Trauma-Informed Substance Use Prevention Training
A Collaborative Evaluation

Trey Jenkins and Angie Geren
August 18, 2020
Summer Institute
Phoenix, AZ
What are we going to talk about today?

- Project background
- Collaborative evaluation
- Findings
- Highlight on rural capacity building
- Discussion
He, Him, His
PhD Student
Dad & Husband
Camping and Fishing
Comic Books

For this project I was the lead evaluator.

The Principal Investigator on this project is Dr. Tasha Mendoza, MSW, PhD.
Angie Geren
Project Director, AZ Adverse Childhood Experiences Consortium

She, Her, Hers
Community Development
Mom & Fiancé
In Recovery
Water and cool nights

For this project I was Project Director for the implementation of Trauma Informed Substance Use Prevention Training for Community Coalitions 😊
How ACEs influence health and well-being throughout life

ACES, Trauma and Health Risk Behavior
Leading the nation: 44% of Arizona children ages 12-17 have 2 or more ACEs

NSCH, 2011-12
Of people age 12 and older have engaged in substance use

Children in AZ who have 5 or more ACEs

SAMHSA, 2019
Trumping the ACEs
Trainings will facilitate greater collaboration

Community Coalitions

Schools

Justice Systems

Faith-Based Organizations

Direct Service Providers
Successes

1300 participants trained in Arizona.

400 hours of technical assistance provided to 17 coalitions in Arizona.
Collaborative Evaluation
So what was our evaluation design?

- Pre CFI
- Post-Retro
- Observations

Regional Training

Coalition and Community Training (September to December 2019)

- Post-Retro
- Observations

- Post CFI
- Working Alliance
- Post-Retro

Coalition and Community Training (January to April 2020)
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Instrument</th>
<th>Who gets it</th>
<th>When do they get it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge gained &amp; Training</td>
<td>TISUPT Post-retro survey</td>
<td>Everyone who attends a training</td>
<td>Immediately following the training</td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboration</td>
<td>Pre CFI survey</td>
<td>Regional training attendees/coalition members only</td>
<td>Immediately following the training</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Post CFI survey</td>
<td>Regional training attendees/coalition members only</td>
<td>February 2020 (6 months post regional training)</td>
</tr>
<tr>
<td>Working Alliance</td>
<td>Working Alliance - Coach survey</td>
<td>Coaches</td>
<td>February 2020 (6 months post regional training)</td>
</tr>
<tr>
<td>Working Alliance</td>
<td>Working Alliance - Coalition survey</td>
<td>Coalition members</td>
<td>February 2020 (6 months post regional training)</td>
</tr>
<tr>
<td>Training Effectiveness</td>
<td>Observation tool - external observer</td>
<td>Evaluation staff on behalf of coaches/trainers</td>
<td>3 regional trainings and 7 subsequent coalition trainings</td>
</tr>
</tbody>
</table>
Findings

Overall, the training was successful. There were statistically significant increases in knowledge, likely as a result of the training, among all participants for all modules, with the largest gains among rural participants for modules 1 and 2. Collaboration, working alliance, and effectiveness were also rated highly.
There were favorable ratings for the trainers’ ability to engage with and train the coalition members. The primary concern with the curricula was accessibility for all learners. Additionally, the evaluators noted some issues with unclear objectives or objectives were not clearly articulated by the trainer.
Participants rated the training favorably, on average. The scale is a 5-point Likert Scale.
Working Alliance

Coalitions reported strong bond and strong task agreement.
Collaboration

Average rating 5-point scale

- Appropriate cross-section of members: 4
- Members share a stake in process and outcome: 4.02
- Stakeholders engaged: 4.13
- Development of clear roles and policy guidelines: 4.15
- Members share a stake in process and outcome: 4.19
- Diverse representation: 4.19
- Adaptability: 4.25
- Communication: 4.29
- Concrete, attainable goals and objectives: 4.29
- History of collaboration: 4.33
- Seen as a legitimate leader in the community: 4.38
- Ability to compromise: 4.39
- Shared vision: 4.58
- Members: Mutual respect, understanding and trust: 4.69
- Mutual respect, understanding and trust with external partners: 4.75
Demographics associated with differing perceptions of collaboration

Younger coalition members rate collaboration lower on average than older members.

Newer coalition members rate collaboration higher than veteran members.

Minority coalition members rate collaboration lower than white members.

Rural coalition members rate collaboration higher than urban members.
Knowledge Increase

Average increase in learning

MODULE 1 AVERAGE
MODULE 2 AVERAGE
MODULE 3 AVERAGE
MODULE 4 AVERAGE
MODULE 5 AVERAGE
MODULE 6 AVERAGE
MODULE 7 AVERAGE

1.22
1.18
1.13
1.08
1.26
1.13
1.65
## Knowledge Increase

<table>
<thead>
<tr>
<th>Module</th>
<th>Objectives</th>
<th>Average Scores</th>
<th>T-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td></td>
<td>Prevalence of ACEs</td>
<td>2.81</td>
<td>4.13</td>
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<tr>
<td>Module 1</td>
<td>ACEs impact on the brain and behavior</td>
<td>2.93</td>
<td>4.14</td>
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<td>Other factors that contribute to ACEs</td>
<td>2.87</td>
<td>4.05</td>
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<td>Public perception/stigma of ACEs</td>
<td>2.70</td>
<td>3.90</td>
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<tr>
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<td>Resiliency from ACEs</td>
<td>2.64</td>
<td>3.85</td>
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<tr>
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<td>Module 1 Average</td>
<td>2.79</td>
<td>4.01</td>
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<tr>
<td>Module 2</td>
<td>Body's balance system</td>
<td>2.64</td>
<td>3.86</td>
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<td>Adaptation and Mitigation</td>
<td>2.51</td>
<td>3.90</td>
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<tr>
<td></td>
<td>Stress Response</td>
<td>2.99</td>
<td>3.97</td>
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<tr>
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<td>The cumulative harm effect</td>
<td>2.73</td>
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<td>Relevance system</td>
<td>2.49</td>
<td>3.70</td>
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<td>2.67</td>
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*p-value < .05 indicating statistical significance*
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<th>Module</th>
<th>Objectives</th>
<th>Average Scores</th>
<th>T-test</th>
<th>Significance</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Urban</td>
<td>Rural</td>
<td>Difference in Mean</td>
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<td>Module 1 Baseline</td>
<td>Prevalence of ACEs</td>
<td>2.96</td>
<td>2.47</td>
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<td>ACEs impact on the brain and behavior</td>
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<td>Other factors that contribute to ACEs</td>
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<td>Public perception/stigma of ACEs</td>
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<td>Resiliency from ACEs</td>
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<tr>
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<td>Stress Response</td>
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<td>The cumulative harm effect</td>
<td>2.89</td>
<td>2.20</td>
<td>0.68</td>
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<tr>
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<td>Relevance system</td>
<td>2.6</td>
<td>2.18</td>
<td>0.42</td>
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Capacity Building in Rural Populations - Special Considerations

- Affected Populations
- Cultural Competency
- Limited Access
# Capacity Building in Rural Communities - Lessons Learned

<table>
<thead>
<tr>
<th>Strengths of the Community</th>
<th>Barriers in the Community</th>
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<tbody>
<tr>
<td>Proportional Impact</td>
<td>Internet Access</td>
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<tr>
<td>Collaboration</td>
<td>Geographical Spread</td>
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<td>Greater Motivation</td>
<td>Information Overload</td>
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</table>
Acknowledgements

A special thank you to the coalition members and leaders, curriculum developers, and principal investigator, who graciously spent their time and gifts on this project.

Coalition
Casa Grande Alliance (CGA)
Copper Corridor
Graham County Substance Abuse Coalition
HEAAL
Liberty Partnership Kino Neighborhoods Coalition (LPKNC)
Marana Prevention Alliance
MSTEP
Phoenix Coalition 4 Resilience
Pima County Community Prevention Coalition
Santa Cruz County Drug Free Community
South Mountain WORKS Coalition
Tempe Coalition
Urban Indian Coalition
WOW Coalition
SafeOut Coalition
Chandler Substance Use Coalition
Matforce
Health Pima
Sunnyside Neighborhood
Apache County Drug Free Coalition
Be Awesome Youth Coalition
Southern Arizona Mentoring Coalition

Module
Overview of ACEs
ACEs & Substance Use Disorder (SUD)
Creating Substance Use Prevention Campaigns
Partnerships for Treatment & Prevention of SUD - Justice Systems (JS)
Partnerships for Treatment & Prevention of SUD - Schools
Partnerships for Treatment & Prevention of SUD - Faith-Based Organizations (FBO)
Partnerships for Treatment & Prevention of SUD - Direct Service Providers (DSP)

Developer
Marcia Stanton, MSW
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https://azaces.org/online-learning/