University of BRISTOL
Centre for Academic Primary Care

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# Research evidence for implementing trauma-informed healthcare in the UK: findings from the TAP CARE study.

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National Trauma Informed Community Conference

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# The TAP CARE team

- Dr Natalia Lewis
- Prof Gene Feder
- Prof John Macleod
- Prof Stan Zammit
- Prof Katrina Turner
- Dr Shoba Dawson
- Ms Angel Bierce
- Dr Elizabeth Emsley
- Dr Joshua Smith
- Dr David Martin
- Dr Chloe Gamlin
- Dr Umber Malik
- Ms Esme O’Brien
- Advisory group of people with lived experience
- Advisory group of professionals

# Why a trauma-informed approach in healthcare?

1. Prevalence and impact of violence and trauma
2. Retraumatisation within healthcare services
3. Interventions at the individual AND organisation/wider system levels

# The TAP CARE study

Systematic review 1: effectiveness in primary care and community mental healthcare

Systematic review 2: effectiveness of training programmes for healthcare professionals

Review of UK health policies and professional perspectives

# What is a trauma-informed approach?

Trauma-informed approach/care

Clinical practice

Health care organisation/system

Organisational domain

Clinical domain

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# What is a trauma-informed approach?

# How to implement a trauma-informed approach?

**4R's key assumptions**

1. **R**ealise
2. **R**ecognise
3. **R**espond
4. **R**esist re-traumatisation

**6 key principles**

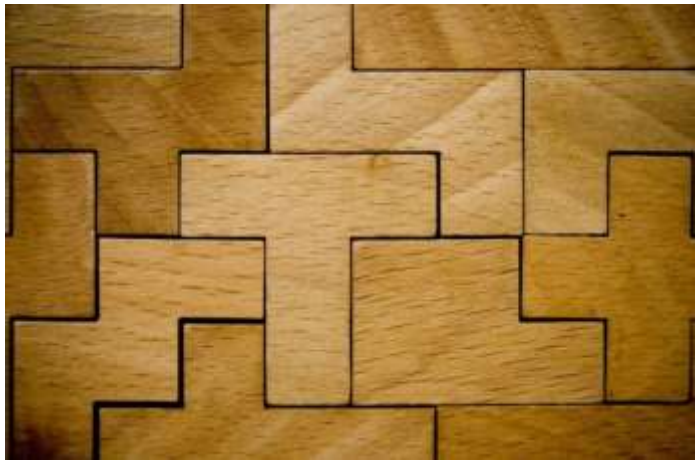
1. Safety
2. Trustworthiness
3. Peer support
4. Collaboration
5. Empowerment
6. Cultural, historical, and gender issues

**10 implementation domains**

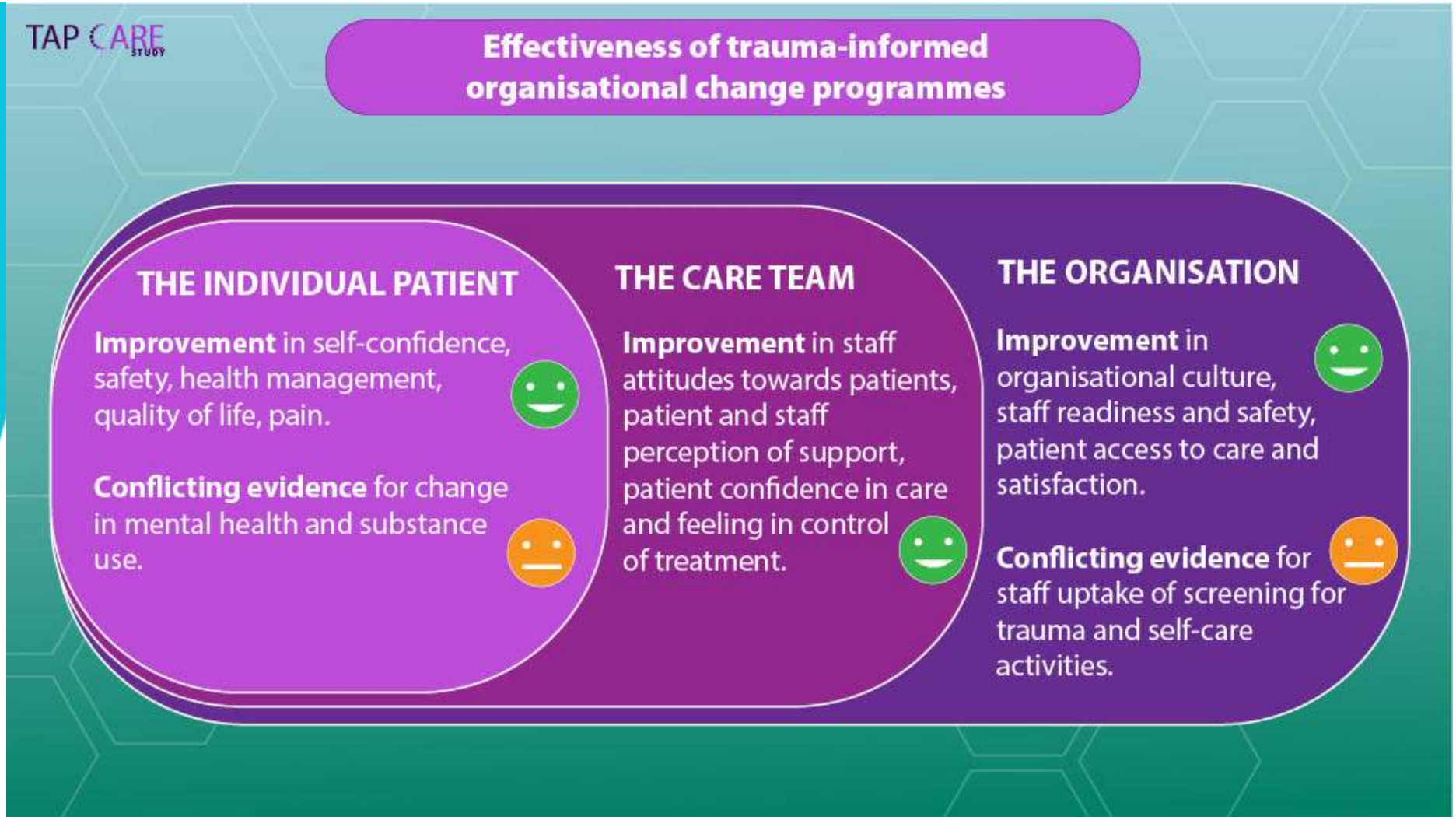
1. Governance and leadership
2. Policy
3. Physical environment
4. Engagement and involvement
5. Cross sector collaboration
6. Screening, assessment, and treatment
7. Training and workforce development
8. Progress monitoring
9. Financing
10. Evaluation

*Substance Abuse and Mental Health Services Administration (USA) concept of trauma and guidance for a trauma-informed approach, 2014*

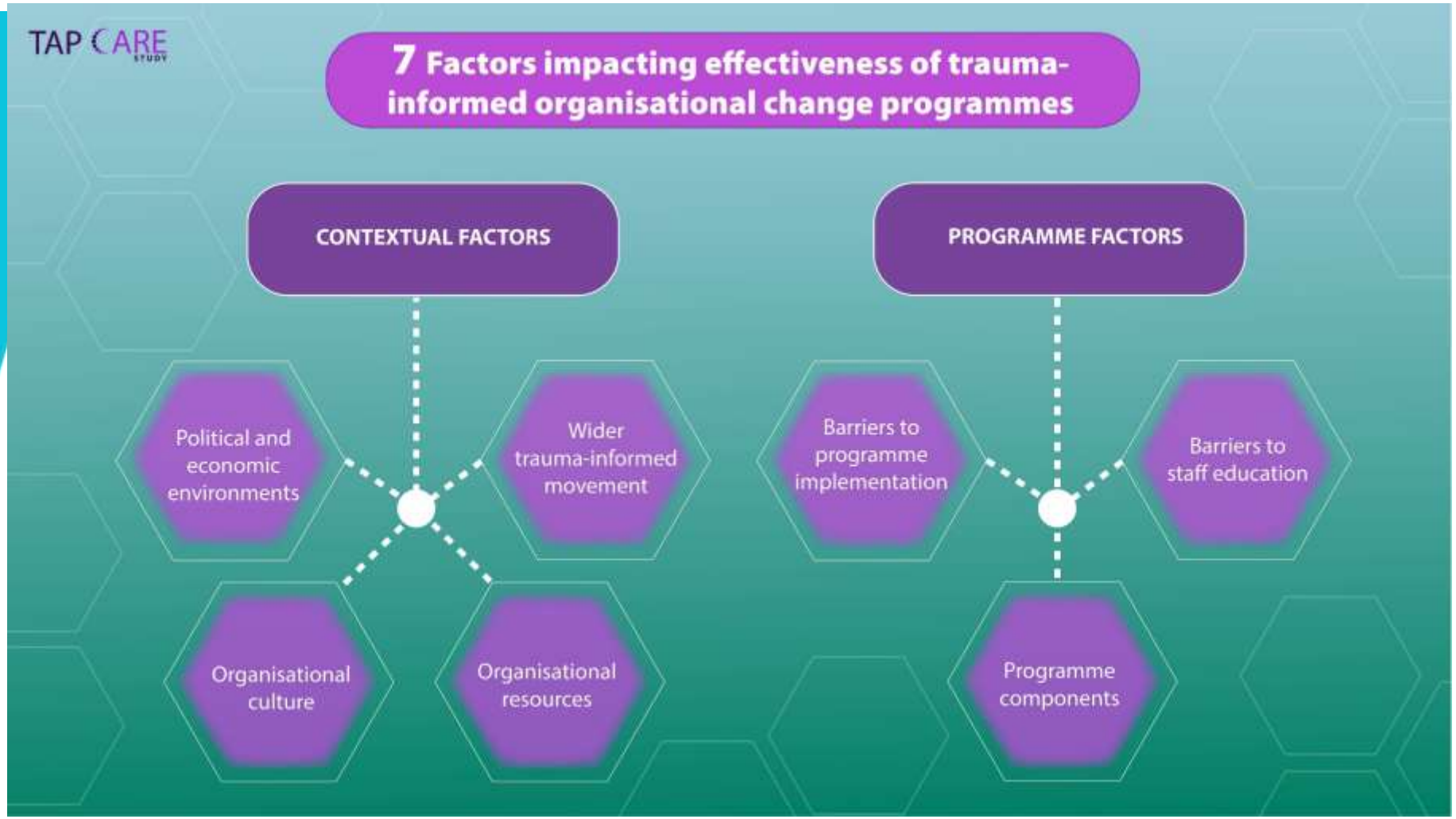
# Trauma-informed approach models



# Systematic review 1 (n=6)



# Systematic review 1 (n=6)



# Systematic review 3 (n=23)

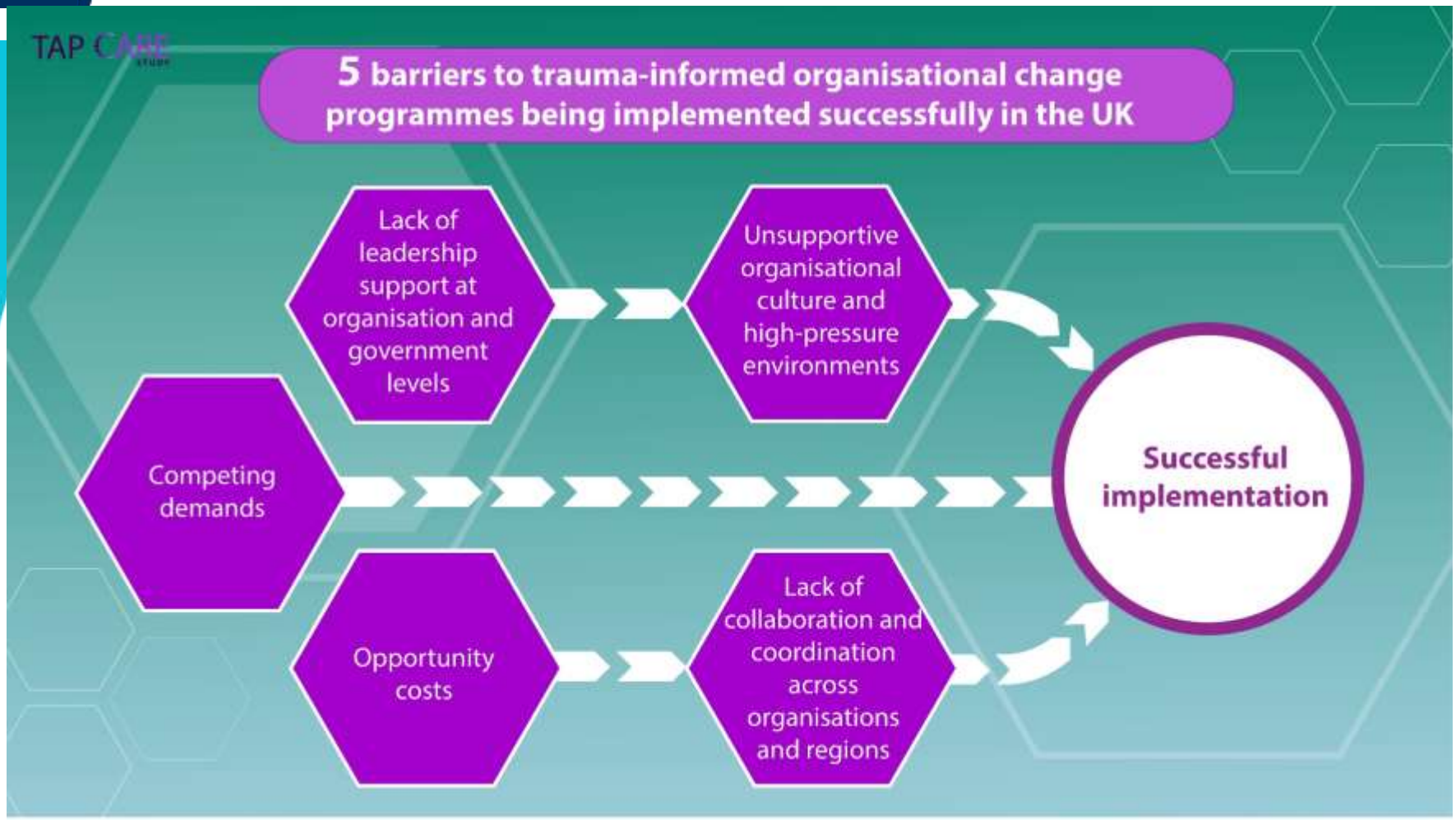
**Readiness to provide trauma-informed care**
**↑↓**

↑↓ knowledge (n=15)
↑↓ attitudes (n=12)
↑↓ confidence (n=13)
↑ skills (n=5)

**Trauma-informed behaviour/practice**
**↑↓**

↓ restrictive practices (n=1)
↑ asked about traumatic events (n=3)
↑ patients disclosed trauma (n=1)
↑ incorporated information about trauma into consultation (n=2)
↑↓ patient-centered communication (n=1)
↑↓ referred to specialist services (n=2)

# Policy review



# Conclusions

1. Research evidence is limited and conflicting
2. Common components:
   - budget
   - buy-in from all staff
   - ongoing training and support for all staff
   - engagement of people with lived experience
   - changes in physical spaces and clinical practices
3. Mixed effect on:
   - psychological outcomes
   - behaviour and practices
   - health outcomes
4. Standalone training → mixed effect on professional readiness and behaviour

# Implications

# Keep in touch

**Email:** trauma-informed-study@bristol.ac.uk

**Study website**: www.bristol.ac.uk/tapcare-study

**Twitter**: @capcbristol

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