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Practicing Trauma-Informed Care in Nursing for a Better Outcome in Hospitalized Adolescents with Adverse Childhood Experiences and Trauma

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Practicing Trauma-Informed Care in Nursing for a Better Outcome in Hospitalized Adolescents with Adverse Childhood Experiences and Trauma.

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Abstract

As nurses we want to give our patients the best care. That is why trauma-informed care (TIC) is important to include into nursing practice. TIC is a fairly new idea that addresses a patient's whole past and present life. Incorporating it into nursing practice can benefit patients who have adverse childhood experiences and trauma. Adverse Childhood Experiences (ACEs) are traumatic events that occur to a person starting from birth to 17 years old. In a hospital setting an adolescent patient can be triggered if ACEs and trauma is not properly addressed. The long-term effects of ACEs can affect adolescents into adulthood. With this problem the author's goal is to see if TIC tools implemented into nursing practice can leave a positive impact on adolescent patients with ACEs. A literature review is done by the author to find research on TIC practiced by nurses and the positive impact it has on patients. In the literature review there was no research found to support the author's question. A proposed research study will be a pre-post intervention on the nurses and a quantitative study for the patients. The nurses will be given a 3-day training course on TIC from the RC training program. Before the training, the nurse will take a survey and then a post-survey after the training and implementing on patients. The population of this study is adolescents (ages 10-19) inpatient psychiatric patients. The nurse population are nurses who work in adolescent inpatient psychiatric units for a hospital. The total sample size is 50 (10 nurses and 40 adolescents).

Keywords: Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), Adolescents, Nursing

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Introduction

What is trauma? Trauma according to the Merriam-Webster Dictionary (not dated) trauma is “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury”. Trauma can come in different ways to people. It can come emotionally or physically and the impact of it can alter you. Trauma can occur as a child and later on affect you as an adult. Some familiar examples of trauma are: childhood sexual abuse, domestic violence, and worldwide pandemic. Then there are some that others do not instantly think of as trauma because it is not relevant to them, such as: poverty, substance use, racism, sexual or gender discrimination. These are just a few examples of trauma, but there are many more.

Now what is resilience? According to the Merriam-Webster Dictionary (not dated), resilience is defined as, “the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress”. Meaning if a person experiences stress from a trauma that they can recover and achieve resilience. Both of these words are relevant to the topic of Trauma-Informed Care (TIC). With TIC implemented into nursing, the hope is that there comes resilience. That is the hope for those who experience trauma in their life.

Adverse Childhood Experiences (ACEs) are traumatic events that occur to a person starting from birth to 17 years old and they can have a long term effect into adulthood. Some effects that can occur in adulthood from ACEs are: mental illnesses, chronic illnesses, or substance use. Nurses today do not have a good understanding of how ACEs can affect the patients’ health into adulthood, but with TIC implemented it can lower the risks and long-term effects into adulthood. According to a discussion post on Nursing Times, there was a study by

Felitti et al, in 1998 on ACEs and the effect it has on adulthood's health status. The study found patients with ACEs had an "increased risk of cancer, emphysema, depression and alcohol misuse in participants reporting four ACEs compared with those reporting none" (N.T. Contributor). With implementing TIC, resilience can be achieved in the hospital. TIC has core principles: safety, trustworthiness and transparency, peer support, empowerment, humility and responsiveness, and collaboration. These core principles can help the patient with ACEs achieve resilience.

Problem Statement

Trauma-Informed Care (TIC) is a fairly new practice that is not widely adopted in the field of nursing or in healthcare in general. The National Center for TIC was founded in 2005. TIC is a practice in which healthcare services acknowledge a patient's whole past and present life. There are multiple implementation tools that nurses and healthcare professionals can use for their patients. TIC practice can promote a patient's engagement, health outcomes, and improve their treatment ("What is Trauma-Informed care?," 2020). The problem is that hospitals are not enforcing the available screening tools for the nurses to use on their patients. Also schools are not teaching about TIC in their curriculum because it is still fairly new. There are research studies that are testing new methods that can be implemented. This includes modules to teach healthcare professionals and its effectiveness. In the literature review, there will be studies that have developed a new screening tool or model to incorporate TIC.

One of the current screening tools is the "Screening for Adverse Childhood Experiences and Trauma". The screening tool for adverse childhood experiences and trauma specifically uses ACEs scoring, which is a 10 question questionnaire. The problem is not many nurses have a good understanding of ACEs and the effect it has on patients and when they go into adulthood.

There are patients who have been through trauma experiences and while being treated in a healthcare setting it is often forgotten to address what has happened to the patient.

Many healthcare workers including nurses do not consider if a patient has been through trauma. Patients when they come into a hospital or a doctor's visit can be triggered due to a past trauma experience. The triggers can be touch, specific phrases, etc. That is why with TIC a nurse can be mindful and provide care to the patient without causing a trigger to the patient's trauma. Adolescents who come into the healthcare setting often have adverse experiences and trauma. Being in a hospital setting can trigger a patient's trauma. With nurses practicing TIC in the hospital setting, it can lower a child's long-term effects of ACEs. Long-term effects of ACEs in adolescents can lead to depression, substance use, and other illnesses.

Through research, the goal is to find a TIC program for nurses that can be implemented in pediatric hospitals. The hope is to find results that show the positive impact on pediatric patients when TIC is implemented. With the positive results this research will help nursing programs realize they should adopt TIC into their education. When more nurses learn about TIC in school they will apply it when they become nurses and care for their patients who will have adverse childhood experiences and trauma.

Research Questions

Do nurses have more knowledge and confidence in implementing trauma-informed care for patients who had adverse childhood experiences, after they receive training?

Does trauma-informed care practiced by nurses leave a positive impact on hospitalized adolescents ages 10-19 with adverse childhood experiences and trauma?

Literature Review

Introduction

Regarding the author's two research questions - Do nurses have more knowledge and confidence in implementing trauma-informed care for patients who had adverse childhood experiences, after they receive training? Does trauma-informed care practiced by nurses leave a positive impact on hospitalized adolescents ages 10-19 with adverse childhood experiences and trauma? There has been limited research done on the topic of TIC regarding nursing practice. The research articles found, are related to the topic being researched on are educational tools for healthcare workers such as doctors, nurses, and students going into the healthcare field. There is some research done on how comfortable nurses feel implementing TIC, but not the effectiveness of the pediatric patient themself receiving TIC care from their nurse.

The terms used to search articles related to the research question were: "trauma-informed care", "nursing", "pediatrics", "youth", "adolescents", "nursing education", and "adverse childhood experiences". When using these terms, they were used in various combinations. The main database used for the research was Dominican University of California database Iceberg. Dominican University of California provides access to other databases such as PubMed.gov. When using the terms the results were about over 1,000 different articles that come up. The articles were narrowed down to be nothing earlier than 2010 which narrowed it down more. Out of the articles that come up only about 30 or so would relate to my research specifically. It is difficult to find articles that specifically relate to my research question. When reading through the articles, there were some that include TIC care education and its implementation specifically towards pediatrics. The author was unable to find primary research about the impact of TIC on patients implemented by nurses and the positive impact it makes lowering the long-term effects

of PTSD caused by ACEs. Six articles were chosen to be included in the literature review. The literature review table can be referred to in Appendix. The articles were organized into three different categories: Nurses' view of Trauma-Informed Care in a hospital setting, Education of Trauma-Informed Care and the Evaluation of Using the Skills, Education of Trauma-Informed Care, and the Evaluation in a Residential Setting.

Nurses View of Trauma- Informed Care

The research article found, was the best option that has researched nurses' knowledge of TIC and put it into practice in a pediatric trauma unit hospital setting. This research is slightly related to the research question. In hopes of this research study, the purpose is to find the positive impacts nurses leave on pediatric patients with ACEs. Knowing the nurses' competency of TIC is important to know if they are implementing it accurately.

Kassam-Adams et al. (2015) studied "Nurses' Views and Current Practice of Trauma-Informed Pediatric Nursing Care". Through the trauma provider survey given to nurses, the objective is to see if they are knowledgeable about TIC and how to implement it into care. The sample that was used for this study is nurses working in the pediatric trauma unit. The trauma unit is either level I or II. This type of study is a descriptive analysis. The study method used for the study was a survey of staff knowledge, practice, and attitudes with regard to trauma-informed pediatric care. The study found that there is room for improvement in educating nurses on TIC. Nurses knew of TIC and the skills but putting it into better practice is needed. The study has implications for nursing education and for continuing professional education for nurses. The study may not be generalizable compared to other nurses in different units or settings.

This research article was a helpful insight into the nurses' view of TIC. Some had a fair knowledge of TIC and seemed open to more knowledge and skills to implement. In the survey, it was found that nurses reported doing the PTSD survey questions on patients was easy to implement but there is difficulty in both the nurse and patients' comfortability in the topic.

Education of Trauma-Informed Care and the Evaluation of Using the Skills

In this category, the research articles are about educating healthcare staff and when implementing TIC they are questioned about their confidence in using the skills. These research articles were included because it is important to understand the effectiveness of the education and the curriculum being taught. In this category, it includes three articles: "Adverse childhood experiences: A case-based workshop introducing medical students to trauma-informed care", "Interactive case-based childhood adversity and trauma-informed care electronic modules for pediatric primary care", and "Risking connection trauma training: A pathway toward trauma-informed care in child congregate care settings". These three articles cover how they educate healthcare professionals and the evaluation of TIC knowledge, and confidence in using what they learned.

Pletcher et al. (2019) studied, "Adverse childhood experiences: A case-based workshop introducing medical students to trauma-informed care". Their study focused on raising awareness of the health impact of ACEs. This article is included because the research question focuses on the impact TIC can have on patients with ACEs. This study also hopes to create curricular elements for TIC. Creating a curriculum that can be taught to nursing students in the future can help spread awareness of patients with ACEs that can trigger their PTSD in the hospital setting. The study's sample was college medical students, a total of 535. The study design was a descriptive analysis on the medical students' knowledge of ACEs. The study method used a

didactic lecture, small-group case discussion to teach the curriculum to the medical students. Then they used assessment and evaluation of the medical students to know their understanding of what they learned from the curriculum. Medical students felt knowledge and skills improved with learning objectives. After the study was conducted, the results were students had a better understanding of ACEs and would assess it in a clinical setting. The strengths of this study showed that teaching about TIC curriculum in classes has benefits and makes students feel more comfortable addressing ACEs in the clinical setting. The limitation is that this study is on medical students. This means that the results could potentially be different from other healthcare students, such as nursing students.

Chokshi et al. (2020) studied, "Interactive case-based childhood adversity and trauma-informed care electronic modules for pediatric primary care". The purpose of their study is to develop a curriculum that can teach about TIC. There is currently no education/limited material for physicians to learn about TIC. They want to show that raising awareness of ACEs and TIC in healthcare can benefit hospitalized children and adults. Their sample for this study was a total of 35 participants that are pediatric residents from one academic institution. This included 28 resident physicians, 4 attending physicians, 2 medical students, and 1 fellow. The study design for this research is descriptive analysis. The study method used consisted of TIC modules that contain four components: pre-module and three case-based e-modules. They gave the modules to the students and then did a post-survey to assess their comfort on the content of TIC and ACEs. The major finding in this research was that statistically significant scores increased compared before learning modules and then after learning modules. In addition, participants' knowledge, attitudes, practice, and confidence towards TIC were increased.

The strength of this study was that modules were created to teach TIC. The curriculum increases participant knowledge, attitudes, practice, and confidence for ACEs and TIC. The limitation of the study was upon evaluation right after the modules were done. The evaluation should be done again after a couple of months to see how well the module curriculum content was effective.

Brown et al. (2012) did a research study called, “Risking connection trauma training: A pathway toward trauma-informed care in child congregate care settings”. This study’s purpose was to develop an education curriculum that would help train about trauma in graduate education in psychology, social work, and other professions. For this study, they implemented TIC tools such as the Sanctuary model. They used five youth congregate care agencies (residential, foster, etc.) that serve children and youth who have severe emotional and psychiatric problems. The study trained the care agencies using their program, Risking Connection program. The sample consisted of 261 child congregate care trainees over 17 months in 2008-2009. This research is a pre-post intervention study. The study examined change in knowledge, beliefs: and self-reported behaviors pre-and post-Risking connection training. The study found that the Risking-Connection training impacted the trainees at the three levels of knowledge they were trying to assess. Three post-training measures indicated an increase in knowledge, beliefs favorable for TIC, and self-report of TIC behavior. The study's strength was that the staff trained as trainers showed maintenance of positive changes in knowledge, beliefs, and behaviors. This shows the possible impact the training program can have on possibly other healthcare professionals, including nurses. Another strength was that the research emphasized Model selection and Workforce transformation. A limitation this study had was that there was no observational data.

This research helped with finding out what educational methods can be beneficial to include in the nursing curriculum. If any of these methods are included in the nursing curriculum, it can lead to nurses in the hospitals utilizing what they learned and implementing it in their patient care. These studies also bring more awareness of TIC and the need for curriculum to be added to education.

Education of Trauma-Informed Care and the Evaluation in a Residential Setting

This research category has been added to my literature review because it evaluates the impact of TIC implementation used by a healthcare professional on a patient. This research is included because the research question focuses on the evaluation of the TIC being implemented by a nurse and the positive impact it has on the pediatric patient. The research is focused on youth, the age range is 10-22. It is a similar age range to this paper's research question, which focuses on adolescents ages 10-19.

Greenwald et al. (2012) did a research study called, “Implementing Trauma-Informed Treatment for Youth in a Residential Facility: First-Year Outcomes”. The study focused on using the fairytale model designed for children, teens, and adults; strong family and community component; incorporates milieu treatment; included staff education and case management; written script interventions including each phase accompanied by telling of a fairytale. The model encourages adaptation to agencies' existing culture. It was used in a residential treatment facility serving children and youth ages 10-21. The study’s sample was youth ages 10-21 infacility between the years 2008-2009. The research that was done was a descriptive analysis. The study method was to train clinical and direct care staff with the Fairy Tale model. They assessed the patients with posttraumatic stress symptoms. The study found a 34% increase in

problem reduction; 39% reduction in treatment time, double the rate of positive discharges. A strength of the research was that it emphasized model selection, workforce transformation, and outcome orientation. A limitation of the study was missing data on PTSD symptoms, the delivery of individual therapy was uneven, and no comparison group due to AB design.

Hodgdon et al. (2013) did a research study called, "Development and Implementation of Trauma-Informed Programming in Youth Residential Treatment Centers Using the ARC Framework". The study examined the feasibility, utility, and efficacy of applying an evidence-based trauma-informed treatment framework, Attachment, Regulation and Competency (ARC), in a residential treatment setting serving female youth with a history of complex childhood trauma. The sample studies young women ages 12-22 in residential settings. Two Massachusetts residential programs, this includes an intensive residential treatment program and a residential school. This research is a quantitative study and a descriptive analysis. The study method used the ARC model: for youth with complex trauma. It consists of nine core building blocks. The study used The Child Behavior Checklist (CBCL) to measure. The study found a significant decrease in overall PTSD symptoms, aggression, anxiety, attention problems, rule-breaking, depression, though problems, and somatic complaints based on CBCL scores. The strengths of this study emphasized leadership commitments, workforce transformation, and outcome orientation. The limitation was statistically significant in reducing PTSD symptoms but modest clinical improvement, possibly due to uneven delivery of ARC model across programs.

This research helped determine the impact of TIC on patients when healthcare staff implements a tool for TIC. The research was not focused on the nurses' use of TIC but the staff at residential treatment centers. When the staff at residential treatment centers were trained to use

TIC it created a positive impact on the residents in the facility. The symptoms of the residents' PTSD symptoms decreased.

Literature Review Overall Discussion

In the research review, the author did not find any articles that directly related to my research question. However, these articles did help support the use of TIC and the fact that it is still relatively new, and not many healthcare professionals implement it into their practice. These articles are just some examples of how researchers are trying to implement TIC, but the subject still is fairly new. A curriculum needs to be developed to teach healthcare professionals. The other articles also help support my question of TIC impact, but their research findings are the positive impact on patients of the age range of 10-22 with PTSD symptoms.

Theoretical Framework

The author's theory to support her proposed research study is Hildegard Peplau's Interpersonal Relations Theory. This theory was developed in 1952. Peplau's theory became very important in psychiatric nursing. According to Peplau's Nursing Theory, there are four components: person, environment, health, and nursing. The nursing theory model identifies four phases which are: orientation, identification, exploitation, and resolution. The orientation phase is when the problem is identified. After identifying the problem, the type of service the patient needs can be addressed. The identification phase is when the patient starts to feel belonged and can address the problem and not feel helpless. The exploitation phase is when the patient can use the nurse to their advantage and have the nurse advocate for the patient's needs. The last phase is the resolution phase, where the nurse and patient end their relationship. Finally, the nurse's goals for the patient are evaluated if it has been achieved or not (Peplau, 1991).

This theory goes well with the author's research study because the goal of the study is to have nurses create a better understanding of their patients and create a better nurse-patient relationship while in the hospital. The purpose is for the nurse to identify that the patient has a history of trauma. When creating a care plan for the patient, the nurse should acknowledge the patient's trauma and further assess if needed. While caring for the patient, the nurse needs to be aware of the triggers of being in a hospital and its effect on the patient. The patient should feel that they comfortably speak to their nurse and trust them.

Research Proposal

After doing the literature review the author noticed gaps in the research. The questions that arise are: How come there is no research on the long term effects of trauma-informed care on adolescent patients admitted to inpatient psychiatric hospitals? How come research is only done on patients in residential home settings? Why is there no training for nurses who work in psychiatric units? The reason these questions came up is because research articles in the review investigated in residential settings, not adolescent psychiatric units in acute care hospitals.

The purpose of this thesis is to examine the potential impact TIC has on adolescent patients and their outcomes of hospitalization. The purpose, in addition, is to determine if an educational module will improve nurses knowledge and confidence in implementing TIC. Since the research showed a positive impact on patients in the residential setting, possibly the use of TIC in the acute care setting might produce a similar positive effect. This topic is important to study further because, specifically, patients with adverse childhood experiences can become triggered in a hospital setting and currently, more needs to be known about improving outcomes for adolescents. Hopefully with more research being done TIC practiced in the acute care

hospital can decrease the negative long-term effects of ACEs. After finding the gap in the research, the author developed two research questions for further study.

Research Questions

- Do nurses have more knowledge and confidence in implementing trauma-informed care for adolescent patients who had adverse childhood experiences, after they receive training?
- Does trauma-informed care practiced by nurses leave a positive impact on hospitalized adolescents, ages 10-19, with adverse childhood experiences and trauma?

The author hypothesizes that adolescents with adverse childhood experiences will have a better outcome when being discharged from a hospital inpatient psychiatric unit if the nurses are trained to use TIC. The outcomes the author wants the patients to have when discharged from the acute care hospital is they feel: safe, able to trust their nurse, supported, they had voice in their own care, and able to work with their nurse about their own care plan Also the nurses will have better knowledge and confidence in using TIC on their patients.

The author's proposed research study is similar to the literature review articles found consisting of the use of frameworks that were developed for TIC and applied to children and adolescents with adverse childhood experiences. However it is not geared towards nursing. The goal of the author's research is to have a TIC training program for nurses to learn and then implement TIC into their care with adolescent patients.The research articles found carry the same idea the author wants to do in her study. The approach Brown, and his team used when studying the children in congregate care settings. The author would like to use the same method and apply it in a hospital for nurses. The study was a pre-post intervention study.

Research Aims

- Positive impact of trauma-informed care on adolescent patients ages 10-19 with adverse childhood experiences and trauma.
- Nurses awareness of patients with past trauma experiences and knowing how to care for the patient with knowledge of trauma-informed care.

Research Design

The study will be a pre-post intervention and quantitative design. The study will implement the use of pre-post surveys for the nurses and questionnaires for the patients. The method for research on the nurses will be adopted from the study by Brown et al. (2011). The nurses will be trained on TIC using the RC training program. The RC basic training program will take 3 days to complete.After receiving training nurses will take a pre and post survey assessing their knowledge, behavior and beliefs. The pre-post survey was developed by the Traumatic Stress Institute (Brown et al., 2011) to assess the impact of RC training programs. Some example questions that will be in the survey are:

- "A survivor client goes into crisis every time her clinician goes on vacation. With what self-capacity does this client probably have difficulty?",
- "The clients I work with are generally doing the best they can at any particular time.",
- "Staff talk with their peers and supervisors about their strong positive and negative reactions to clients and doing this kind of work." (Brown, 2011, p.511).

Regarding the patients, there will be a questionnaire on how they feel after being discharged. The aim of the questionnaire is to see if the patients' relationship with their nurse made them feel: safe, able to trust their nurse, supported, they had voice in their own care, and

able to work with their nurse about their own care plan. The questionnaire will ask them how they feel on a scale of 1-5(1 = nurse did not meet the need and 5 = the nurse did meet my need). Some example statements that will be rated on the scale 1-5 are:

- When my nurse was performing care for me I felt safe.
- When my nurse was giving me my medication(s) I felt I was able to trust them.
- With my nurse I felt I was able to communicate with them on my plan of care.

Population and Sampling

The population for this research would be focused on one inpatient psychiatric hospital that has an adolescent unit. The adolescent patients' age range is 10-19 years old who have documented adverse childhood experiences and trauma experiences in their medical history. The nurse population would be nurses who work in adolescent psychiatric inpatient units for an acute care hospital. The proposed sample size for nurses would be 10 nurses. The proposed sample size for patients is 40 adolescents with adverse childhood experiences who are admitted into an inpatient psychiatric unit over a six-month period. Recruitment for this study would involve finding a hospital that meets the criteria of having an inpatient psychiatric unit for adolescents that has at least 10 or more nurses employed who work in the adolescent unit. An ideal hospital to look into for the study would be Langley Porter Psychiatric Hospital. Another criteria for the patient to be considered for the study is that they have an ACEs score of more than 1. The age criteria for the patient is 10-19 years old.

Data Analysis

The pre-post survey responses from the nurses will be reviewed. The post survey responses will be compared to the pre survey responses. When comparing, what will be looked at is to see if there is a significant increase in knowledge, behavior, and belief after the 3-day RC

training program. For the questionnaire an ordinal measure will be used. An ordinal scale is used for comparison of ranking the variables. Collecting the data this way will make it easier to compare and conclude what the patients think of TIC being used by nurses.

Ethical Considerations

Potential ethical issues that could arise in this research study are the patients' age and mental health condition. The sample age range to be studied is 10-19 years. Parental consent will be necessary to obtain for the patients under the age 17 and under. Eighteen-year-old patients may be able to provide their own consent, unless they are deemed incapable of making their own decision due to their medical condition (mental or physical). In all cases, patient assent - in which the study is explained to the potential participant and their agreement to participate is attained - will be required.

Conclusion

After researching and creating a proposal research study on TIC being implemented by nurses to adolescent patients. I have found that there is a big gap in research for nurses receiving training and the assessment of their knowledge and confidence on implementing TIC. There is also a gap in research on the impact of TIC on adolescents with ACEs. In the research study by Pletcher, et al., Choski, et al. , and Brown et. al. has found that after receiving training on TIC, it has been found that employees who received training in TIC have more knowledge and confidence on the topic. Also when TIC is implemented, research by Hodgdon, et al. has found that there are positive impacts on patients in the age range of 10-22 years old with PTSD symptoms.

With the information that has been found through the literature review, we can use the same training program for nurses to learn about TIC and ACEs. The goal is to have nurses

implement this into their practice. After the nurses receive 3-day RC training we want to assess their knowledge, behavior and beliefs. For the adolescent patients a questionnaire will be given to see the impact it leaves on the patients after their acute care psychiatric hospitalization. The outcomes we are looking for in the patients that we want them to feel are: safe, able to trust their nurse, supported, they have voice in their own care, and able to work with their nurse about their own care plan.

With proposed research design the author hopes to find nurses with new knowledge and confidence in practicing TIC on their patients. The author also hopes when a patient leaves the hospital they achieve resilience. The author hopes that after research is done that nursing will adopt TIC practice. The author wants nursing students to learn about TIC in school and it to become practiced universally. Because TIC leaves a positive impact on people with ACEs and trauma. ACEs and trauma is often overlooked in healthcare and the problem is often left unaddressed, leading to mental illnesses and substance use, and other health conditions. This research study can potentially help increase the quality of care for patients with ACEs through the implementation of TIC in nursing practice.

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Appendix

LITERATURE REVIEW TABLE

Title of your paper: **Practicing Trauma-Informed Care in Nursing for a Better Outcome on Hospitalized Adolescents with Adverse Childhood Experiences and Trauma.**

Your name: **Allysa Mia Fabricante**

Date: **18 October 2021**

Authors/Citation	Purpose/Objective of Study	Sample - Population of interest, sample size	Study Design	Study Methods	Major Finding(s)	Strengths	Limitations
Kassam-Adams, et al. (2015). Nurses' views and current practice of trauma-informed pediatric nursing care. *Journal of Pediatric Nursing*, *30*(3), 478–484. https://doi.org/10.1016/j.pedn.2014.11.008	Using the trauma provider survey given to nurses the objective is to see if they are knowledgeable about trauma informed care and how to implement it into care.	Nurses working in the pediatric trauma unit. The trauma unit is either level I or II.	Descriptive analyses	Survey of staff knowledge, practice, and attitudes with regard to trauma-informed pediatric care.	The study found that there is room for improvement in educating nurses on trauma informed care. Nurses knew of TUC and the skills but putting it into better practice is needed.	The study has implications for nursing education and for continuing professional education for nurses.	The study may not be generalizable compared to other nurses in different units or settings.
Pletcher, et al. (2019). Adverse childhood experiences: A case-based workshop introducing medical students to	To focus on raising awareness of the health impact of ACE'. This study also hopes to create curricular elements for	College medical students total 535.	Descriptive analyses	Didactic Lecture, Small-Group Case discussion, Assessment, and Evaluation	Medical students felt knowledge and skills improved with learning objectives. Students have a better understanding	Shows that teaching in classes has benefits and makes students feel more comfortable to address ACEs in the clinical setting.	Study is on medical students not nursing students.

trauma-informed care. *MedEdPORTAL*, *15*(1). https://doi.org/10.15766/mep_2374-8265.10803	trauma-informed care.				of ACEs and ask it in a clinical setting.		
Chokshi et al. (2020). Interactive case-based childhood adversity and trauma-informed care electronic modules for pediatric primary care. *MedEdPORTAL*, *16*(1), 10990. https://doi.org/10.15766/mep_2374-8265.10990	There is currently no education/ limited material for physicians to learn about TIC .To show that raising awareness to ACEs and TIC in healthcare can benefit hospitalized children and adults.	35 participants , sample pediatric residents from one academic institution 28 resident physicians, 4 attending physicians, 2 medical students, 1 fellow	Descriptive analyses	TIC modules that contain four components: premodule and three case based e-modules. They gave the modules to the students and then did a post survey after to assess their comfort on TIC and ACEs.	Statistically significant score increases compared before learning modules and then after learning modules. Participants' knowledge,attitudes, practice, and confidence towards TIC was increased.	Modules were created to teach TIC. It increases participant knowledge, attitudes, practice and confidence for ACEs and TIC.	The study evaluation was done right after the modules were given. The evaluation should be done again after a couple months to see how well the modules adapted to their work ethic.
Brown et al. (2012). Risking connection trauma training: A pathway toward trauma-informed care in child congregate care settings. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*(5), 507–515. https://doi-org.domin	This study's purpose was to develop an education curriculum that would help train about trauma in graduate education in psychology, social work and other professions.Five youth congregate care agencies (residential, foster, etc.) serving	261 child congregate care trainees over 17 months in 2008-2009	Pre-post intervention study	Study examined change in knowledge, beliefs: and self-reported behaviors pre-and post-Risking connection training	Three post-training measures indicated increase in knowledge, increase in beliefs favorable for TIC, and increase in self report of TIC behavior. Staff trained as trainers showed maintenance of positive changes in	Research emphasized Model selection and Workforce transformation.	No observational data

ican.idm.oclc.org/10.1037/a0025269	children and youth with serious emotional and psychiatric problems.				knowledge, beliefs and behaviors.		
Greenwald et al. (2012). Implementing Trauma-Informed Treatment for Youth in a Residential Facility: First-Year Outcomes. *Residential Treatment for Children & Youth*, *29*(2), 141–153.	Using the fairytale model designed for children, teens and adults; strong family and community component; incorporates milieu treatment; included staff education and case management; scripted interventions including each phase accompanied by telling of fairy tale; model encourages adaptation to agencies existing culture. It was used in a residential treatment facility serving children and youth ages 10-21.	Youth ages 10-21 infacility between 2008-2009.	Descriptive analysis	Study method was to train clinical and direct care staff with the Fairy Tale model. Assessment of patients with posttraumatic stress symptoms.	Study found a 34% increase in problem reduction; 39% reduction in treatment time, double the rate of positive discharges.	Research emphasized model selection, workforce transformation, and outcome orientation.	Missing data on PTSD symptoms; delivery of individual therapy was uneven; no comparison group due to AB design.
Hodgdon et al. (2013). Development and Implementation of Trauma-Informed Programming in Youth	Examine the feasibility , utility, and efficacy of applying an evidence based trauma informed	young women ages 12-22 in residential settings	quantitative, descriptive analysis	ARC model: framework for youth with complex trauma. Nine core building blocks. Two	significant decrease in overall PTSD symptoms, and decrease in aggression, anxiety,	Emphasized leadership commitments, workforce	Statistically significant reductions in PTSD symptoms but modest clinical improvement possibly due to

Residential Treatment Centers Using the ARC Framework. *Journal of Family Violence*, *28*(7), 679–692. https://doi-org.dominican.idm.oclc.org/10.1007/s10896-013-9531-z	**treatment framework, ARC in residential treatment settings serving female youth with history of complex childhood trauma.**			**Massachusetts residential programs for young women ages 12-22, including intensive residential treatment program and a residential school.**	**attention problems, rule breaking, depression, though problems, and somatic complaints based on CBCL scores.**	**transformation and outcome orientation.**	**uneven delivery of ARC models across programs.**