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Trauma Informed Care Training Initiative: Implementation Study in Appalachia

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by

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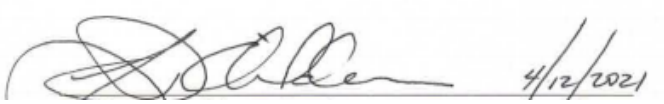

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Abstract

This study aims to evaluate the implementation of Trauma Informed Care (TIC) trainings in Johnson City, Tennessee, and the surrounding Appalachian area. Previous TIC trainees were sent an email survey asking them if they had followed through with their plan to implement the training at their place of work or in other areas of their lives. The response rate for this study was 2%, possibly due to extraneous variables such as the Coronavirus Pandemic and the lag time between the initial training and survey follow-up. The responses that were analyzed indicated promise for the practical implementation of TIC concepts at the companies involved in the training initiative. Additional research is needed in order to further analyze TIC implementation.

Trauma Informed Care Training Initiative: Implementation Study in Appalachia

The current study sought to evaluate the implementation of the Trauma Informed Care Training initiatives executed in Johnson City, TN, and the surrounding cities and states. The trainings were performed by Dr. Andrea Clements, Becky Haas, and several others trained by Clements and Hass as they worked to create a community-wide system of trauma informed care (TIC; Clements et al., 2020; Ko et al., 2008). After initial training, attendees were asked how they thought they would implement what they had learned at the training and were asked to provide their contact information for future research. This study followed up with these trainees and asked them if they implemented the TIC training as they stated they would in their initial after-training responses. Training is valuable, but incomplete without some type of application. This study was an attempt to document the degree to which the training was implemented.

TIC trainings were founded on the discovery of adverse childhood experiences' (ACE's) effects on life outcomes and behaviors (Anda, et al., 2006). It is estimated that 62% of adults have experienced at least one ACE during childhood and 25% have experienced three or more (Center for Disease Control and Prevention [CDC], 2019). The ACE test (CDC, 2019) evaluates the presence of neglect, abuse, and household disruption that someone has experienced. The higher the score, the more of these potentially traumatic events a person has experienced, putting them at risk for poor life outcomes, substance use disorders, mental illness, and other adversities. Experiencing ACEs is linked to these types of health and behavioral outcomes because toxic stress environments disrupt neurodevelopment creating social, emotional, and cognitive impairment (CDC, 2019) When a child experiences this type of impairment, they are more likely to participate in high-risk behaviors which are associated with more challenging life outcomes.

Prevention and mitigation of the effects of ACE's is multifaceted TIC trainings strive to address both, through education and awareness programs, while also encouraging people to intervene in children's and adults' lives to lessen long term harms of experiencing ACE's. TIC focuses on understanding the signs, symptoms, barriers, behaviors, and backstories of clients to make informed decisions about effective treatments and interactions. First, TIC defines trauma as *events* (possible ACE's), the *experience* of those events, and the *effect* of those events on a client (Substance Abuse and Mental Health Association [SAMHSA], 2014). Not everyone who experiences an ACE will experience a traumatic effect, on the other hand, someone may experience the traumatic effect of an ACE more powerfully than others do. Therefore, a trauma informed approach to care seeks to *realize* the impact of trauma, *recognize* the signs of trauma, *respond* to trauma effectively, and actively *resist* re-traumatization (SAMHSA, 2014). This is achieved through implementing six guiding principles; providing a safe environment, creating trustworthiness and transparency with clients, implementing peer support structures, collaboration, and mutuality among everyone in the organization, empowerment of a client's voice and choice, and addressing cultural, historical, and gender issues (SAMHSA, 2014).

These factors are the keys to creating an environment conducive to healing the effects of experienced trauma. Clements, Haas, and others trained by them set out to create a Trauma Informed System of Care to address the prevalence of ACEs in their community (Clements et al, 2020). Since 2015, their program has been implemented at more than 45 organizations that represent healthcare, education, children's services, behavioral health, criminal justice, and others. Their program focused on disseminating information about TIC concepts. They did this by creating a common understanding and use of language across organizations in the community, educating and empowering staff at all levels regardless of education, age, or position, and

encouraging organization and community culture change (Clements et al., 2020). According to the CDC, 2019 and the SAMHSA, 2014, implementation of trauma informed systems of care is a critical step in reducing and preventing ACEs. The implementation of TIC needs to infiltrate governance, leadership, and policy to ensure efficacy and effectiveness of this type of program. However, this is a new educational initiative and the desired implementation of these types of trainings has not been fully assessed.

Current Study

The current study was focused on verifying the extent to which trainees implemented what they had learned through trauma informed care trainings. Previous training participants were contacted by email and asked about whether they had implemented the plans they initially reported in their post-training evaluations.

Methods

Participants

Participants of this study were individuals who attended one of the TIC trainings conducted by Clements, Haas, or one of their designated trainers who subsequently responded to an email query following the initial TIC training. In all, 433 emails were sent to previous training participants and 9 replies were received; this included 3 from company management rather than trainees. The global pandemic, high turnover rate in human resource work, and the time elapsed between the initial training and follow-up may have been contributing factors in the low response rate for the current study.

Instrumentation and Procedure

At the original trainings, trainees were asked to fill out a sign in sheet with their name, email address, phone number, and organization. After the training was complete, the participants were asked to indicate how they thought they would use this training in their workplace, and this was transcribed into the available survey data for this study. All information collected was voluntary and not all trainees elected to fill in this information. Some only provided email addresses with no after-training response and others gave an after-training response without an email. There was a total of 433 participants eligible for this study (those who provided both an email and an initial after-training response).

The eligible participants were sent an email with the subject "Trauma Informed Training Follow-Up Study". Informed Consent was included in the initial email which invited former trainees to participate in the research. Participants who did not wish to participate could reply stating they did not want to participate or simply disregard the email. The email also included a reminder of their participation in the Trauma Informed Training and a reminder of what they initially said they would use the training for. The participants were asked to indicate "yes, no, or somewhat" to a series of questions relating to their trauma informed training and return them in a reply email. The individuals could copy and paste the table in a new email or respond with the original text in a way that would indicate their response. Participants highlighted, bolded, and/or changed the color of their answers to indicate the appropriate response. There was also a space for them to write a short response on their training goal and experiences. The questions are listed in Table 1 and their responses are referred to as trainee responses:

Table 1

Email questions

Did you do what you had planned?	*Yes*	*No*	*Somewhat*
Did you do what you planned or something similar on the timeline you planned?	*Yes*	*Sooner than planned*	*Later than planned*
Do you remember most of what you learned about trauma informed concepts?	*Yes*	*No*	*Somewhat*
Do you remember most of what you learned about ACEs?	*Yes*	*No*	*Somewhat*
Do you find value in trauma informed concepts?	*Yes*	*No*	*Somewhat*
Do you find value in understanding ACEs?	*Yes*	*No*	*Somewhat*
Do you still work where you did when you attended training?	*Yes*	*No*	
If no, do trauma informed concepts still apply in your current situation?	*Yes*	*No*	*Somewhat*

What have you done since training on the goal you wrote about or any other activities in which you applied trauma informed concepts? (Write as much as you want. Feel free to attach descriptions if that is easier).

Due to the low response rate, a study modification was submitted that allowed us to contact the management of the organization listed by people who were unable to be contacted. If no response was received or emails were returned as undeliverable, the survey was sent to the listed organization's management to respond to the inquiry. These responses are referred to as company responses. In this situation, an organization manager replied regarding whether the intended application of TIC had been implemented at their facility. See Table 2 for the modified survey.

Table 2

Questions as modified for organization management.

Did what they had planned occur at your organization?	*Yes*	*No*	*Somewhat*
Did what they planned or something similar occur on the timeline they had planned?	*Yes*	*Sooner than planned*	*Later than planned*
Do you find value in trauma informed concepts?	*Yes*	*No*	*Somewhat*
Do you find value in understanding ACEs?	*Yes*	*No*	*Somewhat*

What applications of trauma informed concepts occur in your organization (if any)? (Write as much as you want. Feel free to attach descriptions if that is easier).

Results

There were 433 participants eligible for this study and 9 responded. This gave this survey a response rate of 2%. Responses were coded as No (0), Somewhat (.5), Yes (1), and sooner than planned (2), ordered from the lowest level of implementation to the most advanced. The results are divided between trainee responses and company responses. Participants did not have to answer every question and some participants elected not to answer questions and a yes, no, or somewhat value could not be computed. The modal answer was “Yes” valued at (1) with a possible total value of trainee (42), (μ=.93) and company (12), (μ =.79) for this study. The short answer portion of the survey had 7 out of the 9 total respondents elect to answer (μ =.77). See Tables 3 and 4.

Table 3

Company responses

Company Responses	Company A	Company B	Company C	Question Total
Did what they had planned occur at your organization?	1		0.5	1.5
Did what they planned or something similar occur on the timeline they had planned?	1		1	2
Do you find value in trauma informed concepts?	1	1	1	3
Do you find value in understanding ACEs?	1	1	1	3
Response Total:	4	2	3.5	9.5
Response Key: 1 = (yes), 0 = (no), .5 = (Somewhat), Blank = no answer.				

Two out of three of the representatives from different companies and organizations elected to answer the short answer portion of their survey. They were asked, "*What applications of trauma informed concepts occur in your organization (if any)? (Write as much as you want. Feel free to attach descriptions if that is easier)".* Neither of these organizations selected yes or no when being asked if they could be identified, but their short answers are ambiguous enough to be listed without changing anything to protect privacy. One of the company representatives indicated that, *"When creating wording for signs and policies, we try to avoid terminology that might be traumatizing for our patrons and staff. We also use TIC skills when interacting with patrons, particularly those who are exhibiting behaviors that don't fit with our Code of Conduct."* and the other company reported, *"Our organization has made a more conscious effort to utilize trauma informed concepts in our organization. There is still more work that could be incorporated, but we have made great progress in the last few years. When we found that there were more summer staff/college students coming through as seasonal employees that were struggling with mental health issues, we wanted to be more informed in order to provide the*

appropriate support. We created a program of additional training for managers, on-call counselors and chaplains available as a resource, and training for staff. The trainings focused on how to be aware of symptoms in other people that are struggling with their mental health or potential secondary traumatic stress, the importance of self-care, and helpful coping mechanisms. Hiring techniques were modified so that some of the realistic challenges and stresses that come with the job were communicated to help potential employees make the decision of if the job will be a good fit for them."

Table 4

Trainee responses

Trainee Responses:	Trainee A	Trainee B	Trainee C	Trainee D	Trainee E	Trainee F	Question Totals:
Did you do what you had planned?		1	1	1	1	1	5
Did you do what you planned or something similar on the timeline you planned?		1	1	1	1		4
Do you remember most of what you learned about trauma informed concepts?	1	1	1	1	1	1	6
Do you remember most of what you learned about ACEs?	1	1	1	1	1	1	6
Do you find value in trauma informed concepts?	1	1	1	1	1	1	6
Do you find value in understanding ACEs?	1	1	1	1	1	1	6
Do you still work where you did when you attended training?	1	1	1	1	1	1	6
Individual Totals:	5	7	7	7	7	6	39
Response key: 1 = Yes, 0 = No, Blank = No Response							

Five out of the six trainees elected to answer the short answer portion of the survey. The individuals were asked "*What have you done since training on the goal you wrote about or any other activities in which you applied trauma informed concepts*? " All participants except for one gave permission to identify themselves or their company. The responses ranged from "*bunches but no time to write now, sorry*" to very in-depth explanations like, "*I work for Change Is Possible (CHIPS) Family Violence Shelter. Since my trauma informed training, CHIPS has implemented multiple trauma informed policies as well as updated the environment to be more trauma informed. Staff has added a coffee bar with goodies and a welcome board where encouraging messages are written to help the survivor feel more welcome and safe when coming to our office. CHIPS has also switched out the hard chairs in our waiting room for a cozy couch. CHIPS is working towards using the word SAFEHOUSE instead of SHELTER. The verbiage has already been changed in our paperwork and at this point it is breaking the habit of staff using the word when speaking. The ACES survey is also provided to all of our families that come into our safehouse along with information pertaining to the survey.".*

Discussion

The response rate on this survey was very low, however, respondents indicated that the training was valuable at their work and that the TIC training concepts have been implemented at their company. All the participants reported working at the same company where they were trained or that they were part of management at the company that was trained. This may indicate that their response is an accurate depiction of implementation for the company for which they work.

The way in which the data were coded (yes =1, no =0, somewhat =.5) allows us to understand that participants highly valued the TIC training. Every participant answered "yes" to these questions, Trainees only: "*Do you remember most of what you learned about trauma*

informed concepts?", "*Do you remember most of what you learned about ACEs*?", Trainees and Company Representatives: "*Do you find value in trauma informed concepts*?", and "*Do you find value in understanding ACEs?"*.

Company Representatives Responses

Due to the low response rate, we tried to reach out to each company and ask them if their employees followed through with their TIC goals as well as asking them personally about trauma informed care concepts, ACEs, and implementation of trauma informed care concepts at their organization. Because we asked the company about their employee and the current state of their organization, we can conclude that the organizations who have responded to the short answer portion of the survey have implemented TIC concepts into their policies, trainings, and value recognition of trauma.

Trainee Responses

The short answer portion of the survey shines a light on the depth of implementation of TIC concepts at a few of these organizations. One participant says, "*We did talk about this among staff and the ideas do somewhat inform our approaches to problematic patron behaviors, but I can't say that it's done in a systemized, conscious way."* This indicates that there may need to be follow up trainings at some organizations to be able to have a systematic approach in place is a necessary step to follow the six guiding principles of TIC in the workplace for clients and staff members. However, other participants indicated that *"Yes, we have included ACES and TIC in the training we provided to our SANE nurses"* where SANE stands for Sexual Assault Nurse Examiner. This participants response indicates that the staff and clients are receiving TIC training and care in a systemized and reliable way.

Limitations

It is impossible to infer the amount of TIC implementation for everyone who took part in the training initiative by Clements and Haas due to the low response rate. We can only make some inferences about the few individuals who did respond to the survey. The low response rate could be due to many factors including a global pandemic for most of 2020 and 2021, high rate of turnover for behavioral health occupations, and the time elapsed between this survey and the initial training (up to 5 years).

The COVID-19 global pandemic was in effect during the time this survey was being conducted, Oct 2020- Jan 2021. The pandemic initially caused over 20 million job losses and the highest rate of unemployment since The Great Depression (Soucheray, 2020). We received a few emails through automatic responses of participants being furloughed and unavailable. It is possible that some of these organizations did not have that automatic response in place and this could be a contributing factor to the response rate.

High turnover rates experienced by social assistance and health care workers could also be a factor in assessing the response rate. Over half of the emailed surveys that were sent to participants yielded an "undeliverable email" reply indicating that the email has been shut down altogether, rather than someone choosing not to respond. According to the U.S Department of labor, from 2015-2019 the turnover rate for this job category is between 31%-34% respectively (U.S. Bureau of Labor Statistics 2020).

The "undeliverable email" phenomenon experienced in this study could also be due to the time elapsed from training to follow-up survey. Most participants received their training between 3-5 years ago. Many people change emails in such a span of time especially if they are

only volunteering for a company, have lost their jobs, or have switched positions or changed jobs all together.

Conclusion

The TIC Follow-up study showed the importance of understanding outside variables contributing to the response rate of participants. Further research needs to be done in this area to understand the implementation and efficacy of the TIC training conducted by Clements and Haas. Although there was a small response overall, the respondents understood, valued, and implemented the training at their places of work and even showed some signs of making it policy. Future training follow-up investigations should be at the organization level, rather than the individual level due to lag time since training and turnover. Furthermore, contact should be made in multiple forms, not just via email. Phone meetings and in-person meetings should be prioritized, adding structure to the study; this would hopefully yield a substantially higher response rate, as well as additional insights.

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