**Outcomes of a Trauma, Neurodiversity and Shame Aware Training in Residential Substance Use Treatment Settings**

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**Introduction:** Trauma, neurodiversity and shame are highly prevalent among people seeking substance use treatment. Despite growing recognition of their clinical relevance, training on these overlapping concepts remains limited. The current study aims to understand key levers (such as attitudes, knowledge and practice barriers/facilitators) for embedding trauma, neurodiversity and shame informed approaches into service delivery.

**Methods:** A mixed methods study was conducted in six residential substance use treatment services across Australia. Service sites were allocated to a training group or a no-intervention control group. 115 staff completed online surveys assessing attitudes and knowledge of the training approaches. Surveys were administered pre-training, post-training, and at three-month follow-up and analysed using linear mixed models. In-depth qualitative interviews further explored staff perspectives. The sample was predominantly women (69.6%), highly experienced (73.7% working in the sector > 15 years), with 24.1% identifying as neurodivergent.

**Results:** Attitudes toward trauma-aware, shame-aware and neurodiversity-aware practice did not change significantly, reflecting ceiling effects at baseline. Knowledge improved significantly in the training group relative to controls across all three subscales: trauma-informed knowledge ($p < .001$), shame aware knowledge ($p = .003$), and neurodiversity aware knowledge ($p < .001$). Qualitative findings echoed these results, with participants identifying shame and neurodiversity awareness as important knowledge gaps addressed by the training, while also reporting barriers to implementing training content in practice. Three-month follow-up data will be available at the time of the conference.

**Discussions and Conclusions:** Workforce training can meaningfully improve staff knowledge across trauma, shame and neurodiversity domains. Ceiling effects on attitudinal measures highlight the need for sensitive instruments in experienced workforce samples.

**Implications on communities, practice, policy and/or First Nations communities:** Findings support investment in trauma, shame and neurodiversity aware workforce training in substance use settings. Addressing identified implementation barriers will be critical for translating knowledge gains into sustained practice change.

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