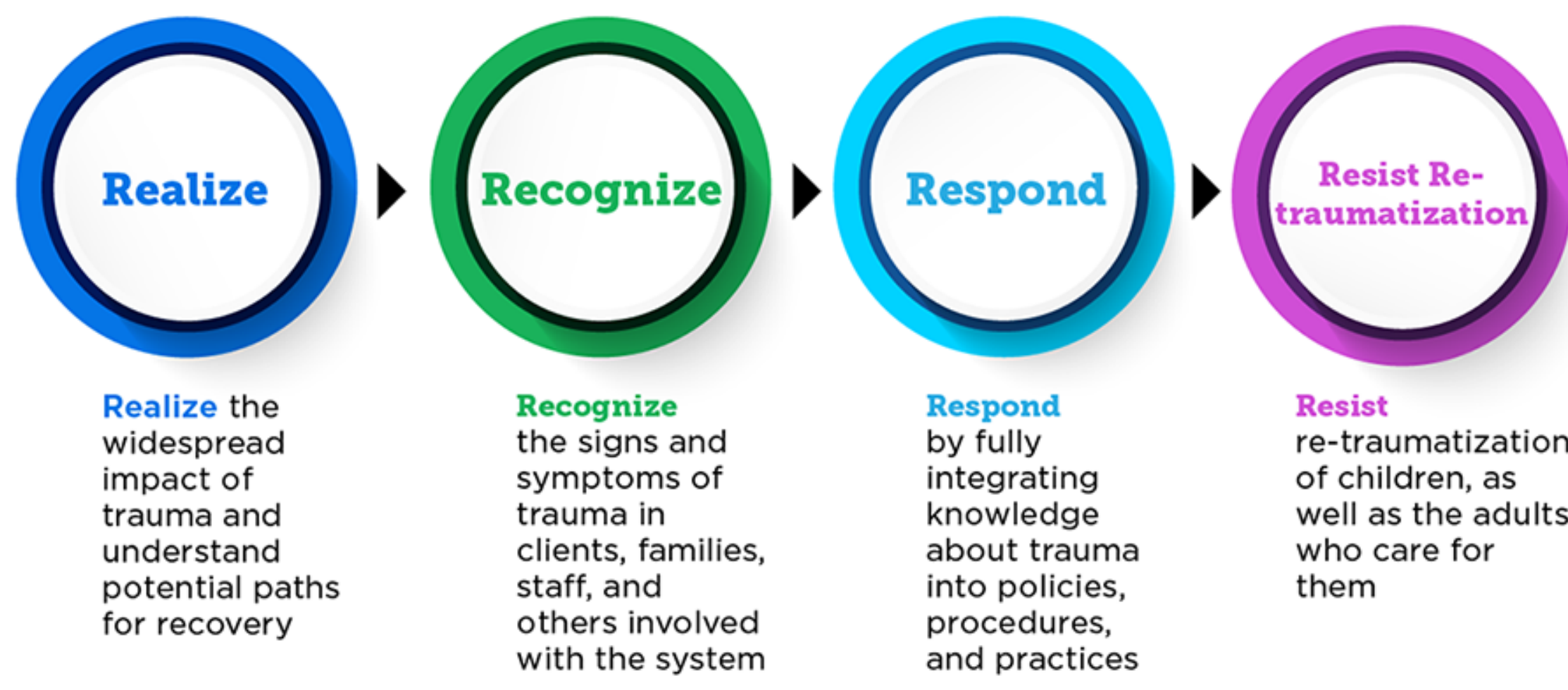


Effects of training staff in trauma-informed care on attitudes and trauma-informed behaviour

Trauma-informed care

Trauma-informed care (TIC) is a framework for system change in (among others) child service systems, with four primary objectives¹:



This figure is adapted from: Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023.

Staff attitudes are assumed to play a central role in a system change toward TIC²

- ➔ Favourable staff attitudes toward TIC are thought to be one important driver of trauma-informed behaviour
- ➔ Less favourable staff attitudes toward TIC may hinder system change

Aim: Examine whether training in trauma-informed care influenced staff attitudes toward TIC and their trauma-informed behaviour

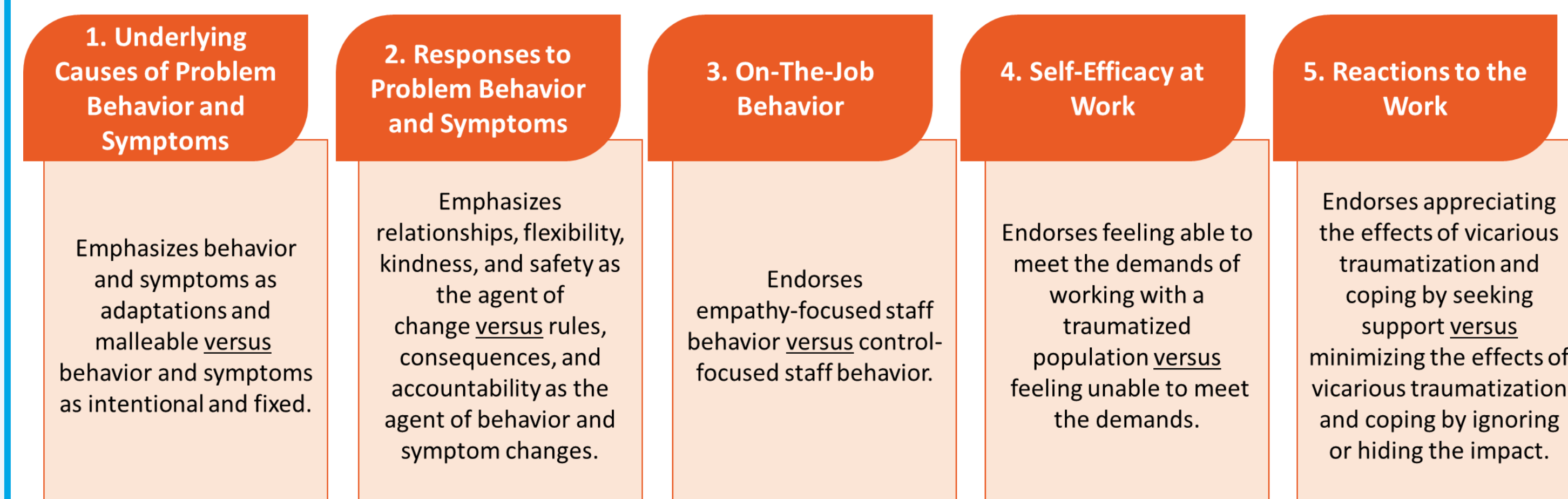
Study design

TIC training

Koraal – a Dutch multicentre organisation for (youth) care and education – developed a TIC training program specifically tailored for their staff working with children with mild to borderline intellectual disabilities. The training comprised seven distinct modules: ‘What is TIC?’, ‘Adverse Childhood Experiences’, ‘Behaviour as adaptation’, ‘Protective and Compensatory Experiences’, ‘Yourself as an instrument’, ‘Interventions’ and ‘Crisis management’. A single module entailed an investment of approximately six hours, distributed over the span of about a month. One module encompassed individual study, a team training session, a team reflection session, and practical transfer assignments. Staff ($N = 211$) received this TIC training with pre- and post-training measurements of staff attitudes and trauma-informed behaviour.

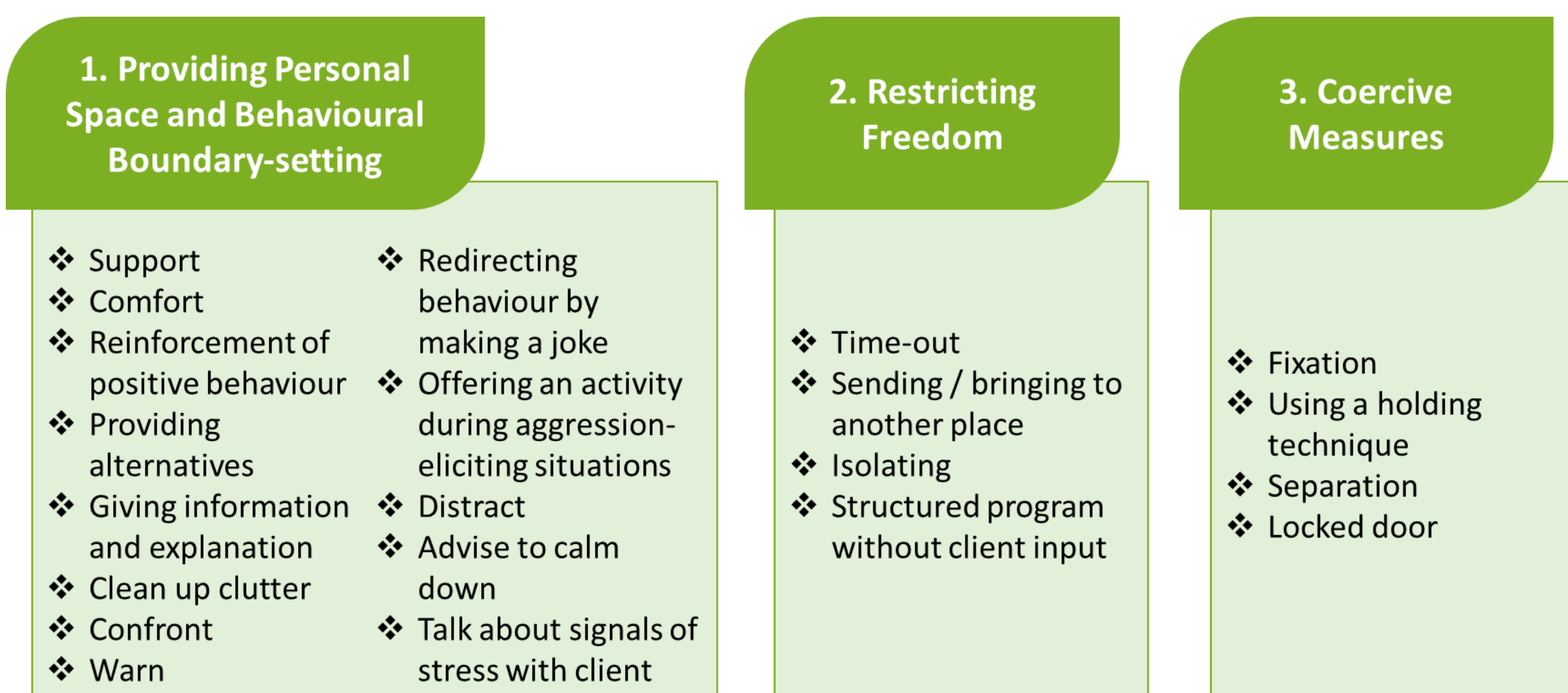
Staff attitudes

Measured with the Attitudes Related to Trauma-Informed Care (ARTIC[®]) scale, developed by the Traumatic Stress Institute³. We used the ARTIC-35 version, which contains 35 items that characterize a TIC-favourable attitude that is paired with the opposite attitude. Items were rated on a seven-point Likert scale. The ARTIC-35 comprises five different subscales:



Trauma-informed behaviour

Measured with the Behavioural Intervention Questionnaire (BIQ)⁴, which contains 21 items about activities that direct support staff members use in order to manage the aggressive behaviour of their clients. The answers were rated on a five-point Likert scale. The BIQ comprises three different subscales:

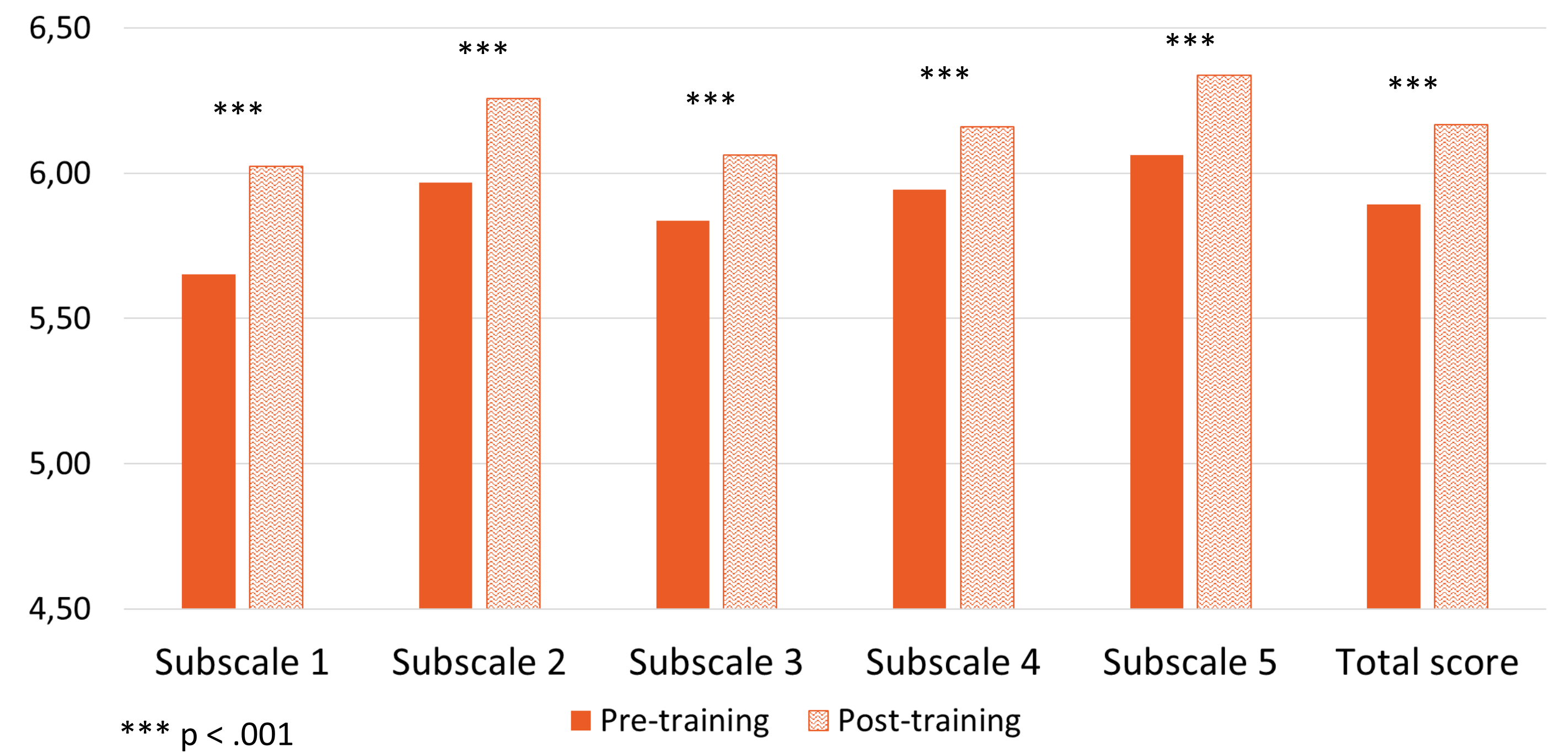


Results

Staff attitudes

TIC training led to a significant increase in ARTIC-35 total scores ($F(1,342) = 24.56$; $p < .001$; $\eta^2 = .067$) and significant increases in scores on all five subscales.

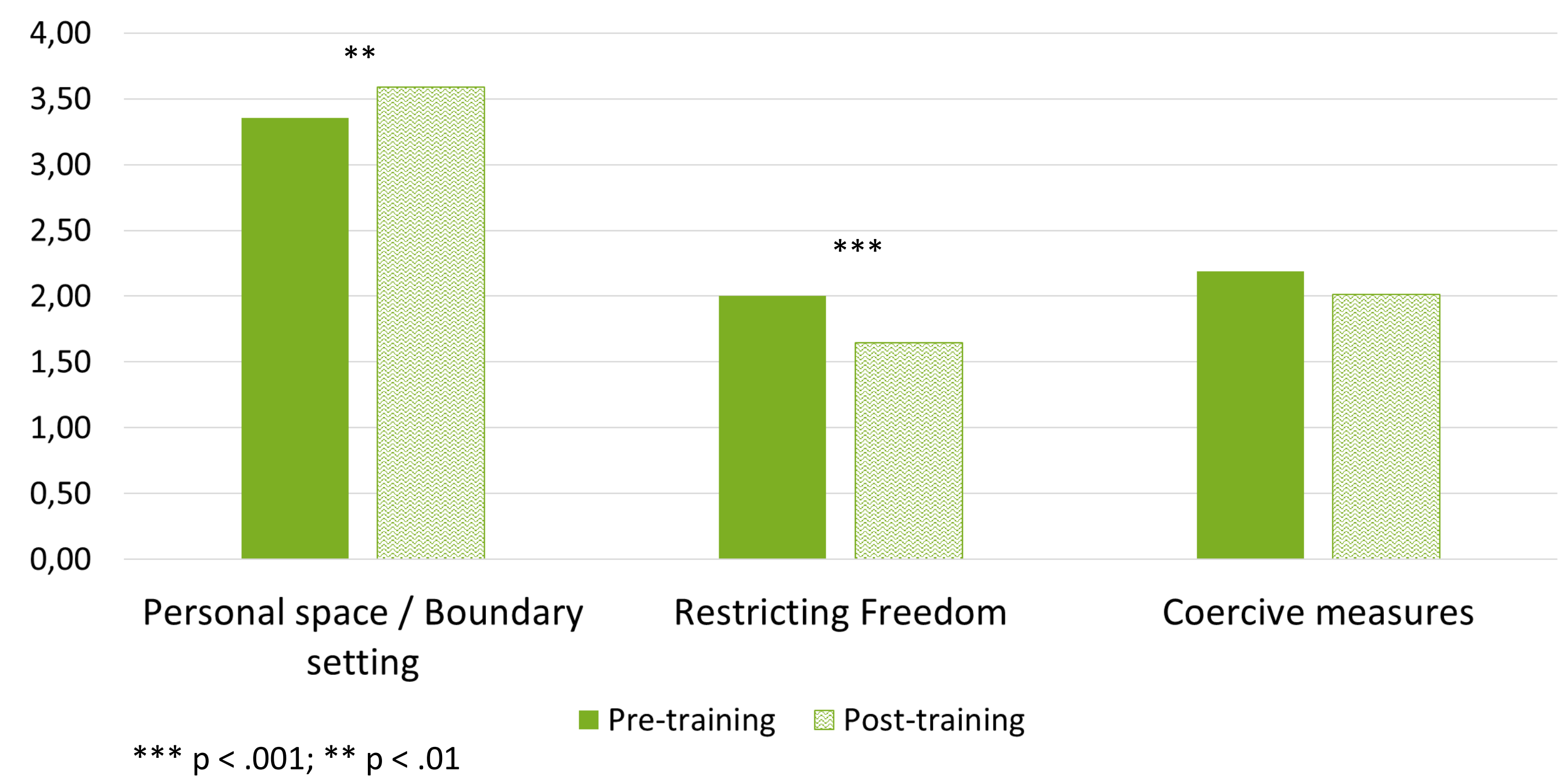
ARTIC-35 scores



Trauma-informed behaviour

TIC training led to a significant increase in BIQ scores for the subscale ‘Providing personal space and behavioural boundary-setting’ ($F(1,206) = 9.93$; $p < .01$; $\eta^2 = .046$) and a significant decrease in scores for the subscale ‘Restricting freedom’ ($F(1,206) = 16.17$; $p < .001$; $\eta^2 = .073$). No significant difference was observed for the subscale ‘Applying coercive measures’ ($F(1,206) = 3.29$; $p = .071$).

BIQ scores



Conclusion

- ➔ Training staff in trauma-informed care results in more favourable attitudes toward TIC
- ➔ Training staff in trauma-informed care results in more trauma-informed behaviour
- ➔ Quality of care of children with mild to borderline intellectual disabilities might significantly benefit from training staff in trauma-informed care
 - ➔ TIC training might play a crucial role in preventing the unintentional infliction of additional harm
 - ➔ TIC training might enhance the likelihood of achieving desired and lasting outcomes

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