



# The Impact of Trauma-Informed Care Training on Staff Perception and Attitudes in a Community Mental Health Context

Bryon Cunningham, Ph.D., Alissa Der Sarkissian, Ph.D., Samantha Gonzalez, Ph.D., Meela Salamat, Psy.D., Fred J. Pasquarella, M.A., Kalani Makanui, Ph.D., Steve Miller, Ph.D. & Sae Lee, Ph.D.

## Introduction

Trauma-informed care (TIC) is healthcare that recognizes the widespread impact of trauma on clients and promotes an organizational culture that incorporates this understanding into policies, practices, and procedures. A growing body of research supports the substantial benefits of TIC for clients through increased engagement and improved outcomes; for staff through increased compassion and decreased burnout; and for organizations through improved staff retention and a coherent philosophy of care (Gilliver, 2018).

Effective TIC training is one of the five key conditions to successfully implement TIC at an organization (Harris & Fallot, 2001). TIC trainings improve awareness, attitudes, and confidence for staff working with clients with trauma (Palfrey et al., 2019). In addition to trainings, TIC requires organizations to consider their policies, procedures, physical environment, and approach to supervision (SAMHSA, 2014).

The current research examined the impact of TIC training at a single community mental health organization that was in the process of an organizational implementation of TIC. The research sought to provide evidence of training effectiveness and to inform organizational practices for implementing TIC more broadly.

## Methods

This project was a part of an APA Psychology Internship completed in 2022 where four doctoral-level interns collaborated with the agency’s Training and Research & Evaluation departments, as well as key TIC stakeholders across the agency.

A quasi-experimental design was employed to assess the impact of TIC training on staff knowledge, attitudes and practice of TIC. Additionally, correlational analysis was used to explore perceptions of TIC. Outpatient Family Services staff ( $N = 46$ ) completed a survey comprised of TIC knowledge assessment items, the Attitudes Related to Trauma-Informed Care (ARTIC) scale (Baker et al., 2016), and practice behavior items. Knowledge items were internally developed and during a pilot test showed a good range of item difficulty. Practice items were also internally developed and showed good reliability.

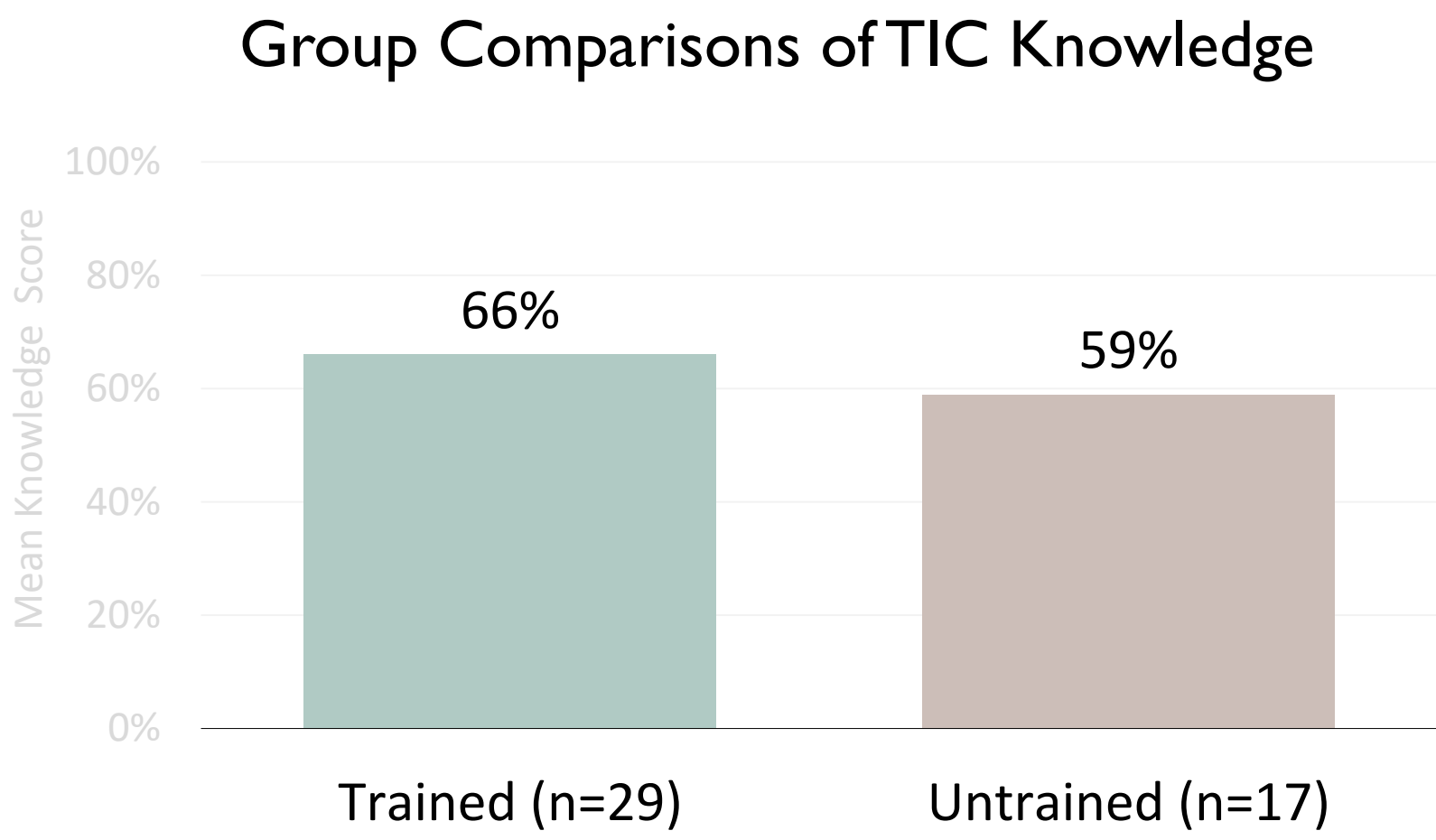
Staff were either trained ( $n = 29$ ) or untrained ( $n = 17$ ) in TIC at the time of the study. The sample comprised both client-facing ( $n = 36$ ) and non-client facing ( $n = 10$ ) staff. Over half (52%,  $n = 24$ ) were therapists, 23% were licensed clinical supervisors ( $n = 11$ ), and the rest were either care coordinators (7%,  $n = 3$ ) or support staff (17%,  $n = 8$ ).

Knowledge	Attitudes	Practice
Test questions for foundational TIC knowledge	ARTIC scale for positive & negative attitudes toward TIC	Perceptions of TIC in supervision, training, clinical services, & the organization level

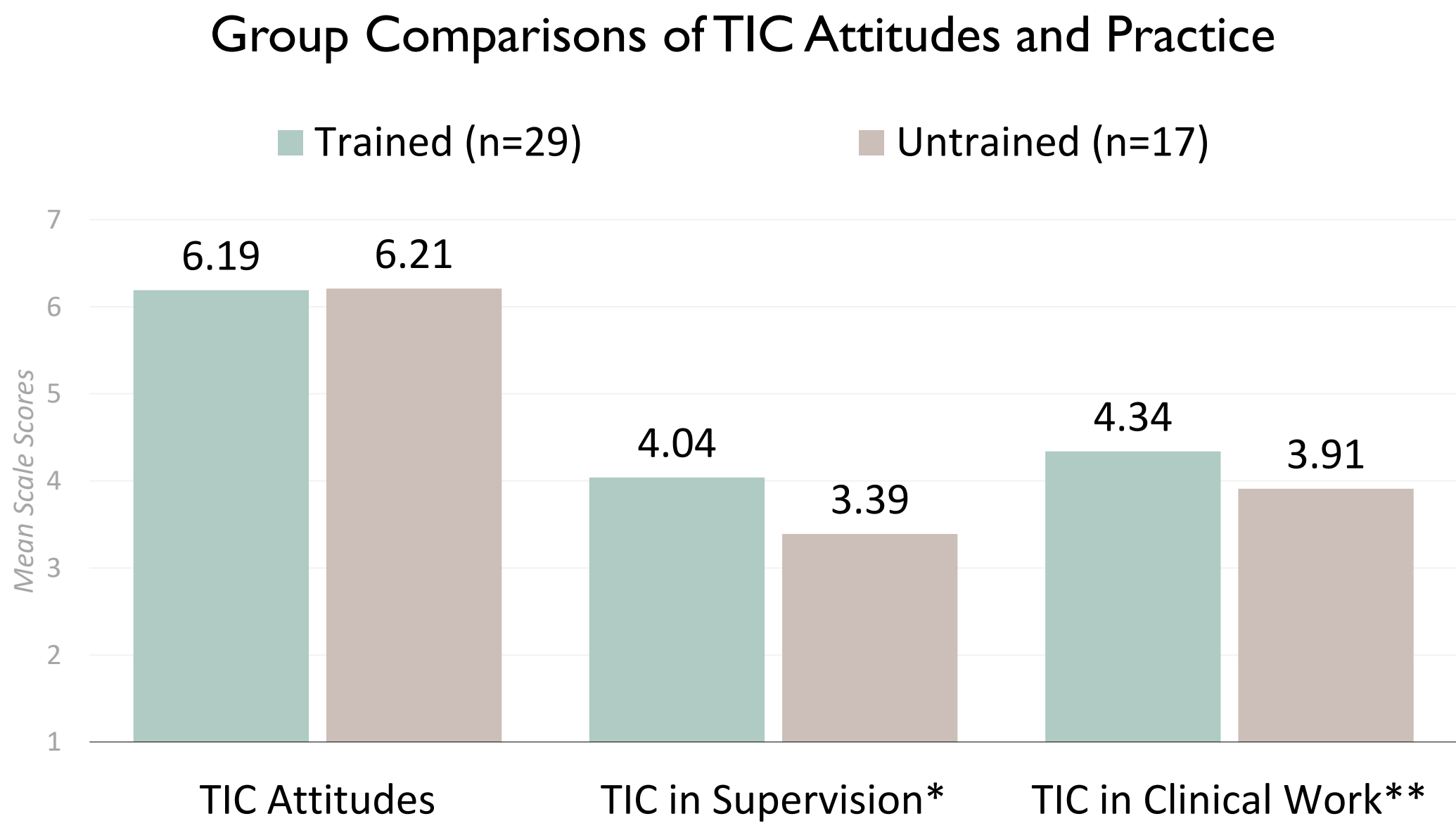
## Results

### Impact of Training

A one-way ANOVA was conducted to test for TIC knowledge score differences between trained and untrained staff. While those who were trained ( $M = 66\%$ ,  $SD = 11.8\%$ ) scored higher than those who were not trained ( $M = 59\%$ ,  $SD = 15.8\%$ ), this difference was not statistically significant. Test statistics for the knowledge items reveal that the test may have been too difficult for respondents.



ANOVA results indicated that there were no differences between groups in TIC attitudes. Both trained ( $M = 6.19$ ,  $SD = 0.69$ ) and untrained ( $M = 6.21$ ,  $SD = 0.58$ ) staff had very favorable views of TIC. There was a statistically significant difference between how trained and untrained staff perceived TIC impacting clinical supervision ( $F[1,33] = 5.18$ ,  $p < .05$ ) and how well their clinical work integrated TIC ( $F[1,31] = 7.53$ ,  $p < .01$ ).



*Note.* TIC was measured with the ARTIC scale and ranged from 1 (negative attitudes) to 7 (positive attitudes). TIC in Supervision measured perceptions of TIC being incorporated into to clinical supervision. TIC in Clinical Work measured perceptions of TIC being incorporated into clinical practice. Both were on a scale of 1 (low incorporation) to 6 (highly incorporated).  
\*  $p < .05$ , \*\* $p < .01$

### TIC Attitudes and Practice

Pearson's correlations were calculated to determine the relationship between TIC attitudes and practice. There was a positive correlation between people’s perception of TIC in clinical supervision and both their attitudes ( $r = 0.35$ ) and their perception of TIC in the agency ( $r = 0.48$ ), indicating that staff’s perception of TIC in clinical supervision is related to their attitude toward TIC and perception of TIC in the agency.

Furthermore, positive perceptions of staff’s ability to incorporate TIC in their clinical work was related to more favorable attitudes about TIC ( $r = 0.36$ ), TIC in the agency ( $r = 0.38$ ), perception of TIC in clinical supervision ( $r = 0.71$ ). Those who received training were more likely to endorse utilizing TIC in their clinical work ( $r = 0.50$ ). These results indicate that staff’s higher endorsement of implementing TIC in their own clinical work is associated with their overall attitudes about TIC, how the agency implements TIC, their perception of TIC in clinical supervision, and receiving adequate TIC training.

Correlational Analysis and Scale Reliability

Variable	$\alpha$	1	2	3	4	5	6
1. Knowledge	.53	-	-0.06	-0.16	0.15	-0.09	0.041
2. TIC Attitudes	.88		-	0.50***	0.35*	0.23	0.36*
3. Agency	.90			-	0.47**	0.58***	0.38*
4. Supervision	.89				-	0.54***	0.71***
5. Training	.78					-	0.49**
6. Clinical	.82						-

\* $p < 0.5$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

## Conclusion

Staff tended to have favorable attitudes about TIC, regardless of whether they received the training. Training was found to improve the perception of use of TIC practices in clinical work and in supervision. Trained staff also reported a more favorable perceptions of the success of implementing TIC at the organizational level. While no difference between TIC knowledge was observed between trained and untrained staff, the failure to detect a difference might be due to a small sample size and issues with the difficulty level of the test.

The study also found that people who expressed confidence in their ability to incorporate TIC in their work were more likely to report favorable TIC attitudes, a greater role of TIC in supervision, and a more favorable view of implementing TIC at the organizational level. In addition, people who reported that TIC informed their supervision were more likely to express favorable TIC attitudes and were also more likely to have a favorable view organizational implementation of TIC. This suggests that a trauma-informed approach, if embedded in the supervision process, may help to maintain trauma-informed practices.

Overall, these findings support the notion that the trainings were effective and highlights the importance of training to a successful organizational implementation.