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Training in Trauma-Informed Care (TIC): An Evidence-Based Practice Project

Erin Bugajski
St. Catherine University

Danielle Erler
St. Catherine University

Ashley Fosness
St. Catherine University

Diamond Hill
St. Catherine University

Jon Lindahl
St. Catherine University

See next page for additional authors

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Author

Erin Bugajski, Danielle Eler, Ashley Fosness, Diamond Hill, Jon Lindahl, Lindsay Purcell, Amber Ramirez-Acosta, Joy Smith, Michelle Vacinek, and Julie D. Bass

Training in Trauma-Informed Care (TIC): An Evidence-Based Practice Project

Erin Bugajski, Danielle Erler, Ashley Fosness, Diamond Hill, Jon Lindahl,
Lindsay Purcell, Amber Ramirez-Acosta, Joy Smith, Michelle Vacinek

Faculty Advisor: Julie D. Bass, PhD, OTR/L, FAOTA
St. Catherine University

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Introduction

Evidence Based Practice

Evidence based practice is defined as the integration of knowledge from professional and clinical expertise, patient/client unique values and circumstances, and best research evidence (Straus, Richardson, Glasziou, & Haynes, 2005). The EBP courses in the St. Catherine University occupational therapy programs emphasizes skill building in finding, analyzing, and synthesizing research.

A definition of Evidence-Based Practice (EBP)



(Straus, Richardson, Glasziou & Haynes, 2005)



The EBP Project

Occupational therapy graduate students at St. Catherine University complete an EBP project in partial fulfillment of the requirements for a course on Evidence-Based Practice.

The EBP Process

- Begins with a practice dilemma
- Dilemma is framed as an EBP question and PICO
P (population/problem) I (intervention) C (comparison group) O (outcome(s) of interest)
- Background learning
- Search for the best evidence
- Initial appraisal and critical appraisal of the evidence
- Summary of themes from the evidence
- Recommendations for practice
- Next steps – implementation in practice

Six EBP Projects: Trauma and Trauma Informed Care

1. Descriptive and risk factors
2. Trauma and health outcomes
3. Screening and assessments
4. Perspectives and experiences
5. Interventions for individuals with a history of trauma
6. Training and programs for health professionals

EBP Practice Dilemma: Trauma and Trauma Informed Care

Hypothetical EBP Case Related to Trauma and Trauma Informed Care

The overall focus on trauma and trauma informed care was chosen because of its increasing attention in the news and healthcare priorities. Recognition of trauma and provision of trauma-informed care in health, community, and education settings are important. Peter Levine, a clinical psychologist stated, “The effects of unresolved trauma can be devastating. It can affect our habits and outlook on life...It can take a toll on our family life and interpersonal relationships. It can trigger real physical pain, symptoms, and disease...” and “The paradox of trauma is that it has both the power to destroy and the power to transform and resurrect.” (Levine, n.d.)

Trauma and trauma-informed care was a particularly challenging topic for the EBP projects for several reasons. First, most of the literature is interdisciplinary and so it required looking for resources outside of occupational therapy for evidence. Second, the literature on trauma and trauma-informed care is still emerging. There are quite a few gaps in research that still need to be addressed. Third, we had to acknowledge in our class that some students may have a history of trauma. At the beginning of our class, we talked about the importance of being aware of our feelings regarding this topic and knowing when to get support. That is why we also provided a list of national and Minnesota resources related to trauma.

Background Information on Trauma and Trauma Informed Care

Trauma has been defined as: “results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014). The key attributes of trauma include:

- **Event:** The event is actual or a threat that may include features of physical or psychological harm, life-threatening, and/or child neglect.
- **Experienced:** An unique label, meaning, and disruption is identified.
- **Effects:** The immediate or delayed, short or long term effects can be named.

There are many different types of trauma and many populations who may be affected by trauma. Trauma is associated with (NCTSN, 2014, <https://www.nctsn.org/what-is-child-trauma/trauma-types>):

- Bullying
- Community violence
- Complex trauma
- Disasters
- Early childhood trauma
- Intimate partner violence
- Medical trauma
- Physical abuse
- Refugee trauma
- Sexual abuse
- Terrorism and violence
- Traumatic grief

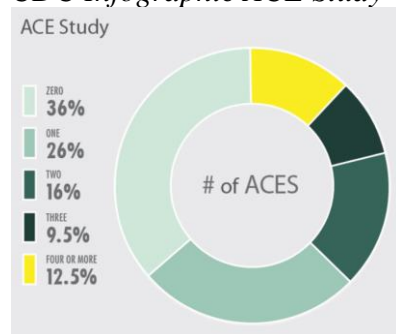
Estimates of adult exposure to trauma vary. Approximately 6 in 10 men and 5 in 10 women have had trauma and 90% of people seen in behavioral health have a history of trauma (SAMHSA, n.d., <https://www.integration.samhsa.gov/clinical-practice/trauma>).

Trauma that is associated with childhood is often labeled an adverse childhood experience (ACE). ACEs are defined as potentially traumatic events in childhood (0-17 years) that may include:

- “violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide...
- growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.” (CDC, 2019, n.p., <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>)

A history of ACEs is reportedly quite common in the adult population (see Figure 1). It is estimated that almost 2/3 of adults have had an adverse childhood experience and 2 in 10 people have had three or more ACEs (CDC, 2016).

Figure 1
CDC Infographic ACE Study



Note. (CDC, 2016, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.htm>)

Trauma in childhood has a ripple effect on later life (see Figure 2). ACEs may disrupt development, contribute to other impairments, influence risky behaviors, change life potential, influence later health problems and may even be a factor in early death.

Figure 2
CDC Infographic Preventing ACEs



Note. CDC, 2019, n.p., <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>

Preventing ACEs is a major priority of public health media campaigns by the Centers for Disease Control and Prevention (CDC, 2019,

<https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>). Prevention emphasizes:

- Supports for families
- Social norms
- Strong starts
- Skill building to handle everyday challenges
- Connections to caring adults and activities
- Early interventions

The EBP projects from the Fall, 2019, Evidence-Based Practice course provide a snapshot of research studies on trauma and ACEs. Ongoing research in major studies of trauma may be followed in the:

- CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study
- Behavioral Risk Factor Surveillance System (BRFSS)
- World Health Organization: ACE International Questionnaire (ACE-IQ)

Trauma-Informed Care (TIC) has been proposed as a framework for professionals and organizations who work with individuals having a history of trauma.

A professional who implements characteristics of TIC:

- Realizes the impact of trauma
- recognizes the signs and symptoms
- responds through policies, procedures, and practices
- resists re-traumatization.

The six principles of TIC are:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues

The occupational therapy focus on trauma and trauma-informed care has been relatively recent for the American Occupational Therapy Association (AOTA) even though many practitioners have addressed trauma within their own work setting. The AOTA has four publications that may be of interest to occupational therapy practitioners:

- Understanding and applying trauma-informed approaches across occupational therapy settings. (Fette, 2019)
- AOTA's societal statement on stress, trauma, and posttraumatic stress disorder (Champagne, et al., 2018).
- Occupational therapy's role in mental health promotion, prevention, & intervention with children & youth childhood trauma (AOTA, 2015)
- A trauma-informed approach distinct to occupational therapy: The TIC-OT Model (AOTA, 2018)

Appraisals of Best Evidence, Themes, and Recommendations

After searching and finding evidence available from library databases and alternative sources, students conducted an initial appraisal to evaluate the quality and relevance of the evidence and select the best research for further review. Then they conducted critical appraisals of the best formal reviews of primary research (e.g., systematic reviews, meta-analyses) and/or primary/original research studies. One of the steps in the CAP process is to evaluate the strength or level of the research design and the types of conclusions that are possible from each design.

Initial Appraisal

- Quality of the evidence
 - type of evidence and research design
 - investigator qualifications and journal/publication/website
 - journal/publication/website
- Relevance of the evidence

Critical Appraisal

- Appraisal of methods, results, and implications
- Classification of type of research study
 - Reviews of primary research (e.g., systematic reviews, meta-analyses)
 - Qualitative studies
 - Psychometric studies
 - Primary quantitative research studies
 - Level 1: randomized controlled trials
 - Level 2: two groups, nonrandomized/cohort and case control
 - Level 3: nonrandomized, pretest/posttest and cross-sectional
 - Level 4: single subject
 - Level 5: case report

After completing initial and critical appraisals, themes are summarized related to the EBP question and other findings that emerged from the evidence. Recommendations for practice and reflection on participating in an EBP project are identified in the conclusions.

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All EBP Projects are available at <http://sophia.stkate.edu/>.

EBP Question

What are the characteristics and effectiveness of trauma-informed care (TIC) training on the performance of health professionals and organizations who provide services to populations who have experienced trauma (traumatic events or ACE)?

Executive Summary

Minnesota Occupational Therapy Association Continuing Education Presentation

**Training in Trauma-Informed Care
Training: An Evidence-Based Practice
Project**

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Diamond Hill Jon Lindahl Lindsay Purcell
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EBP Question

What are the characteristics and effectiveness of trauma-informed care (TIC) training on the performance of health professionals and organizations who provide services to populations who have experienced trauma (traumatic events or ACE)?

Background Knowledge

- TIC increases practitioners competence and confidence to recognize patients who have experienced traumas (SAMHSA, 2018)
- TIC education is beneficial in multiple settings with the commitment to be trauma-informed (Kramer et al., 2013; Connors-Burrow et al., 2013)
 - Community-based criminal justice
 - Child protective services
 - And among general health care professionals (Lutzin et al., 2018; MN DHS; SAMHSA, 2015; NCDMPH, 2012; Vostanis, O'Reilly, Duncan, Maltby & Anderson, 2019)
- The main goals of trauma-informed care (Purrie, 2018)
 - Increase knowledge of trauma
 - Improve attitudes
 - Change behavior of health-professionals to support patients
- Implementation of vicarious trauma awareness and training

Examples of Evidence Resources

Governmental and Major Foundations

- SAMSHA (Substance Abuse and Mental Health Administration)
- CDC

OT Specific Resources

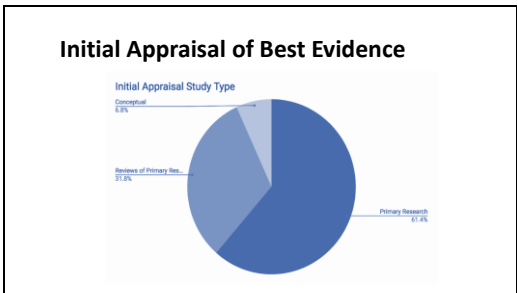
- AJOT

Interprofessional Journals, Databases, Organizations

- PubMed
- ERIC
- PsychINFO

Examples of Search Process

| | |
|---|---|
| <p>Databases Used</p> <ul style="list-style-type: none"> ▶ AJOT ▶ CINHAL ▶ PubMed ▶ Medline ▶ Science Direct ▶ ERIC ▶ PsychINFO | <p>Best search strategies</p> <ul style="list-style-type: none"> ▶ Reference lists ▶ Cited by ▶ Related articles <p>Best keywords</p> <ul style="list-style-type: none"> ▶ TIC training ▶ Effectiveness ▶ Medical professionals ▶ Healthcare education |
|---|---|



Critical Appraisals: Overview

Primary Research

| | |
|--|--|
| <p>Factors of City-Wide Implementation of TIC: Mixed Methods (Damian et al., 2017)</p> <p>TIC: Patient Responses to Care Provider Training (Green et al., 2016)</p> <p>Developing and Evaluating a Trauma Curriculum in Psychiatry (Ferrell et al., 2014)</p> <p>Does TIC Training Change Practice? Surveying Practitioners (Williams & Smith, 2017)</p> | <p>TIC in Tennessee CPS (Kuhn et al., 2018)</p> <p>RCT Web-Based Training on TIC Training with Emergency Department Staff (Hoysted, Jobson, & Alisic, 2019)</p> <p>Implementation and Evaluation of TIC in Child Advocacy (Kenny, Vazquez, Long, & Thompson, 2017)</p> <p>Outcomes of TIC in Youth Residential (Greenwald, et al., 2012)</p> |
|--|--|

Systematic review

Systematic Review of Evaluations of Trauma-informed Organizational Interventions That Include Staff Trainings (Purdie, 2018)

Critical Appraisals

Systematic Review of Evaluations of Trauma-informed Organizational Interventions That Include Staff Trainings (Purdie, 2018)

- What is the effectiveness of trauma-informed interventions that include staff training?
- Trauma-informed organizational interventions including staff training have improved staff knowledge, attitudes, and behaviors regarding trauma-informed practice

Implementing Trauma-Informed Treatment for Youth in a Residential Facility: First-year Outcomes (Greenwald, et al., 2012)

- What is the impact of the Fairy Tale model of trauma-informed treatment on an inpatient residential treatment facility, one year following implementation?
- TIC practices reduced the incidence of problem behaviors in the youth of an inpatient treatment facility by 50%

Critical Appraisals

Does training change practice? A survey of clinicians and managers one year after training in trauma-informed care (Williams & Smith, 2017)

- Are basic trauma-informed care trainings effective at improving knowledge and attitudes of trauma-informed care and translating that knowledge to actual health-care practice?
- While trauma-informed care trainings may increase knowledge and attitudes toward trauma, trainings may be only moderately effective at translating to real-world practice.

Organizational and provider level factors in implementation of trauma-informed care after a city-wide training: an explanatory mixed methods assessment (Damian et al., 2017)

- How does a city-wide mixed methods TIC training translate into the healthcare setting?
- Individuals who have been impacted by trauma are interacting with persons in various government agencies and organizations which also includes healthcare settings should receive training in trauma-informed-care.

Critical Appraisals

Installing trauma-informed care through the Tennessee Child Protective Services Academy (Kuhn et al., 2018)

- Does implementation of a trauma informed care training program improve knowledge and practices for employees in the Tennessee CPS department?
- Trauma informed care training among Tennessee CPS workers increased their understanding trauma experiences of their clients and its impact. The design of this training was seen overall as beneficial to the staff at the Tennessee CPS.

RCT Web-Based Training on TIC with ED Staff (Hoysted, Jobson, & Alisic, 2019)

- How does trauma-informed care (TIC) translate to performance and knowledge of clinicians who practice TIC?
- Increased knowledge of trauma and how to treat clients who have a history of trauma. TIC training also enhances the overall quality of care that practitioners deliver to clients.

Critical Appraisals

Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study (Kenny, Vazquez, Long, & Thompson, 2017)

- Are trauma-informed care training programs in child advocacy centers effective in improving staff knowledge about trauma?
- These training programs may be effective in increasing knowledge about trauma and maintaining knowledge level for at least a year.

The Development and Evaluation of a Trauma Curriculum for Psychiatry Residents (Ferrell et al., 2014)

- How does training psychiatry residents on trauma informed care impact their knowledge and implementation in practice?
- Residents found it important to learn and implement trauma practices. However, their comfort level when implementing this in practice did not increase.

Critical Appraisals

Trauma-informed medical care: Patient response to a primary care provider communication training (Green et al., 2016)

- How can client experience benefit from practitioners receiving TIC training?
- Practitioners should receive education in TIC. Training can help **enhance the client-practitioner relationship and trust**, potentially leading to better outcomes in the long term.

Theme 1: Common Characteristics of TIC Training

TIC Trainings can be implemented across many disciplines and settings.

- **Variability in design: lack of standardization in trainings**
(Damian et al., 2017; Hoysted, 2019; Lotzin et al., 2018 & Williams & Smith, 2017)
- **Recognizing trauma in clients and its general impacts**
(Ferrell et al., 2014; Lotzin et al., 2018 & SAMHSA, 2014)
- **Promoting constructive patient-practitioner interactions**
(Lotzin et al., 2018; Purtle, 2018; Williams & Smith, 2017)
- **Staff and leadership commitment to training**
(Bryson et al., 2017 & Kuhn et al., 2018)

Theme 2: Clinician Outcomes

Incorporating TIC training can lead to improved awareness and signs of trauma and learning how to ask about traumatic experiences.

- **Satisfaction, confidence, & empathy**
(Hoysted, Jobson, & Allsic, 2019; Williams & Smith, 2017; Damian et al., 2017)
- **Increased trauma knowledge**
(Shamaskin-Garoway, Burg, Vasquez, Brandt, & Haakeil, 2017; Damian et al., 2017)
- **Consistent improvement across multiple settings**
(Kuhn et al., 2019; Lotzin et al., 2018; Hoysted, et al., 2019)

Theme 3: Translation to Practice and Client Outcomes

While there is evidence of trauma-informed care training programs improving knowledge and attitudes of health-care professionals, there are mixed findings on how training knowledge translates to practice and improves client outcomes.

- **Improvement in patient and organizational outcomes**
(Green et al., 2016; Purtle, 2018)
- **Staff reporting difficulty translating training knowledge to practice**
(Ferrell et al., 2014; Purtle, 2018; Williams and Smith, 2017)
- **Characteristics of successful trainings**
(Greenwald et al., 2012; Purtle, 2018)

Theme 4: Limitations and Future Directions

Trauma informed care research has limitations and suggests recommendations that are important to consider for future directions.

- **Training limitations: attrition**
(Purtle, 2018)
- **Future research: secondary trauma, practical application**
(Hoysted, Jobson, & Allsic, 2019; Kenny, Vazquez, Long, & Thompson, 2017; Purtle, 2018)
- **Research gaps: generalization and longitudinal studies**
(Hoysted, Jobson, & Allsic, 2019; Purtle, 2018)
- **Implications for OT: limited evidence-based research**

Recommendations for Occupational Therapy and Interprofessional Settings

- Implement systems-level culture of TIC training
- Create setting-specific training with annual updates
- Promote therapeutic use of self
- Add TIC training into occupational therapy curriculum

Summary and Reflection

- Training supports clinician integration of TIC practices in patient care.
- Initial studies support training effectiveness to improve patient, staff, and organizational outcomes.
- Training improves the therapeutic relationship between clinicians and clients.
- Advocate for TIC training through your employer, AOTA, or interdisciplinary online trainings.



Integrative Education Symposium

Sample Training

| Integrative Education Symposium | February / February 20 | September / September 20 |
|---|--|---|
| <ul style="list-style-type: none"> • From Trauma to Practice: A Comprehensive Approach to Trauma-Informed Care Dr. David L. Johnson 12:00-1:00 PM 12:00-1:00 PM 12:00-1:00 PM | <ul style="list-style-type: none"> • Implementing Trauma-Informed Care in the Workplace Dr. David L. Johnson 12:00-1:00 PM 12:00-1:00 PM 12:00-1:00 PM | <ul style="list-style-type: none"> • From Trauma to Practice: A Comprehensive Approach to Trauma-Informed Care Dr. David L. Johnson 12:00-1:00 PM 12:00-1:00 PM 12:00-1:00 PM |

More information
<https://www.integrativeed.com/>
 Contact
 Heather Schmitt
 651-336-8911
symposium@integrativeed.org

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Themes

Introduction

Four themes emerged from the literature on trauma-informed care training. These include the common characteristics of and recommendations for training, post-training improvement of knowledge, confidence and satisfaction of staff, the translation of training knowledge into practice, and training limitations and future directions.

Common Characteristics of and Recommendations for TIC Training

There were similarities and differences in the characteristics of TIC training programs. Common characteristics included recognition of trauma and its impacts (SAMHSA, 2014), constructive patient interactions (Purtle, 2018), and importance of staff and leadership commitment (Kuhn, 2019). Other characteristics of training programs were not standardized and varied greatly. TIC trainings ranged in length from one day (Lotzin et. al, 2018; Williams & Smith, 2017), to as long as nine months (Damian et al., 2017). Presentation methods included PowerPoint lectures, case videos, and role plays (Hoysted, 2019), being either in person (Damian et al., 2017) or online (Hoysted, 2019).

The ability to recognize trauma and its impact on healthcare professionals and clients alike is a key goal of TIC training. Important aspects include the “Four “Rs” of realizing the widespread impact of trauma, recognizing the signs and symptoms of trauma among clients and staff, responding by integrating knowledge about trauma into practice and policy, and proactively resisting retraumatization” (SAMHSA, 2014, p. 21). In a cluster randomized effectiveness study that included 148 professionals, the findings suggested that there should be assessment of exposure to traumatic events in health care services so that TIC can be offered appropriately (Lotzin, et al., 2018). In this study, professionals often lacked expertise in trauma

inquiry and response, and therefore required training in this field (Lotzin, et al., 2018). In addition to recognizing the impacts of trauma on clients, trainings should recognize that practitioners' discomfort in uncovering traumatic histories are equally important (Ferrell et al., 2014).

Another component of trauma informed care training is the promotion of constructive and trauma-sensitive interactions. In this same study of "learning how to ask" training, professionals were taught how to ask about trauma in order to inform practice (Lotzin et al., 2018). They were also given resources to use with clients who were experiencing trauma or needed help coping (Lotzin et al., 2018). A systematic review of TIC trainings concluded that development of a "common language" was important as staff work together to standardize high quality patient care (Purtle, 2018). Positive, informed interactions were also shown to help practitioners to prevent retraumatization and cultivate feelings of safety in clients (Purtle, 2018; Williams & Smith, 2017).

Commitment from an organization's staff and leadership is important for trauma informed care training. In a training for a child protective service agency, obtaining early commitment from the leadership or administrators was important before any development or implementation of training (Kuhn et. al., 2019). A systematic review of 13 studies on interventions in youth psychiatric or residential settings found that leadership commitment, sufficient staff support, aligning policy and programing with trauma informed principles were all best practices used for implementation (Bryson et al., 2017).

There were several recommendations regarding the focus of TIC training for professionals working with clients that have experienced trauma. Many studies suggested that trauma-informed training be given at the start of new employee orientation, engage staff to avoid

secondary trauma, include key factors that encourage clinicians to incorporate trauma-informed knowledge into practice, and use strong, evidence-based evaluation methods (Kenny, Vazquez, Long, & Thompson, 2017; Purtle, 2018).

Findings from recent research suggest practical components to include in TIC training. Researchers recommend future TIC trainings at an earlier time may improve professional growth, allowing practitioners to apply trauma-informed knowledge in real-life practice settings (Kenny, Vazquez, Long, & Thompson, 2017). Kenny et al. (2017), suggested incorporating case-studies, videos, stories and real life experiences into TIC trainings to enhance practical implementation.

Post-training Improvement of Knowledge, Confidence, and Satisfaction

Incorporating TIC training can lead to improved healthcare outcomes by increasing practitioners' general awareness of trauma, identifying signs of trauma, and learning how to ask about traumatic experiences of their patients or clients. Positive satisfaction outcomes for training were reported by practitioners and staff. Multiple studies confirmed that the majority of participants supported trauma-informed care (TIC) due to the translation into practice and increased awareness, attitudes, and knowledge of TIC (Hoysted, Jobson, & Alisic, 2019; Williams & Smith, 2017). In one post-survey, medical students reported increased communication, knowledge, and awareness of trauma after participating in TIC training (Shamaskin-Garroway, Burg, Vasquez, Brandt, & Haskell, 2017). These students formed a deeper connection with by clients by asking questions on adverse childhood experiences (ACE) and sharing applicable internal and external resources (Shamaskin-Garroway et al., 2017). Participants who actively engaged in TIC training stated the training program enhanced healthcare delivery and increased their confidence to treat patients (Kuhn et al., 2019; Lotzin et

al., 2018). TIC training increased knowledge of traumatic stress and facilitated a greater sense of empathy for clients (Damian et al., 2017). Including secondary trauma factors in TIC training improved resilience among healthcare professionals and reduced burnout rates (Cleary et al., 2018; Pearlman, 2019).

The outcomes of TIC training studies showed improvements in generalized knowledge about trauma in post training and long term follow up in a variety of settings. Examples of training settings included child protective services, emergency departments, and substance use disorder clinics. For example, training in the Child Protective Services Academy in Tennessee included 297 employees in 7 days of training over the course of 4 months (Kuhn et al., 2019). Outcome measures in this study included basic trauma knowledge, asking about trauma experiences and understanding setting-specific trauma including caregiver roles. Differences for gender, age, education level and time in CPS were controlled for (Kuhn et al., 2019). Another study was conducted with participants in emergency departments in Australia and New Zealand.

TIC training programs are also beneficial even when they are short in length. Researchers tested TIC knowledge from a one time online training to test whether knowledge retention for the training group was better than that of a control group (Hoysted et al., 2019). They found that the training group had statistically significant improved knowledge after training and follow up than the control group, and also reported high satisfaction rates. They concluded that TIC knowledge can be increased with a one time online training for staff (Hoysted et al., 2019).

Translation to Practice and Client Outcomes

While there is evidence that trauma-informed care training programs improve the knowledge and attitudes of health-care professionals, there are mixed findings on how knowledge from training translates to practice and improves patient outcomes. When clinicians

were able to apply the principles of trauma-informed care (TIC) trainings to practice, patient and organizational outcomes improved (Greenwald et al., 2012; Purtle, 2018; Williams & Smith, 2017). Initial studies regarding the clinical outcomes of TIC trainings focused on improvement in patient-clinician dynamics. Practitioners who participated in TIC training had higher practitioner-client relationship scores, (Purtle, 2018), higher perceptions of shared decision-making (Green et al., 2016), and higher overall patient-centeredness than clinicians who did not receive TIC training (Green et al., 2016). There have also been studies describing the qualitative outcomes of TIC training. One two-year study, conducted at a youth residential treatment facility, reported a reduction in documented problem behaviors, a 39% reduction in length-of-stay, and double the amount of discharges to less restrictive facilities the year following TIC training (Green et al., 2016). This study suggested that not only did patient outcomes improve, but there were also positive organizational outcomes associated with the implementation of trauma-informed practices.

Some studies on TIC trainings found that practitioners who had completed TIC training were still not comfortable or competent in translating training knowledge into practice (Ferrell et al., 2014; Williams & Smith, 2017). In one non-randomized posttest design study, health-care professionals reported that a one-day training on TIC had little impact on their practice one year following the training, and they felt they were only minimally able to bring about change in their workplace (Williams & Smith, 2017). Additionally, a systematic review on TIC training found that while the knowledge of clinicians improved after training, there was little evidence on the long-term effectiveness of trainings on practice and patient outcomes (Purtle, 2018). This suggests that clinicians may experience difficulty translating training knowledge to practice (Purtle, 2018). Possible barriers to knowledge translation in practice may include organizational

factors, such as inadequate budget, limited promotion of principles, and narrow training of staff (Williams & Smith, 2017).

Despite these barriers, some training programs have shown success in embedding training knowledge into practice, citing certain characteristics as beneficial to staff and client outcomes (Greenwald et al., 2012; Purtle, 2018). More prolonged training opportunities, occurring over many months, were found to be the most effective in facilitating staff implementation of training knowledge (Green et al., 2016; Williams & Smith, 2017). The content of the trainings was also important in improving clinician confidence in implementation (Greenwald et al., 2012). Trainings that applied the training models directly to staffs' current cases, as opposed to providing general case studies, were most helpful to clinicians (Greenwald et al., 2012). In a substance use disorder (SUD) setting, TIC training that included role plays on "learning how to ask" about traumatic events with clients was perceived as a helpful exercise (Lotzin et al., 2018). Additionally, organization-wide strategies for implementation of TIC training was more effective than targeting specific individuals (Purtle, 2018; Williams, 2017). Besides staff trainings, other components can contribute to TIC implementation. Organization-wide policy changes, for example, supported the likelihood of meaningful outcomes for staff and clients (Purtle, 2018; Williams & Smith, 2017). Organizational strategies that clinicians valued include a supportive culture, adjustment of shift times and staff ratios, supervision while implementing training knowledge into practice, positive influence of managers, and ongoing, organization-wide trauma-informed care protocols (Williams & Smith, 2017) and modification of the physical environment for therapists and clients (Damian et al., 2017).

Training Limitations and Future Directions for Research

TIC training research had some limitations and thus, recommendations are important to consider for future directions. Longitudinal studies and long term follow-ups may be useful to measure knowledge retention in employees after receiving TIC training. Periodical and repeated trainings were also recommended to improve attitudes, behaviors, and knowledge related to trauma informed practice (Purtle, 2018). Larger sample sizes may help increase generalizability of TIC trainings and address some problems associated with attrition (Hoysted, Jobson, & Alisic, 2019). Attrition was commonly identified as a limitation in reviewed studies (Purtle, 2018). The validity of studies could be improved through organizational initiatives that mandate credible trainings (Purtle, 2018). TIC training should have policy initiatives that match the goals of the training. Trainings specific to an organization's mission and the population served may decrease the knowledge gap (Hoysted et al., 2019, Purtle, 2018). Ongoing organizational promotion of TIC training may improve implementation of trauma-informed care in practice (Damian et al., 2017).

Future areas to expand on TIC trainings included use of training in juvenile justice systems, culturally specific and sensitive applications for refugees, and knowledge about secondary or vicarious trauma (Branson, Baetz, Horwitz, & Hoagwood, 2017). A systematic review found that further research is also needed to understand barriers to training and investigate trauma based on different types of trauma (Coyle et al., 2019). TIC training is currently aimed towards interdisciplinary professions, including occupational therapy. There is limited research on the effectiveness of trauma-informed training specifically for rehabilitative services including occupational therapy.

Summary and Implications for Practice

The majority of research articles concerning trauma-informed care (TIC) training suggested that employee training enhanced clinical knowledge about trauma and enhanced clinician attitudes surrounding trauma-informed care. However, clinicians experienced difficulty implementing the principles learned from trauma-informed care training into practice. Therefore, the trainings have been limited in their ability to improve client outcomes. Issues in the transfer of knowledge to practice seemed to center around the lack of systems level changes in the workplace. In reviewing recent literature, there are a number of suggestions at the systems, educational, and training-specific levels for how TIC training can better serve both staff and clients. While the research did not specifically address TIC training for occupational therapists, there are clear implications for occupational therapists and how trauma-informed care training can allow therapists to better serve their clients.

One tenet of trauma-informed care training is to cultivate staff initiative in creating a trauma-informed environment. A trauma-informed environment is created by altering the physical environment of a clinic and promoting a safe space for clients to fully engage in therapeutic tasks that are meaningful to them. Clinic/hospital settings could also provide visual aids to guide therapy and give clients more information about trauma. Lastly, from an occupational therapy lens, TIC can promote additional evaluation and intervention techniques that can incorporate trauma treatment into occupational therapy interventions.

The evidence suggested that implementing TIC training at an organizational or systemic level may be beneficial for healthcare professionals and clients. There was, however, limited evidence regarding long-term outcomes of healthcare professionals receiving ongoing TIC training. Staff turnover may be a threat to the longevity of the organizational effects of TIC

training. A suggestion to increase effectiveness of TIC trainings for occupational therapy practitioners could be to add TIC trainings to the new employee onboarding process, as well as offer yearly learning modules for all staff. This would increase the likelihood that every staff member in a facility would be trained in the provision of TIC, maximizing both organization and client benefits. A system-wide implementation of TIC creates a safe environment for clinician-client conversations and a purposeful commitment to creating a culture of trauma informed care.

Training modules should include the signs and impact of trauma, the significance of ACEs, the importance of avoiding retraumatization, and the possibility of secondary trauma. TIC training should be encouraged in professional development education for occupational therapy practitioners, and count towards required CEU hours. Furthermore, trauma-informed care should be strengthened in ACOTE curriculum standards and students should achieve minimum competency also begin the transition from student to professional. TIC screening, assessment and interventions should be incorporated in the mental health curriculum to educate students on the effects of trauma and encourage advocacy for populations impacted by trauma.

TIC training in occupational therapy practice settings is important because practitioner understanding and sensitivity to potential client trauma can promote trust and rapport building and lead to better health outcomes. Gaining a client's trust can improve the accuracy of evaluation and help identify intervention strategies that meet occupational needs is sensitive to traumatic experiences. [BJD1] *The Occupational Therapy Practice Framework, 3rd edition*, highlights the importance of the therapeutic use of self to contribute to positive client outcomes (AOTA, 2017). TIC training promotes practitioner confidence and therapeutic use of self because the practitioner knows how to consider traumatic experiences of client populations.

Using the recommendations and suggestions from past studies, further research in occupational therapy should implement established ideas to reshape TIC to meet OT standards. Some of the recommendations the literature suggests include more qualitative research, such as case-studies and personal experiences to help understand the client's perspective. Occupational therapy researchers should consider qualitative or mixed method studies to capture the impact of trauma experiences on performance and participation. Attrition rates of TIC training may be reduced if trainings use an approach that uses active participation in skills training and interests the therapist. TIC trainings should be culturally specific to the populations served by the organization. OT is a broad scope of practice and this should be reflected in future research designs by using methods such as large sample size, multiple settings, and diverse populations as well as creating site and population-specific training for OT staff.

Tables of EBP Resources

Table 1.

Governmental and Major Foundation Resources that Address Trauma Informed Care

| Title/Name | Brief Description | Source |
|--|---|--|
| DHS: Trauma Focused Cognitive Behavioral Therapy | MN DHS partners with the Ambit network (U of M) and U of South Carolina for trauma treatment for children and parents https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/trauma-informed-care/ | MN Dept of Human Services |
| Children Disasters: Health Professionals | List of different training resources for disaster relief https://www.cdc.gov/childrenindisasters/professionals.html | Center for Disease Control (CDC) |
| Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals | 10 ideas for face to face training to responding to a child in disaster https://www.usuhs.edu/ncdmph-learn/Documents/Top-Ten-Face-to-Face.pdf | National Center for Disaster Medicine & Public Health (NCDMPH) |
| National Institute of Mental Health | The lead federal agency for research in mental health research. https://www.nimh.nih.gov/index.shtml | National Institute of Mental Health |
| Trauma Training for Criminal Justice Professionals | Short description of a program developed by the GAINS center to raise awareness and educate for appropriate responses to trauma within the justice system https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals | SAMHSA |
| STAR-Lite Training: Learning Strategies for Trauma Awareness and Resilience in a Single Day | Online course “research-supported experiential education training that integrates neuropsychology, trauma healing and resilience, restorative justice, nonviolent conflict transformation, and broadly defined spirituality.” *qualifies for CE credits for teachers, MH professionals and nurses* (sent email to ask for their research sources upon which this is based - LP) https://www.mnpeace.org/star-lite-training.html | MN Peacebuilding leadership Institute |
| SAMHSA | Department of Health and Human Services agency that leads public health efforts in behavioral health of the nation https://www.integration.samhsa.gov/Trauma_Informed_Care_Webinar_Slides_072715.pdf | Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/ |
| Agency for Healthcare Research and Quality | The Tamaa Program provides school-based therapy focused on helping West African refugee children deal with past trauma and associated grief, and with the cultural adjustments involved in moving to the United States https://innovations.ahrq.gov/profiles/trauma-therapy-and-caregiver-support-improves-coping-skills-and-academic-performance-west | Agency for Healthcare Research and Quality |

Table 2.

Occupational Therapy Resources that Address Trauma Informed Care

| Title/Name | Brief Description | Source |
|---|--|--|
| Understanding and Applying Trauma-Informed Approaches Across Occupational Therapy Settings | This article describes the principles of trauma-informed care and approaches to OT treatment for trauma in various settings. https://www.aota.org/~media/Corporate/Files/Publications/CE-Articles/CE-article-May-2019-Trauma.pdf | AOTA Continuing Education |
| School-Based Tier II and III RtI Interventions for Children Aged 3–13 Years Affected by Trauma: Critically Appraised Topic | This is an article describing evidence based interventions for children focused specifically on school. https://ajot.aota.org/article.aspx?articleid=2714866&resultClick=3 | The American Journal of Occupational Therapy |
| Interprofessional Education Among Occupational Therapy Programs: Faculty Perceptions of Challenges and Opportunities | This article describes the benefits of using interprofessional education (IPE) and the importance of working as a team in healthcare. https://ajot.aota.org/article.aspx?articleid=2723371&resultClick=3 | The American Journal of Occupational Therapy |
| Effect of a Trauma-Awareness Course on Teachers' Perceptions of Conflict With Preschool-Aged Children From Low-Income Urban Households: A Cluster Randomized Clinical Trial | Randomized controlled study about the effectiveness of trauma awareness course for teachers in pre-school settings to improve relationships between children and teachers https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2731692 | Jama Network Open |
| AOTA's Societal Statement on Stress, Trauma, and Posttraumatic Stress Disorder | A PDF document describing AOTA views on trauma in society and how OT fits in. https://ajot.aota.org/article.aspx?articleid=2701703&resultClick=3 | The American Journal of Occupational Therapy |
| Trauma-Informed Analysis of Family Occupational Performance | This article focuses on occupations that are compromised from an emotional and behavioral point of view as a result from trauma. https://ajot.aota.org/article.aspx?articleid=2636526&resultClick=3 | The American Journal of Occupational Therapy |

Table 3.

Interdisciplinary Journals, Databases, Professional Associations that Address Trauma Informed Care

| Title/Name | Brief Description | Source |
|---|---|---|
| Trauma Types | Comprehensive list of trauma types- includes fliers and webinars specific to each trauma type. https://www.nctsn.org/what-is-child-trauma/trauma-types | The National Child Traumatic Stress Network https://www.nctsn.org |
| Know The Warning Signs | Common signs of MI in adolescents and adults, where to get help, what to expect when receiving a diagnosis and where to find treatment. https://www.nami.org/ | National Alliance of Mental Illness (NAMI) |
| Trauma-Informed Care | Defines and elaborates on the importance of trauma-informed care. Includes link to 60-minute episode on trauma-informed care. Resources including schematics, presentations, and webinars. https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare | The National Council for Behavioral Health https://www.thenationalcouncil.org |
| A simulation and video-based training program to address adverse childhood experiences | This study presented a 4-hour simulation and video training program for primary care residents about how to conduct brief interventions connecting their patients' current health concerns with their experiences of ACEs. https://journals.sagepub.com/doi/full/10.1177/0091217417730289 | International Journal of Psychiatry in Medicine |
| Achieving Service Change Through the Implementation of a Trauma-Informed Care Training Program Within a Mental Health Service | This brief training program provides an important foundation for the development of trauma-informed, evidence-based mental health services. https://link.springer.com/article/10.1007%2Fs10597-018-0272-6 | Community Mental Health Journal |
| Systematic Review of Evaluations of Trauma-Informed Organizational Interventions that Include Staff Trainings. | Systematic review of studies involving the effects of organizational interventions for trauma-informed staff training. https://journals.sagepub.com/doi/full/10.1177/1524838018791304?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed | Trauma, Violence, & Abuse |

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Appendix A. Initial Appraisals

| | |
|--|--|
| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Mixed methods |
| APA Reference | Fragkiadaki, E., Ghafoori, B., Triliva, S., & Sfakianaki, R. (2019). A pilot study of a trauma training for healthcare workers serving refugees in Greece: Perceptions of feasibility of task-shifting trauma informed care. <i>Journal of Aggression, Maltreatment & Trauma</i> , 29(4), 442-460. doi:10.1080/10926771.2019.1662866 |
| Abstract | “Few studies to date have investigated trauma training programs for healthcare workers who serve refugees. The purpose of this pilot study was to investigate the feasibility of a Train-the Trainer (TTT) seminar designed to bring knowledge of trauma-informed practices and task-shifting to healthcare workers charged to provide trauma informed care (TIC) for refugees in Greece. This study used a mixed-methods design, gathered survey data and qualitative descriptions of the barriers, facilitators, and perceived feasibility of task-shifting trauma screening and TIC interventions in healthcare settings that serve refugees. Thirty-three participants who attended a two-day TTT seminar completed a questionnaire, and 11 participants participated in two focus groups. Descriptive findings showed that healthcare workers reported satisfaction with knowledge gained after the TTT seminar. Qualitative findings indicated three main themes associated with the perceived feasibility of task-shifting TIC: a challenging work context; the relational stance; and broadening the conceptual map related to trauma. The findings suggest a TTT seminar may be a feasible method for knowledge dissemination on trauma and TIC in healthcare workers; however, additional training and supervision in TIC may be an important next-step in task-shifting TIC. Recommendations for supporting healthcare workers and integrating TIC into refugee services are discussed” (p. 1). |
| Author | Credentials: PhD Position and Institution: Professor, Psychology Department, Hellenic American University Publication History in Peer-Reviewed Journals: Limited |
| Publication | Type of publication: Scholarly Peer Review Journal Publisher: Taylor and Francis |
| Date and Citation History | Date of publication: September 20 th , 2019 Cited By: No citations found |
| Stated Purpose or Research Question | “The purpose of this pilot study was to investigate the feasibility of a Train-the Trainer (TTT) seminar designed to bring knowledge of trauma-informed practices and task-shifting to healthcare workers charged to provide trauma informed care (TIC) for refugees in Greece” (p. 3) |
| Author’s Conclusion | “The findings suggest a TTT seminar may be a feasible method for knowledge dissemination on trauma and TIC in healthcare workers” (p. 14) |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Limited Rationale: The pilot study was conducted on one group of participants that primarily worked with refugees. The study focused on overall satisfaction of one style of style training on a small sample of participants |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: The mixed method study was conducted on a small sample. This study may be hard to generalize to other health professions working in trauma. This study has good explanations and limitations. |

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| | Overview of Article |
| Type of article | Overall Type: Conceptual Article Specific Type: “We review three model, large-scale training programs of this type in the U.S. and U.K., considering their main achievements and limitations, and discussing obstacles and challenges to future growth or maintenance.” |
| APA Reference | Rosen, R. C., Ruzek, J. I., & Karlin, B. E. (2017). Evidence-based training in the era of evidence-based practice: challenges and opportunities for training of PTSD providers. <i>Behaviour Research and Therapy</i> , 88, 37-48. doi:https://doi.org/10.1016/j.brat.2016.07.009 |
| Abstract | “There is a pressing global need for trained and competent mental health clinicians to deliver evidence-based psychological therapies to millions of trauma survivors in need of care. Three model, large-scale training programs were initiated a decade ago, one in the United Kingdom (U.K.), and two in the United States (U.S.), to disseminate high-quality, evidence-based psychological care to traumatized children and adults in need of assistance. Milestone contributions to implementation science have been made by each of these training programs, although limitations and challenges remain to be considered. In contrast, culturally adapted and simplified PTSD interventions and therapy training programs have also been developed and tested during the past decade, three of which show particular promise for broader implementation. These simplified but evidence-based interventions have been developed for use by lay counsellors or health technicians with minimal or no prior mental health training. Finally, a growing range of technology-based and technology-assisted training models for PTSD providers have also been developed and disseminated in the past decade. This trend is expected to accelerate as more providers become accustomed to acquiring clinical training in this modality or format, although significant barriers to technology-based training will need to be overcome. (p. 37) |
| Author | Credentials: PhD Position and Institution: New England Research Institutes Publication History in Peer-Reviewed Journals: Moderate |
| Publication | Type of publication: Scholarly Review Article Publisher: Elsevier |
| Date and Citation History | Date of publication: January 19 th , 2017 Cited By:18 |
| Stated Purpose or Research Question | “Primary objective is to provide a “state of the art” review of current EBT training models for PTSD providers”(p.38). |
| Author’s Conclusion | “Approximately 10,000 VA clinicians have been trained in EBT’s over the past decade. During the same time period, the NCCTS program has successfully trained thousands of community-based practitioners to provide EBTs to traumatized children, adolescents, and their families”(p.39). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Limited Rationale: This article does not relate to the EBP topic. The articles primary objective was to review models of evidence-based practices used in VA clinics and increasing awareness of trauma care in VA patients. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: This article has good background information relevant to the topic. Appropriate future implications have been applied to EBP in PTSD patients. |

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| | Overview of Article |
| Type of article | Overall Type: Conceptual Article Specific Type: “Trauma prevention and treatment are evolving and improving. Addressing trauma in the health-care setting holds the potential to more effectively improve health, decrease suffering, and promote the achievement of health equity” (p. 1). |
| APA Reference | Kimberg, L., & Wheeler, M. (2019). Trauma and trauma-informed care. <i>Journal of Trauma-Informed Healthcare Approaches</i> , 4(1), 25-52. doi: doi.org/10.1007/978-3-030-04342-1 |
| Abstract | “Traumatic experiences can have life-long effects on a person’s health, well-being, and longevity. Preventing trauma and addressing its harmful sequelae require reorienting patient care, clinical operations, organizations, and community engagement to support resilience and healing. An approach informed by cultural humility that addresses unequal power imbalances and asks the question, “What happened to you?” rather than “What’s wrong with you?”, trauma-informed care promotes health equity in direct patient care, organizations, and communities. This chapter presents the foundational principles and mission of trauma-informed care and a practical framework called the 4 Cs (Calm, Contain, Care, and Cope) to transform theory into practice” (p.20). |
| Author | Credentials: MD Position and Institution: Professor of medicine, Division of General Internal Medicine, San Francisco General Hospital (SFGH) University of California, San Francisco Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Tertiary Source Publisher: McGraw-Hill |
| Date and Citation History | Date of publication: April 13 th , 2019 Cited By: 3 |
| Stated Purpose or Research Question | “This chapter presents the foundational principles and mission of trauma-informed care and a practical framework called the 4 Cs (Calm, Contain, Care, and Cope) to transform theory into practice” (p.1). |
| Author’s Conclusion | “Addressing trauma in the health-care setting has the potential to improve health, decrease suffering, and promote the achievement of health equity. Health-care providers have a uniquely influential role to play in implementing trauma-informed care and in recommending evidence-based health care community and societal trauma prevention programs and policies” (p.20). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Limited Rationale: The information provided in this text does not relate to the EBP topic. The information in this article relates defining trauma and identifying the populations that are affected by trauma. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: The information in the article is thorough and provides clear definitions of trauma. Each section of the article is relevant to the objectives highlighted in the abstract. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Mixed methods |
| APA Reference | Damian, A.J., Gallo, J., Leaf, P. et al. Organizational and provider level factors in implementation of trauma-informed care after a city-wide training: an explanatory mixed methods assessment. <i>BMC Health Serv Res</i> 17, 750 (2017) doi:10.1186/s12913-017-2695-0 |
| Abstract | <p>“Background: While there is increasing support for training youth-serving providers in trauma-informed care (TIC) as a means of addressing high prevalence of U.S. childhood trauma, we know little about the effects of TIC training on organizational culture and providers’ professional quality of life. This mixed-methods study evaluated changes in organizational- and provider-level factors following participation in a citywide TIC training. Methods: Government workers and nonprofit professionals (N = 90) who participated in a nine-month citywide TIC training completed a survey before and after the training to assess organizational culture and professional quality of life. Survey data were analyzed using multiple regression analyses. A subset of participants (n = 16) was interviewed using a semi-structured format, and themes related to organizational and provider factors were identified using qualitative methods. Results: Analysis of survey data indicated significant improvements in participants’ organizational culture and professional satisfaction at training completion. Participants’ perceptions of their own burnout and secondary traumatic stress also increased. Four themes emerged from analysis of the interview data, including “Implementation of more flexible, less-punitive policies towards clients,” “Adoption of trauma-informed workplace design,” “Heightened awareness of own traumatic stress and need for self-care,” and “Greater sense of camaraderie and empathy for colleagues.” Conclusion: Use of a mixed-methods approach provided a nuanced understanding of the impact of TIC training and suggested potential benefits of the training on organizational and provider-level factors associated with implementation of trauma-informed policies and practices. Future trainings should explicitly address organizational factors such as safety climate and morale, managerial support, teamwork climate and collaboration, and individual factors including providers’ compassion satisfaction, burnout, and secondary traumatic stress, to better support TIC implementation. Keywords: Trauma-informed care, Organizational culture, Secondary traumatic stress, Mixed methods” (p. 1).</p> |
| Author | <p>Credentials: PhD, MSc, PMP Position and Institution: Johns Hopkins University, Associate director of the Weitzman Institute Publication History in Peer-Reviewed Journals: Moderate</p> |
| Publication | <p>Type of publication: Peer reviewed article Publisher: BMC Health Services Research Other: N/a</p> |
| Date and Citation History | <p>Date of publication: November 21, 2017 Cited By: 8</p> |
| Stated Purpose or Research Question | <p>“This mixed-methods study evaluated changes in organizational- and provider-level factors following participation in a citywide TIC training” (p. 1).</p> |
| Author’s Conclusion | <p>“Use of a mixed-methods approach provided a nuanced understanding of the impact of TIC training and suggested potential benefits of the training on organizational and provider-level factors associated” (p. 1).</p> |
| Overall Relevance to your EBP Question | <p>Overall Relevance of Article: Moderate Rationale: The conclusions of this article are a result of a city-wide training, common which is similar to but not exactly related to our EBP question. The focus of the article was related to organizational and provider factors of implementation.</p> |
| Overall Quality of Article | <p>Overall Quality of Article: Good Rationale: The article was cited by multiple other resources. The article was also authored by many professionals, adding to its credibility.</p> |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Randomized Controlled Trial |
| APA Reference | Green, B. L., Saunders, P. A., Power, E., Dass-Brailsford, P., Schelbert, K. B., Giller, E., ... & Mete, M. (2016). Trauma-informed medical care: patient response to a primary care provider communication training. <i>Journal of Loss and Trauma</i> , 21(2), 147-159. doi: 10.1080/15325024.2015.1084854 |
| Abstract | “Trauma exposure predicts mental disorders and health outcomes; yet there is little training of primary care providers about trauma’s effects, and how to better interact with trauma survivors. This study adapted a theory-based approach to working with trauma survivors, Risking Connection, into a 6-hour CME course, Trauma-Informed Medical Care (TI-Med), to evaluate its feasibility and preliminary efficacy. We randomized four primary care sites to training or wait-list conditions; PCPs at wait-list sites were trained after reassessment. Primary care providers (PCPs) were Family Medicine residents (n = 17; 2 sites) or community physicians (n = 13; 2 sites). Outcomes reported here comprised a survey of 400 actual patients seen by the PCPs in the study. Patients, mostly minority, completed surveys before or after their provider received training. Patients rated PCPs significantly higher after training on a scale encompassing partnership issues. Breakdowns showed lower partnership scores for those with trauma or posttraumatic stress symptoms. Future studies will need to include more specific trauma-related outcomes. Nevertheless, this training is a promising initial approach to teaching trauma-informed communication skills to PCPs” (p. 147). |
| Author | Credentials: PhD Position and Institution: Professor of Psychiatry and Director of the Center for Trauma and the Community at Georgetown University Medical School. Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Scholarly peer-reviewed journal Publisher: Routledge Taylor and Francis Group Other: Journal of Loss and Trauma |
| Date and Citation History | Date of publication: 2016 Cited By: 24 |
| Stated Purpose or Research Question | “In addition to adapting the intervention, the goal of the study was to examine the feasibility of the program and to preliminarily evaluate its effectiveness...We sought to understand whether patients would detect differences between trained and untrained PCPs. We were particularly interested in how PCPs engaged the patients in decision making and partnership activities. We also investigated whether patients with trauma or PTSD would have lower ratings for their PCPs” (p. 148-149). |
| Author’s Conclusion | “The training therefore increased positive aspects of the PCP-patient partnership from both observer ratings and patient perspectives. Further research should explore more trauma-specific outcomes (like disclosure, recognition of trauma, and treatment interventions), longitudinal changes in patient ratings of providers and in mental health indicators, and effects on patient health outcomes” (p. 155). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Relevance Rationale: This study directly tests the feasibility and efficacy of a communication training program for trauma-informed care with primary care providers. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: Reputable author, reputable peer-reviewed journal. Published within 5 years. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study (qualitative, quantitative, etc.) Specific Type: Randomized waitlist control study |
| APA Reference | Green, B. L., Saunders, P. A., Power, E., Dass-Brailsford, P., Schelbert, K. B., Giller, E., . . . Mete, M. (2015). Trauma-informed medical care: CME communication training for primary care providers. <i>Family Medicine</i> , 47(1), 7-14. Retrieved from https://www.ncbi.nlm.nih.gov.pearl.stkate.edu/pmc/articles/PMC4316735/ |
| Abstract | <p>“Trauma exposure predicts mental disorders, medical morbidity, and healthcare costs. Yet trauma-related impacts have not received sufficient attention in primary care provider (PCP) training programs. This study adapted a theory-based approach to working with trauma survivors, Risking Connection, into a 6-hour CME course, Trauma-Informed Medical Care (TI-Med), and evaluated its efficacy.</p> <p>METHODS: We randomized PCPs to training or wait-list (delay) conditions; waitlist groups were trained after reassessment. The primary outcome assessing newly acquired skills was a patient-centeredness score derived from Roter Interactional Analysis System ratings of 90 taped visits between PCPs and standardized patients (SPs). PCPs were Family Medicine residents (n=17) and community physicians (n=13; 83% Family Medicine specialty), from four sites in the Washington DC metropolitan area.</p> <p>RESULTS: Immediately trained PCPs trended toward a larger increase in patient-centeredness than did the delayed PCPs ($p < .09$), with a moderate effect size (.66). The combined trained PCP groups showed a significant increase in patient-centeredness pre to post training, $p < .01$, Cohen’s $D = .61$.</p> <p>CONCLUSIONS: This is a promising approach to supporting relationship-based trauma-informed care among PCPs to help promote better patient health and higher compliance with medical treatment plans.</p> <p>Keywords: trauma, communication, continuing medical education, patient-centeredness” (p. 7).</p> |
| Author | <p>Credentials: Bonnie Green is a professor at Georgetown University Medical School. Position and Institution: Medical professor at Georgetown University Medical School. Publication History in Peer-Reviewed Journals: Extensive</p> |
| Publication | <p>Type of publication: Scholarly Peer Reviewed Journal Publisher: National Institutes of Health’s National Library of Medicine Other: N/A</p> |
| Date and Citation History | <p>Date of publication: September 25, 2015 Cited By: 68</p> |
| Stated Purpose or Research Question | <p>“In addition to adapting the intervention, the goal of the study was to examine the feasibility of the program and to preliminarily evaluate its effectiveness. A previous report focused on the effects of the training program on PCP interactions with standardized patients” (p. 11).</p> |
| Author’s Conclusion | <p>“The training therefore increased positive aspects of the PCP-patient partnership from both observer ratings and patient perspectives. Further research should explore more trauma-specific outcomes (like disclosure, recognition of trauma, and treatment interventions), longitudinal changes in patient ratings of providers and in mental health indicators, and effects on patient health outcomes” (p. 13).</p> |
| Overall Relevance to your EBP Question | <p>Overall Relevance of Article: Good Rationale: This article directly targets our EBP question and provides great answers. The article directly states that increasing trauma informed care benefits therapists and treating their clients.</p> |
| Overall Quality of Article | <p>Overall Quality of Article: Good Rationale: This article has been cited over 60 times in other peer reviewed journals</p> |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Pilot project |
| APA Reference | Shamaskin-Garroway, A. M., Burg, M. M., Vasquez, L., Brandt, C., & Haskell, S. (2017). An interprofessional pilot program training medical residents in trauma-sensitive communication. <i>Journal of Interprofessional Education & Practice</i> , 8, 14-19. doi:10.1016/j.xjep.2017.05.001 |
| Abstract | “This pilot project tested a brief interdisciplinary intervention to enhance trauma-sensitive communication skills among medical residents who provide care to female veterans. While guidelines exist on providing “trauma-sensitive care”, one challenge is translating these principles into practice through education and training. The target audience was medical residents (PGY1-PGY3; n = 8), who were observed 3 times by a clinical psychologist during their women’s <u>primary care</u> clinic rotation at a VA hospital. The intervention format entailed the psychologist providing individualized feedback on basic interpersonal communication and trauma-sensitive care. Residents completed a pre- and post-intervention survey regarding their skill, comfort, perceived use of patient-centered approaches, and their understanding of trauma-sensitive care. The post-intervention survey included an intervention feedback section. Results indicated improvements in resident self-perceived communication skills and greater comfort discussing and responding to trauma disclosure. Qualitative feedback indicates residents found the training useful. This novel pilot study shows the promise of a brief interprofessional intervention for improving communication skills in behavioral health among medical residents, particularly regarding trauma. Next steps include testing with a larger sample in a randomized controlled trial, and examining effects of training on patient satisfaction” (p. 1). |
| Author | Credentials: PhD Position and Institution: Advanced Fellow in Women’s Health at VA Connecticut VA Healthsystem Publication History in Peer-Reviewed Journals: Moderate |
| Publication | Type of publication: Peer-reviewed journal article Publisher: Journal of Interprofessional Education & Practice Other: Available on PubMed |
| Date and Citation History | Date of publication: September 2017 Cited By: 4 |
| Stated Purpose or Research Question | “The measurable objectives for this educational resource were to improve providers' confidence in and self-perceived skill in two main domains. These domains were: 1)Trauma-related communication (comfort discussing trauma and mental health in general, knowledge of responding sensitively to trauma disclosure, and understanding of trauma-informed care)2)Patient-centered interviewing skills broadly (e.g., general communication skills, using motivational interviewing techniques)” (p. 2). |
| Author’s Conclusion | “Results indicated improvements in resident self-perceived communication skills and greater comfort discussing and responding to trauma disclosure. Qualitative feedback indicates residents found the training useful” (p. 1). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: The author holds a PhD and piloted a program related to trauma informed care for medical residents. This program was interprofessional in nature, demonstrating that it is applicable to multiple healthcare fields. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: We chose this article because the author is credible and it directly applies to our topic with a training program regarding trauma sensitive care in an interprofessional study. The study is both quantitative and qualitative. It is a pilot project and has been cited by others multiple times. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Pretest posttest design |
| APA Reference | Cannon, L. M., Coolidge, E. M., LeGierse, J., Moskowicz, Y., Buckley, C., Chapin, E., . . . Kuzma, E.K. (2019). Trauma-informed education: Creating and pilot testing a nursing curriculum on trauma-informed care. <i>Nurse Education Today</i> , 104256. doi: 10.1016/j.nedt.2019.104256 |
| Abstract | “Background Trauma is a significant contributor to morbidity and mortality. Trauma-informed care (TIC) provides a safe and supportive healthcare environment for patients who have experienced trauma. Educating healthcare providers improves knowledge, attitudes, and skills related to TIC. However, nursing programs do not systematically integrate TIC education. Purpose To create, implement, and evaluate nursing content on TIC at the graduate and undergraduate levels at one university. Method A pretest-posttest survey was utilized to assess changes in knowledge, attitudes, and skills related to TIC related to the delivery of content on trauma and TIC to students in three courses at one large Midwestern university in January 2019. Safety, acceptability, and transferability were also measured. Findings The content improved nursing students' knowledge and skills related to providing TIC. Further, content on TIC is acceptable to both undergraduate and graduate students and is transferrable to non-nursing students. Discussion The current study provides a trauma-informed nursing education model that is safe, appropriate, acceptable, and efficacious" (p. 3). |
| Author | Credentials: PhD student Position and Institution: University of Wisconsin-Madison, Department of Sociology Publication History in Peer-Reviewed Journals: 5 citations in google scholar, limited to moderate publication history |
| Publication | Type of publication: peer-reviewed journal Publisher: Other: Nurse Education Today |
| Date and Citation History | Date of publication: 2019 Cited By: Has not been cited by other articles because it was published so recently. |
| Stated Purpose or Research Question | “The purpose of the current project was to create, implement, and evaluate course content on TIC for nursing students using the seven key principles of a TIC educational framework (Li et al., 2019). The content was developed based on input from faculty and students at one large Midwestern university, as well as best practices derived from other health sciences. The project aimed to assess: 1) changes in knowledge, attitudes, and skills related to TIC among nursing students receiving the content, 2) safety and acceptability of the content, and 3) transferability of the content to non-nursing students” (p. 7). |
| Author’s Conclusion | “This study builds on prior work establishing the need for education on TIC for nursing students that is sensitive and resists student re-traumatization. The current study provides a model of trauma-informed nursing education that is safe, appropriate, acceptable, and efficacious” (p. 20). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: It is a randomized controlled trial that specifically tests the efficacy of trauma-informed care training on health care professionals. |
| Overall Quality of Article | Overall Quality of Article: Moderate to Good Rationale: It is a peer-reviewed journal article, the author has moderate publication history as a PhD student. Published in the last year. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Survey |
| APA Reference | Kusmaul, N., Wilson, B., & Nochajski, T. (2015). The infusion of trauma-informed care in organizations: Experience of agency staff. <i>Human Service Organizations: Management, Leadership & Governance</i> , 39(1), 25-37. |
| Abstract | “The implementation of trauma-informed care is a transformational organizational change, incorporating all levels of staff and fundamentally changing the hierarchical structure of the organization (Bloom, 2006). Using the principles of Falloot and Harris (2006), this study explored the impacts of trauma-informed care implementation on staff and how staff experience the principles of trauma informed care: safety, trustworthiness, choice, collaboration, and empowerment. Findings suggest that different levels of staff experience trauma-informed care implementation differently. Findings also suggest that more exploration is needed on the factorial structure of trauma-informed care” (p. 25). |
| Author | Credentials: PhD Position and Institution: Department of Social Work, University of Maryland Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Peer-reviewed Publisher: Routledge, Taylor & Francis Group Other: Human Service Organization: Management, Leadership & Governance |
| Date and Citation History | Date of publication: 2015 Cited By: 21 |
| Stated Purpose or Research Question | “The current study assesses attitudes about trauma-informed care within community agencies. The intent was to evaluate whether organizations that followed trauma-informed care methods were including a focus on staff throughout the implementation process” (p. 27). |
| Author’s Conclusion | “Bolstered by promising research, staff members of human service organizations have looked to the principles of trauma-informed care to break this cycle” (p. 36). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This study investigated the impacts and the implementation of trauma-informed care on staff and looked at five components of the principles of trauma informed care. The components of the article will help identify characteristics of trauma-informed care for our EBP question. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: The authors of this article have extensive research in trauma-informed care and this article has been published in the past 5 years. The article itself is very informative about our topic, but is quite brief in the methods. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Survey Research |
| APA Reference | Williams, T. and Smith, G. (2017), "Does training change practice? A survey of clinicians and managers one year after training in trauma-informed care", <i>The Journal of Mental Health Training, Education and Practice</i> , 12(3), 88-198. doi: 10.1108/JMHTPE-02-2016-0016 |
| Abstract | <p>“Purpose: The purpose of this paper is to describe the impact of a trauma-informed care (TIC) training programme on practice at the individual and workplace level in mental health and drug and alcohol services and to examine the implications of using training alone as a strategy for achieving system-level practice change.</p> <p>Design/methodology/approach: A total of 271 clinicians and managers from public mental health and drug and alcohol services in Western Australia who had undertaken TIC training were invited to complete an on-line survey 12 months after training. Individual survey items were based on a five-point Likert scale with opportunity being provided for additional comments from respondents. Findings One year post-training, both clinicians and managers reported that training had increased their awareness and knowledge and had a positive impact on their attitudes towards TIC. Clinicians reported a moderate impact on their individual practice and both groups reported very limited success in bringing about change in their workplaces. Workforce development and organisational factors were identified by both clinicians and managers as being barriers to implementation. Research limitations/implications Only 30 percent of the training participants responded to the survey and it is not possible to determine whether they differed from non-respondents. Findings were based on a self-report survey with no objective measure of behaviour change.</p> <p>Originality/value This “naturalistic” study examines the longer-term impact of training, from the perspective of clinicians and managers, on changing practice at the individual clinician and workplace level. It highlights the critical importance of understanding and addressing contextual factors where collective, coordinated behaviour change is needed in order to effect organisational change” (p. 188).</p> |
| Author | <p>Credentials: PhD</p> <p>Position and Institution: Director at the Western Australian Centre for Mental Health Policy Research, Graylands Hospital, Perth, Australia. She is an adjunct associate professor at the School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Australia.</p> <p>Publication History in Peer-Reviewed Journals: Moderate</p> |
| Publication | <p>Type of publication: Peer-reviewed journal</p> <p>Publisher: Emerald Publishing Limited</p> <p>Other: Journal of Mental Health, Training, and Practice</p> |
| Date and Citation History | <p>Date of publication: 2017</p> <p>Cited By: 4</p> |
| Stated Purpose or Research Question | <p>“The purpose of this paper is to describe the impact of a trauma-informed care (TIC) training programme on practice at the individual and workplace level in mental health and drug and alcohol services and to examine the implications of using training alone as a strategy for achieving system-level practice change” (p. 188).</p> |
| Author’s Conclusion | <p>“This “real world” study examines the impact of a one-off TIC training workshop on knowledge, attitudes and practice amongst clinicians and managers one year on. It takes the question of the transfer of training beyond its impact on individual clinician practice to examine the perceptions of clinicians and managers as to how much the training had enabled them to bring about practice change in their workplaces. Despite reports of increased knowledge amongst both clinicians and managers and strong support for TIC being embedded into mental health services across the state, clinicians reported only a moderate impact on their individual practice and both groups reported the same low level of influence on workplace practice change” (p. 195).</p> |
| Overall Relevance to your EBP Question | <p>Overall Relevance of Article: Good</p> <p>Rationale: It takes a specific training program for trauma-informed care and examines effectiveness at both increasing knowledge of trauma-informed care and at creating actual change in practice.</p> |
| Overall Quality of Article | <p>Overall Quality of Article: Good</p> <p>Rationale: Only 30% of participants responded to the survey, so it is difficult to say if non-responders differed from the responders in their answers. It is a peer-reviewed journal and reputable author.</p> |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Pre-test post-test design |
| APA Reference | Kenny, M. C., Vazquez, A., Long, H., & Thompson, D. (2017). Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study. <i>Children and Youth Services Review</i> , 73, 15-23. doi: 10.1016/j.childyouth.2016.11.030 |
| Abstract | “Awareness of Trauma-Informed Care (TIC) is essential for all professionals employed at child advocacy centers (CAC). This study evaluated the effectiveness of a training program that utilized a modified version of a TIC curriculum accessible through the National Child Traumatic Stress Network (NCTSN) among CAC workers in Florida. The workers' TIC knowledge level (n = 203) was examined prior to the training, immediately thereafter, and in a 12-month follow-up. Participants in general had similar levels of TIC knowledge before the training although the knowledge level was significantly affected by race/ethnicity, years of working experience, and educational degree. The results also indicated that participants' TIC knowledge significantly increased after training, with an effect size of 0.71. This increase appeared to be universal among participants. Further, the significant increase still maintained in the 12-month follow-up test. The analysis of participants' responses to two open-ended questions suggested that most participants were satisfied with the program. It is suggested that training efforts need to be conducted frequently to ensure that CAC employees get repeated exposure to the information in order to ultimately improve the services they provide to victims” (p. 15). |
| Author | Credentials: PhD Position and Institution: Professor at Florida State University, Department of Counseling, Recreation, and School Psychology Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Peer-reviewed journal Publisher: Elsevier Ltd. Other: Children and Youth Services Review Journal |
| Date and Citation History | Date of publication: 2017 Cited By: 18 |
| Stated Purpose or Research Question | “The purpose of the present pilot study was to evaluate the effective-ness of a modified version of the NCTSN TIC training with CAC workers” (p. 17). |
| Author’s Conclusion | “The results presented in this paper suggest that this is a promising approach to introducing TIC training for CAC workers from various disciplines” (p. 19). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This study looked at the effectiveness of a training program for trauma-informed care on health professionals in a child advocacy center. It directly relates to the EBP question on effectiveness of training programs. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: Peer-reviewed journal, reputable author, published within the last 5 years. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study; Specific Type: Concomitant quality improvement project |
| APA Reference | Weiss, D., Kassam-Adams, N., Murray, C., Kohser, K. L., Fein, J. A., Winston, F. K., & Marsac, M. L. (2017). Application of a Framework to Implement Trauma-Informed Care Throughout a Pediatric Health Care Network. <i>Journal of Continuing Education in the Health Professions</i> , 37(1), 55–60. doi: 10.1097/ceh.000000000000140 |
| Abstract | “ INTRODUCTION: To evaluate the initial application of a recently published three-step framework for implementing trauma-informed care (TIC) in a pediatric health care network by applying Framework for Spread. METHODS: In steps 1 and 2 of the framework, we established commitment from the health care network leadership and initial interest in TIC among clinical providers (step 1), set evidence-based training goals and created the associated TIC training content (step 2). In step 3, 440 health care professionals (from 27 health care teams) participated in single-session, 1-hour training that covered the psychological impact of injury- and illness-related trauma, identification of traumatic stress symptoms, and how to respond to children exposed to potentially traumatic events. A concomitant quality improvement project allowed us to assess potential changes in training participants' favorable attitudes toward the integration of TIC and confidence in delivering TIC. RESULTS: Compared with pre-training, participants demonstrated increases in attitude toward TIC, $t(293) = 5.8, P < .001$, Cohen's $d = 0.32$, and confidence in delivering TIC, $t(293) = 20.9, P < .001$, Cohen's $d = 1.09$. DISCUSSION: Trainings were effective in achieving proximal goals targeting attitudes and confidence, thereby demonstrating the feasibility and clinical relevance of TIC training when implemented according to the three-step framework. Future research should examine methods of training to reach wide audiences to promote systematic change and evaluate changes in patient outcomes associated with providers.” (p. 55). |
| Author | Credentials: n/a Position/institution: Children’s Hospital of Philadelphia Credentials: Limited Publication History in Peer-Reviewed Journals: limited |
| Publication | Type of publication: Scholarly Journal Publisher: <i>Journal of Continuing Education in the Health Professions</i> |
| Date and Citation History | Date of publication: 2017 Cited By: 18 |
| Stated Purpose or Research Question | “To evaluate the initial application of a recently published three-step framework for implementing trauma-informed care (TIC) in a pediatric health care network by applying Framework for Spread” (p. 51). |
| Author’s Conclusion | “Trainings were effective in achieving proximal goals targeting attitudes and confidence, thereby demonstrating the feasibility and clinical relevance of TIC training when implemented according to the three-step framework. Future research should examine methods of training to reach wide audiences to promote systematic change and evaluate changes in patient outcomes associated with providers.” (p. 60). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This study created a TIC training targeted specifically toward health care professionals that was based on evidence and goals of the institutions where training would be provided. It evaluates the effectiveness of the training using qualitative responses from participants pre and post training to determine the efficacy of the training. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: Has several citations and uses a sound method of research and design to develop, implement and evaluate the TIC training. |

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| | Overview of Article |
| Type of article | Overall Type: Quantitative Primary Research Study Specific Type: Pre/Post test, 3-month survey |
| APA Reference | Kramer, T. L., Sigel, B. A., Conners-Burrow, N. A., Savary, P. E., & Tempel, A. (2013). A statewide introduction of trauma-informed care in a child welfare system. <i>Children and Youth Services Review</i> , 35(1), 19-24. |
| Abstract | “Most children in the care of the child welfare system have been exposed to multiple traumas in addition to the stressor of being removed from their home. Because the risk for mental health problems following exposure to trauma is high, a critical need exists to introduce trauma-informed practices into the child welfare system. The purpose of this study is to evaluate initial stages of a trauma-informed training program for the Arkansas Division of Child and Family Services (DCFS). In Phase I, 102 (75%) of DCFS area directors and supervisors participated in 10 regional, two-day workshops modeled after the National Child and Traumatic Stress Network (NCTSN) trauma-informed training for child welfare. Pre- and post-training evaluations demonstrated significant improvements in participants' knowledge of trauma-informed practices. A three-month follow-up with directors and supervisors indicated that use of trauma-informed practices increased significantly and that such changes were correlated with pre- versus post-training improvement in knowledge. Most participants were able to partially implement action steps established at the time of training; however, a number of barriers were cited as preventing full implementation, including time constraints, heavy caseloads, lack of staff, and limited resources. Results are discussed in light of plans under way for Phase II training for all DCFS front-line staff” (p. 19). |
| Author | Credentials: TL Kramer, Ph. D. Position and Institution: Professor- Department of Psychiatry, College of Medicine, University of Arkansas for Medical Sciences (UAMS) Chief Psychologist- Department of Psychiatry, College of Medicine Associate Professor- Department of Health Behavior and Health Education, Fay W. Boozman College of Public Health, UAMS Publication History in Peer-Reviewed Journals: 75 articles, Extensive |
| Publication | Type of publication: Peer-reviewed Scholarly Journal Publisher: Children and Youth Services Review |
| Date and Citation History | Date of publication: January 2013 Cited By: 69 |
| Stated Purpose or Research Question | “The purpose of the current pilot study is to evaluate 1) the feasibility of implementing a statewide training plan on trauma-informed practices for child welfare directors and area supervisors (Phase 1 of the overall training plan) and 2) the effectiveness of the training plan in improving child welfare directors' and supervisors' knowledge, attitudes and practices” (p. 20). |
| Author's Conclusion | “The significant change in knowledge about the key components of trauma-informed care from pre-test to post-test suggests that the training was successful in conveying the critical content to the training participants.” (p. 22). “We found a significant increase in the way in which supervisors use their role to support trauma-informed assessment and other trauma-informed care practices among the staff they supervise. Further, we found that supervisors who gained the most knowledge from the two-day training (based on pre-post test results) were more likely to change their behavior“ (p. 23). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: A training was implemented state-wide (large sample-size), and information on effectiveness three months after training were evaluated in a survey. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: Although there was a large sample size, the training was offered over 2-days to Arkansas state DCFS supervisors. Therefore, the individuals in contact with children the most were not trained, limiting the impact the training has on children. |

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| | Overview of Article |
| Type of article | Overall Type: Quantitative Primary Research Study Specific Type: Quasi-experimental retrospective |
| APA Reference | Goodwin-Glick, K. (2017). <i>Impact of trauma-informed care professional development on school personnel perceptions of knowledge, dispositions, and behaviors toward traumatized students</i> . (Doctoral dissertation, Bowling Green State University). |
| Abstract | “Childhood trauma is prevalent and has a profound impact on student learning, behaviors, social-emotional well-being (Perfect et al., 2016), physical health, relationships (Tishelman et al., 2010), and brain architecture (Perry, 2001). Trauma-informed care professional development (PD) within the school setting is a relatively new notion for school reform efforts (Craig, 2016); therefore, this study adds to the nascent literature. The purpose of this quasi-experimental retrospective study was to determine the extent to which employees perceived that their knowledge, dispositions, and behaviors toward traumatized students improved as a result of participation in a traditional and transformational PD. Certified and classified employees (n = 552) of one large, urban school district in Northwest Ohio completed the Trauma-Informed Care Dispositions Survey (TIC-DS). The TIC-DS contains 52 closed-form and one open-ended survey item and is measured on a Likert scale. Survey items were selected from four existing instruments and modified into a retrospective pre/posttest design. The TIC-DS is a valid and reliable instrument: Cronbach’s alpha for the TIC-DS was found to be .960 on the retrospective pretest responses and .955 on the posttest responses, which suggests strong internal reliability. Data were analyzed using t-test of paired samples, t-test of independent samples, and ANOVA. Three theoretical frameworks (trauma theory, transformational learning, and dispositions) were used as a lens to interpret study outcomes. Data analyses revealed the following broad conclusions as a result of the TIC PD: 1) Significant gains in all seven subscales. 2) Greater gains in Knowledge than Dispositions and Behaviors. 3) Females reported significantly greater gains in Student-Centeredness and Total Dispositions than males. 4) Elementary (K-5) educators had significantly greater gains in five subscales and Total Dispositions than secondary (6-12) educators. 5) Employee classification and years of employment did not generate significant differences in subscale gains; however, subscale gains were larger for classified than certified in all subscales except Empathetic Concern. 6) Classified employee gains in learning, dispositions, and behavior were greater for the transformational and traditional professional developments than participating in one or the other; therefore, employees may have greater gains from attending both types of sessions” (p. iii-iv). |
| Author | Credentials: Doctoral Candidate Student (Bachelor’s degree unknown) Position and Institution: Doctoral Student, Bowling Green State University Publication History in Peer-Reviewed Journals: 1, Very limited |
| Publication | Type of publication: Dissertation Publisher: Bowling Green State University |
| Date and Citation History | Date of publication: May 2017 Cited By: 2 |
| Stated Purpose or Research Question | “The purpose of this quasi-experimental retrospective study was to examine the extent to which employees report that their knowledge of TIC concepts, dispositions (empathetic concern, perspective taking, interpersonal relationships, sense of respect and trust, and student-centered) and behaviors toward traumatized students improve as a result of participation in the PD, and if there were significant gains in PD outcomes based on demographics of participants (gender, grade level, employee classification, number of years of employment in schools, and sessions attended)” (p. 15). |
| Author’s Conclusion | “1. Participants indicated significant gains in all seven subscales (Knowledge, Dispositions, and Behavior). 2. Participants reported greater PD gains in trauma-related Knowledge than Dispositions and Behavior. 3. Females reported significantly greater gains in Student-Centeredness and Total Dispositions than males. 4. Elementary (K-5) educators had significantly greater PD gains in Knowledge, Empathetic, Concern, Perspective Taking, Student-Centered, Behavior, and Total Dispositions subscales than secondary (6-12) educators. 5. Classification of employees and years of employment did not generate significant differences in any subscale gains. However, subscale gains were larger for classified than certified in all subscales except Empathetic Concern. 6. Classified employees gains in Knowledge, Dispositions, and Behavior were greater for the transformational and traditional professional developments than participating in one or the other; therefore, employees may have greater gains from attending both type of sessions. 7. The TIC-DS is a valid and reliable instrument to determine gains in Knowledge, Dispositions and Behavior following trauma-informed care professional development” (p. 231). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: Aimed to study the effectiveness of a provided professional development. Trained a large sample size of teachers throughout a district and collected relevant data in the analysis of the results of the pre/post-tests. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: Pre/posttest design. Provides information on a teacher’s conceptual knowledge of trauma-informed care but no information on the impact of this training on student outcomes. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Program evaluation |
| APA Reference | Greenwald, R., Siradas, L., Schmitt, T. A., Reslan, S., Fierle, J., & Sande, B. (2012). Implementing trauma-informed treatment for youth in a residential facility: First-year outcomes. <i>Residential Treatment for Children & Youth</i> , 29(2), 141-153. |
| Abstract | “Training in the Fairy Tale model of trauma-informed treatment was provided to clinical and direct care staff working with 53 youth in a residential treatment facility. Compared to the year prior to training, in the year of the training the average improvement in presenting problems was increased by 34%, time to discharge was reduced by 39%, and rate of discharge to lower level of care was doubled. The inclusion of numerous interventions, along with limitations in implementation and evaluation, make it difficult to precisely identify the cause(s) of the improvement” (p. 1). |
| Author | Credentials: Ricky Greenwald, PsyD Position and Institution: Founder and executive director of the Trauma Institute & Child Trauma Institute, Affiliate professor at SUNY University at Buffalo School of Social Work, Fellow of the American Psychological Association. Publication History in Peer-Reviewed Journals: 68, extensive |
| Publication | Type of publication: Peer Reviewed Journal Publisher: Residential Treatment for Children & Youth |
| Date and Citation History | Date of publication: 2012 Cited By: 34 |
| Stated Purpose or Research Question | “The aim of the present project was to train clinical and direct care staff in the Fairy Tale model, to enhance but not replace the existing Positive Peer Culture milieu treatment approach. Our training goal was to support implementation of the trauma-informed treatment approach within the milieu as well as individual therapy. The purpose was to make the overall treatment more effective and efficient. This paper reports on the first-year evaluation of the following hypotheses: H1: Post-traumatic stress symptoms will be reduced. H2: Primary presenting problems will be reduced. H3: Total time in residential treatment will be reduced. H4: Rate of positive discharges (i.e., to a lower level of care) will be increased” (p. 14). |
| Author’s Conclusion | “The findings of 34% increase in problem reduction, 39% reduction in treatment time, and about double the rate of positive discharges are consistent with prior research on the Fairy Tale model of trauma-informed treatment with similar or related populations... These findings provide further support for the Fairy Tale model's value as an engaging, effective, and efficient treatment for emotionally disturbed and acting-out youth” (p. 38). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: Provides information on the effectiveness of a training program long-term, finding evidence of effectiveness a year into the intervention’s implementation. |
| Overall Quality of Article | Overall Quality of Article: Good/Moderate Rationale: The facility had already adapted a trauma-informed approach before the study began. The facility was initially using the “Positive Peer Culture” milieu, which could make the study difficult to replicate (we do not have documentation on the first training) and so we cannot know for sure what parts of the outcome were influenced by the first training and what outcomes were influenced by the new Fairytale training. However, this study did provide quantifiable evidence of the program’s effectiveness a year after the training, which much of the current research did not. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Scholarly Peer-reviewed Journal |
| APA Reference | Lotzin, A., Buth, S., Sehner, S., Hiller, P., Martens, M., Pawils, S., . . . Schäfer, I. (2018). "Learning how to ask": Effectiveness of a training for trauma inquiry and response in substance use disorder healthcare professionals. <i>Psychological Trauma: Theory, Research, Practice, and Policy, 10</i> (2), 229-238. doi: http://dx.doi.org/10.1037/tra0000269 |
| Abstract | "Context: Exposure to traumatic events should be systematically assessed in health care services so that trauma-related treatment can be offered when appropriate. However, professionals often lack expertise in trauma inquiry and response, and therefore require training in this field. Objective: We aimed to determine whether the "Learning how to ask" training for trauma inquiry and response (Read, Hammersley, & Rudegeair, 2007) is effective in increasing health care professionals' trauma inquiry behavior. Method: 148 professionals working in outpatient substance use disorder (SUD) services were cluster-randomized into an intervention or a waiting control group. The intervention group received a 1-day training and a refresher session 3 months later, while the control group received no training. The primary outcome was the change from baseline in the frequency of asking clients about traumatic events. Secondary outcomes were professionals' evaluation of the training, knowledge, attitudes toward and confidence in trauma inquiry and response. Results: Change from baseline in the frequency of asking clients about traumatic events was significantly greater at 3-month and 6-month follow-up in the intervention group compared with the control group (b = 0.43, 95% CI [0.27, 0.59], p < .001). The training was positively evaluated by the participants. Knowledge, positive attitudes toward and confidence in trauma inquiry and response all showed significantly greater increases in the intervention group than in the control group. Conclusions: These findings suggest that health care professionals can acquire skills in trauma inquiry and response from short trainings, which may enhance systematic assessment of traumatic events" (p. 229). |
| Author | Credentials: PhD Position and Institution: Lotzin: University Medical Center Hamburg-Eppendorf, Department of Psychiatry Publication History in Peer-Reviewed Journals: Moderate |
| Publication | Type of publication: Journal Publisher: Educational Publishing Foundation (US) |
| Date and Citation History | Date of publication: June 2017 Cited By: 14 |
| Stated Purpose or Research Question | "In this cluster-randomized controlled trial, we evaluated the effectiveness of the "Learning how to ask" training with health care professionals working with clients in German outpatient SUD centers. We hypothesized that professionals of the intervention group would show a greater change from baseline in the frequency of asking about traumatic events at 6-month follow-up compared with an untrained control group" (p.230). |
| Author's Conclusion | "On average, the 57 professionals in the intervention group strongly agreed that "the training was useful" and that they "had a personal benefit from the training" (see Supplement 2 in the online supplemental materials). They strongly agreed that "the subject matter is useful for [their] daily job practice." "Learning basic rules of asking about traumatic events" was perceived as the most helpful content of the training, followed by "practicing asking about traumatic events in role plays." Even the mean for the least helpful factor-"sufficient professional knowledge was conveyed" was to the positive side of "agreed." Overall, the participants graded the training as "good" (p. 233). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: Researched the efficacy of the TIC training program by looking at the frequency of professionals talking about trauma with their clients. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: Author Lotzin has extensive cited work in scholarly journals and history with researching trauma. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Pre-test and post-test design |
| APA Reference | Ferrell, N. J., Melton, B., Banu, S., Coverdale, J., & Valdez, M. R. (2014). The development and evaluation of a trauma curriculum for psychiatry residents. <i>Academic Psychiatry, 38</i> (5), 611-614. doi:http://dx.doi.org/10.1007/s40596-014-0095-x |
| Abstract | “Objective: This study aims to briefly describe a curriculum on trauma in order to help other educators in their own planning and development of teaching on trauma. Methods: The 12-week course was offered to third-year psychiatry residents as part of their didactics scheduling. The classes included information on a wide variety of types of trauma including natural disasters, childhood trauma, refugee trauma, survivors of torture, intimate partner violence, and military sexual trauma. The course also offered techniques in therapy informed by transference and countertransference along with role-playing activities with the resident participants. Residents completed a pre- and postcourse survey in order to assess the attitudes, comfort, and knowledge in screening for trauma exposure. Results: The proportion of residents who reported that it was very important to screen for trauma increased. Similarly, the proportion of residents who indicated they now screen for trauma increased as well. However, these were nonsignificant changes. There was no change in the proportion of residents who felt comfortable assessing for trauma before and after the curriculum. Even after the course, almost half of the respondents reported that they were still not comfortable in asking about refugee’s experience of trauma or torture. Conclusions: More residents reported that they screen for trauma after the curriculum. An ongoing development and evaluation of model curricula including possible expansion across specialties and health-care disciplines is warranted for this critically important topic area” (p. 611). |
| Author | Credentials: NA Position and Institution: Baylor College of Medicine, Houston, TX, US Texas A&M Health Science Center, Round Rock, TX, US Publication History in Peer-Reviewed Journals: Limited |
| Publication | Type of publication: Scholarly peer-reviewed journal Publisher: Academic Psychiatry Other: Journal Psychiatric Education |
| Date and Citation History | Date of publication: Oct 2014 Cited By: 12 |
| Stated Purpose or Research Question | “Residents completed a pre- and postcourse survey in order to assess the attitudes, comfort, and knowledge in screening for trauma exposure (p. 612). |
| Author’s Conclusion | “More residents reported that they screen for trauma after the curriculum. An ongoing development and evaluation of model curricula including possible expansion across specialties and health-care disciplines is warranted for this critically important topic area” (p. 614). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: Psychiatry residents completed a pre- and post- course survey in order to assess the attitudes, comfort, and knowledge in screening for trauma exposure. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: Study only looked at a specialty medical department (psychiatry) and did not expand to look at other specialties. |

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| | Overview of Article |
| Type of article | Overall Type: Primary research study Specific Type: Quality improvement project |
| APA Reference | Kuhn, T. M., Cyperski, M. A., Shaffer, A. M., Gracey, K. A., Adams, M. K., Billings, G. M., & Ebert, J. S. (2019). Installing trauma-informed care through the Tennessee Child Protective Services Academy. <i>Psychological Services, 16</i> (1), 143–152. doi: 10.1037/ser0000320 |
| Abstract | “The Child Protective Services (CPS) Academy was designed to equip members of the child-welfare workforce with knowledge that would assist them with addressing trauma in the lives of children and families. In its design, the CPS Academy applied principles of trauma-informed care, integrating evidence-based research, and a variety of clinical strategies into a comprehensive training program. Over a 2-year period, 277 frontline workers completed training through the CPS Academy. Data were collected as part of a quality-improvement effort to gauge participant satisfaction with the training platform. Participants reported that all components of the training were beneficial and relevant to their work in child welfare. Participants also demonstrated statistically significant improvement in trauma knowledge after participation in the CPS Academy ($z = -4.73, p < .001$), regardless of their level of education or years of experience in child welfare, $F(3, 196) = 1.85, p = .14, \eta_p^2 = .03, 95\% CI [0.00, 0.07]$. Therefore, the content and structure of the CPS Academy can be implemented within large organizational systems to train child-welfare and CPS workforces efficiently and effectively” (p. 143). |
| Author | Credentials: unknown Position and Institution: Berkley, n/a Publication History in Peer-Reviewed Journals: Limited |
| Publication | Type of publication: Scholarly journal Publisher: Psychological Services |
| Date and Citation History | Date of publication: 2019 Cited By: 1 |
| Stated Purpose or Research Question | “The Child Protective Services (CPS) Academy was designed to equip members of the child-welfare workforce with knowledge that would assist them with addressing trauma in the lives of children and families. In its design, the CPS Academy applied principles of trauma-informed care, integrating evidence-based research, and a variety of clinical strategies into a comprehensive training program. Over a 2-year period, 277 frontline workers completed training through the CPS Academy” (p. 143). |
| Author’s Conclusion | “Participants reported that all components of the training were beneficial and relevant to their work in child welfare. Participants also demonstrated statistically significant improvement in trauma knowledge after participation in the CPS Academy ($z = -4.73, p < .001$), regardless of their level of education or years of experience in child welfare” (p.143). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This is a direct study of the development, implementation and success of a trauma informed care training program for child protective services employees in Tennessee. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: While this is specific to Tennessee it has a good design and possibly applicable to multiple settings. Would be beneficial to review articles cited in this study for more understanding of the efficacy of their training and findings. |

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| | Overview of Article |
| Type of article | Overall Type: Review of Research Specific Type: systematic review |
| APA Reference | Branson, C. E., Baetz, C. L., Horwitz, S. M., & Hoagwood, K. E. (2017). Trauma-informed juvenile justice systems: A systematic review of definitions and core components. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 9(6), 635–646. doi: 10.1037/tra0000255 |
| Abstract | “Objective: The U.S. Department of Justice has called for the creation of trauma-informed juvenile justice systems in order to combat the negative impact of trauma on youth offenders and frontline staff. Definitions of trauma-informed care have been proposed for various service systems, yet there is not currently a widely accepted definition for juvenile justice. The current systematic review examined published definitions of a trauma-informed juvenile justice system in an effort to identify the most commonly named core elements and specific interventions or policies. Method: A systematic literature search was conducted in 10 databases to identify publications that defined trauma-informed care or recommended specific practices or policies for the juvenile justice system. Results: We reviewed 950 unique records, of which 10 met criteria for inclusion. The 10 publications included 71 different recommended interventions or policies that reflected 10 core domains of trauma-informed practice. We found 8 specific practice or policy recommendations with relative consensus, including staff training on trauma and trauma-specific treatment, while most recommendations were included in 2 or less definitions. Conclusion: The extant literature offers relative consensus around the core domains of a trauma-informed juvenile justice system, but much less agreement on the specific practices and policies. A logical next step is a review of the empirical research to determine which practices or policies produce positive impacts on outcomes for youth, staff, and the broader agency environment, which will help refine the core definitional elements that comprise a unified theory of trauma-informed practice for juvenile justice” (p. 635). |
| Author | Credentials: PhD Position and Institution: Assistant Professor of Child & Adolescent Psychiatry, New York University School of Medicine Publication History in Peer-Reviewed Journals: moderate |
| Publication | Type of publication: Scholarly Journal Publisher: Psychological Trauma: Theory, Research, Practice, and Policy |
| Date and Citation History | Date of publication: 2017 Cited By: 34 |
| Stated Purpose or Research Question | “The current systematic review examined published definitions of a trauma-informed juvenile justice system in an effort to identify the most commonly named core elements and specific interventions or policies” (p. 635). |
| Author’s Conclusion | “Conclusion: The extant literature offers relative consensus around the core domains of a trauma-informed juvenile justice system, but much less agreement on the specific practices and policies. A logical next step is a review of the empirical research to determine which practices or policies produce positive impacts on outcomes for youth, staff, and the broader agency environment, which will help refine the core definitional elements that comprise a unified theory of trauma-informed practice for juvenile justice” (p. 642). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Moderate Rationale: This article does a large review of articles that describe the type of trauma informed care practices and policies that exist in the juvenile justice system, however it does not examine the outcomes of the different types and looks like it may not focus on training enough. I think this will be a good article to use as a reference to find other more relevant articles since it has been a good amount of citations from other articles. It may also give a good general idea of the characteristics of trauma informed care practices and policies in the juvenile justice system. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: this article has 34 citations so it appears to be reliable and valid. It also includes a review of a very large amount of studies (950) to find inclusion in the study and reviews 10 total articles so it should provide a very good synthesis of information about the topic. |

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| | Overview of Article |
| Type of article | Overall Type: Review of Research Specific Type: Systematic Review |
| APA Reference | Cleary, M., Kornhaber, R., Thapa, D. K., West, S., & Visentin, D. (2018). The effectiveness of interventions to improve resilience among health professionals: A systematic review. <i>Nurse Education Today</i> , 71, 247-263. doi:https://doi.org/10.1016/j.nedt.2018.10.002 |
| Abstract | “Assess the effectiveness of resilience interventions in improving resilience outcome among health professionals. Background The nature of health professionals' work is physically and emotionally demanding, with trauma a common consequence with the act of providing health care. Design A systematic review. Data Source A comprehensive search of the literature was conducted in February 2018 using PubMed, PsychInfo, Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Scopus. Review Methods Methodological quality was assessed, and a standardized data coding form was used to extract data. Results Of the 33 included studies, 15 were single-arm pre-post-design, 10 were RCTs, five used a non-randomized controlled design, and three were qualitative. Eleven studies (out of 16) showed a significant improvement in resilience scores while five (out of eight) studies reported a significant difference in resilience scores between treatment and control groups. Conclusion Findings suggest that resilience training may be of benefit to health professionals. However, not all interventions enhanced resilience with training volume being more effective. Not all studies reporting resilience used standard resilience instruments. The results of the current review may inform resilience programs as well as future interventional studies on resilience building” (p.248). |
| Author | Credentials: PhD, RN Position and Institution: Professor of Mental Health Nursing, University of Tasmania. Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Scholarly Peer Review Journal Publisher: Elsevier |
| Date and Citation History | Date of publication: October 11 th , 2018 Cited By: 5 |
| Stated Purpose or Research Question | “To assess the effectiveness of resilience interventions in improving resilience outcomes among health professionals” (p. 248). |
| Author’s Conclusion | “Not all of the interventions enhanced resilience and the results are inconsistent. There were no specific patterns observed across the type of studies, characteristics of participants, nor mode of intervention deliver” (p. 248).. |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Moderate Rationale: This systemic review highlights training and interventions aimed in building resilience in professionals working with trauma related careers. This article could benefit the EBP project because it discusses the type of trauma health professions can be exposed to and the trainings to help cope with the effects. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: This systemic review has detailed tables that place the relevant articles in categories based on the findings and results. This article follows the PRISMA guidelines and detailed methodology. |

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| | Overview of Article |
| Type of article | Overall Type: Review of Research Study Specific Type: review of literature (systematic review) and case study “in the basis of a review of the literature and on our experience as clinical educators, and show the application of these best practices through a case study” (p.S102). |
| APA Reference | Magen, E., & DeLisser, H. M. (2017). Best practices in relational skills training for medical trainees and providers: An essential element of addressing adverse childhood experiences and promoting resilience. <i>Academic Pediatrics, 17</i> (7), S102-S107. doi:10.1016/j.acap.2017.03.006 |
| Abstract | “Medical providers’ ability to form strong therapeutic alliances with patients is an essential clinical skill that is associated with a higher quality of care and improved provider wellbeing. However, comparatively few medical providers exhibit adequate relational skills, which serve to convey respect, communicate caring, and build trust between the medical provider and the patient. A growing number of medical training programs and continuing medical education programs have begun to incorporate relational skills training, but the results have been highly variable in terms of training methods and effect. To support administrators who are considering the implementation (or improvement) of relational skills training in their organization, we provide a set of best practices for relational skills training, in the basis of a review of the literature and on our experience as clinical educators, and show the application of these best practices through a case study. We conclude with a discussion of challenges for implementing a high-quality relational skills training program, policy-level solutions for these challenges, and recommendations for future research.” (p. S102). |
| Author | Credentials: PhD Position and Institution: adjunct assistant professor in psychology at the University of Pennsylvania Publication History in Peer-Reviewed Journals: limited |
| Publication | Type of publication: peer-reviewed journal article Publisher: Academic Pediatric Association Other: N/A |
| Date and Citation History | Date of publication: September 2017 Cited By: 10 |
| Stated Purpose or Research Question | “To support administrators who are considering the implementation (or improvement) of relational skills training in their organization, we provide a set of best practices for relational skills training...” (p. s102). |
| Author’s Conclusion | “In light of the critical importance of relational skills for medical providers as they interact with patients, and especially patients with a history of trauma, we recommend that relational skills training be considered part of the core set of clinical skills, and therefore provided to all medical trainees, at every stage of their training, across all specialties...To ensure that adequate resources are devoted to relational skills training during medical training, we recommend that well specified relational proficiencies be incorporated into accreditation standards, board examinations, and licensure requirements” (p. S106). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This research review and case study is highly relevant to our EBP question. It takes a systems level approach to the implementation of TIC. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: The article was cited multiple times by other sources. The researchers supported their conclusion by implementing a case study as well. |

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| | Overview of Article |
| Type of article | Overall Type: Review of Research Study Specific Type: Systematic review |
| APA Reference | Purtle, J. (2018). Systematic review of evaluations of trauma-informed organizational interventions that include staff trainings. <i>Trauma, Violence, & Abuse, 21</i> (4), 725-740 https://doi.org/10.1177/1524838018791304 |
| Abstract | “Enthusiasm for trauma-informed practice has increased dramatically. Organizational interventions that train staff about trauma informed practice are frequently used to promote trauma-informed systems change, but evidence about these interventions’ effects has not been integrated. A systematic review was conducted of studies that evaluated the effects of organizational interventions that included a “trauma-informed” staff training component. A search was conducted in July 2017 and studies were identified in PubMed, PsycINFO, and the Published International Literature on Traumatic Stress database, limited to articles published in English after 2000. Six hundred and thirty-two articles were screened and 23 met inclusion criteria. Seventeen studies used a single group pretest/posttest design, five used a randomized controlled design, and one used a quasi-experimental design with a nonrandomized control group. The duration of trauma-informed trainings ranged from 1 hr to multiple days. Staff knowledge, attitudes, and behaviors related to trauma-informed practice improved significantly pre-/post training in 12 studies and 7 studies found that these improvements were retained at 1 month follow-up. Eight studies assessed the effects of a trauma informed organizational intervention on client outcomes, five of which found statistically significant improvements. The strength of evidence about trauma-informed organization intervention effects is limited by an abundance of single group, pretest/posttest designs with short follow-up periods, unsophisticated analytic approaches, and inconsistent use of assessment instruments. In addition to addressing these methodological limitations, priorities for future research include understanding intervention effects on clients’ perceptions of care and the mechanisms through which changes in staff knowledge and attitudes about trauma informed practice influence client outcomes” (p. 1). |
| Author | Credentials: DrPH, MPH, MSc Position and Institution: Assistant Professor at Drexel University Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Peer reviewed journal article Publisher: SAGE Other: research was compensated by NMIH and Robert Wood Johnson Foundation |
| Date and Citation History | Date of publication: August, 5, 2018 Cited By: 7 |
| Stated Purpose or Research Question | “1. describe the characteristics of studies that have evaluated the effects of trauma-informed organizational interventions that include staff trainings; 2. synthesize evidence about the effects of trauma informed organizational interventions that include staff trainings on staff and client outcomes; and 3. identify areas for future research about the effects of trauma-informed organizational interventions that include staff trainings” (p. 2). |
| Author’s Conclusion | “Organizational interventions that train staff about trauma informed practice appear to improve staff knowledge, attitudes, and behaviors for some period of time” (p. 14). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: The systematic review focused on interventions that included staff training. It also focused on trauma informed care. It evaluated trauma informed care intervention. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: It reviewed other critical research regarding trauma informed care training and the outcomes. The article was cited multiple credible sources. |

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| | Overview of Article |
| Type of article | Overall Type: Review of Research Study Specific Type: "A realist systematic review" (p.1). |
| APA Reference | Bryson, S. A., Gauvin, E., Jamieson, A., Rathgeber, M., Faulkner-Gibson, L., Bell, S., . . . Burke, S. (2017). What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review. <i>International Journal of Mental Health Systems</i> , 11(36) doi:10.1186/s13033-017-0137-3 |
| Abstract | <p>"Background: Many young people who receive psychiatric care in inpatient or residential settings in North America have experienced various forms of emotional trauma. Moreover, these settings can exacerbate trauma sequelae. Common practices, such as seclusion and restraint, put young people at risk of retraumatization, development of comorbid psychopathology, injury, and even death. In response, psychiatric and residential facilities have embraced trauma-informed care (TIC), an organizational change strategy which aligns service delivery with treatment principles and discrete interventions designed to reduce rates of retraumatization through responsive and non-coercive safe client interactions. After more than two decades, a number of TIC frameworks and approaches have shown favorable results. Largely unexamined, however, are the features that lead to successful implementation of TIC, especially in child and adolescent inpatient psychiatric and residential settings.</p> <p>Methods: Using methods proposed by Pawson et al. (J Health Serv Res Policy 10:21–34, 2005), we conducted a modified five-stage realist systematic review of peer-reviewed TIC literature. We rigorously searched ten electronic databases for peer reviewed publications appearing between 2000 and 2015 linking terms "trauma-informed" and "child*" or "youth," plus "inpatient" or "residential" plus "psych*" or "mental." After screening 693 unique abstracts, we selected 13 articles which described TIC interventions in youth psychiatric or residential settings. We designed a theoretically-based evaluative framework using the active implementation cycles of the National Implementation Research Network (NIRN) to discern which foci were associated with effective TIC implementation. Excluded were statewide mental health initiatives and TIC implementations in outpatient mental health, child welfare, and education settings. Interventions examined included: Attachment, Self-Regulation, and Competency Framework; Six Core Strategies; Collaborative Problem Solving; Sanctuary Model; Risking Connection; and the Fairy Tale Model.</p> <p>Results: Five factors were instrumental in implementing trauma informed care across a spectrum of initiatives: senior leadership commitment, sufficient staff support, amplifying the voices of patients and families, aligning policy and programming with trauma informed principles, and using data to help motivate change.</p> <p>Conclusions: Reduction or elimination of coercive measures may be achieved by explicitly targeting specific coercive measures or by implementing broader therapeutic models. Additional research is needed to evaluate the efficacy of both approaches" (p. 1).</p> |
| Author | Credentials: PhD, MSW Position and Institution: Associate Professor & BSW Program Director, Portland State University Publication History in Peer-Reviewed Journals: Moderate |
| Publication | Type of publication: Peer-reviewed journal article Publisher: Internal Journal of Mental Health Systems Other: "Funding was provided to first author SAB through a grant-in-aid from BC Children's Hospital, Mental Health." (p.15) |
| Date and Citation History | Date of publication: 05/11/2017 Cited By: 31 |
| Stated Purpose or Research Question | "What is it about trauma-informed care that works, for whom, in what circumstances, in what respects, and why?" (p. 3). |
| Author's Conclusion | "Reduction or elimination of coercive measures may be achieved by explicitly targeting specific coercive measures or by implementing broader therapeutic models. Additional research is needed to evaluate the efficacy of both approaches" (p. 1). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Moderate Rationale: The article is specific to pediatric mental health facilities. It does focus on effective implementation which is specific to our question. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: The article had multiple spelling errors even though it was peer-reviewed. The overall quality seemed sound and the primary author was credible. It has also been cited by over 30 published journal articles. |

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| | Overview of Article |
| Type of article | Overall Type: Review of Research Studies Specific Type: Systematic literature review |
| APA Reference | Coyle, L., Hanna, D., Dyer, K. F. W., Read, J., Curran, D., & Shannon, C. (2019). Does trauma-related training have a relationship with, or impact on, mental health professionals' frequency of asking about, or detection of, trauma history? A systematic literature review. <i>Psychological Trauma: Theory, Research, Practice & Policy</i> , 11(7), 802–809. doi: 10.1037/tra0000434 |
| Abstract | “Objective: Exposure to traumatic events is prevalent, with the impact of trauma and its relationship with other conditions widely documented. Research suggests that clinicians do not routinely ask about trauma history in clinical settings. Trauma-related training has been recommended as a means of addressing this. Neither the impact of training on clinician behavior (i.e., frequency of asking about or detection of trauma history) nor the relationship between training and these variables have been formally reviewed. Method: A systematic literature review was conducted using PsycINFO, Scopus, and Web of Science. The grey literature and reference lists of included articles were consulted. Nine articles met the eligibility criteria for inclusion. Results: Two-thirds of studies reported statistically significant evidence to suggest that trauma-related training is related to (1) increased frequency of asking about trauma history and (2) greater detection of trauma history. Conclusions: While acknowledging the limited number and variable quality of studies, as well as the failure to detect statistical significance in all studies, this review provides some evidence that trauma-related training is related to clinician inquiry and detection of trauma history. Further high-quality research is needed. Training should address barriers to inquiry, acknowledge the potential variation in inquiry behavior across trauma subtypes, and encompass a skill and educational approach to both inquiry and response to trauma” (p. 802). |
| Author | Credentials: Unknown, not stated anywhere I could find online or within Google Scholar or PsycInfo Position and Institution: Trainee Clinical Psychologist, Queen’s University Belfast, School of Psychology Publication History in Peer-Reviewed Journals: limited |
| Publication | Type of publication: Peer-reviewed Publisher: Trauma Psychology, American Psychological Association Other: Psychological Trauma: Theory, Research, Practice, and Policy |
| Date and Citation History | Date of publication: 2019 Cited By: 0 (article was published in October) |
| Stated Purpose or Research Question | “The primary aim of this systematic review is to consider if trauma-related training, delivered to mental health professionals, has a relationship with, or impact on, mental health clinician behavior (i.e., frequencies of asking about or the detection of trauma history). Second, important components of training programs will be identified in order to make recommendations for the design of effective training programs” (p. 803). |
| Author’s Conclusion | “This review provides some evidence that trauma-related training is related to (1) increased frequency of asking about trauma history and (2) greater detection of trauma history” (p. 808). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: The authors found that trauma-related training increased frequency and detection of trauma history for clinician behaviors. Reviewing these key aspects relates to our EBP question, relating to the performance of health professionals. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: This systematic review used a variety of databases, grey literature, and reference lists while choosing the criteria. Although the study acknowledges failure to detect statistical significance and used a limited number of studies, it provides findings related to the relationship of clinician behavior and trauma informed trainings. |

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| | Overview of Article |
| Type of article | Overall Type: Review of research study Specific Type: Rapid evidence review |
| APA Reference | Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma informed child welfare systems—A rapid evidence review. <i>International journal of environmental research and public health</i> , 16(13), 2365. |
| Abstract | “Trauma informed care (TIC) is a whole system organisational change process which emerged from the seminal Adverse Childhood Experiences (ACE) study, establishing a strong graded relationship between the number of childhood adversities experienced and a range of negative outcomes across multiple domains over the life course. To date, there has been no systematic review of organisation-wide implementation initiatives in the child welfare system. As part of a wider cross-system rapid evidence review of the trauma-informed implementation literature using systematic search, screening and review procedures, twenty-one papers reporting on trauma-informed implementation in the child welfare system at state/regional and organisational/agency levels were identified. This paper presents a narrative synthesis of the various implementation strategies and components used across child welfare initiatives, with associated evidence of effectiveness. Training was the TIC implementation component most frequently evaluated with all studies reporting positive impact on staff knowledge, skills and/or confidence. The development of trauma-informed screening processes, and evidence-based treatments/trauma focused services, where evaluated, all produced positive results. Whilst weaknesses in study design often limited generalisability, there was preliminary evidence for the efficacy of trauma-informed approaches in improving the mental and emotional well-being of children served by community-based child welfare services, as well as their potential for reducing caregiver stress and improving placement stability” (p. 1). |
| Author | Credentials: PhD Position and Institution: School of Social Sciences, Education and Social Work, Queen’s University Belfast Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Peer-reviewed Publisher: MDPI Other: International Journal of Environmental Research and Public Health |
| Date and Citation History | Date of publication: 2019 Cited By: 2 |
| Stated Purpose or Research Question | As part of a wider cross-system rapid evidence review of the trauma-informed implementation literature using systematic search, screening and review procedures, this paper presents a narrative synthesis of the various implementation strategies and components of community-based TIC child welfare initiatives, together with associated evidence of effectiveness” (p. 2). |
| Author’s Conclusion | “The rapid evidence review presented here sought, primarily, to explore the evidence pertaining to the organisational change processes required to implement trauma-informed care at a whole systems level within community-based child welfare settings” (p. 19). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This article is very relevant to our EBP question because it directly reviewed the process changes on a system level to incorporate TIC in an organization. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: The authors of this publication are well represented in other articles, the publication has already been sighted twice and it was published within the past year. The publication itself includes a diverse variety of studies. |

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| | Overview of Article |
| Type of article | Overall Type: Conceptual or Theoretical Article Specific Type: Continuing education article “This CE Article was developed in collaboration with AOTA’s Mental Health Special Interest Section” (p. CE1). |
| APA Reference | Fette, C., Lambdin-Pattavina, C., & Weaver, L. L. (2019). Understanding and applying trauma-informed approaches across occupational therapy settings. <i>American Occupational Therapy Association</i> , CE-1-CE-9. Retrieved from https://www.aota.org/~media/Corporate/Files/Publications/CE-Articles/CE-article-May-2019-Trauma.pdf |
| Abstract | “Trauma and adverse childhood experiences can have lifelong effects on emotional, behavioral, and physical health. Health providers, along with state and federal policy makers, are calling for increasing trauma-informed care and trauma-informed approaches across health, social service, and education sectors. Occupational therapy practitioners are likely to work with individuals with a history of trauma across many settings, and it is imperative to have a working knowledge of ways to support these individuals. This article outlines basic principles related to trauma, trauma-informed approaches, and research that may assist practitioners in understanding how trauma-informed approaches align with core tenets of occupational therapy and how to facilitate best care for those they serve across all settings and environments” (p. CE1). |
| Author | Credentials: PhD, OTR, CRC Position and Institution: Associate Clinical Professor of Occupational Therapy at Texas Woman’s University, Denton, TX Publication History in Peer-Reviewed Journals: Limited |
| Publication | Type of publication: Continuing education article. Publisher: AOTA Other: N/a |
| Date and Citation History | Date of publication: May 2019 Cited By: 0 |
| Stated Purpose or Research Question | “This article outlines basic principles related to trauma, trauma-informed approaches, and research that may assist practitioners in understanding how trauma-informed approaches align with core tenets of occupational therapy and how to facilitate best care for those they serve across all settings and environments” (p. CE1). |
| Author’s Conclusion | “Given the prevalence of ACEs, an understanding of trauma and the capacity to respond appropriately is critical across practice settings and populations. As occupational therapy practitioners who adhere to holistic care and person-centered interventions, we have a duty to understand the widespread nature and effects of trauma that are likely to be part of the fabric of most clients we serve” (p. CE7). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: Though it is specific to OT, this article gives reasons for the importance of trauma informed care across settings. It calls for education on TIC for all OT professionals. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: Although not a study, the authors are experts in their field and on the subject matter. It was published in a field specific journal (AOTA). |

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| | Overview of Article |
| Type of article | Overall Type: Conceptual Specific Type: “We present those that are relevant to training students and professionals about treating traumatized clients” (p. 422). |
| APA Reference | Henning, J. A., & Brand, B. L. (2019). Implications of the American Psychological Association’s posttraumatic stress disorder treatment guideline for trauma education and training. <i>Psychotherapy</i> , 56(3), 422–430. doi: 10.1037/pst0000237 |
| Abstract | “There is a shortage of clinicians who have been trained in treating traumatized clients, despite the high prevalence of trauma exposure and its frequent link with psychopathology. To address this need, professional guidelines and resources have been developed, including a core set of trauma competencies that professionals must develop to provide trauma-informed services to clients and several treatment guidelines. We discuss The New Haven Competencies for Trauma Training and Practice, then review recently developed clinical and professional practice guidelines, with an emphasis on the American Psychological Association (APA)’s Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD; “APA PTSD Guideline”). The APA PTSD Guideline was developed to guide clinicians in treatment planning for traumatized clients. However, numerous concerns about the Guideline and its limitations have been raised, and we present those that are relevant to training students and professionals about treating traumatized clients. We consider whether the APA Guideline is consistent with current trauma training needs, models, initiatives, and resources. We conclude that students and professionals who apply the treatments identified by the APA PTSD Guideline as “strongly supported” by empirical evidence may inadvertently overwhelm some clients with complex trauma presentations, which could result in poor outcomes or even harm. Furthermore, the Guideline does not adequately address aspects of treatment that are crucial to training about trauma, such as considering the client’s cultural and individual needs and clinician self-care. We suggest training methods that take into consideration the limitations of the APA PTSD Guideline” (p. 422). |
| Author | Credentials: Ph. D. Position and Institution: Assistant Professor Publication History in Peer-Reviewed Journals: moderate |
| Publication | Type of publication: Scholarly Journal Publisher: Psychotherapy |
| Date and Citation History | Date of publication: 2019 Cited By: 2 |
| Stated Purpose or Research Question | “We consider whether the APA Guideline is consistent with current trauma training needs, models, initiatives, and resources” (p. 422). |
| Author’s Conclusion | “We conclude that students and professionals who apply the treatments identified by the APA PTSD Guideline as “strongly supported” by empirical evidence may inadvertently overwhelm some clients with complex trauma presentations, which could result in poor outcomes or even harm. Furthermore, the Guideline does not adequately address aspects of treatment that are crucial to training about trauma, such as considering the client’s cultural and individual needs and clinician self-care. We suggest training methods that take into consideration the limitations of the APA PTSD Guideline” (p. 422). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: limited Rationale: This is not directly related to TIC training but could provide helpful information about the background of TIC recommendations from the APA as well as an alternate perspective about current guidelines related to TIC. |
| Overall Quality of Article | Overall Quality of Article: moderate Rationale: This is a newer article so it’s hard to be sure of its validity and more exploration would need to be done to understand if there is any research bias and what sources it used to base its conclusion. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Pilot randomized controlled trial |
| APA Reference | Hoysted, C., Jobson, L., & Alisic, E. (2019). A pilot randomized controlled trial evaluating a web-based training program on pediatric medical traumatic stress and trauma-informed care for emergency department staff. <i>Psychological Services, 16</i> (1), 38-47. doi:10.1037/ser0000247 |
| Abstract | “This pilot parallel group superiority randomized controlled trial investigated the efficacy and acceptability of a web-based training program on pediatric medical traumatic stress and trauma-informed care (Australian and New Zealand Clinical Trials Registry number: ACTRN12617001148369). Eligibility criteria for this study included being a nurse or physician working in an ED in Australia or New Zealand, being fluent in English and having Internet access. Emergency department (ED) staff (N = 71) were randomly assigned into the training (n = 32) or control group (n = 39). We hypothesized that compared to the control group, ED staff in the training group would show a greater improvement in knowledge of pediatric medical traumatic stress 1-week post training and that improvement would be maintained at 1-month post training. At baseline participants completed a brief questionnaire assessing knowledge of pediatric medical traumatic stress. The training group then completed the 15-min online training program. The knowledge questionnaire was readministered to all participants’ 1 week and 1 month posttraining, after which the control group gained access to the training. Acceptability was based on a program evaluation measure utilizing quantitative and qualitative items. The training group had significantly greater knowledge following training and at follow-up than the control group (p > .001, f = .42) and reported high rates of satisfaction. The results demonstrated an improvement in ED staff knowledge as a result of the training and provide preliminary support for the efficacy and acceptability of brief online training to improve the knowledge of ED staff interested in pediatric medical traumatic stress and trauma-informed care” (p. 39). |
| Author | Credentials: Professor of Psychological Sciences and Monash Institute of Cognitive and Clinical Neuroscience, low publications Position and Institution: Professor at Monash Institute of Cognitive and Clinical Neuroscience Publication History in Peer-Reviewed Journals: Limited |
| Publication | Type of publication: Scholarly peer-reviewed journal Publisher: National Institutes of Health’s National Library of Medicine Other: N/A |
| Date and Citation History | Date of publication: February 16 th , 2019 Cited By: 3 |
| Stated Purpose or Research Question | “This pilot randomized controlled trial (RCT) aimed to evaluate the efficacy of a brief web-based training program in improving ED staff’s knowledge of pediatric medical traumatic stress” (p. 39). |
| Author’s Conclusion | “The current study provides evidence that motivated ED staff who engage in minimal online training on pediatric medical traumatic stress and trauma informed care can significantly improve their knowledge and understanding of these issues facing children and families” (p. 45). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: The conclusion of this article provides great insight as to the positive benefits of enforcing trauma informed care in a hospital. Trauma informed care can be delivered online and is very accessible for practitioners to view. |
| Overall Quality of Article | Overall Quality of Article: Good Rationale: This article was published in 2019, making this research very current. The author has been cited a few other times in other articles, which is good due to how long this article has been out to the public. |

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| | Overview of Article |
| Type of article | Overall Type: Primary Research Study Specific Type: Pre-post study |
| APA Reference | Niimura, J., Nakanishi, M., Okumura, Y., Kawano, M., & Nishida, A. (2019). Effectiveness of 1- day trauma-informed care training programme on attitudes in psychiatric hospitals: A pre-post study. <i>International Journal of Mental Health Nursing</i> , 28(4), 980-988. doi:10.1111/inm.12603 |
| Abstract | “Many patients in mental health settings are likely to have histories of interpersonal traumatic experiences. Mental health providers are recommended to adopt trauma-informed care (TIC) to ensure sensitivity and responsiveness to the impact of trauma on patients. However, few studies have examined the effectiveness of a TIC training programme using standardized measures with follow-up assessments. The aim of the study was to evaluate the effects of a TIC training programme on attitudes towards TIC in mental health professionals. The study involved a pre-post design with 3-month follow-up assessments conducted between March and June 2018. In total, 65 mental health professionals from 29 psychiatric hospitals in Tokyo and its suburban prefectures participated in the study. Mental health professionals participated in a 1-day programme consisting of a 3.5-hour lecture and 1-hour group discussion. Development of favourable attitudes towards TIC was the primary outcome, as assessed by using the Attitude Related Trauma-Informed Care scale. The majority of participants were women (86%), and the mean age was 42.2 years. The mean score of the Attitude Related Trauma-Informed Care scale scores increased significantly from 5.1 during pre-training to 5.5 immediately after training (mean difference: 0.4; 95% confidence interval: 0.3-0.5) and 5.4 after 3 months (mean difference: 0.3; 95% confidence interval: 0.2-0.4). Furthermore, half of the participants claimed to have implemented TIC practice in daily clinical settings at the 3-month follow-up. These results suggested that this brief TIC training programme improved attitudes towards TIC practice significantly” (p. 980). |
| Author | Credentials: The primary author has had numerous other studies published in other journals. The author is also part of the Mental Health and Nursing Research Team in Tokyo, Japan. Position and Institution: Professor at Tokyo Metropolitan Institute of Medical Science Publication History in Peer-Reviewed Journals: Extensive |
| Publication | Type of publication: Scholarly peer-reviewed journal Publisher: National Institutes of Health’s National Library of Medicine Other: N/A |
| Date and Citation History | Date of publication: August 28, 2019 Cited By: None |
| Stated Purpose or Research Question | “The aim of the study was to evaluate the effects of a TIC training programme on attitudes towards TIC in mental health professionals. The study involved a pre-post design with 3-month follow-up assessments conducted between March and June 2018” (p. 982). |
| Author’s Conclusion | “These results suggested that this brief TIC training programme improved attitudes towards TIC practice significantly” (p. 987). |
| Overall Relevance to your EBP Question | Overall Relevance of Article: Good Rationale: This article concluded that trauma informed care directly increases attitudes towards how clinicians deliver practice. |
| Overall Quality of Article | Overall Quality of Article: Moderate Rationale: This article has not been cited by other articles. However, this study was conducted this year and provides current research. |