

## **Improving Trauma-Informed Care Through Measurement and Use of Data**

The high prevalence of adverse childhood experiences/trauma has led to widespread implementation of trauma-informed care (TIC) in systems. Practice is ahead of science in demonstrating the efficacy of TIC in large part because of the complexity of measuring TIC and the lack of validated tools. This presentation suggests a framework for organizing TIC measurement and discusses currently available tools, highlighting the example of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. It will cover the steps in designing an evaluation of trauma-informed care within a program including:

1. How to measure trauma-informed care at many different levels (community, service or system, organization, person served, next generations).
2. Deciding what level at which you wish to focus your measurement.
3. Deciding what tools to use: we will review the limited number of psychometrically validated measures of trauma-informed care currently available.
4. Use psychometrically valid measurement tools. They increase the chance that you are measuring what you think you are measuring. Certain measurement tools such as the ARTIC Scale are available via online platforms and enable you to compare your scores to other scores in your sector using benchmarks.
5. Choose specific outcomes that are meaningful in your setting
6. Use data metrics to chart your progress. These include school suspensions, restraints, appointment no shows, school attendance, staff turnover, number of staff trained, number of clients screened, and many others.
7. As you are selecting outcome metrics to track, when possible use ones that you already track routinely in your system.
8. When selecting metrics, be certain that the metric is a concern or problem in your system. Don't choose restraints if your restraint rate is already very low.
9. From whom or where will the information be collected? How will you facilitate a high response rate, which makes a big difference in the validity of your result? Who will be your evaluation manager and chief nagger?
10. How will you collect the data? When, and how often, do you want to collect the data? Repeat evaluations are necessary to demonstrate progress- how often will you repeat collection?
11. Who are the primary audiences for your results? How will you report your findings? A significant roadblock to measurement is a lack of reliable and valid tools that evaluate TIC. This presentation will review the state of measurement in the TIC field, including several instruments. We will introduce the Attitudes Related to Trauma Informed Care instrument, (ARTIC), a psychometrically valid measure of trauma-informed care (TIC) published in peer reviewed literature (Baker, Brown, Wilcox, Overstreet, & Arora, 2015).

It is a measure of professional and para-professional attitudes favorable or unfavorable toward TIC. The ARTIC is administered on-line and generates reports about staff beliefs. Multiple administrations can demonstrate progress in changing a program's culture. It has been used by many agencies throughout the country and internationally.

## Presenters:



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their families. She created the Restorative Approach, a trauma- and relationship-based treatment. She is a Faculty Trainer for Risking Connection® and an Adjunct Faculty at the University of CT School of Social Work and the University of St. Joseph's. She trains internationally on trauma-informed care. She was the 2011 Connecticut Social Worker of the Year. She is the author of Trauma Informed Care: The Restorative Approach (Leveller Press) as well as several articles.



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