

Training healthcare professionals on trauma-informed approach: a mixed methods systematic review

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Introduction

4 Rs:

1. Realise
2. Recognise
3. Respond
4. Resist retraumatisation

A trauma-informed (TI) approach is a framework for organisational change interventions that address the universal prevalence and impact of trauma on patients and staff. Training and workforce development is an essential component of the TI organisational change [1].

Aim

To systematically identify, appraise, and synthesise the empirical evidence on the effect of standalone training interventions about TI approach on healthcare professionals' and patients' behavioural, emotional, cognitive, and health outcomes.

Methods

Systematic review of quantitative, qualitative, and mixed methods studies, PROSPERO [2], PRISMA [3], two reviewers.

Results

We identified 11,717 records and included 23 studies with 2,025 healthcare professionals and students.

Fig. 1. Outcomes domains in included studies

| | Outcome 1 behaviour or practice change | Outcome 2 behaviour or practice change | Outcome 3 psychological readiness - knowledge | Outcome 4 psychological readiness - attitudes | Outcome 5 psychological readiness - confidence | Outcome 6 psychological readiness - skills | Outcome 7 training acceptability |
|---------------------------|--|--|---|---|--|--|----------------------------------|
| Brown (2020) | | | | | | | |
| Cannon (2020) | | | | | | | |
| Gaillard-Kenney (2021) | | | | | | | |
| Gore (2021) | | | | | | | |
| Green (2015) | | | | | | | |
| Hall (2016) | | | | | | | |
| Im (2020) | | | | | | | |
| Jee (2020) | | | | | | | |
| Lotzin (2018) | | | | | | | |
| Nathan (2020) | | | | | | | |
| Raja (2015) | | | | | | | |
| Shamaskin-Garroway (2020) | | | | | | | |
| Strait (2017) | | | | | | | |
| Palfrey (2019) | | | | | | | |
| Schmitz (2019) | | | | | | | |
| Schiff (2017) | | | | | | | |
| Dueweke (2019) | | | | | | | |
| Chokshi (2020) | | | | | | | |
| McNamara (2021) | | | | | | | |
| Weiss (2017) | | | | | | | |
| Niimura (2019) | | | | | | | |
| Berg-Poppe (2022) | | | | | | | |
| Chokshi (2021) | | | | | | | |

Most studies measured psychological readiness to provide TI care and reported mixed effect on knowledge, attitudes, confidence and improvement in self-reported skills immediately after training.

Very few studies measured change in professional behaviour and practices. Single studies found reduction in restrictive practices and an increase in enquiry about trauma and patient disclosure, and incorporation of information about trauma in consultation. The effect on patient-doctor communication and referrals to specialist services was mixed. No studies measured health outcomes among patients and professionals. No studies evaluated cost-effectiveness.

Discussion

Some evidence suggests that standalone training on TI approach had mixed effect on professional psychological readiness and behaviour regarding provision of TI care.

References

1. SAHMSA's concept of trauma and guidance for a trauma-informed approach. 2014
2. Gamlin C, Malik U, Dawson S, Lewis NV. Training healthcare providers on trauma-informed care: a mixed-methods systematic review. PROSPERO 2021 CRD42021282299 Available from: https://www.crd.york.ac.uk/prospERO/display_record.php?ID=CRD42021282299
3. Page M J, McKenzie J E, Bossuyt P M, Boutron I, Hoffmann T C, Mulrow C D et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews BMJ 2021; 372 :n71 doi:10.1136/bmj.n71