to obtain or receive more clinical supervision to develop skills and reflect on trauma practice. Therefore, it could be beneficial to provide management-level training, emphasising the benefits of trauma-informed supervision for the worker and the client into training within public organisations.

Despite a wide range of public service workers in attendance, a generic programme of trauma-informed training was beneficial. Some individuals recommended a tailored approach, for instance those working with children and young people or those with learning difficulties for whom the techniques discussed would require adaptation. Additionally, some felt that training could have been split into separate days to prevent information overload. In future, it would be advised to provide a range of options for public service workers not only for service user needs but also the learning styles of the public service workforce.

**Conclusion**

Trauma-Informed Practice Training appears to have had a positive impact on knowledge of trauma and implications on practice within public services. Findings suggest that the content of the training is relevant across services and raises awareness of the importance of trauma-informed practice. Public services workers highlighted that training has
made them more aware of trauma-related issues with clients and feel confident in implementing learned skills to assist those who have experience of trauma. More work is required to fully understand the implications of trauma-informed practice training within public services for service users.

References


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