

Dyadic and Systemic Trauma-informed care

INTRODUCTION

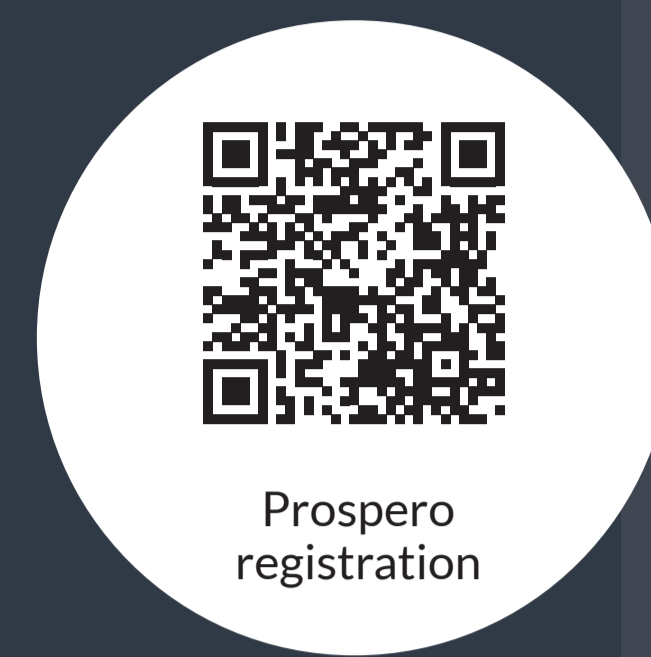
Trauma-informed care (TIC) has gained increasing attention in adolescent residential care, where many young people have histories of significant relational and developmental trauma prior to placement. TIC approaches typically draw on attachment theory, reflective functioning, and dialogical practices to address the enduring impacts of these experiences within care environments. However, existing interventions vary considerably in whether they primarily focus on dyadic (relational) processes, systemic (organisational) practices, or an integration of both.

Despite growing recognition of these elements, their combined and comparative impact in adolescent residential care has not been comprehensively synthesised.



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Dyadic and systemic trauma-informed care in adolescent residential settings: A systematic review of outcomes for staff, youth, and relationships. SSRN.



Prospero registration

Research questions

This systematic review addressed the following aims:

- 1 To identify trauma-informed care interventions implemented in long-term adolescent residential care.
- 2 To examine their effects on staff outcomes, such as professional development, reflective functioning, and team communication.
- 3 To evaluate youth outcomes, such as emotion regulation and self-esteem.
- 4 To assess how these interventions influence the quality of staff–youth relationships, a core relational domain in residential settings.

METHODS

A systematic review was conducted following PRISMA guidelines, focusing on trauma-informed care interventions in adolescent residential care settings.

- Included studies evaluated interventions explicitly informed by trauma-informed principles.
- Interventions were classified as:
 - » **Dyadic:** focusing primarily on youth–adult relational encounters
 - » **Systemic:** focusing on organisational structures, routines, and staff practices
 - » **Integrated:** combining dyadic and systemic components
- Methodological quality was appraised using the Mixed Methods Appraisal Tool (MMAT).

(Study selection and screening are presented visually in the PRISMA flow diagram.)

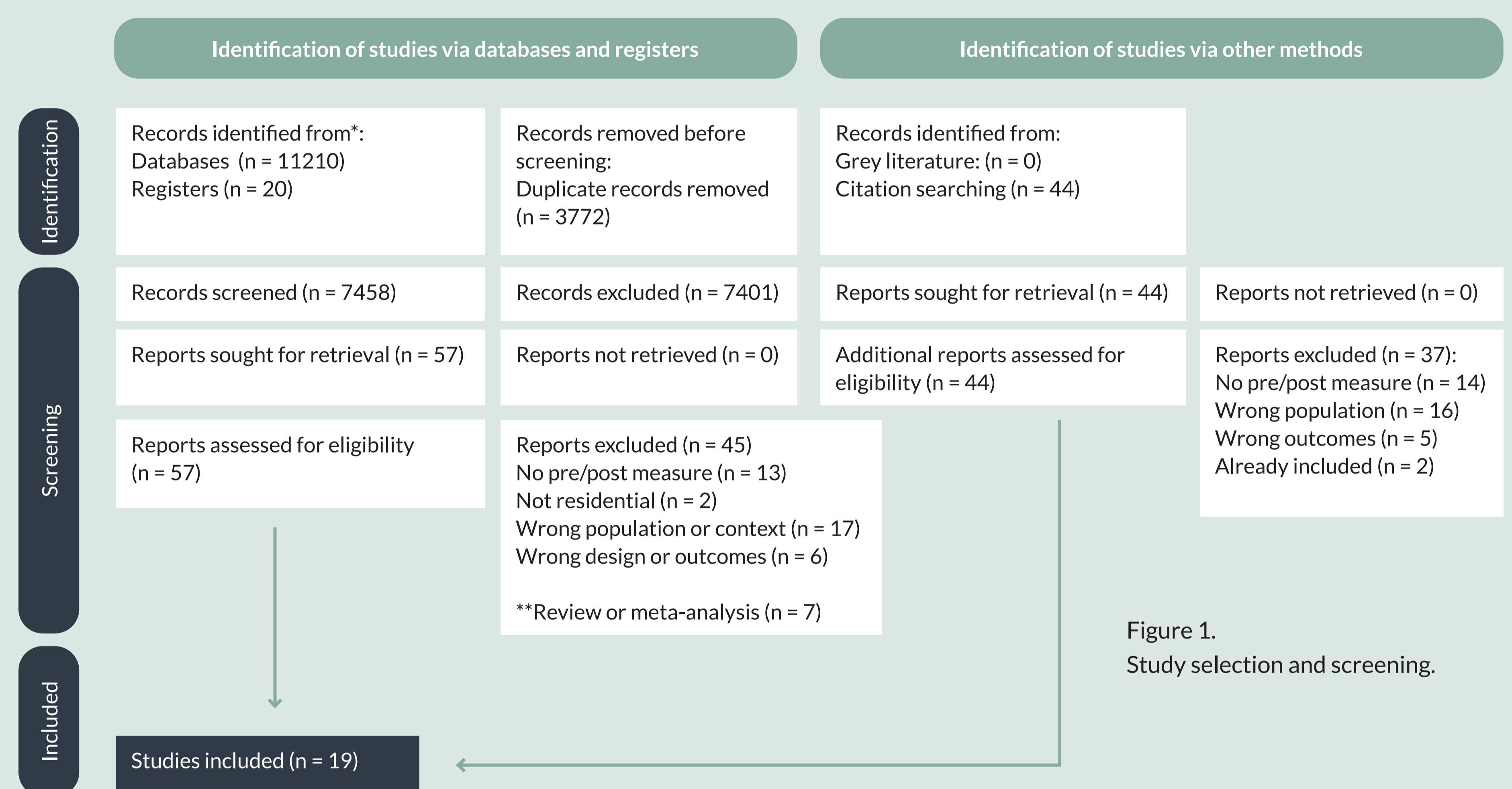


Figure 1. Study selection and screening.

* Records (n=11230) identified from: 12 Databases: PsycINFO (n=1932); OvidMedline(R)ALL (n=1986); PubMed (n=160); Scopus (n=283); Web of Science (n=1967); PsycArticles (n=976); EBSCO (n=1681); ProQuest (n=181); ERIC (n=470); CINAHL (n=1286); EMBASE (n=289); Cochrane (n=0), and 2 Registers: PROSPERO (n=18); Epistemonikos (n=1) ** Reviews (n = 6) and meta-analysis (n = 1) left out from synthesis due to limited input for this review.

RESULTS

Across the included intervention studies, trauma-informed care was associated with improvements in three outcome domains:

- **Staff outcomes:** enhanced trauma-related knowledge, reflective capacity, and emotion regulation
- **Youth outcomes:** improvements in emotion regulation, self-esteem, behavioural functioning, and perceived safety
- **Staff–youth relationships:** stronger relational connection, attunement, and therapeutic alliance

Interventions that integrated both dyadic and systemic components showed the most consistent pattern of positive outcomes across domains.

KEY MESSAGE BOX

Trauma-informed practice becomes effective when it is both personally experienced and structurally enabled.

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DISCUSSION AND IMPLICATIONS

Findings indicate that trauma-informed care is most effective in residential settings when relational work is supported by coherent organisational structures. Dyadic practices shape youths' immediate experiences of safety and connection, while systemic practices enable staff to deliver these relational encounters consistently across shifts and situations.

Implications for Practice and Research:

Residential care environments are vulnerable to fragmentation due to shift work, staff turnover, and high emotional demands. Interventions focusing on only one level may struggle to sustain impact. Integrated trauma-informed approaches offer a more robust framework for embedding relational safety into everyday care.

Future research should prioritise integrated designs, youth-reported outcomes, relational measures, and transparent reporting of implementation processes and fidelity.

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