



THE EFFECTS OF A TRAINING ON HEALTHCARE PROVIDERS' KNOWLEDGE AND ATTITUDES RELATED TO TRAUMA- INFORMED CARE



Melissa Wholeben, PhD, RN, CNE, TCRN
Gloria Salazar, MSN, RN, LPC, SANE AC/PC
Craig Field, PhD, MPH

Funding Provided by STN
Grant for Nursing Research
and Evidence-Based
Practice Projects





OBJECTIVES

Objective #1: Define Trauma-Informed Care principles

Objective #2: Discuss the ARTIC scale and utilization in Trauma-Informed Care practice

Objective #3: Identify key components of Trauma-Informed Care Training



BACKGROUND/CURRENT STATE

- ❖ Create an environment that is both holistic and resists re-traumatization
- ❖ Consider the cumulative effects of past trauma experiences and current coping mechanisms to prevent re-traumatization and to maximize patients' potential for healing (Harris & Fallot, 2001; SAMHSA, 2014).
- ❖ Application of Trauma-Informed Care Principles has been shown to improve individualized patient care
- ❖ This holistic approach enables health care providers to create an environment that is safe, transparent, collaborative, and empowering for the trauma patient (Hooper, Bassuk & Olivet, 2009; SAMHSA, 2014b).



WHAT IS TRAUMA?

Substance Abuse and Mental Health Services Administration (SAMHSA)
definition/concept of “Trauma”

The 3 E’s

“Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

A TRAUMA- INFORMED APPROACH (FOUR R'S)

A trauma-informed program, organization, or system

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Seeks to actively resist retraumatization

From SAMHSA's Concept Paper

SIX GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

FACILITY IMPLEMENTATION

Trauma-Aware (Awareness & Attitudes)

- Prioritize organizational culture change; Create a change team with a TIC Champion
- Look at the impact of trauma on patients, families, community, and healthcare team
 - Facility Readiness Assessment
 - Community Risk Assessment

Trauma-Sensitive (Knowledge, Application, Skill Development)

- Build consensus around the principles
- Trauma Training is started for Healthcare Team and Trauma Advocates
- Creation of surveys to evaluate patient outcomes
 - Patient
 - Healthcare team

Trauma-Responsive (Change and Integration)

- Healthcare team and Trauma Advocates applies knowledge of trauma and resilience in their practice.
- Healthcare team and Trauma Advocates support the Trauma-Informed Care core principles.

Trauma-Informed (Leadership)

- The facility has Trauma-Informed principles embedded within the organization.
- Works with other partners to strengthen collaboration around being Trauma-Informed.



GAP IN PRACTICE

- ❖ By utilizing a trauma-informed approach, healthcare providers have the potential to help their patients affected by trauma to feel safe, recover from trauma, and regain developmental trajectories (SAMHSA, 2014b).
- ❖ In the present environment, patients are not feeling safe, and having concerns regarding re-traumatization of the event during care (SAMHSA, 2014b).
- ❖ In addition, not all emergency/trauma healthcare providers are given a foundational training regarding Trauma-Informed Care concepts and application.
- ❖ The rapid increase of vulnerable populations create a gap in knowledge of how to provide trauma-informed care with the special needs of the population group.



PURPOSE OF RESEARCH

- ❖ Pilot study
- ❖ Pre-Post Test Design
- ❖ Evaluating the effects of educational training on the knowledge and attitudes of health care professionals, and nursing students



SETTING

The training was given in 4 different settings:

- ❖ Level 1 Trauma Hospital with a dedicated on-site 24/7 SANE department
Emergency Department Staff, Social Workers, Care Management, SANE Nurses
- ❖ Center Against Sexual and Family Violence (CASFV) Facility
Trauma Survivor Advocates/Counselors
- ❖ The University of Texas at El Paso-School of Nursing
Pre-licensure Baccalaureate Nursing Students
- ❖ Southwest University-School of Nursing
Associate Degree Nursing Students



PARTICIPANTS

444 participants completed training in Trauma-Informed Care and completed pre-test and post-test evaluations of attitudes and knowledge of Trauma-Informed Care (TIC)

- 121 Trauma/Sexual Assault Service Advocates
- 88 Level 1 Trauma Emergency Department Nurses
- 222 Pre-Licensure Nursing Students

351 Females (81%)

354 Hispanic (93%)



DEMOGRAPHICS

❖ Marital Status

- Single or Never Married : n = 214 (50%)
- Married or co-habituating: n = 162 (38%)

❖ Age

- 18-25: n = 150 (35%)
- 26-30: n = 84 (20%)
- 31-35: n = 67 (16%)
- 35-45: n = 73 (17%)
- 46+: n = 54 (13%)

❖ Education

- High School: n = 18 (4%)
- Some College: n = 102 (24%)
- Associates Degree: n = 125 (29%)
- Masters Degree: n = 37 (9%)
- Doctorate: n = 2 (0.5%)



TRAUMA-INFORMED CARE TRAINING

- ❖ The training program was developed by a Trauma-Informed Care expert at the El Paso Child Guidance Center.
- ❖ Each training program consisted of the same components-individualized to their specialty.
- ❖ Trainings were 1.5 to 2 hours in length.
 - Part 1: Understanding the effects of Trauma on Health
Includes discussion on ACEs and how trauma affects the brain
 - Part 2: Trauma-Informed Care
Includes discussion on each of the six guiding principles of Trauma-Informed Care
 - Part 3: Implementation of Trauma-Informed Care Principles
Case Study vignettes that required participants to work through a situation utilizing Trauma-Informed Care principles.



SURVEY TOOL

Attitudes Related to Trauma Informed Care (ARTIC)

The overall score on the ARCTIC includes assessment of the following domains:

- Underlying Cause
- Staff Response
- Empathy and Control
- Self Efficacy at Work
- Reactions to Work
- Personal Support

Baker, Brown, Wilcox, Overstreet & Aurora, 2015

ARCTIC ITEM EXAMPLES

- Underlying Cause of Problem Behavior & Symptoms
- Staff Response to Problem Behavior & Symptoms
- Empathy and Control
- Self Efficacy at Work
- Reactions to the Work
- Personal Support for TIC
- System Wide Support of TIC

I believe that...

1 Clients' learning and behavior problems are rooted in their behavioral or mental health condition.

1 2 3 4 5 6 7

Clients' learning and behavior problems are rooted in their history of difficult life events.



RESEARCH QUESTION

RQ₁: What are the baseline attitudes of nursing students (NS) & Emergency Department Nurses (ED Nurses) and Sexual Assault Services Advocates (Advocates) in regard to “Trauma-Informed Care”?

RQ₂: What are the NS, ED Nurses and Advocates attitudes after attending an in-service training on “Trauma-Informed Care”?

RQ₃: Is there a significant change in attitudes among NS, ED Nurses and Advocates attitudes as a result of in-service training regarding “Trauma-Informed Care”?



STATISTIC TESTS

RQ₁: What are the baseline attitudes of nursing students (NS) & Emergency Department Nurses (ED Nurses) and Sexual Assault Services Advocates (Advocates) in regard to “Trauma-Informed Care”? **ANOVA**

RQ₂: What are the NS, ED Nurses and Advocates attitudes after attending an in-service training on “Trauma-Informed Care”? **ANOVA**

RQ₃: Is there a significant change in attitudes among NS, ED Nurses and Advocates attitudes as a result of in-service training regarding “Trauma-Informed Care”? **Repeated Measures ANOVA**

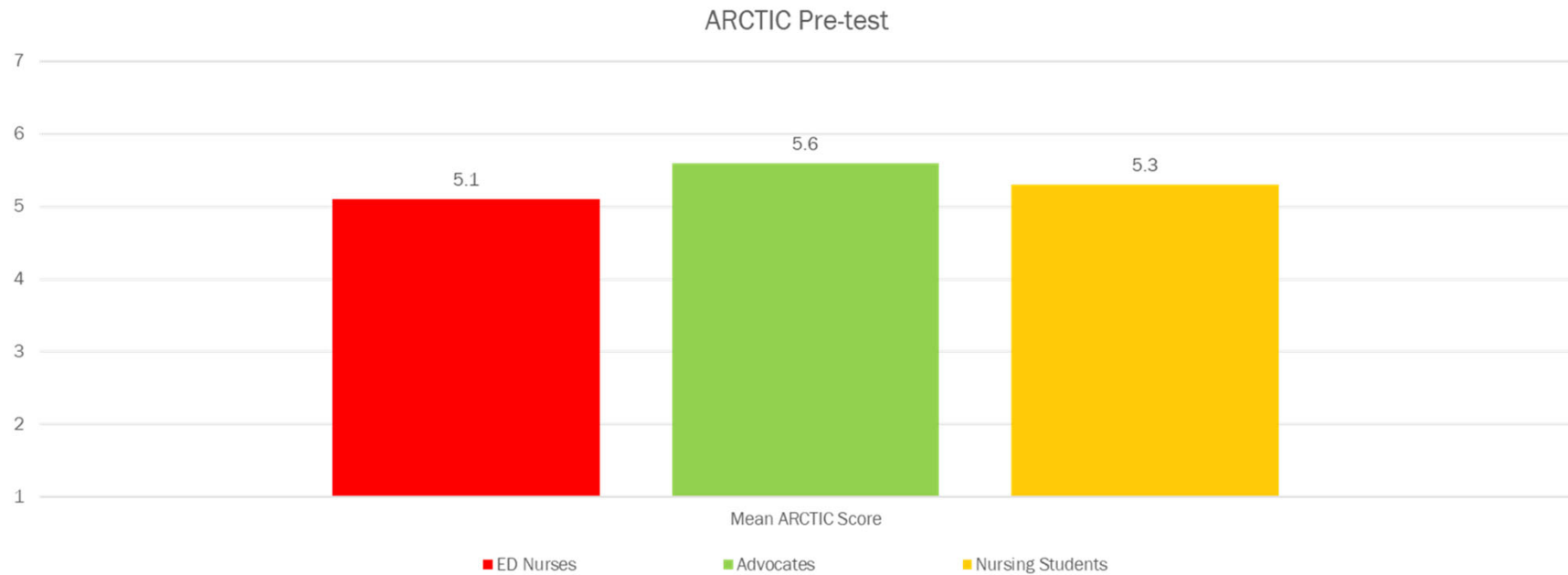


DEMOGRAPHIC DIFFERENCES

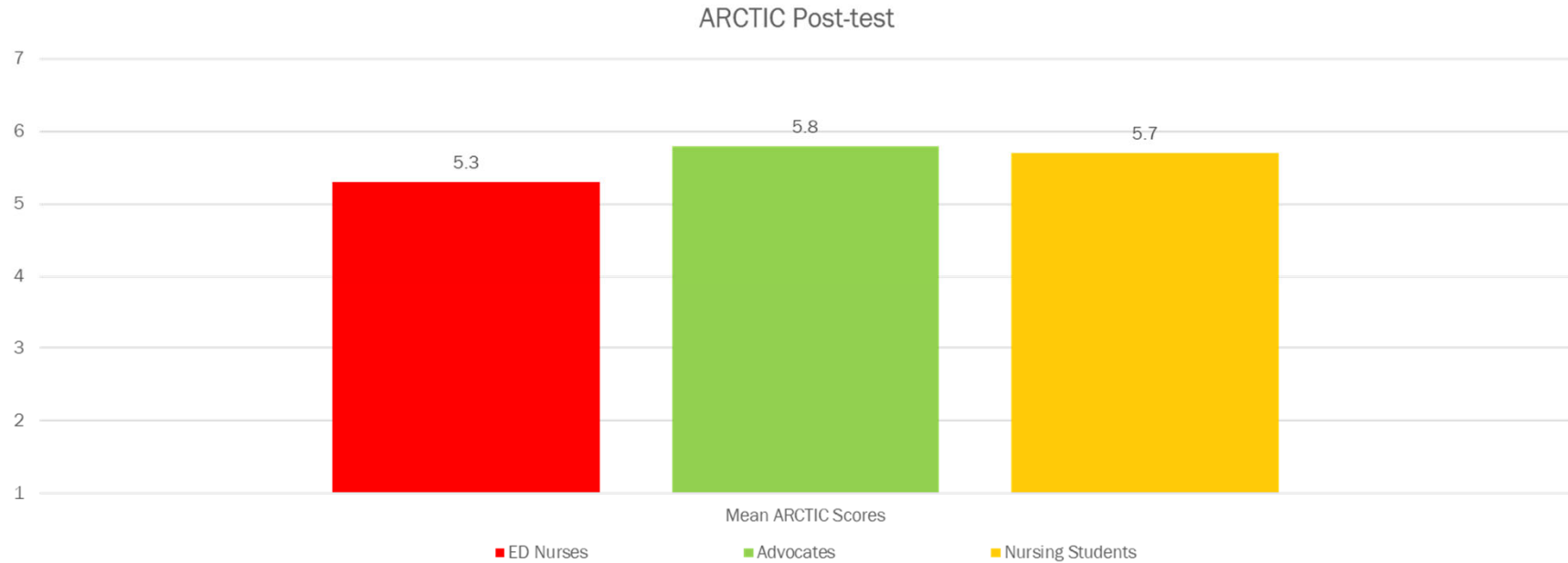
Nursing Students were more likely than ED Nurses and Advocates to be:

- **Younger** ($X^2=124$, $df=14$, $p<.0001$)
- **Hispanic** ($X^2=43.7$, $df=21$, $p=.003$)
- **Single or never married** ($X^2=42.5$, $df=12$, $p<.0001$)
- **Have less education** ($X^2=268.6$, $df=15$, $p<.0001$)
- **Fewer years working at the facility** ($F=57.7$, $df=2$, $p<.0001$),
- **Less time providing care to trauma patients** ($F=103.3$, $df=2$, $p<.0001$)
- **Less likely to have had prior training in Trauma Informed Care** ($X^2=95.2$, $df=6$, $p<.0001$).

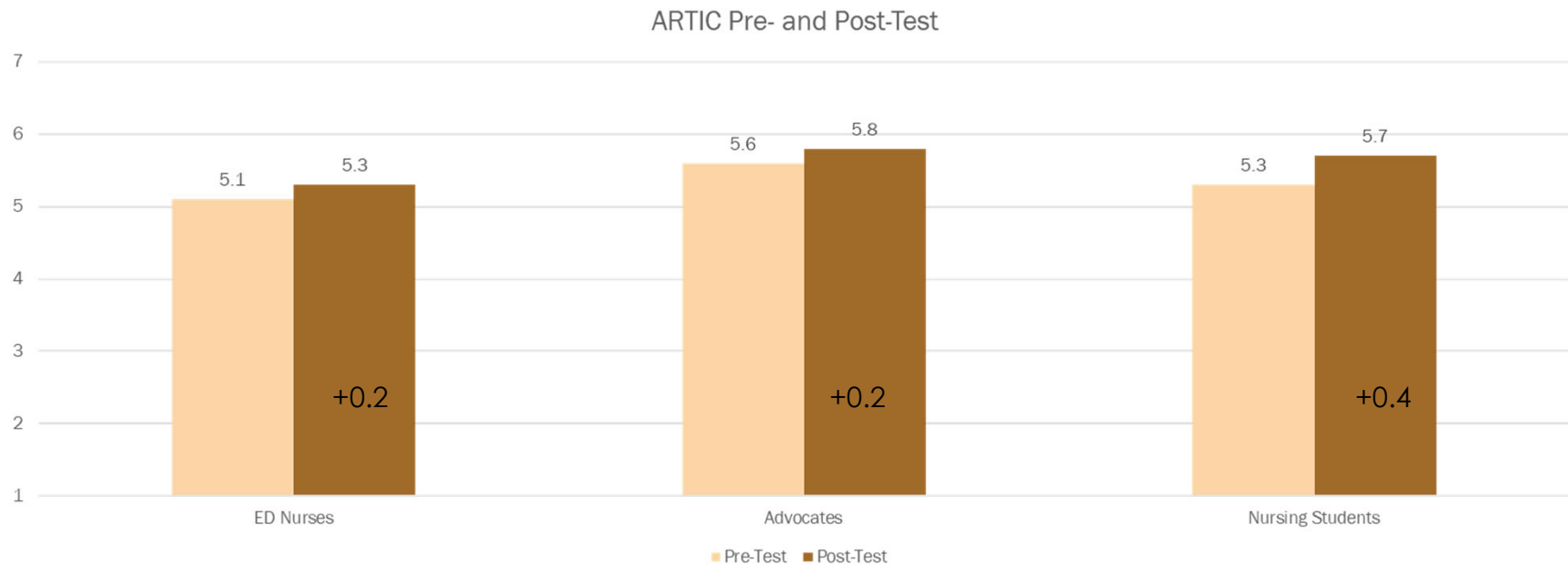
RQ₁: WHAT ARE THE BASELINE ATTITUDES OF STUDENTS & HEALTHCARE PROVIDERS IN REGARD TO “TRAUMA-INFORMED CARE”?



RQ₂: WHAT ARE THE STUDENTS' & HEALTHCARE PROVIDERS' KNOWLEDGE AND ATTITUDE BEFORE AND AFTER ATTENDING AN IN-SERVICE TRAINING ON "TRAUMA-INFORMED CARE"?



RQ₃: IS THERE A DIFFERENCE IN STUDENTS' & HEALTHCARE PROVIDERS' PERCEIVED ATTITUDES AFTER AN IN-SERVICE TRAINING REGARDING "TRAUMA-INFORMED CARE"?





SUMMARY OF RESULTS

RQ₁: What are the baseline attitudes of nursing students (NS) & Emergency Department Nurses (ED Nurses) and Sexual Assault Services Advocates (Advocates) in regard to “Trauma-Informed Care”?

- The groups were significantly different from one another on their baseline score of attitudes toward TIC

RQ₂: What are the NS, ED Nurses and Advocates attitudes after attending an in-service training on “Trauma-Informed Care”?

- The difference in attitudes between Nursing Students and Advocates was no longer significant after TIC training.

RQ₃: Is there a significant change in attitudes among NS, ED Nurses and Advocates attitudes as a result of in-service training regarding “Trauma-Informed Care”?

- All three groups showed significant increases in positive attitudes toward TIC following training.
- Nursing Students showed the greatest increases in positive attitudes toward TIC following training.


LESSONS LEARNED





NEXT STEPS

- ❖ Embed Trauma-Informed principles within the organization Mission/Vision
- ❖ Create an annual Trauma-Informed Care training program that include interactive table-top scenarios
- ❖ Utilize healthcare provider surveys that measure how Trauma-Informed Care principles are being implemented in patient care
- ❖ Work with Trauma Care partners to strengthen collaboration regarding Trauma-Informed



"Trauma in a person, decontextualized
over time, looks like personality.

Trauma in a family, decontextualized
over time, looks like family traits.

Trauma in a people, decontextualized
over time, looks like culture."

RESMAA MENAKEM



A close-up photograph of two hands, one from a person with dark skin and one from a person with light skin, resting together. Both wrists have a prominent red 'X' mark drawn on them, symbolizing trauma or pain. The background is a textured, light-colored fabric.

**Trauma-informed care can apply to anyone.
It's not just for those whose pain is obvious.**

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CONTACT

Melissa Wholeben

Assistant Professor

The University of Texas at El Paso School of Nursing

mwholeben@utep.edu

Gloria Salazar

Trauma Manager of Education, Prevention & SANE Program

University Medical Center at El Paso

gsalazar@umcelpaso.org