

One-day Trauma Informed Systems Change Training helps a large, multi-state Housing nonprofit organization Heal people, the System, and change Policies and Practices

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Abstract

Objective

Six months of Trauma Informed Systems Change training, coaching and consultation, for a multi-state housing nonprofit that serves over 14,000 families per year, was found to result in changes to practices and policies and increased safety, increased awareness, recognition and prevention of stress and trauma. The objective of this article is to demonstrate how effective and intentional trauma informed systems change training (which considers those being served by a system and those who serve in a system) can positively impact individuals and organizations meaningfully and sustainably.

Methods

From February 1 through February 28, 2025, a trauma informed environmental scan of over 35 core policies were reviewed, observations made and recommendations for policy and practice changes offered. From February 2025 through May 2025, 450 housing staff completed a 6-hour virtual trauma informed training that covered the neuroscience of stress, fear and trauma, vicarious trauma and healing, organizational trauma and healing, trauma informed leaders and leadership and application of trauma informed principles to people and systems. Each participant was given a 59-item Survey for Trauma Informed Systems Change (STISC) pre-survey via RedCap a day prior to the training, and upon completion of the training was sent a STISC post-survey. Two hundred fifteen completed pre-survey subscales and 28 completed post-survey subscales. From May 2025 to August 2025, a governance structure was established for a Trauma Informed Care Taskforce and a process developed to recruit 24 staff members from across all 14 states and disciplines within the agency to make a yearlong commitment to participate. These recruited staff were also paid stipends above their salary for their time and expertise. This aspect of the consultation is critical because it establishes institutional memory and codifies the trauma informed change process.

Results

Scores on the STISC self-assessed knowledge and attitudes and training, support, interaction, and environment subscales increased significantly after training ($p < 0.001$ and $p = 0.02$ respectively after multiple testing correction). There were no significant changes in safety and acceptance at work, system-wide knowledge and attitudes, and awareness of cultural background at work subscale scores.

Conclusions

The organizational trauma-informed change process that The Community Builders, Inc. has adopted is worthy of sharing, as similar institutions may benefit from having a window into a process that has

proven effective to date as leadership is reimagined and greater trust is built among all community members through consistent communication, full transparency, intentional inclusion of widely diverse voices, and a focus on safety and mattering.

Introduction

Housing and work as social determinants of health

The World Health Organization (WHO) describes social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (WHO, 2008). It is imperative to highlight specific components of SDOH, particularly where people live and work as these aspects account for more than 75% of a human being’s existence and where people live (housing), and work disproportionately have a profound impact on overall health and well-being. (Burgard, S. A., Deryugina, T., & Molitor, D., 2021 & Lin, K. Y., 2013). Multiple studies outline the relevance of SDOH overall (Bentley et al., 2025; Butler, 2022; Mwoka et al. 2021; Rolfe, Garnham, Godwin et al., 2020). However, fewer studies isolate components or delve deeper into specific elements of SDOH by way of actual case example to demonstrate ‘how’ to meaningfully improve quality of life for individuals and systems. Furthermore, even fewer studies demonstrate the powerful impact of trauma informed systems change training on living (housing) and working (employment) as systems, to improve housing and work profoundly and positively as SDOH.

The Community Builders, a multi-state housing nonprofit committed to establishing and maintaining safe communities

Such is the case of a multi-state housing agency that provides services in 14 states, including MA, RI, CT, NY, NJ, MD, NC, PA, VA, IL, OH, MI, IN, KY, MN and DC. The Community Builders, Inc. (TCB), is a not-for-profit real estate organization that develops high-quality homes for families, seniors, and people with disabilities. Established in 1964, TCB’s mission is to build and sustain strong communities where all can thrive by advancing fair housing via affordable, and mixed-income communities. TCB owns and manages over 14,000 apartment homes, connecting residents with resources to support upward economic mobility. TCB builds and sustains robust communities by working collaboratively with businesses, institutions, and public officials to revitalize neighborhoods meaningfully. TCB imagines a world with vibrant, safe, and inclusive neighborhoods in which all people live in healthy homes with equitable access to resources and opportunities to pursue their dreams. TCB provides babies a healthy start, connects new parents to professionals they can trust, and establishes on-site preschools, career centers, and neighborhood amenities. Equally, TCB operates as a retail landlord and invests in neighborhoods to stimulate economic revivals through commercial business development.

TCB's impact is undeniable, with 35,000 apartment homes completed since 1964; \$137M investments in minority-owned businesses; 15,000 + apartment homes in their portfolio; 27,000 + residents found home through this organization and 74% residents feel valued in their community. TCB conducted a qualitative survey of their residents and found that 43% of seniors struggle with loneliness, increasing health risks; 25% of renters are at risk of eviction; and lack of credit history keeps low-income residents unable to access jobs and opportunities. They began to focus on improving these factors by integrating social work and navigation services within their apartment complexes across and withing states. After a year of intervention, upon re-survey, the following was achieved: 83% seniors reported feeling connected; 99% of residents who received coaching remain housed, fostering long-term stability; 1,272 TCB residents established credit, increasing economic upward mobility.

TCB is a responsive organization and desires to remain on the cutting edge to help its members and the community it serves. Over the last five years, TCB began to appreciate a rising trend among its members. TCB members who work on the frontlines, including on-site property managers, social workers and residents services staff that work at specific apartments in specific neighborhoods, and the supervisory staff who support frontline workers, noted significantly high levels of exposure to suffering and trauma by the residents they serve and the neighborhoods they work in.

TCB is a powerful housing system. There is keen recognition that this housing system is not limited to the residents and communities and neighborhoods they serve, but it powerfully and equally includes the members of the organization that serve the communities and neighborhoods (staff and supervisors). Further, if the system is to work well, be safe, sustainable and robust, then the servants providing the service must be safe in all forms, psychologically, physically, financially and spiritually. Based on their observations of trauma exposure, TCB's leadership team committed to 6-month trauma informed systems change training and consultation for the purpose of creating safety and healing environments for their members. Consultation included a trauma informed environmental scan of key policies and procedures with recommendations for modifications; training of 450 of their members in trauma informed approaches and practices; peer-to-peer coaching and establishment of a trauma informed taskforce.

Trauma-informed principles (Kim S, Lee H, Connerton TP 2020; Moreland-Capuia 2019; SAMHSA 2014) were used to help TCB's members and the organization heal, as well as an attempt to increase retention among the site-base employees:

- **Safety (psychological and physical)** - an organization and people create the conditions where everyone feels safe enough to exist, engage, work, and grow. Safety is not only a requirement to thrive, but a right for everyone.
- **Empowerment/voice/choice** - a natural benefit of an organization creating the conditions for safety is greater empowerment and elevation of voice and choice of its members. In other words, individuals who may have been harmed by the system feel safe enough to engage with and in the system to influence the change they want to and are able to.

- **Peer support** - persons with diverse experiences/expertise in an organization link up, build trust amongst themselves, and share in their unique perspectives and personal power toward the healing and development of themselves and the collective and the organization.
- **Transparency and trustworthiness** - the organization establishes open and continuous channels for feedback and act on the feedback where and when they can; members of the organization have access to and can engage with as much information as possible; there is clarity in 'how' and 'why' decisions are being made; what data is being used to drive decisions/how the data is collected, etc. When this level of transparency is consistent, it lays the foundation for members of an organization to trust the organization.
- **Collaboration and mutuality** - everyone at every level of the organization is approachable, there is opportunity for greater connection and bi-directional exchange, a welcoming of feedback and sharing of information. It is the recognition that healing is more likely in the context of connection. If this principle is executed with intentionality, it buoys inclusion and belonging rather powerfully.
- **Cultural/historical/gender considerations** - the organization and its members acknowledge and prevent further traumatization caused by discrimination, racism, gender bias and all bias; is gender and culturally responsive, and it acknowledges and prevents historical trauma in any form. The organization and its members are intentional in changing narrative to change behavior/culture.

Application of a trauma informed lens to TCB

What happens when you apply a trauma informed lens to the system of housing and employment as key social determinants of health?

This study set out to examine the impact of trauma informed systems training on the quality of work and the workplace that is the housing system/agency. There were three specific foci:

1. The impact of trauma informed systems training on administrative and front-line staff that work in housing as a system, including case managers, maintenance staff, chief executive officers, human resource staff, property managers, community engagement officers, resident services coordinators, and peer supports.
2. The influence of trauma informed systems training on attitudes and thinking of housing staff.
3. The effect of trauma informed training on housing policies and practices.

The organizational trauma-informed change process that TCB has adopted is worthy of sharing as similar institutions may benefit richly from having a window into a process that has proven effective to date, as leadership is reimagined and greater trust is built among all community members through consistent communication, full transparency, intentional inclusion of widely diverse voices and a focus on safety and mattering (Moreland, 2019; Moreland et al., 2023).

Methods

Environmental scan - The effectiveness of the change processes would be measured in two ways. The first measure of meaningful change is completion and execution of all 35 + recommended policy, practice and programmatic changes as outlined in the environmental scan; the second measure would be captured via the successful construction and execution of a TCB taskforce.

Training – 450 of TCB's staff members, including executive leadership team and staff members at every level of the organization, participated in a one-day, six-hour, trauma-informed workshop facilitated by a national expert in trauma-informed organizational change through McLean Hospital's Institute for Trauma-Informed Systems Change with the "Training for Change" curriculum. Four, six-hour trainings were offered every 2 weeks over a two-month period to accommodate 100–125 participants per training. This curriculum covered the neurobiology of fear/stress/trauma, understanding post-traumatic stress disorder, mental health challenges and trauma, substance use disorders and trauma, recognizing traumatized organizations, helping traumatized organizations heal, the psychological impact of racism, trauma-informed leadership and trauma-informed narrative. (Moreland-Capuia, 2019; Moreland-Capuia, 2021) TCB's staff members participated in a "Training for Change" curriculum designed to cover twelve hours of material in an abbreviated yet complete fashion (Moreland-Capuia, 2019). Studies powerfully demonstrate that when an organization and its members possess shared language and understanding they are more likely to move toward a shared destiny. (Moreland-Capuia 2019; Thomas J, McDonagh D 2013; Yow WQ, Lim TZM 2019;)

A day before each training, each participant received a RedCap link via email to complete a 59-item Survey for Trauma Informed Systems Change (STISC) and immediately after the completion of the training received RedCap link via email to complete a 59-item STISC post survey. STISC is a validated measure of culturally responsive trauma-informed care (TIC) and services that can be administered to professionals in any field or industry (Moreland-Capuia et. al., 2023). Two hundred fifteen of the 450 participants (48%) completed one or more STISC subscales pre-training, and 28/215 (13%) of participants who completed pre-training subscales completed the post-training survey.

Construction of TCB Trauma Informed Taskforce – the purpose was two-fold: a) to review recommendations from environmental scan and worked towards meaningful and sustainable implementation and b) to develop an organizational trauma-informed trauma response policy.

TCB's Trauma Informed Taskforce consisted of 24 + leaders from across the organization who hold the expertise and influence to make structural and organizational change as recommended in the environmental scan. TCB's Trauma Informed Taskforce consist of 24 + members from across the organization representing each leadership level to include executive to supervisory to frontline - members at every level of the organization. The objective was to ensure that every unique voice at TCB was included in the transformation process. TCB's Trauma Informed Taskforce included a physician who holds expertise in trauma-informed systems change. This expert physician facilitated the first two-months of the taskforce, consulted with TCB staff and then transitioned the process to TCB leadership

for continued work. The taskforce was given the authority to monitor, review and provide input on policy changes and restructuring plans as produced by the environmental scan recommendations.

Compensation – Taskforce members were given a \$75/meeting stipend to honor their service and expertise on this committee. This was an intentional and important element of the transformation work – it required the institution to tangibly demonstrate its appreciation for the committees' efforts.

How the committee operates – TCB Trauma Informed Taskforce Committee members committed themselves to be governed by trauma-informed principles in word and in action. The goals of psychological safety, voice and choice, collaboration, transparency, respect for shared expertise and prevention of re-traumatization were on full display at every stage of each respective committees' work (Moreland-Capua, 2019).

Development of the charter - Trauma informed principles were at work in the co-construction of the charter for the committee. The framework for the charter was co-drafted with trauma informed subject matter expert and members of the committee and was subject to several rounds of feedback and clarification before finalizing. The committee committed to re-visiting and revising the charter as appropriate, every six-months. This level of open-ended feedback is critical in a trauma-informed process (Moreland-Capua, 2019).

How the committee works:

- Each committee was given a one-year window to serve with the caveat that change takes time and the process would then be re-evaluated. There is also a firm understanding from trauma-informed literature that organizational trauma-informed change(s) take at least 18 months and a lifetime of practice.
- The first committee meeting involved norming, creating safety and building rapport and trust.
- Committee members determined how they would work together and make decisions.
- Community agreements were co-established among committee members to make certain that psychological and emotional safety was always maintained.
- Every meeting started with a sixty-second mindful/meditative moment to help all members ground themselves and center themselves in the purpose for every meeting and what they were called to do in the shared space for that specific moment. Grounding is critical.

Statistical Analysis

Demographic characteristics of participants and STISC pre-training subscale scores were summarized using frequencies, percentages, means, and standard deviations. Logistic regression tested for associations of demographic characteristics and pre-training subscale scores with probability of completing a post-training survey among pre-training survey respondents. The method of generalized estimating equations accounted for clustering by training date.

Changes in mean subscale total scores after training were estimated using repeated-measures linear regression, one model per subscale, with random intercepts for training date and unstructured residual covariance between pre-training and post-training scores from the same participant. These models accommodated incomplete data from participants who did not complete post-training surveys under the missing at random assumption. A standardized effect size for each subscale was calculated by dividing the model-estimated mean change after training by the standard deviation of the pre-training subscale score.

Data from all participants who completed one or more pre-training STISC subscales were included in the analysis, and no missing data were imputed. Statistical tests were two-sided. Tests for associations with probability of completing a post-training survey were conducted at the test-wise $\alpha = .05$ significance level. A Hommel step-up multiple testing correction was applied to p-values for tests for change in subscale scores to control the family-wise error rate for those tests at a significance level of 0.05. All 95% confidence intervals (CIs) reported are individual confidence intervals. Analysis was conducted using version 9.4 of SAS software (SAS Institute, 1985) and version 4.51 of R software (R Core Team, 2025).

Results

Demographic characteristics of participants who completed at least one pre-training STISC subscale and their mean pre-training subscale scores are presented in Table 1. Mean age was 46 years, and about three quarters of respondents were women. The most commonly endorsed racial identities were White (41%) and Black or African American (40%), and one quarter identified as Hispanic or Latinx. There were no significant associations of demographic characteristics or pre-training STISC subscale scores with probability of completing a post-training survey.

Table 1

Demographic Characteristics and Mean Pre-Training Survey for Trauma-Informed Systems Change Subscale Scores for Survey Respondents Who Completed One or More Subscales, All Respondents (N = 215) and By Response to Post-Training Survey

	All Respondents	Responded to Post-Training Survey		
	N = 215	Yes, n = 28	No, n = 187	p ^a
Demographic Characteristics				
Age in years, mean (SD)	46.1 (13.1)	46.1 (17.2)	46.1 (12.4)	1.00
White, n (%) ^b	88 (41%)	10 (36%)	78 (42%)	0.06
Black or African American, n (%) ^b	87 (40%)	12 (43%)	75 (40%)	0.82
American Indian or Alaska Native, n (%) ^{b,c}	< 5 (< 2%)	< 5 (< 15%)	< 5 (< 3%)	na
Asian, n (%) ^c	< 5 (< 2%)	< 5 (< 15%)	< 5 (< 3%)	na
Native Hawaiian or Other Pacific Islander, n (%) ^{b,c}	< 5 (< 2%)	< 5 (< 15%)	< 5 (< 3%)	na
Hispanic or Latinx, n (%) ^b	54 (25%)	8 (29%)	46 (25%)	0.61
Gender identification, n (%) ^{c,d}				0.74
Man	46–48 (22–23%)	7–9 (26–33%)	39–41 (21–22%)	
Woman	162–164 (76–77%)	20–22 (74–81%)	142–144 (77–78%)	
Other identification ^e	< 5 (< 2%)	< 5 (< 15%)	< 5 (< 3%)	
Highest education level, n (%) ^c				0.72
Highschool diploma or GED	23 (11%)	< 5 (< 15%)	19–22 (10–12%)	
Some college	47 (22%)	5–6 (18–21%)	41–42 (22%)	
Associate’s degree	38 (18%)	9–10 (32–36%)	28–29 (15–16%)	
Bachelor’s degree	57 (27%)	6–7 (21–25%)	50–51 (27%)	
Master’s, professional, or doctoral degree	50 (23%)	7 (25%)	43 (23%)	

	All Respondents	Responded to Post-Training Survey		
	N = 215	Yes, n = 28	No, n = 187	p ^a
Pre-training total subscale scores, mean (SD) ^d				
Self-assessed knowledge and attitudes	81.6 (14.4)	85.4 (12.4)	81.1 (14.6)	0.30
Safety and acceptance at work	25.9 (5.6)	27.2 (4.3)	25.8 (5.7)	0.10
System-wide knowledge and attitudes	24.9 (4.2)	25.3 (4.1)	24.8 (4.2)	0.33
Training, support, interaction, and environment	65.6 (12.6)	70.5 (10.2)	64.8 (12.8)	0.23
Awareness of cultural background at work	11.4 (2.4)	11.4 (2.1)	11.4 (2.4)	0.97
a. p-values are from logistic regression associating probability of completing the post-training survey with demographic characteristics and pre-survey total subscale scores. The method of generalized estimating equations accounted for clustering by training date. Demographic categories associated with cell counts < 5 were excluded from statistical models.				
b. Respondents could endorse any number of race and ethnicity categories.				
c. Some frequencies and percentages are presented as ranges to avoid disclosing exact cell counts less than five.				
d. Three respondents selected “Prefer not to say” for gender identification. Seven of the 215 respondents were missing safety and acceptance at work pre-training subscale totals; training, support, interaction, and environment pre-training totals; and awareness of cultural background at work pre-training totals.				
e. Includes transgender man, transgender woman, non-binary or gender-nonconforming, and other.				

The figure presents model-estimated mean STISC subscale scores pre-training and post-training, and Table 2 presents model-estimated mean changes and associated CIs and significance tests. The largest observed post-training change was for the self-assessed knowledge and attitudes subscale, with a mean increase of 8.9 (95% CI: 4.8, 13.0) points and a standardized effect size of 0.62 ($t_{(33)} = 4.41$, corrected $p < 0.001$). Change in the training, support, interaction, and environment subscale was also statistically significant but more modest, with a mean increase in 3.3 (95% CI: 1.1, 5.5) points and a standardized effect size of 0.26 ($t_{(28)} = 3.07$, corrected $p = 0.02$). There were no significant mean changes for the safety and acceptance at work, system-side knowledge and attitudes, and awareness of cultural background at work subscales.

Table 2
Model-Estimated Post-Training Changes (Post-Training Minus Pre-Training) in Survey for Trauma-Informed Systems Change Subscale Total Scores, N = 215 Total Respondents^a

	Mean Change (95% CI)^b	ES^c	t-statistic^b	df^b	p^{b,d}
Self-assessed knowledge and attitudes	8.9 (4.8, 13.0)	0.62	4.41	33	< 0.001
Safety and acceptance at work	-0.4 (-1.8, 1.0)	-0.07	-0.54	26	0.60
System-wide knowledge and attitudes	0.9 (-0.2, 2.1)	0.22	1.62	30	0.35
Training, support, interaction, and environment	3.3 (1.1, 5.5)	0.26	3.07	28	0.02
Awareness of cultural background at work	0.4 (-0.4, 1.1)	0.16	1.05	26	0.60
a. Number of respondents contributing data per subscale was 208–215 pre-training and 28 post-training.					
b. From repeated measures linear regression accounting for clustering by training date and using the Kenward Roger method for adjusting degrees of freedom, test statistics, and standard errors. A Hommel multiple testing correction was applied to control family-wise error rate over the five tests for change.					
c. Effect sizes were calculated by dividing the model-estimated mean change by the pre-training standard deviation of the subscale score.					
d. A Hommel multiple testing correction was applied to control family-wise error rate for 5 statistical tests.					
Abbreviations: CI = confidence interval, df = degrees of freedom, ES = standardized effect size.					

Discussion

A study by Mangus et al., 2023 demonstrated that trauma informed systems change training via the “Training for Change” curriculum results in meaningful and sustainable change in individuals, organizations and practices (Mangus et al., 2023) – this was based off STISC pre and post surveys + 6-month post-training surveys. Changes for TCB, as assessed by pre and post surveys, were more modest but still demonstrated significant improvement in two domains. Direct feedback from TCB members demonstrate that this trauma-informed change process is useful, effective, and certainly not ‘business as usual.’ TCB engaged meaningfully and thoughtfully with the recommendations from the trauma informed environmental scan and assured that every recommendation will be tended to overtime as the results of the environmental scan are core in the work of TCB’s trauma informed taskforce.

TCB is meeting the moment, the demand and requirement for safety (physical and psychological), as well as promoting its work via a commitment to inclusion and belonging. Training of staff members and leadership team of the organization was a critical and required step in becoming a trauma-informed organization. Leadership at every level must have a shared language and understanding of what it means to be trauma-informed; to possess a shared understanding assures shared vision. The process has embraced intentional employment and integration of trauma-informed principles at every stage, in every process, in every decision, and providing trauma-informed training to the persons leading the change makes all the difference (Moreland-Capuia 2019). This six-month trauma informed training, coaching and consultation has re-ignited hope among TCB members, provided a common language to use when talking about trauma, and has laid a sturdy foundation for building and maintaining trust among its members. Several studies point to the significance of 'hope' in building and sustaining positive organizations (Ludema et al. 1997; Pharris et al. 2022). Prioritizing safety, accountability, voice and choice, thoughtful inclusion and transparency are not just ideals that sound good on paper – when they are thoughtfully and intentionally employed, they compel the kind of transformation and healing that people and institutions need and deserve. In our experience, these are ideas, practices and approaches worth spreading. Although there is still much to be done, this work is iterative and generative, change is happening and has happened, and a community is on the edge of its healing and that healing is being driven by members and for members. This trauma-informed process has allowed for conscious inclusion and intentional belonging and empowerment.

TCB and its leaders have begun the important work to improve trust among its members; to create the conditions for healing; to evolve leadership and to co-create the change process. Most important is that members can see and feel the change. It is tangible as evidenced by the results of the pre and post - surveys and in the process of establishing the trauma informed taskforce.

Some limitations of this work to date include the fact that not all members have gotten in-person trauma-informed training directly, but they do have access to all the presentation slides and an hour-long video on trauma-informed organizational change which includes the foundational training that 450 of their colleagues received. Research asserts that active learning of certain subjects is superior to passive learning (Freeman et al. 2014). This work does require significant time, commitment and energy and is being done by members of the TCB who hold demanding full-time jobs. This limitation was mitigated by securing protected time for the one-day workshop and an additional monetary stipend for their participation on the trauma informed taskforce. Members, supervisors and managers have been recognized and appreciated for their efforts. Historically, recognition and appreciation have been noted as powerful motivators for members and leaders in organizations. According to a 2019 Harvard Business Review article by Mike Robbins, it is important to understand the distinction between recognition and appreciation. Robbins asserts that recognition (about what people do) is about offering positive feedback based on results or performance while appreciation (about who people are) is about acknowledging a person's inherent value. (Robbins 2019) Studies demonstrate that employees stay longer at an organization when there is positivity among leaders and members and where they feel appreciated (Avey et al. 2011; Cameron and McNaughtan 2014; Carr et al. 2003; Friedman 2022; Livi et

al. 2015). Appreciation is central to a trauma-informed organizational change process and keeps folks engaged, anchored and on the edge of hope amid challenges that come with any change process.

Another notable limitation of this study included pre and post STISC response rates. There was only approximately 50% response (250/450) rate for the STISC pre-surveys. Pre-surveys were sent via email the day before the training. In this case, it was sent on a Sunday, when most folks are not working and or are working but in the field. There were structural and systemic things that may have precluded the fullest participation. Even when the pre-survey STISC reminder was given an hour before the start of the training, most participants were not able to complete it because they were handling last minute emergencies in the field. The survey is easy, but it may have been easiest to hold 10 minutes of space at the start of the training to allow participants to complete it. Equally, the post STISC was sent via email one-day post training to give participants time and space to process what they've learned after a long-productive day of training. The response rate to post STISC may have been low for several reasons to include: a) folks were getting back to work and literally did not have time complete the survey given the nature of their work in the community and at housing sites and b) they may have confused the post STISC with the CME/CE survey that was also sent for CME/CE credit on the same day. Participants were confused by two surveys coming at different times even though it was explained at the beginning what surveys they would receive and when. This could have been mitigated by taking 10 minutes at the close of the training to have participants complete the post STISC. Interpretation of the STISC survey results is limited by the low response rate to the pre-training survey, and the low response rate to the follow-up post-training survey among pre-survey respondents. The experiences of those who responded to the surveys may not be representative of the experiences of TCB participants overall.

We understood the powerful benefit of peer-led change and voice, (Buxton et al. 2023; McHale et al. 2022; Webel et al. 2010), hence the intentional appointment and participation of leaders from all 14 states and across multiple disciplines at TCB in the trauma informed taskforce. Initially, the taskforce struggled to appreciate their own sense of agency and power to communicate which slowed down our efforts to create broad-based understanding of the ongoing work to transform the organization. Implementation of multi-modal forms of communication to meet all learning and engagement styles across and within TCB was important to reinvigorate this process and consistent with literature regarding the critical role multi-modal communication plays in a workplace and change process (Hanna and Richards 2018; Hartle, Facchinetti and Franceschi 2022; Partan 2013).

Conclusion

A trauma informed system change process has been effective for a multi-state housing nonprofit like TCB and can inform other similar organizations seeking to create safety and build the conditions for healing and mattering, as well as to improve retention among frontline employees. TCB has committed to becoming a trauma-informed organization; it committed itself to over 6 months of unlearning and relearning combined with a lifetime daily commitment to practice and change (Center for Substance Abuse Treatment (US) 2014). STISC pre and post survey results suggest that while the process - the

‘how’ the organization is changing - has not always been easy, it (the process) is worth it and the changes that TCB seeks are happening; its members are leading the charge, meaningfully and sustainably.

The objective of this study was to show the long-term effectiveness of a one-day workshop with our Training for Change curriculum. In our previous study entitled “Training for Lasting Trauma-Informed Change,” we demonstrated while employing pre and post STISC, that 2-days of training changed individual attitudes, knowledge, confidence in trauma informed change and systems change across and within multiple systems (Mangus et al., 2023). The current study focused specifically on 450 housing nonprofit leaders and the impact of one-day training with our Training for Change curriculum. Pre and Post STISC demonstrated that attitudes, knowledge, confidence and trauma informed systems change occurred. These results further suggest that: a) the Training for Change curriculum is useful in helping to facilitate trauma informed change in all systems, b) one-day “Training for Change” curriculum is just as impactful and effective as two-day workshops (as demonstrated from Mangus et al. 2023 study), and c) the data further validate the STISC as a useful tool in measuring trauma-informed, culturally responsive change in all systems. Most organizations cannot afford two-days of training, but they can accommodate one-day of training. We hope that organizations will pursue the one-day “Training for Change” workshops/curriculum to facilitate sustainable and meaningful change within and across their organizations.

Declarations

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Contributions

All authors, including David Jones, Elizabeth Suarez-Gonzalez, Caitlin Ravichandran, Kerry J. Ressler, and Alisha Moreland-Capuia, contributed to the study conception and design. Material preparation, data collection and analyses were performed by Caitlin Ravichandran and Alisha Moreland-Capuia. Statistical analysis was done by Caitlin Ravichandran. The first draft of the manuscript was written by Alisha Moreland-Capuia, and David Jones, Kerry J. Ressler and Caitlin Ravichandran commented on previous versions of the manuscript. All co-authors read and approved the final manuscript.

Ethics declarations

Ethics approval

Institutional Review Board (IRB) approval was granted by Massachusetts General Brigham, IRB2021P002889, for evaluating the impact of trauma-informed training on a multidisciplinary, cross-sectional group in a virtual setting.

Consent to participate

Not applicable

Consent for publication

Not applicable

Conflicts of Interest

Alisha Moreland-Capuia receives royalties from two SpringerNature publications, *Training for Change* and *The Trauma of Racism*. David Jones, Elizabeth Suarez-Gonzalez and Caitlin Ravichandran have no conflicts of interest to declare. Kerry Ressler has performed scientific consultation for Bioxcel, Bionomics, Acer, Seaport, and Jazz Pharma; serves on Scientific Advisory Boards for Sage, Boehringer Ingelheim, Senseye, and the Brain Research Foundation, and he has received sponsored research support from Alto Neuroscience and Compass Pathways. These relationships are not related to the work described in this manuscript.

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Data availability

Not applicable

Code availability

Not applicable

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Figures

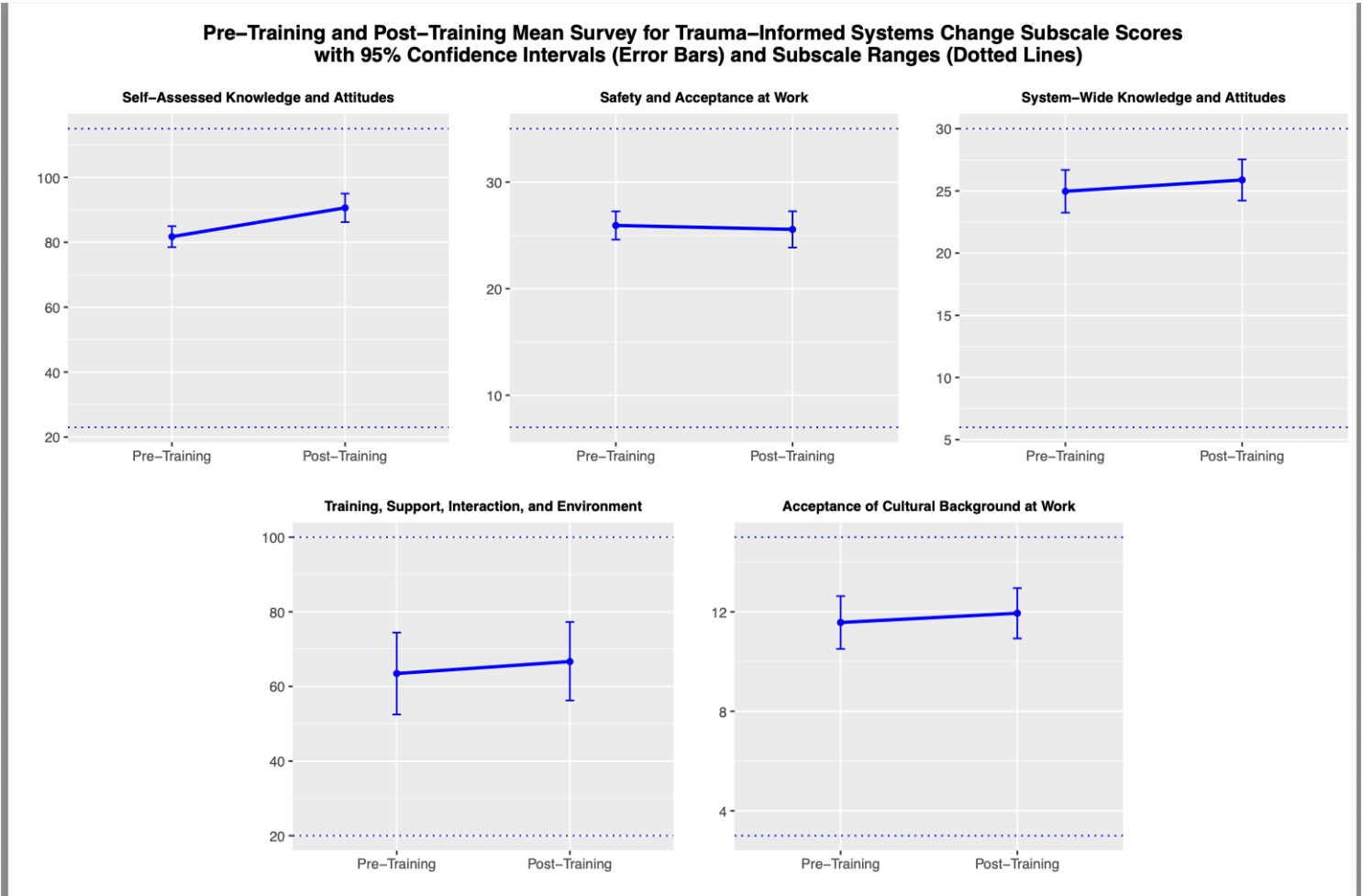


Figure 1

Legend not included with this version.