Implementation of Trauma-Informed Care in Oregon: Understanding the Training and Support Component of TIC

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INTRODUCTION

- Per Oregon state policy, Trauma-Informed Care (TIC) is to be utilized by all state and community mental health providers (OHA & AMH, 2015, p.1).
- However, previous research has suggested that Oregon healthcare providers do not conduct their practice through a trauma-informed lens (Kusmal et al., 2015; Reeves, 2015; Raja, 2015; Yatchmenoff et al., 2017).
- Further, some providers could not define TIC or its primary principles (Collaboration & Mutuality; Cultural, Historical & Gender Issues; Empowerment, Voice & choice; Peer Support; Safety; Trustworthiness & Transparency) (TOI, 2021).
- Learning strategies are unclear in past TIC research. The Learning Pyramid outlines learning retention as follows: 5% lecture, 10% reading, 20% audio-visual, 30% demonstration, 50% discussion, and 75% practice by doing (Master, 2013).
- The present study aims to address the gap in the implementation of TIC by understanding the training and support Oregon-based professionals receive related to TIC.

METHODS

Participants in this study were TIC trainers practicing in the state of Oregon, at least 18 years old, proficient in the English language, and had access to an electronic device.

- ***N*** = 36
- **Gender identity:** 77% cis-gender women, 11% cis-gender men, 6% transgender, 3% nonbinary, and 3% queer femme.
- **Age:** *M* = 45*; Mdn* = 46*; SD* = 22.63; *Range* = 24 to 71
- **Ethnicity:** 31% BIPOC; 69% White/Caucasian
- **Education:** 3% High school diploma/GED; 17% bachelor's degree; 58% master's degree; 22% doctoral degree.

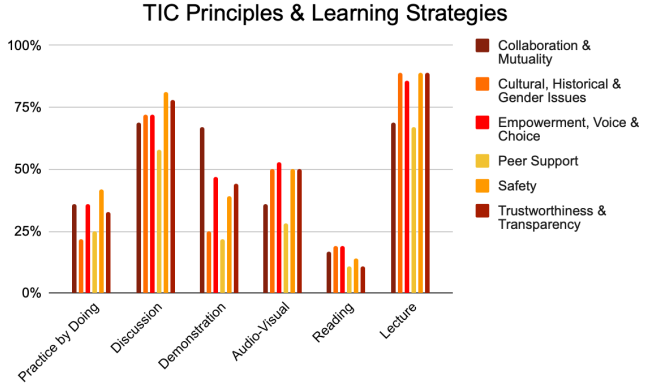
TIC Trainer Qualifications

- The average year certified as a TIC trainer was 2013 (*Mdn* = 2015; *SD* = 1.41; *Range* = 1993 to 2021).
- The median number of trainings conducted was 30 (*M* = 39.76; *SD* = 39.23; *Range* = 2 to 150).
- The median number of trainees trained was 250 (*M* = 920.80; *SD* = 1412.93; *Range*: 0 to 2000).

METHODS (CONT.)

Procedure

- The data for this project was collected via mix methods study utilizing a Qualtrics survey from January 2022 to April 2022.
- Participants were recruited via email by contacting TIC trainers on the Trauma Informed Oregon website and Oregon state community mental health organizations, with permission.
- All participants provided consent and were given the opportunity to enter their email address into a separate link to enter a drawing for one of eight possible $25 gift cards.



RESULTS

TIC Training

- Participants reported covering the following TIC principles: 81% Collaboration & Mutuality; 97% Cultural, Historical & Gender Issues; 94% Empowerment, Voice & Choice; 83% Peer Support; 94% Safety; and 94% Trustworthiness and Transparency.
- To convey knowledge and foster skill development in relation to TIC training, participants utilized learning strategies: 32% practice by doing, 72% discussion, 41% demonstration, 45% audio-visual, 15% readings, and 82% lecture.

TIC Post-Training Support

- 79% of participants reported offering post-training support.
- Participants reported 36% didactic training, 61% consultation, 28% observation, 33% feedback, 19% fidelity assessment, and 14% other for types of post-training support.

DISCUSSION

- The results suggest that there is a gap in the implementation of TIC from trainer to trainee.
- The gap in the implementation may be from ineffectively utilizing learning strategies to foster skill development and knowledge acquisition.
- The gap in the implementation may be from a lack of effective post-training support, specifically the types of post-training support offered to trainees.

Limitations

- Convenience sampling
- Small sample size
- Survey limited to Oregon-based providers

Future Research

- Structured randomized control training that optimize learning strategies and evaluate whether that translates into skill development, knowledge acquisition, and behavior change.

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