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# Evaluation of Epione Training in Trauma Enhanced Practice Supported by Community Justice Scotland

## Survey of Participants: Headline Findings



**Epione**  
Training and Consultancy



**Introduction**

This brief summary report provides headline findings from the evaluation of Epione Training in Trauma Enhanced Practice by The Lines Between. The training is supported by Community Justice Scotland. The findings have been drawn from analysis of participant survey responses, which explored the extent to which the intended learning outcomes had been achieved and how participants went on to apply their learning to their daily practice, and more widely across their team or service.

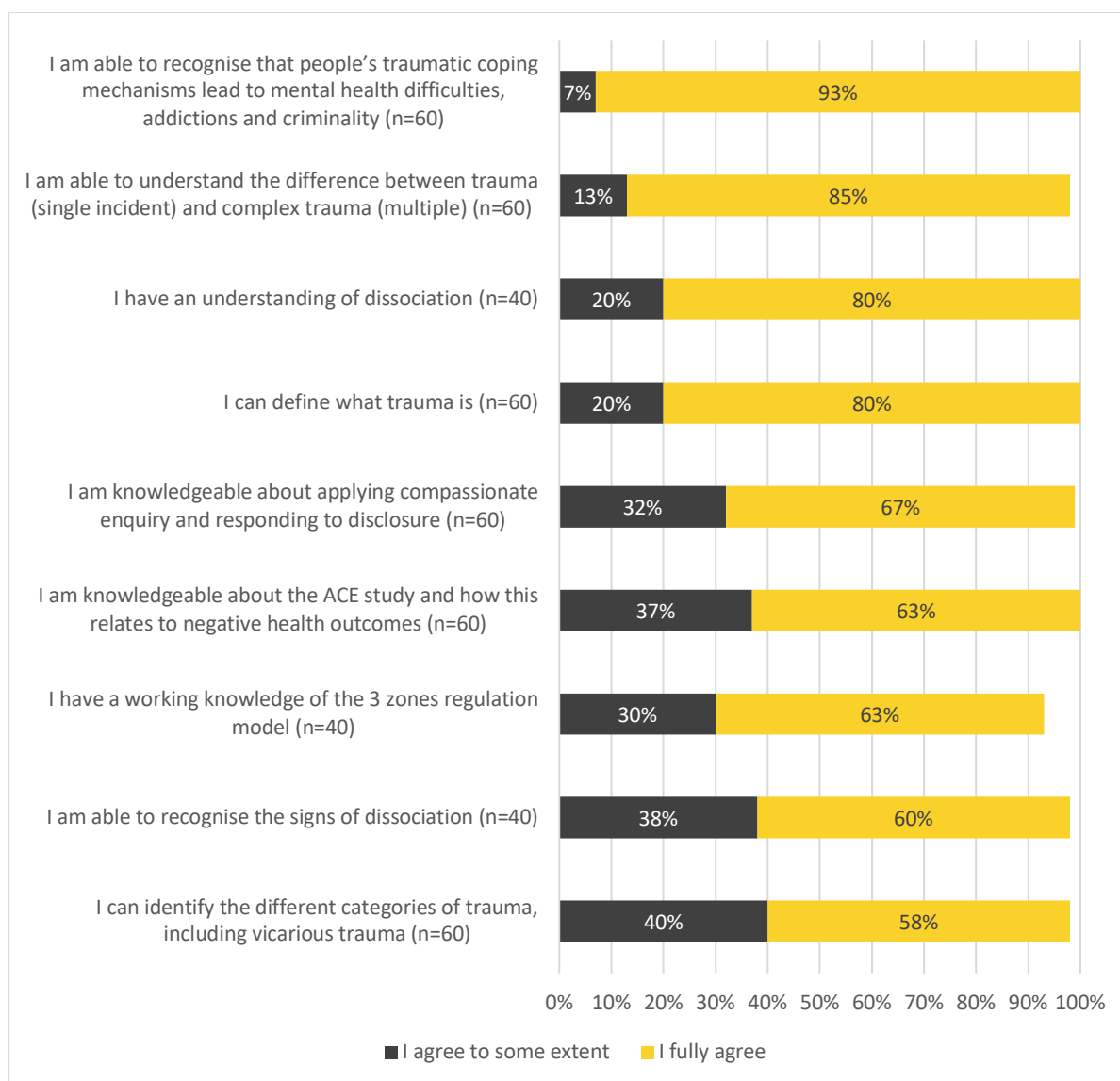
The evaluation is nearing its completion, with only a handful of follow up discussions yet to take place with training participants, to explore the training experience and outcomes in more depth.

A full and detailed evaluation report will be developed upon completion of the remaining fieldwork.

### Learning outcome: knowledge and understanding of trauma

Survey responses post training show that the training was successful in enhancing participants’ knowledge and understanding of trauma (Figure 1). The vast majority of respondents fully agreed or agreed to some extent that, as a result of participating in the Trauma Enhanced Practice Training, they can now define what trauma is, recognise different types of trauma, and understand that people’s traumatic coping mechanisms can lead to mental health difficulties, addictions and criminality. Participants also improved their knowledge of concepts including dissociation, compassionate enquiry, and the affect regulation model [Paul Gilbert, 2009].

**Figure 1: Knowledge and understanding of trauma: as a result of participating in Trauma Informed Practice Training...<sup>1</sup>**



<sup>1</sup> In Figures 1-5, we have presented the percentage of respondents who stated ‘I fully agree’ or ‘I agree to some extent’ with each of the statements presented. There were two other answer options: ‘I don’t agree’ and ‘I don’t know/not sure’. We have not presented these options in these charts because very few respondents selected these.

Comments from participants include the following:



*“The training gave me a better understanding of trauma and how this impacts on the people I work with.”*

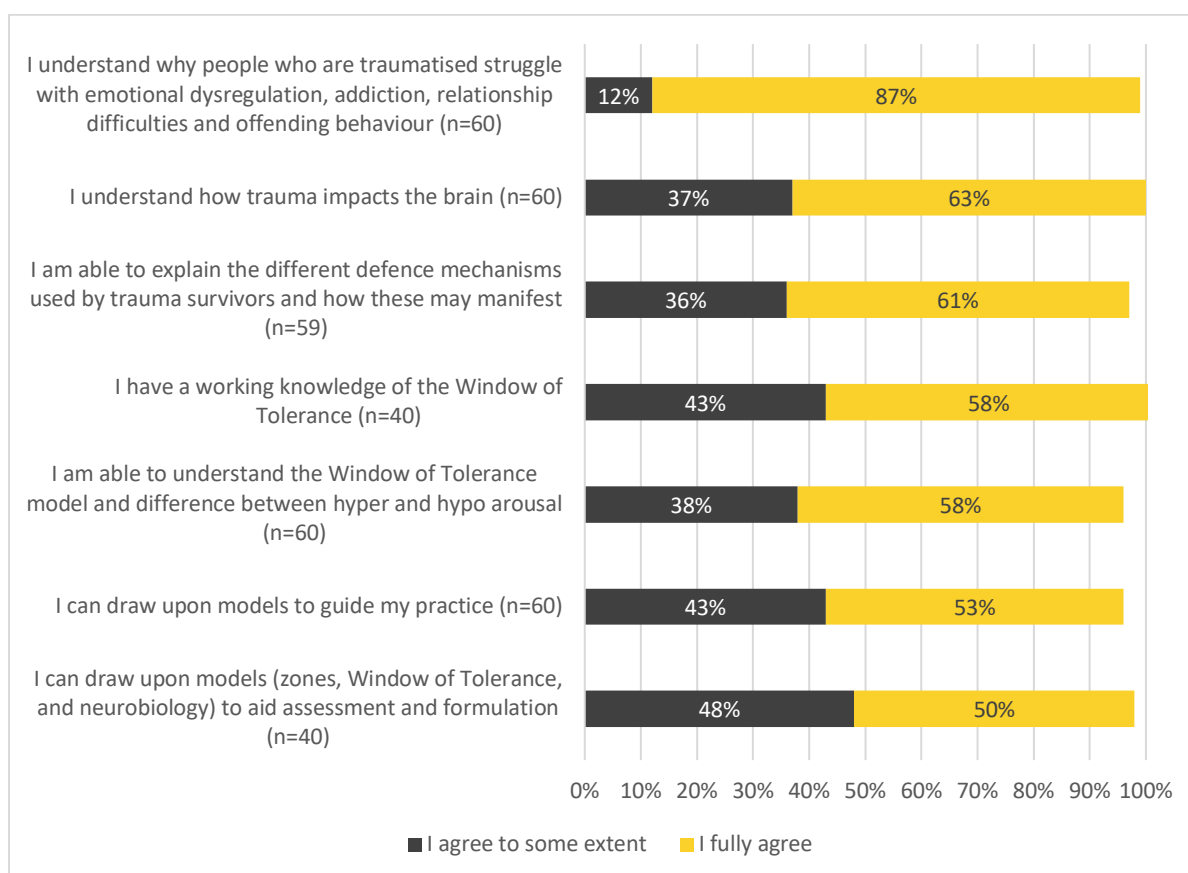


*“I gained a great deal of knowledge about the causes of trauma and the trajectories out of it.”*

**Learning outcome: Neurobiology of trauma**

Similarly, Figure 2 shows that participants increased their understanding of the neurobiology of trauma. Respondents reported gaining understanding of trauma’s impact on the brain, and why people who have experienced trauma have difficulty with emotional dysregulation, addiction, relationship difficulties and offending behaviour, as well as being able to explain the different defence mechanisms used by trauma survivors. Participants also learned about different models to guide their practice such as the Window of Tolerance (Dan Siegel, 1999).

**Figure 2: Neurobiology of trauma: as a result of participating in Trauma Informed Practice Training...<sup>2</sup>**



Participants were very positive about the impact of the training on their understanding of the neurobiology of trauma. One, for example, said the programme was better than other similar training for this reason.

<sup>2</sup> Some percentages add up to more than 100% due to rounding.

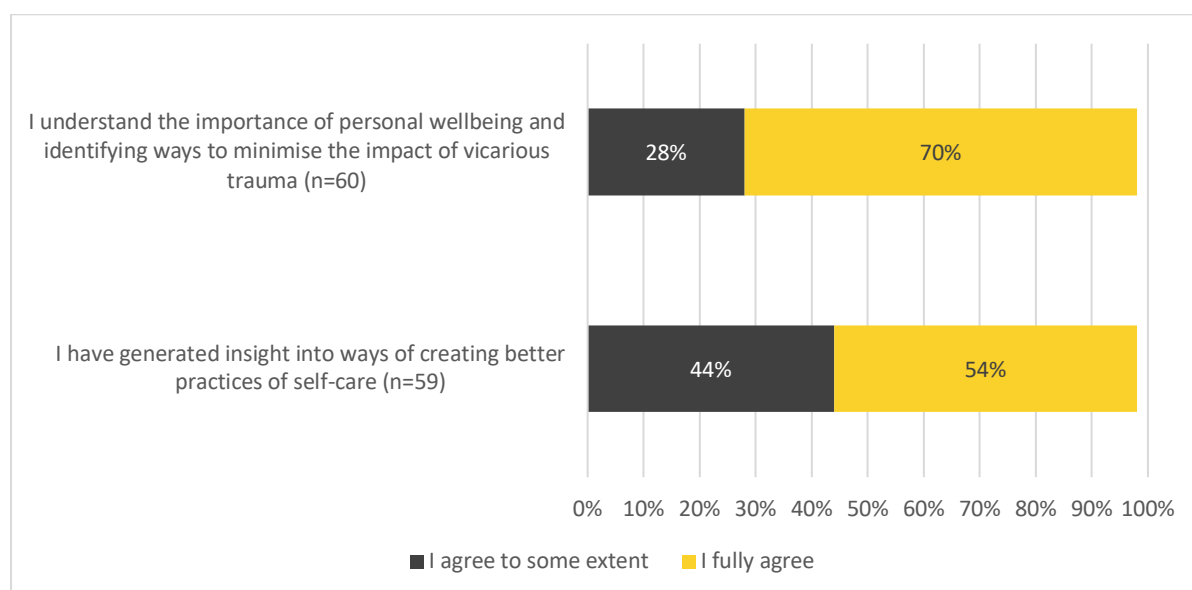


*“[This was] the best trauma training that I have participated in. I have now engaged in three different seminars/training and this is the only one so far that has explained how the brain copes with a trauma and how that can manifest itself later. I felt this was a critical element in order to adapt one’s own approach to dealing with someone that has suffered trauma.”*

### Learning outcome: Self-care

Participants also reported that the training helped them to learn about self-care (Figure 3). Large proportions agreed that the training helped them to understand the importance of personal wellbeing and to gain insight into better practices of self-care.

**Figure 3: Self-care: as a result of participating in Trauma Informed Practice Training...**



Some respondents provided comments on this topic, for example:



*“On a personal note, it explained my own responses (as a result of a trauma) to certain things.”*

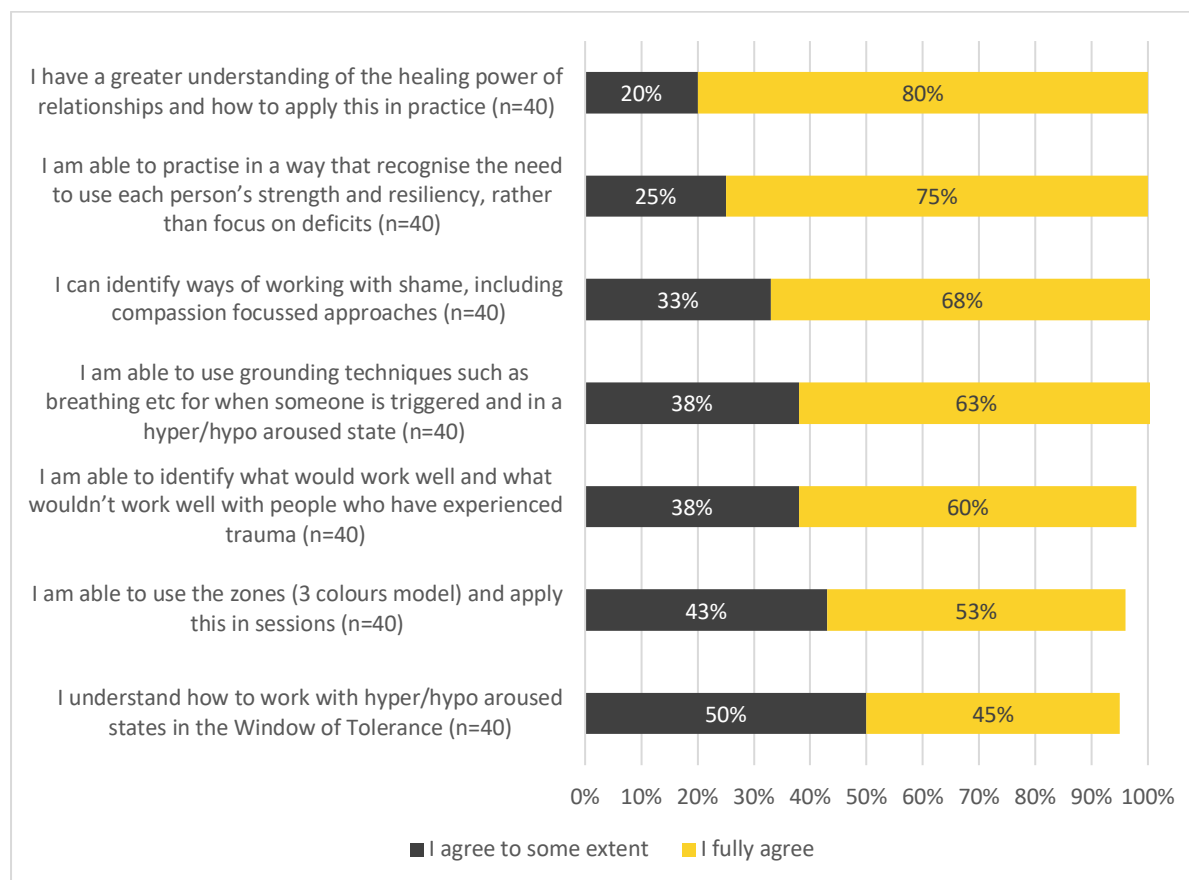


*“I learned a lot and the training highlighted areas for improvement for myself in my own life and in my working life in helping others.”*

### Learning outcome: Technique and practice (being trauma responsive)

The training also had a positive impact on participants’ technique and trauma responsive practice. Respondents agreed that the training enhanced their knowledge of approaches to working with people who have experienced trauma and of various models to support these individuals (Figure 4).

**Figure 4: Technique and practice: as a result of participating in Trauma Informed Practice Training...**<sup>3</sup>



Many respondents gave examples of ways in which they have applied their learning from the training in practice. Some described adopting a more person-centred approach, including taking time to consider the reasons for a service user's behaviour, and formulating trauma-informed approaches to support the individual. Two detailed examples are presented below:



*"A service user new to the service asked to be sent home on an outdoor placement stating he suffered from agoraphobia. As he did not declare this at sign-up and had travelled to the placement, there was a lot of staff commentary about how he was 'at it'. I met with him on duty and asked him to explain how his agoraphobia feels and affects him. I did not insist that he provide medical evidence (as advised by colleagues) and instead we established that his agoraphobia is variable and can be triggered and this placement triggered his anxieties. He did mention ACEs and these were indeed noted in historical records. We looked through various options and he is now happily working outdoors in a single, small placement (sheltered housing) and all conduct reports are positive. So rather than invalidate his feelings, attempt to question his condition and insist that they had to continue in this placement, we were presented with a problem and we worked co-operatively to find a solution."*

<sup>3</sup> Some percentages add up to more than 100% due to rounding.

“Being able to focus on relationships and provide nurture to my women I work with is amazing. I have had some excellent feedback about my practice and this is all because I focused on exploring the woman's trauma and helping her understand how this had impacted her life. For her to understand that there was nothing 'wrong' with her, but there was something wrong with what had happened to her was powerful. She told me 'You must be the only person in the world who can make the worst thing that's ever happened to someone into the best thing that's ever happened to them'. She was suicidal before coming to her first appointment with me, and now she has a bright future and has hope. She has returned to her nursing studies after completing her order with me. Working with her has been a huge learning curve for me, and gave me an excellent opportunity to put into practice what I have learned, and see the outcomes of it. Incredible.”

Some reported using the models discussed in the training to help service users understand their emotions and better manage their behaviour.

“I use the 'zones' [Paul Gilbert, 2009, emotional regulation model] to check in with service users to ensure they are feeling regulated, discuss difficult emotions and be able to progress with the session.”

“I have used the 3 circles [Paul Gilbert, 2009, emotional regulation model] with clients to develop understanding and insights into their thoughts, feelings and behaviour and where trauma and substance use impacts on these related parts.”

A few identified making practical changes to the environment within which they work with service users to make it feel more welcoming.

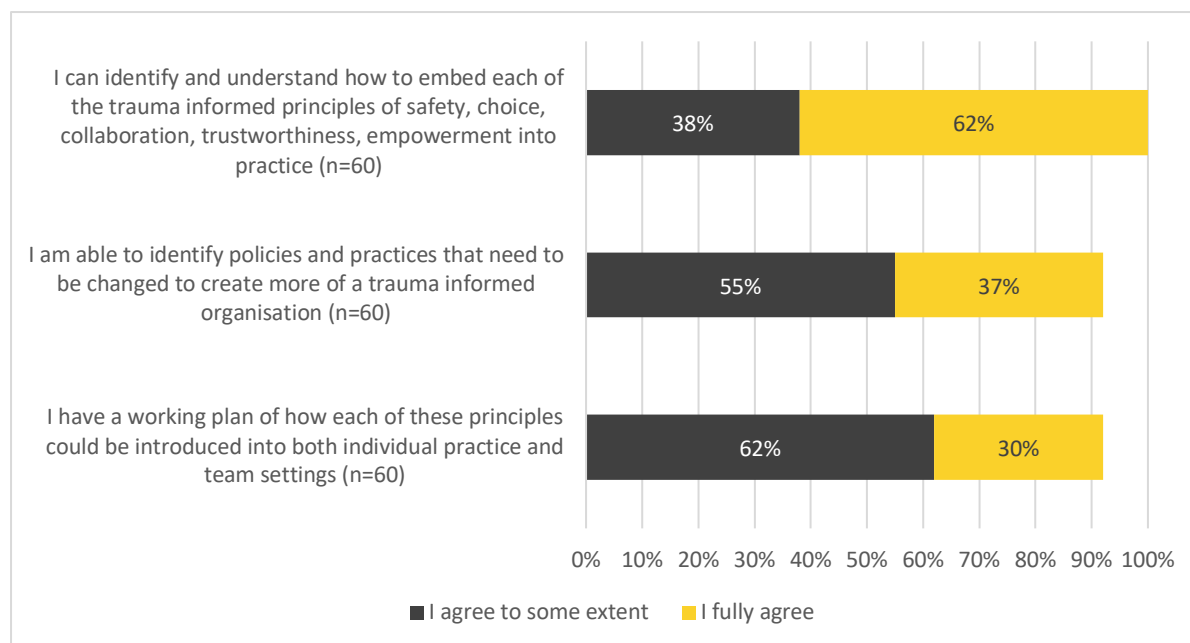
“I have been instrumental in changing the environment in the working area changing away from plain magnolia walls, away from a clinical feel to a warm, inviting, softer environment.”

“I am now more conscious about the environment and how it can be trauma inducing, have re-arranged the interview rooms to enhance privacy and tried to make them more inviting and less formal environments.”

### **Leaning outcome: Creating a trauma-informed team**

Figure 5 indicates that the training helped participants to enhance their ability to create a trauma-informed team. Large proportions agreed that the training helped them to make progress towards embedding trauma-informed approaches within their wider team.

**Figure 5: Creating a trauma-informed team: as a result of participating in Trauma Informed Practice Training...**



In free text responses, some participants described feeding back to colleagues about the training and discussing practices and policies that could be improved from a trauma-informed perspective. While some reported it was too early to achieve changes, others have encouraged a more compassionate approach among team members along with practical changes, such as to the wording of letters for service users.

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*“We share ideas regularly across our team but we have bonded recently over the use of certain trauma resources and used these together in appropriate situations.”*

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*“We discuss the principles of safety and changed the letters we send to people as they can appear quite pointed/distressing and may cause people to dysregulate and disengage.”*

It is worth noting, however, that smaller percentages of respondents fully agreed with learning outcomes related to influencing their wider team than other questions. Thirty-seven per cent fully agreed that they are able to identify policies and practices that need to be changed and 30% have a working plan of how each of the trauma-informed principles will be introduced. This is perhaps not surprising: as some respondents commented, it is still too early to achieve substantial changes among their teams, although this is something they are working towards.

### **Participants’ experience of the training**

Participants provided very positive feedback about their experience of the training. They were particularly complimentary about the skills and knowledge of the facilitators, who delivered the training effectively and in a welcoming and inclusive way, despite the challenges posed by online delivery. Some comments are below:



“Facilitation was delivered in a confident and competent manner. Facilitators modelled appropriately warmth, compassion and acceptance of group members; I was made to feel included. The ambiance set by facilitators was informative and educational; their knowledge and competence came through.”

“[The facilitators] were so engaging and the way they deliver makes it really interesting. It’s clear they are experts in their field and able to refer to so many practice experiences.”

“I was amazed that I felt so engaged on the training – [the facilitators are] so passionate about the subject with vast amounts of knowledge and experience.”

There were mixed opinions regarding the online delivery of the training. Some participants liked the convenience and comfort of taking part online.

“I am finding online learning more enjoyable and effective online. Being in your own home (for me) fosters a more relaxed environment conducive to learning. Simple things such as no commuting stress, the room temperature is at your personal preference (I’m always freezing otherwise!!) and it’s simply infinitely more comfortable in your own seating. You still feel connected to the facilitator and other participants through the online platforms.”

“I enjoy training online as I am in a relaxed and quiet environment with no disturbances.”

“I did not feel that the online learning proved to be a barrier to the training and it is more convenient for me because I usually have to either stay overnight prior to training events or travel very early on the morning of the event because Training events are usually held in Inverness when COVID 19 restrictions are not being applied.”

Others, meanwhile, would have preferred face-to-face training. While online delivery was necessary during the COVID-19 pandemic, these participants identified challenges associated with online training delivery, including technical difficulties and the lack of face-to-face interaction.

“Ideally the training would have been delivered face-to-face. Internet issues prevented me from fully engaging in some of the group exercises.”

“I massively struggle with online learning and more so training. A massive plus for me of this type of training is being surrounded by colleagues and like-minded people and connecting. I find it hard to connect with people via computer screen. You also lose the lovely part of training which is the discussions that happen over breaks and lunches. These are more natural conversation and you are always drawn towards certain individuals. This is not possible on ‘break out rooms.’”

**Summary**

Overall, the responses to the survey were very positive and evidenced the application of theory to practice and learning outcomes being achieved. Participants reported gaining valuable new learning including enhanced understanding of trauma, the neurobiology of trauma and self-care.

There was widespread praise from participants for the facilitators' skills and knowledge, and, while some would have preferred face-to-face delivery, others commented favourably about the online nature of the training.

Participants were able to give examples of how they have applied learning from the training in their personal practice, although, in relation to wider teams changes, some reported that it is too early to have fully implemented these.