

# Trauma-informed care in healthcare settings

## Rapid evidence check

May 2022

Rapid evidence checks are based on a simplified review method and may not be entirely exhaustive, but aim to provide a balanced assessment of what is already known about a specific problem or issue. This brief has not been peer-reviewed and should not be a substitute for individual clinical judgement, nor is it an endorsed position of NSW Health.

### Evidence check question

What are some of the identified barriers and enablers to successful implementation of trauma-informed care in health care settings?

### Summary

In Australia, there are an increasing number of strategic plans and recommendations that support and mandate implementation of trauma-informed care principles and practice.<sup>1</sup> There have also been many other reports, guidelines, research and advocacy. As a result, implementation and evaluation of trauma-informed care has become a federal, state and local priority for mental health services across Australia and specifically in NSW.<sup>2-11</sup>

Despite this, managers, clinicians, and consumers report that there remains:

- an ongoing struggle to translate core principles of trauma-informed care into practice
- a lack of implementation support
- a need for system-wide culture change.<sup>1, 12-16</sup>

This rapid evidence check examined 11 systematic reviews from Australia, the United States and Canada and included research and resources from a grey literature search. Key themes that were identified include:

- a strong desire among healthcare workers for training on trauma-informed care
- a need to operationalise core principles of trauma-informed care into practice and for systems and services to provide support to staff to implement trauma-informed care into practice
- a need for a coordinated multi-level approach to successfully implement trauma-informed care
- a consistent definition for trauma-informed care needs to be adopted to provide clarity
- a need to evaluate trauma-informed care approaches and consistent measures of outcomes to guide best practice
- a strong commitment from leadership at all levels is essential to ensure successful implementation of trauma-informed care.

## In brief

Much of the literature on the topic of trauma-informed care (TIC) is descriptive, however, 11 systematic reviews synthesised findings from the quantitative and qualitative evaluative studies of relevant outcomes. They found TIC interventions to be safe, responsive, empowering, and collaborative.<sup>1, 17-26</sup>

## Enablers

The following factors were identified as enabling the implementation of TIC.

### Training

- A strong desire for in-depth TIC training was reported in three reviews.<sup>1, 25, 26</sup>
- Training has been shown to create a shift towards more TIC practices.<sup>17, 27-29</sup>
- In-depth training on trauma-informed care which includes both coursework on evidence-based treatment and fieldwork under the supervision of clinicians using the same treatment was described as a best practice approach to TIC training.<sup>1, 25, 26</sup>
- Organisational commitment to fully adopting TIC training and ongoing commitment to continuous professional development:<sup>19, 22, 30, 31</sup>
  - To provide an effective trauma-informed service, it is recommended that all staff involved in the delivery of care understand the effects, symptoms and behaviours associated with trauma, and the risk of re-traumatisation in mental health services.<sup>30</sup>
  - Non-clinical staff such as front-desk staff or security contribute to enabling patients to feel safe. It is recommended that they are included in all staff in trainings and awareness-building events.<sup>32</sup>
- A systematic approach to TIC training in nursing programs<sup>26</sup>
- A culturally competent workforce<sup>20, 21, 26</sup>
- Understanding patients' developmental and systemic experiences can help to enable clinicians to have a more comprehensive and holistic view of their patient's presentation.<sup>23, 27, 30</sup>
- Useful approaches that clinicians can incorporate into treatment include: emotion regulation, psychological acceptance, interpersonal skills, attachment, dissociation, and trauma memory re-processing.<sup>23</sup>
- Delivery of trauma-informed training may need to be prioritised, starting with nurses who will directly benefit from the training and have the capacity and ability to train their colleagues and peers.<sup>19, 33</sup>

### Coordinated multi-level approach and implementation support

Multiple reviews concluded that there is a need for a coordinated multi-level approach to successfully implement TIC.<sup>1, 17, 18, 21, 22, 24, 30, 33</sup>

- Integrative policies and practices and systems-based approaches that include the integration of trauma-informed concepts and principles are favorable and effective.<sup>17, 22, 24, 30-33</sup>

- Organisations that have most successfully implemented TIC have reviewed and amended TIC procedures and policies, provided training to all staff, and have followed recommended guidelines and refinements in TIC, included using system-level approaches.<sup>17</sup>
- There has been a shift away from a sole emphasis on individual-level treatment towards embracing integrative policies and practices and systems-based approaches to trauma-informed work.<sup>22</sup>
- Policy directives that stipulate more than just TIC training to deliver TIC; directives that require services to have a clearly defined model of TIC, with policies and procedures to support the model and processes to monitor and evaluate it in an ongoing manner are effective<sup>24</sup>
- Financing structures will support resourcing for staff training, development of safe and appropriate facilities; peer support; evidence-based trauma screening assessment; treatments and recovery supports and development of cross-agency collaboration.<sup>31</sup>
- Coordination of TIC implementation between system and clinical levels of healthcare. For example, trauma-informed care occurs at the system level and includes trauma-specific clinical practices. These practices include trauma screening and the delivery of trauma-specific treatment.<sup>24, 32</sup>
- A TIC framework to support implementation and allow the opportunity for a common understanding and approach to service delivery across sectors and service providers<sup>18, 33, 34</sup>
- Statewide initiatives with strong collaborations among healthcare, mental health, child welfare, juvenile justice, and education systems have great potential to enhance wellbeing, decrease re-victimisation, improve health, social and educational outcomes, and promote change at a societal level<sup>17, 31</sup>

### Evaluation of TIC approaches and consistent measures of outcomes

- Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.<sup>22, 31</sup>
- Psychometrically valid and reliable measures of trauma-informed approaches at multiple levels of intervention can enhance understanding of how initiatives may advance population health.<sup>22</sup>

### A strong commitment from leadership at all levels

- A strong commitment from system and organisational leadership is identified as an enabler to ensure successful implementation of TIC.<sup>17, 25, 30-34</sup>
- Organisational commitment to fully adopting and embedding a trauma-informed approach is needed when seeking training for trauma-informed practice.<sup>19, 34</sup>
- When the leadership at all levels of an institution identifies TIC as a priority, hiring practices, staff training policies, and work environments can be modified enabling the organisation to create collaborative, safe, and patient-centred environments while proactively preventing re-traumatisation.<sup>17, 32</sup>
- There is a need for leadership 'buy in' and support.<sup>25, 32, 34</sup>
- Support for ongoing professional development and wellbeing<sup>20, 27, 30, 31, 34</sup>

- An organisational commitment will enable the identification of trauma and create pathways to holistic family wellbeing assessment and intervention, the prevention of long-term negative health outcomes and a reduction in healthcare costs.<sup>17</sup>

## Barriers

The following were identified as barriers towards implementation of TIC.

## Training

- Nurses not being trained in TIC during preparatory education.<sup>26</sup>
  - Nursing students may need to be well-equipped to screen, assess, and provide care to patients who have a history of trauma. To date, no standardised trauma curriculum has been implemented in nursing education. Nursing students graduate with limited to no clinical knowledge and skills for providing TIC or addressing the specific needs of trauma survivors.
  - A systematic approach to education on trauma is currently lacking in nursing programs.<sup>17, 26</sup>
- While TIC has been emerging for some time, most mental health practitioners have not yet received formal training in this approach.<sup>28, 30</sup>
- Foundational training on TIC doesn't meet the needs of a diverse workforce. There is an identified gap in training staff in various levels of competency.<sup>34</sup>
- Providers' fears and uncertainty on how to address and acknowledge trauma in patients<sup>17, 28</sup>
- Lack of evidence-based guidance on how to provide crisis interventions in a trauma-informed way<sup>1, 18</sup>

## Lack of operational and consistent definition of trauma-informed care

- Multiple reviews indicated that a lack of a common definition of TIC is a barrier to implementation.<sup>1, 20, 22-24, 30</sup>
- There is a need for the principles of TIC to be operationalised for healthcare workers.<sup>22, 35</sup>
  - There is lack of uniformity around the principles of TIC, particularly for mental health nurses.<sup>30</sup>
  - There is a need for a consensus on what the central components of TIC are and how these should be operationalised, how trauma screening should be operationalised, and what the outcomes of trauma-informed care should include.<sup>24</sup>
  - Currently, there is a lack of evidence-based guidance on TIC for health and service providers.<sup>1, 18</sup>
  - There is a need for specific health service sectors to develop operational definitions of trauma-informed care that capture practices in specific settings. Operationalised definitions within specific settings should result in more consistency in ongoing practice and less 're-invention of the wheel' in initiatives, such as the development of definitions, guidelines, and training packages.<sup>24</sup>

- There is an underdeveloped understanding of what outcomes from TIC are for consumers and staff.<sup>24, 35</sup>
  - Bendall et al., 2021 concluded that in parallel with a lack of consensus regarding TIC components and practices, there is a lack of consensus around what trauma-informed care outcomes should be in outpatient youth health settings.<sup>24</sup>

### Coordinated multi-level approach and implementation support

- Competing organisational demands, trauma and re-traumatisation experienced by mental health workers, can often be a source of conflict for providing TIC.<sup>1, 33, 34</sup>
- TIC cannot be implemented without directly addressing the pressures on mental health systems and workers, the lack of resources across settings and the limitations of current models of care.<sup>35</sup>

### Need for evaluation of TIC approaches and consistent measures of outcomes

- There is a lack of research that guides best practice.<sup>20</sup>
  - It is critical to support research that guides best practice for TIC implementation in service delivery, and translate this emerging evidence-based research into mental health policies and refine TIC strategies, indicators and evaluation measures.<sup>20</sup>
- A systematic review of system measures of trauma-informed approaches concluded that underdeveloped research on measurements poses challenges for evaluating the effectiveness of models.<sup>22</sup>
- One systematic review which investigated system-based measures that assess the extent to which practices were trauma-informed found that 77.6% assessed organisational-level staff and climate characteristics.
  - There remains several challenges to this emerging field, including inconsistently reported psychometric data, redundancy across measures, insufficient evidence of a link to stakeholder outcomes, and limited information about measurement development processes.<sup>22</sup>

### Limitations

The inclusion criteria were limited to a systematic review which may miss single interventional studies if not captured in a review article. The inclusion criteria were also limited to studies published between 2019–2021. Only PubMed database was searched. People with a lived experiences of TIC were not involved in the process of developing and conducting the evidence check.

### Background

Trauma is defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful and has lasting adverse effects on a person’s mental, physical, social, emotional or spiritual wellbeing”.<sup>36</sup> It is estimated that 75% of Australians have experienced a traumatic event in their lifetime. This rate is similar to the 70% reported internationally, with Aboriginal, prison and socially disadvantaged populations reporting higher rates.<sup>1, 14, 20, 21, 37, 38</sup>

TIC is a re-conceptualisation of traditional approaches to healthcare based on an awareness of the high prevalence of trauma in the lives of people accessing and working in health services and the potential for trauma or re-traumatisation to occur in the context of care.<sup>1, 12-15, 18, 20, 25</sup>

TIC is based on the principles of safety, choice, collaboration, trust and empowerment.<sup>14</sup> It emphasises safety and minimises re-traumatisation for service providers and people accessing services. Trauma-informed care changes the question from 'What is wrong with you?' to 'What has happened to you?'.

There is a well-established link between experiences of trauma and the development of mental health conditions. Most people who access mental health services have a lived experience of trauma or a history of complex trauma.<sup>1, 12-14, 16, 17, 23, 39</sup>

People who work in these settings are also at risk of experiencing trauma and re-traumatisation.<sup>1, 12, 14, 40, 41</sup> Mental health services and treatment can unintentionally cause trauma and re-traumatisation to consumers and carers through a range of processes and practices. Specifically, these are the use of coercive practices, such as seclusion, restraint, enforced medication administration and involuntary treatment and detention.<sup>14, 15, 24, 42</sup>

Adoption of trauma-informed practice builds on the principles of patient-centred and recovery-oriented care to recognise the role that experiences of trauma play in healthcare encounters and outcomes.<sup>14, 15, 18</sup> TIC is associated with decreased use of seclusion and restraint; improved symptoms (including shorter length of stay, increase in rates of discharge to lower levels of care and decrease in presenting problems); better patient reported outcomes and coping skills and fewer staff injuries. It also has cost benefits.<sup>2-9, 11-14, 17, 18, 38</sup>

Multiple reports, investigations and inquiries over the past decade, including the *Royal Commission into Institutional Response to Child Sexual Abuse* and the *Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Health Facilities*, have made recommendations for implementation of trauma informed care in NSW.<sup>42, 43</sup>

In response to these – and many other reports, guidelines, research and advocacy – implementation and evaluation of TIC has become a federal, state, and local priority for mental health services across Australia and specifically in NSW.<sup>2-11</sup>

Despite this, managers, clinicians, and consumers continue to report that there exists an ongoing struggle to translate core principles of trauma-informed care into practice, a lack of implementation support, and a need for system-wide culture change.<sup>1, 12-16</sup>

In 2019, the Agency for Clinical Innovation published the [Trauma-informed Care and Mental Health in NSW Evidence Series](#) to investigate whether trauma-informed care works. It also considered the extent to which mental health services in NSW are trauma informed. The evidence series concluded that trauma-informed care is associated with:

- a decreased use of seclusion and restraint
- improved symptoms including shorter length of stay
- an increase in rates of discharge to lower levels of care
- a decrease in presenting problems
- better patient reported outcomes and coping skills

- fewer staff injuries
- cost benefits.

However it also found mental health services had a long way to go before being considered trauma-informed.<sup>14</sup>

This rapid evidence check sought to provide an update to the original evidence series by investigating some of the identified barriers and enablers to successful implementation of TIC in healthcare settings.

## Methods (Appendix 1)

PubMed was searched on the 8 Dec 2021 to identify peer reviewed review articles. The studies are provided in table 1. Hand searched articles known to the researchers were also included. Grey literature was searched on Google. The studies are provided in Table 2. The search terms used, and inclusion/exclusion criteria are outlined in Appendix 1.

## Results

**Table 1 PubMed Search**

Note some of the information may have been copied directly from the source material.

Source	Summary
<b>Peer reviewed sources</b>	
<p><a href="#">Can mental health nurses working in acute mental health units really be trauma-informed?": An integrative review of the literature</a></p> <p>Wilson, et al., 2021 <sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Overall, there is poor quality of studies exploring TIC in acute mental health units from the perspective of mental health nurses (MHN).</li> <li>• MHN are seeking to develop basic skills expected to be gained in earlier preparatory education to respond therapeutically to consumers.</li> <li>• There is lack of uniformity around the principles of TIC, particularly for MHN.</li> <li>• Competing organisational demands, trauma and re-traumatisation experienced by MHNs, can often be a source of conflict for nurses providing TIC.</li> <li>• A critical examination of the dynamic and unique system-related processes in mental health units is required to be trauma-informed.</li> </ul>
<p><a href="#">Nationwide efforts for trauma-informed care implementation and workforce development in healthcare and related fields: a systematic review</a></p> <p>Oral et al., 2020 <sup>17</sup></p>	<ul style="list-style-type: none"> <li>• Organisations that have most successfully implemented TIC have reviewed and amended TIC procedures and policies, provided training to all staff, and have followed recommended guidelines and refinements in TIC, including using system-level approaches.</li> <li>• Training has been shown to create a shift towards more TIC practices.</li> <li>• Many practitioners have reported that adopting trauma-informed practice has led to improved communication with patients, improved patient satisfaction and compliance, and decreased healthcare costs.</li> <li>• Implementation of TIC has also been shown to improve practitioner confidence and patient recognition of their service.</li> <li>• Programs that focus on population-level primary prevention that can reduce the incidence of Adverse Childhood Experiences are recognised as having the most potential for long-term impact.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
	<ul style="list-style-type: none"> <li>• Many organisations view TIC as a priority; however, commitment varies substantially and is influenced by several factors at the individual and organisational level.</li> <li>• Barriers related to implementation of TIC include a need for comprehensive training and overcoming ongoing provider fear to address and acknowledge trauma.</li> </ul>
<p><a href="#">Nursing interventions for adults following a mental health crisis: A systematic review guided by trauma-informed principles</a></p> <p>Nizum et al., 2020<sup>18</sup></p>	<ul style="list-style-type: none"> <li>• There is a lack of evidence-based guidance for health and services providers, in particular registered nurses, on how crisis interventions can be provided in a trauma-informed way.</li> <li>• Brief crisis interventions that considered trauma-informed principles had positive outcomes, as opposed to brief crisis interventions that did not consider trauma-informed principles.</li> <li>• In the 10 studies that referred to one or more elements of trauma-informed principles, seven demonstrated efficacies through positive results or positive experiences elicited from patients.</li> <li>• Findings support the benefit of nurses enacting key TIC principles and relational aspects of interventions to be safe, responsive, empowering, and collaborative.</li> <li>• First-hand experiences from the literature highlight that people value prompt attention, having trusting relationships with providers, being active members in decision-making, learning skills to empower themselves, and receiving appropriate information for further supports.</li> <li>• The integration of trauma-informed principles within quantitative studies that explored effectiveness of nursing interventions for mental health crisis across various high-risk groups demonstrated improvements in mental health symptoms and access/referral to care.</li> <li>• Furthermore, qualitative study findings reaffirm people value and request providers and services that consider trauma-informed principles.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
<p><a href="#">A Systematic Review on Implementing Education and Training on Trauma-Informed Care to Nurses in Forensic Mental Health Settings</a></p> <p>Maguire, Taylor, 2019<sup>19</sup></p>	<ul style="list-style-type: none"> <li>• Organisational commitment to fully adopting and embedding a trauma-informed approach is needed when seeking training for trauma-informed practice.</li> <li>• Delivery of trauma-informed training should be prioritised starting with nurses who will directly benefit from the training and have the capacity and ability, and where applicable, train their colleagues and peers.</li> <li>• There must be a recognition that ongoing training will be required.</li> </ul>
<p><a href="#">A trauma-informed approach in Canadian mental health policies: A systematic mapping review</a></p> <p>Lee et al., 2021<sup>20</sup></p>	<p>This mapping review on TIC in Canadian mental health policies observed and noted:</p> <ul style="list-style-type: none"> <li>• There is an increased understanding of the definition of trauma beyond individual levels. However, not all included policies clearly noted, or provided, a clear a definition of trauma. A clear definition and types of traumas should be explicitly noted and incorporated into policies. Standardisation of TIC definition and its scope in all levels of services should also be included in future mental health policies.</li> <li>• It is critical to translate TIC core principles into service implementations to foster TIC in practice. TIC policies should include detailed procedures to ensure service implementation is in place to a benchmark standard.</li> <li>• It is critical to further incorporate views and experiences of marginalised populations in future mental health policy initiatives.</li> <li>• To foster an optimal TIC policy direction, it is critical to support research that guides ‘best practice’ for TIC implementation in service delivery and translate this emerging evidence-based research into mental health policies and refine TIC strategies, indicators, and evaluation measures.</li> </ul>
<p><a href="#">Integrating Trauma and Violence Informed Care in Primary Health Care Settings for First Nations Women Experiencing Violence: A Systematic Review</a></p>	<ul style="list-style-type: none"> <li>• A key attribute of trauma-informed care is responding to the ongoing impact of colonisation that has contributed to historical and intergenerational trauma and the disproportionate burden of violence against First Nations women. Culturally safe care and local partnerships are key to addressing the intersecting effects of social inequity, racism, and structural violence as well as the traumatic impact.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
<p>Cullen et al., 2021<sup>21</sup></p>	<ul style="list-style-type: none"> <li>• Adequate resourcing, a culturally competent workforce, enabling policy and robust evaluation is needed to ensure that TIC meets the needs, priorities, and aspirations of First Nations women.</li> <li>• A culturally competent workforce is needed to strengthen and support healthcare services deliver TIC.</li> <li>• Training in TIC at an organisational level is essential for staff to enable delivery of this model and ensure that services meet the needs of First Nations women.</li> </ul>
<p><a href="#">Systems Measures of a Trauma-Informed Approach: A Systematic Review</a></p> <p>Champine, et al., 2019<sup>22</sup></p>	<ul style="list-style-type: none"> <li>• Variation in definitions of trauma-informed approaches, coupled with underdeveloped research on measurement, pose challenges for evaluating the effectiveness of models.</li> <li>• There remain several challenges including: inconsistently reported psychometric data; redundancy across measures; insufficient evidence of a link to stakeholder outcomes; and limited information about measurement development processes.</li> <li>• TIC is often not clearly or consistently operationalised.</li> <li>• There has been a shift away from sole emphasis on individual level treatment towards embracing comprehensive and system-based approaches to TIC.</li> <li>• Most measures of TIC included workforce development and trauma-focused services, whereas less than half measured organisational environment and practices.</li> <li>• Rigorous and psychometrically valid and reliable measures of trauma-informed approaches at multiple levels of intervention will enhance understanding of how initiatives may advance population health.</li> </ul>
<p><a href="#">Trauma-informed care for adult survivors of developmental trauma with psychotic and dissociative symptoms: a systematic review of intervention studies</a></p> <p>Bloomfield et al., 2020<sup>23</sup></p>	<ul style="list-style-type: none"> <li>• Little is known about what treatments work best for survivors of developmental trauma with psychosis.</li> <li>• Poor service engagement commonly observed in adult survivors of developmental trauma may be attributed to general patient dissatisfaction with treatments that ignore subjectively important issues including trauma history. Many consumers reported that they were not asked about trauma histories when using mental health services.</li> </ul>

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Source	Summary
<b>Peer reviewed sources</b>	
	<ul style="list-style-type: none"> <li>• Various modalities of psychotherapy, pharmacological treatments and cognitive therapies were reported. However low methodological quality and reporting means it remains unknown which treatments are most effective for this group.</li> <li>• Potential treatment targets, including emotional regulation, acceptance, interpersonal skills, trauma re-processing, and the integration of ego states, could guide future work.</li> </ul>
<p><a href="#">A Systematic Review and Synthesis of Trauma-Informed Care Within Outpatient and Counselling Health Settings for Young People</a></p> <p>Bendall et al., 2021<sup>24</sup></p>	<ul style="list-style-type: none"> <li>• Outpatient health services for young people need to deliver TIC to ameliorate the effects of trauma, offer safe treatments, and avoid re-traumatisation.</li> <li>• There is an urgent need for consensus on the components of TIC since national policy directives are currently requiring trauma-informed care training for mental health, and that training is currently being implemented without benchmarks as to what it should entail.</li> <li>• Policy directives should stipulate more than just TIC training to deliver TIC. Directives should require services to have a clearly defined model of TIC, with policies and procedures to support the model and processes to monitor and evaluate it in an ongoing manner.</li> <li>• There is an urgent need for consensus on what the central components of TIC are and how these should be operationalised; how trauma screening should be operationalised; and what the outcomes of TIC should include. The consensus definition then needs to be executed in services and large-scale evaluation undertaken.</li> </ul>
<p><a href="#">Educational Practices for Providers of Trauma-Informed Care: A Scoping Review</a></p> <p>Jackson et al., 2021<sup>25</sup></p>	<ul style="list-style-type: none"> <li>• Overarching themes identified included elements of instruction, characteristics of individuals who have experienced trauma, and elements of trauma.</li> <li>• In addition to the identified themes, compassion fatigue, emotional numbing, and emotional exhaustion were mentioned in reference to caregivers and/or providers in multiple articles across various practice areas.</li> <li>• Social work/mental health disciplines adopted role playing and coaching “train the trainer”; motivational interviewing and a learning collaborative model; and the use of dosages in trauma systems therapy.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
	<ul style="list-style-type: none"> <li>• The most reported impacts were regarding the ability to identify signs and symptoms of more easily and an increase in confidence with discussing TIC and/or providing an environment in which TIC may be implemented.</li> <li>• Findings included a need for leadership buy in and a desire for more in-depth training.</li> <li>• Despite most training protocols having a similar foundation, the findings from this review suggested that TIC training packages vary across disciplines and best-practice guidelines cannot be stated.</li> </ul>
<p><a href="#">Current State of Trauma-Informed Education in the Health Sciences: Lessons for Nursing</a></p> <p>Li, et al., 2019<sup>26</sup></p>	<p>In social work, psychiatry and psychology trauma-related courses:</p> <ul style="list-style-type: none"> <li>• Goals: to prepare students to become competent in assessing and treating trauma survivors. Students in these disciplines were required not only to understand trauma symptoms but also to master proficiency in diagnosis, evaluation, and treatment of trauma.</li> <li>• Course content included: historical overview, various types of traumas, a broad range of conceptual frameworks and theoretical approaches to trauma, epidemiology, and neurobiology of trauma, biopsychosocial, physical health, and community effects, effective screening and assessment for trauma and traumatic stress symptoms, trauma-specific evidence-based treatments and interventions, and self-care strategies for preventing secondary trauma. Courses also had a clinical emphasis and covered a wide range of clinical and psychosocial interventions, such as art therapy, play therapy, cognitive-behavioural therapy, group counselling, psychoeducation, and family therapy. Practical skills, including assessing for trauma and trauma-related symptoms, and formal training in evidence-based treatment were involved in many courses.</li> <li>• Structure: varied between intensive to long-term courses</li> <li>• The gold standard trauma training, used within the psychological field, consists of coursework on evidence-based treatment and fieldwork under the supervision of clinicians using the same evidence-based treatment.</li> <li>• Challenges: for instructors to teach trauma-specific courses without increasing the risk of students experiencing vicarious trauma or re-traumatisation related to the course content.</li> <li>• To date, no standardised trauma curriculum has been implemented in nursing education, and nursing students graduate with limited to no clinical knowledge and skills for providing TIC or addressing the specific needs of trauma survivors.</li> </ul>

## Table 2 Gray literature search results

Note some of the information may have been copied directly from the source material

Source	Summary
<b>Peer reviewed sources</b>	
<p><a href="#">Developing and implementing trauma informed care principles: A pilot project</a></p> <p>Bell, L. 2019<sup>27</sup></p>	<ul style="list-style-type: none"> <li>• This pilot project demonstrated that education on TIC can lead to successful implementation of TIC practices.</li> <li>• Continued comprehensive education for those who have achieved baseline trauma-informed care knowledge must be implemented to ensure sustained commitment.</li> <li>• Although implementation of TIC does not prevent patients from experiencing trauma, it assists staff in recognising patients who have been exposed. They can then develop care plans that address the impact that trauma has had on the patient's physical and mental health.</li> </ul>
<p><a href="#">A web-based educational intervention to implement trauma-informed care in a paediatric healthcare setting: protocol for a feasibility study using pre-post mixed methods design</a></p> <p>Simons, M. et al., 2020<sup>28</sup></p>	<ul style="list-style-type: none"> <li>• While most healthcare staff recognise the need for TIC, few receive training that facilitates consistency in practice and implementation.</li> <li>• Training that improved confidence and knowledge of TIC practices may change staff behaviours and impact on staff wellbeing.</li> <li>• Adoption of responsive trauma-informed practices by staff in hospital-based paediatric care may help mitigate downstream costs associated with treatment delivery due to reduced pain and distress for children and care providers, improved health-related quality of life and increased satisfaction with care.</li> <li>• This study will provide insights into factors that impact upon the feasibility of a web-based TIC education intervention in a clinical practice setting.</li> </ul>
<p><a href="#">Trauma-informed care: recognizing and resisting retraumatization in health care</a></p> <p>Grossman, S. et al., 2021<sup>29</sup></p>	<ul style="list-style-type: none"> <li>• Three examples from healthcare settings demonstrate the ways in which organisations are implementing trauma-informed approaches to care.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
<p><a href="#">Implementing trauma-informed care in mental health services</a></p> <p>Portman-Thompson, K. 2020<sup>30</sup></p>	<ul style="list-style-type: none"> <li>• TIC should underpin all assessments, care and interventions provided by mental health services.</li> <li>• TIC should be integrated in all mental health organisations so that an understanding of the effects of trauma can inform care delivery.</li> <li>• While TIC has been emerging for some time, most mental health practitioners have not yet received formal training in this approach.</li> <li>• To provide an effective trauma-informed service, it is essential that that all staff involved in the delivery of care understand the effects of trauma; the symptoms and behaviours associated with trauma with which a person may present; and the risk of re-traumatisation in mental health services.</li> <li>• It is also important to acknowledge the effects of caring for people who have experienced multiple and/or complex trauma and to consider the risk of vicarious or secondary trauma for staff members.</li> <li>• Directors, senior leaders and managers of mental health services also need to feel safe, supported and well informed to move from traditional ways of working towards TIC. Consultation, training, working groups and service user involvement are also necessary to support this shift.</li> </ul>
<p><a href="#">Trauma-Informed Practice: A Toolkit for Scotland</a></p> <p>The Scottish Government 2021<sup>31</sup></p>	<ul style="list-style-type: none"> <li>• The journey towards becoming a trauma-informed organisation will require organisations to move beyond their traditional models of service delivery and to re-evaluate their entire organisational practices and policies through a trauma-focused lens.</li> <li>• This toolkit aims to guide implementation of TIC by identifying what TIC looks like in practice.</li> <li>• There are 10 implementation domains identified: governance and leadership; policy; physical environment; engagement and involvement; cross sector involvement; cross sector collaboration; screening, assessment and treatment services; training and workforce development; progress monitoring and quality assurance; financing; evaluation.</li> </ul>
<p><a href="#">Adopting a Trauma-Informed Approach to</a></p>	<ul style="list-style-type: none"> <li>• For TIC to be fully effective, changes must be made to both organisational and clinical practices and policies.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
<p><a href="#">Improve Patient Care: Foundational Organizational-Level Steps</a></p> <p>The Playbook<sup>32</sup></p>	<ul style="list-style-type: none"> <li>Organisational practices reorient the culture of a healthcare setting to address the potential for trauma in patients and staff, while trauma-informed clinical practices address the impact of trauma on individual patients.</li> <li>Ideally, organisational changes should be made before implementing clinical changes.</li> <li>Foundational steps include: 1. Build awareness and generate buy-in 2. Support a culture of staff wellness 3. Hire a trauma-informed workforce 4. Create a safe physical, social and emotional environment.</li> </ul>
<p><a href="#">Trauma-Informed Nursing Practice</a></p> <p>Fleishman, J. et al., 2019<sup>33</sup></p>	<ul style="list-style-type: none"> <li>For TIC to be thoroughly implemented and embodied by a healthcare system, policies, procedures, and culture need to be trauma informed.</li> <li>Nurses who use a trauma-informed lens in practice can enhance job satisfaction, reduce risk of burnout, and improve patient experiences and outcomes.</li> <li>The author provides several practical tips to apply TIC principles to nursing practice including introducing yourself and your role in every patient interaction; use open and non-threatening body language; provide anticipatory guidance; ask before touching; protect patient privacy; provide clear messaging about services; use plain language; and practice universal precaution.</li> <li>Organisational considerations to support implementation of TIC include recognise exposure to trauma; reduce opportunities for activation; create systems for addressing trauma; and evaluate policies and leadership practices.</li> <li>If staff feel safe, respected, and empowered, it is more likely they will provide trauma-informed care for patients.</li> </ul>
<p><a href="#">Implementing Introductory Training in Trauma-Informed Care into Mental Health Rehabilitation Services: A Mixed Methods Evaluation</a></p> <p>Nation, L. et al., 2022<sup>34</sup></p>	<ul style="list-style-type: none"> <li>This study evaluated aspects of the implementation of introductory TIC training into the rehabilitation curriculum of teams within a rehabilitation service of a large public mental health service.</li> <li>Despite the recognition of the importance of trauma this study found variable uptake of TIC training and the initial objectives of implementation were not met.</li> <li>The influence of program champions to drive successful change implementation was highlighted.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
	<ul style="list-style-type: none"> <li>• The team leader interviews referred to this issue as they noted the role of staff fatigue due to the demands of the response to COVID.</li> <li>• Making TIC training mandatory would be an organisational solution that would be congruent with the importance of trauma in mental health.</li> <li>• Limitations of entry level training that focuses on the fundamentals of TIC but does not meet the needs of a diverse workforce.</li> <li>• The findings in this study add support for further organisational support and investment to build broad based, multilevel competency levels in staff that are congruent with their roles.</li> <li>• Leadership is core to any successful change implementation.</li> </ul>
<p><a href="#">Is trauma informed care possible in the current public mental health system?</a></p> <p>Isobel, S. 2021<sup>35</sup></p>	<ul style="list-style-type: none"> <li>• TIC can appear conceptual rather than practical, and clinicians reportedly struggle to translate the (many and varied) principles of TIC into practice.</li> <li>• TIC cannot be implemented without directly addressing the pressures upon mental health systems and workers, the lack of resources across settings and the limitations of current models of care.</li> <li>• Ongoing transparent and safe debate is required to ensure the mental health system meets the needs of those who require it, while questioning what other needs it may be serving at a social and political level.</li> </ul>
<p><a href="#">Emotional Dysregulation: A Trauma-Informed Approach</a></p> <p>Keeshin, B. et al., 2021<sup>37</sup></p>	<ul style="list-style-type: none"> <li>• Emotional dysregulation has emerged as a transdiagnostic symptom of psychiatric illness in children and is a common reason for seeking treatment, especially among traumatised youth.</li> <li>• Unappreciated trauma exposures and symptoms, syndromic overlap, ecophenotypic variation, moderating factors, and safety concerns make it difficult to determine the extent to which trauma has an impact on the diagnosis and management of the emotionally dysregulated child.</li> <li>• Without recognition of the trauma component, children can enter a revolving door of inpatient hospitalisations and a pattern of escalating medication use, resulting in multiple medications at high doses.</li> </ul>

Source	Summary
<b>Peer reviewed sources</b>	
	<ul style="list-style-type: none"> <li>Structured, trauma-informed behavioural programming in higher levels of care can reduce the need for coercive measures while allowing the child to build skills.</li> </ul>
<p><a href="#">Implementing Trauma-Informed Care: A guidebook</a></p> <p>Resilience For All Ages, 2019<sup>44</sup></p>	<ul style="list-style-type: none"> <li>When an organisation makes a commitment to implement TIC, it is beginning a multi-year, multi-dimensional process of change.</li> <li>The guidebook outlines three levels of implementation and practical resources to support implementation.</li> </ul>

## Appendix

This search is an update to a previously [published evidence check](#). This update search used the following search terms and inclusion / exclusion criteria.

### PubMed search terms

Search: trauma\*[ti] AND informed[ti] Filters: Meta-Analysis, Review, Systematic Review, English, from 2019 - 2021 48 hits on 8 Dec 2021

### Google search terms

“trauma informed care”, “implementation” and “healthcare”

### Inclusion and exclusion criteria

Inclusion	Exclusion
<ul style="list-style-type: none"> <li>Published in English</li> <li>Systematic review (or review articles describing their methods such as databases and search terms)</li> <li>Was related to, or mentioned, TIC in Mental Health and/or Health Care settings</li> <li>Publication date between 2019 - 2021</li> </ul>	<ul style="list-style-type: none"> <li>Not in English</li> <li>Abstract only</li> <li>Publication date before 2019</li> <li>Study type other than systematic review / review articles with methods described</li> <li>Study did not refer to trauma-informed care in mental health or health care settings.</li> </ul>

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