

Measuring Trauma-Informed Care Across Sectors

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Traumatic Stress Institute

Vision: A world where organizations and service systems fully embrace and embed trauma-informed care so that all trauma survivors who enter their doors heal and thrive.

Mission: To foster the transformation of organizations and service systems to trauma-informed care through the delivery of whole-system consultation, professional training, coaching, and research.



Whole-System Change Process

Data Collection and Online Dashboard

Trauma-
Informed
Care

Post-Consult

4 - 18 Months

4 Months

2 Months

0 - 2
Months

Trainer Certification and Professional Development

- 4 In-Person Trainer Consult Groups Annually
- 4 Trainer Webinars Annually
- Trainer Recertification

Follow-Up Coaching

- TIC Implementation Plan
- 6-8 Coaching Calls on Implementation with TIC Task Force

Training Trainers & Champions

- Risking Connection Train-the-Trainer (TTT)
- Restorative Approach TTT
- Risking Connection Foster Care TTT

Initial Staff Training

- Risking Connection Trauma 101 Training
- Restorative Approach Training (for group care settings)

Engagement and Planning

- Meeting with Executive Leadership and Board of Directors
- Formation of TIC Task Force

Scope of Work

- 65 client agencies in 16 US states
- 2 Child Welfare Systems in 2 Canadian provinces
- 350 Certified Trainers at agencies/service systems
- Co-developed ARTIC Scale, used globally by 240 entities

Most Used Definition: SAMHSA Definition of Trauma-Informed Care

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs of and symptoms of trauma in clients, families, staff, and others involved with the systems; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**. (p. 9)

*SAMHSA's Concept of Trauma and Guidance
for a Trauma-Informed Approach (July 2014)*

SAMHSA Six Key Principles of Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

SAMHSA, July 2014

SAMHSA

Implementation Domains

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation

Trauma-Informed Care

How a whole organization, school, service system, state agency approaches care for those they serve. Widely used models include:

- Sanctuary
- Traumatic Stress Institute's Whole-Systems Change Model
- Attachment, Regulation, and Competency (ARC)
- National Council for Behavioral Health Learning Collaborative
- CARE (Cornell University)

VS

Trauma-Specific Treatment

Treatment protocols or models designed for individuals or groups with histories of trauma such as:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPACS)

Why Measure Trauma-Informed Care?

TIC Measurement Brainstorm

- What are the potential benefits of TIC measurement?
- What are some barriers to effective TIC measurement?

Benefits of TIC Measurement

- To assess readiness for TIC change process
- To determine if TIC interventions are showing progress
- To maintain or accelerate the change process
- To use data to advocate with stakeholders
- To build empirical evidence to support TIC and the TIC field

Barriers to TIC Measurement

- Vague operational definition
- Majority of work on TIC not empirical
- Measurement of system change is complex and often expensive
- Many of measurement tools developed for a particular intervention – not generalizable
 - Few validated measurement tools applicable across settings and sectors
- Lack of resources (time, expertise and money)

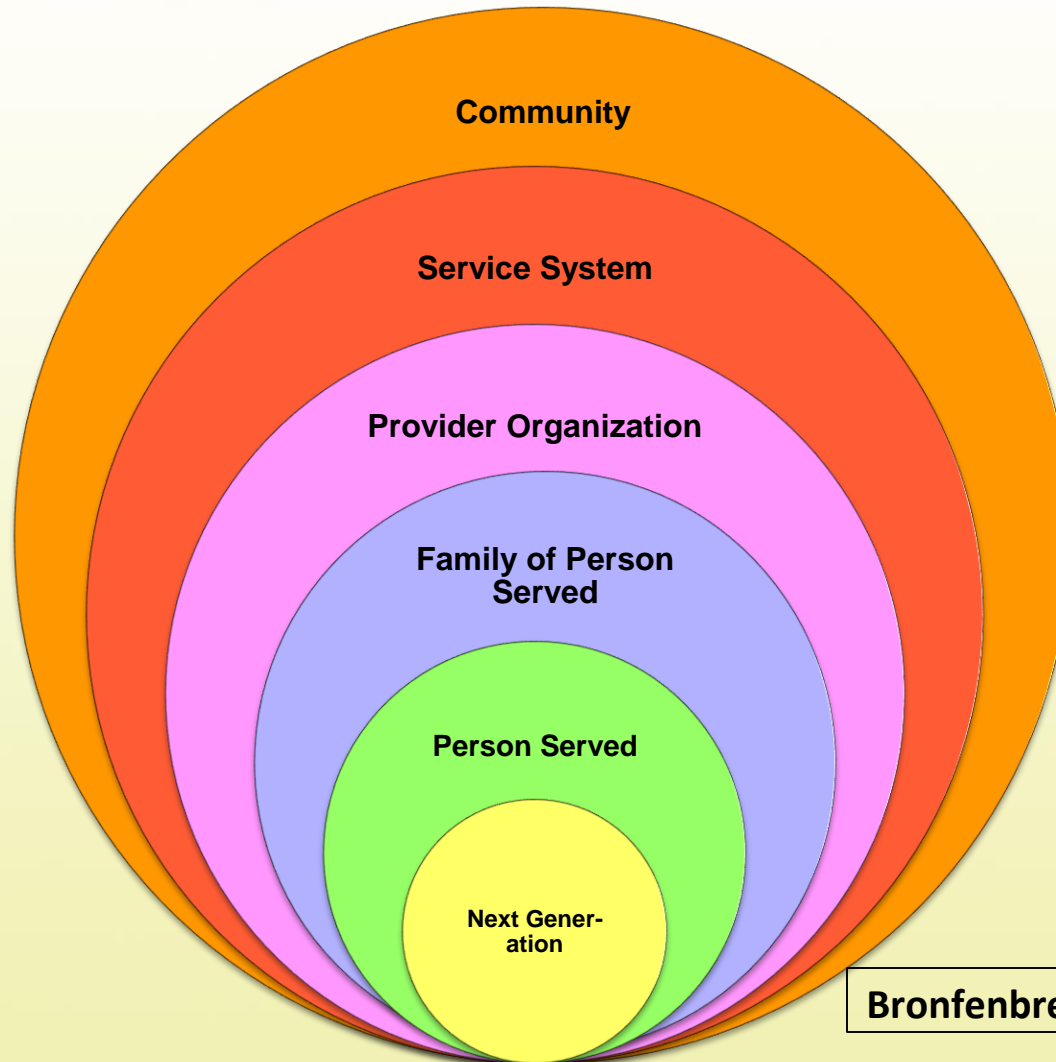
Yet field is rapidly growing....

What To Measure?

Measuring Trauma-Informed Care vs. Measuring Trauma Specific Treatments

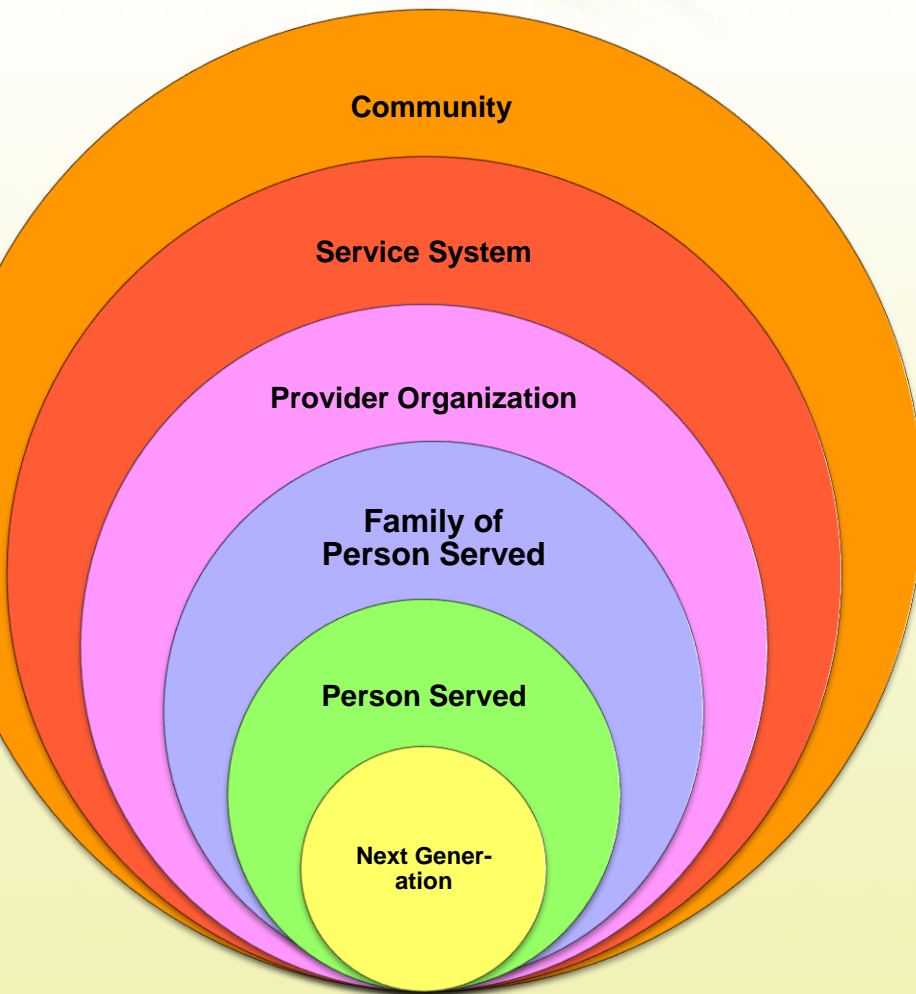
- Harder to measure whole system change
- People mean many different things when they say they are trauma-informed
- How do you measure the differences in what people do?
- Then you could compare the differences in client outcomes

Social Ecological Model and TIC



Bronfenbrenner

Examples of Interventions at Each Level



Campaign to Create TIC Community

Revised School Discipline Policy

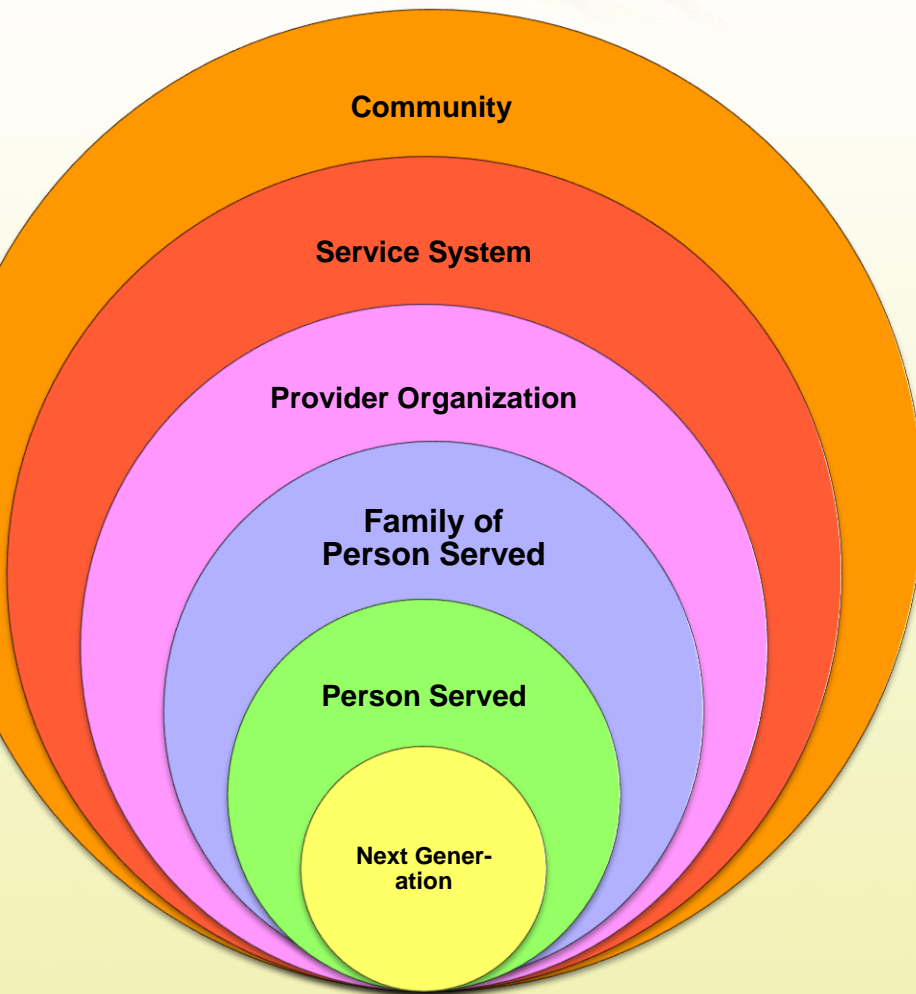
Required Staff Training on Trauma and TIC

Parent Education on ACEs and Trauma

Trauma-Specific Treatments for Individuals

**ACE Screening of Adults to
Motivate Them to Prevent ACEs in
Their Children**

Examples of Outcomes at Each Level



Decrease in suicide rates

Increase in permanent placements

Presence of TIC implementation steps

Positive parenting practices

PTSD symptoms

Child protection referrals

Types of Outcomes

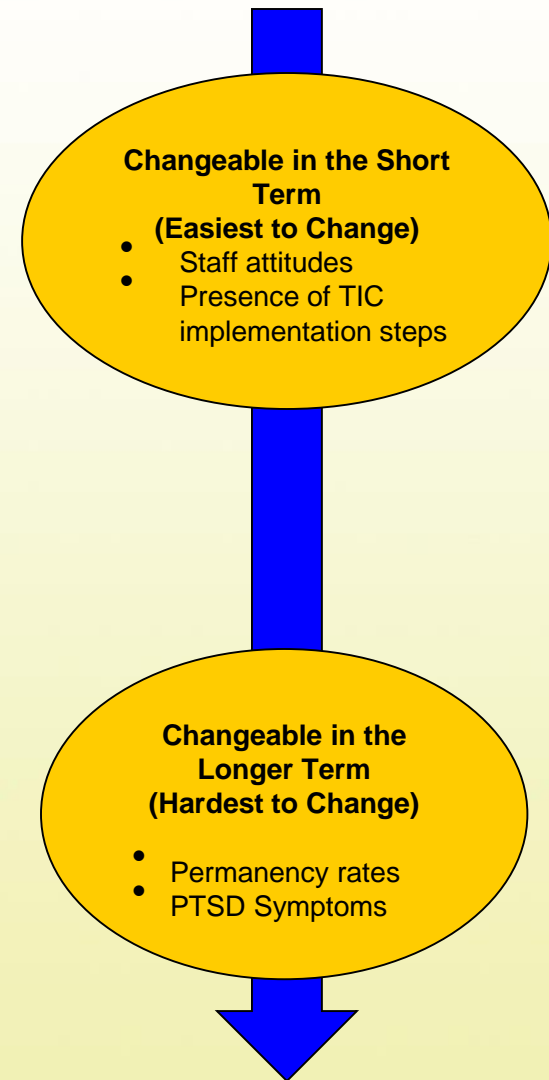
How trauma-informed is the system?



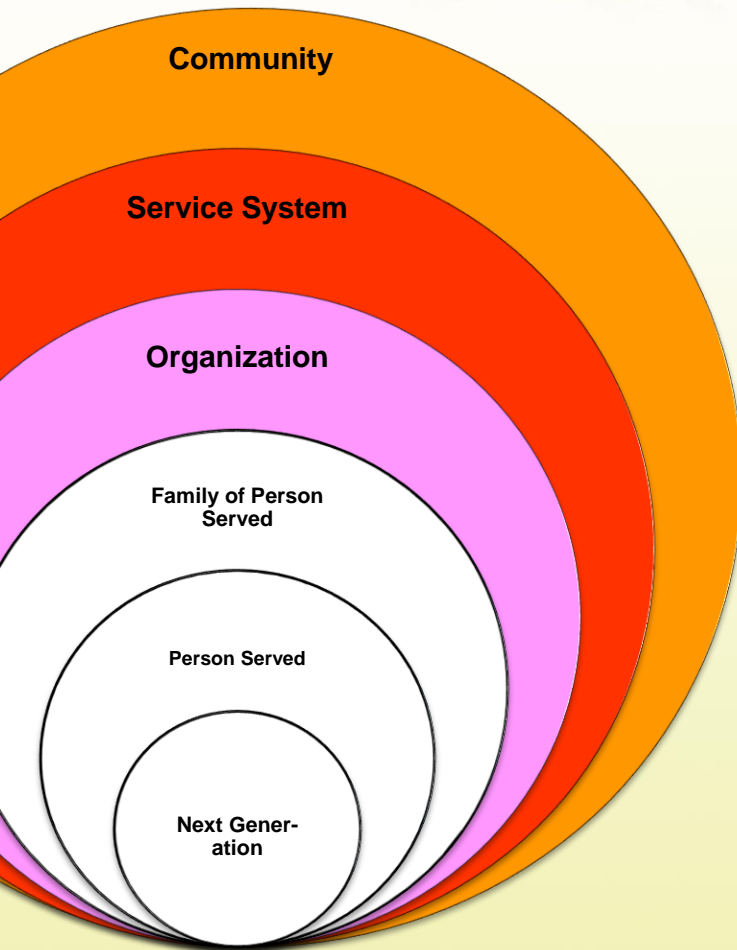
Does being trauma-informed impact the **quality of the services or system?**



Does the quality of the services or system make **people better off?**



How Trauma-Informed Is the System?



Sample Outcomes

- **Collective community capacity:** ACES and Resilience Collective Community Capacity Survey (ARC3) (Hargreaves, et al, 2017)
- **Number of organizations implementing TIC:** Community data

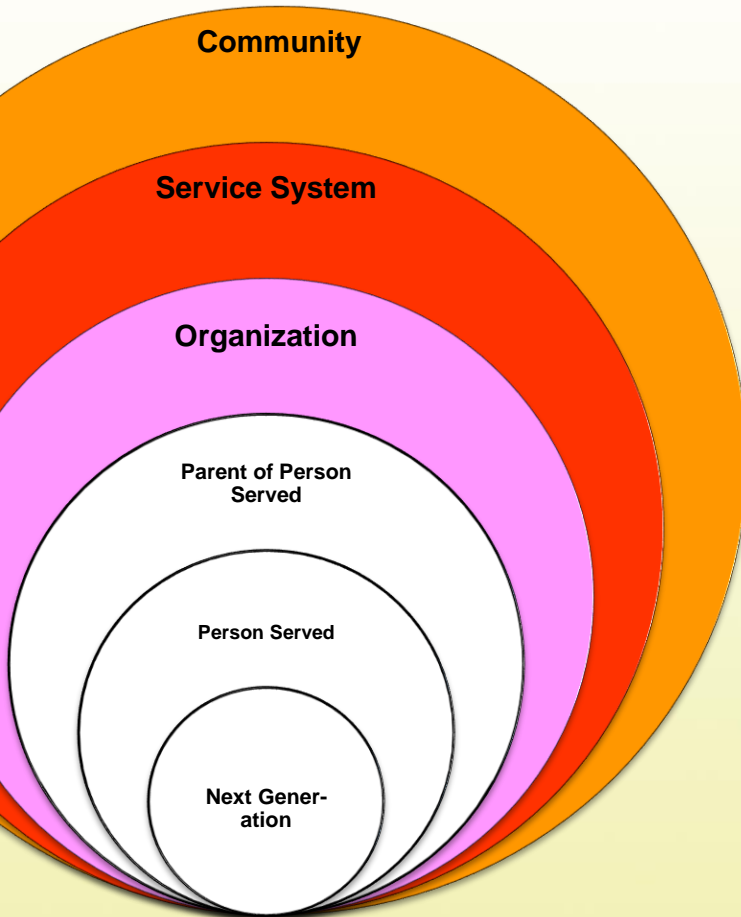
Sample Outcomes:

- **Presence of TIC policy and regulations:** Service system data
- **TIC treatment models and practices funded:** Service system data

Sample Outcomes:

- **Staff knowledge:** Knowledge measure
- **Staff attitudes toward TIC:** Attitudes Related to Trauma-Informed Care (ARTIC) Scale
- **Presence of TIC Implementation Steps:** Organizational Self-Assessment Tool

How Does TIC Impact the Quality of Services or System?



Sample Outcomes

- **Level of public awareness of trauma**
- **Citizen attitudes about trauma survivors**

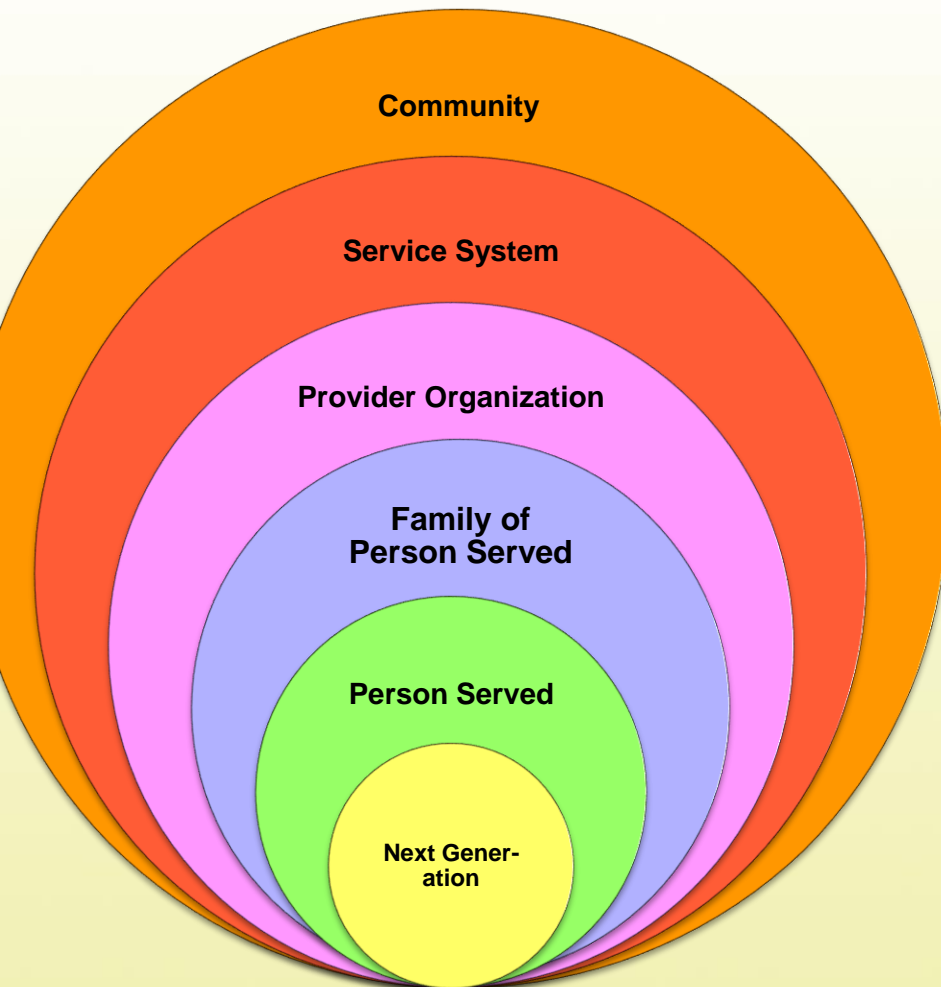
Sample Outcomes:

- **Rate of staff turnover**
- **Rate of no shows for appointments**
- **Rate of completion of service plans**
- **Rate of successful transitions between services**

Sample Outcomes:

- **Rate of restraints**
- **Number of police calls**
- **Rate of staff turnover**
- **Rate of planned positive discharge**

Do the Quality of Services Make People Better?



Sample Outcomes

- **Decrease in suicide rates**
- **Decrease in juvenile arrests**

Sample Outcomes:

- **Fewer clients in high levels of care**
- **Increased permanency rates**

Sample Outcomes:

- **Increase staff quality of work life**
- **Few staff injuries**

Sample Outcomes:

- **Fewer children removed**
- **Reduced parent stress**

Sample Outcomes:

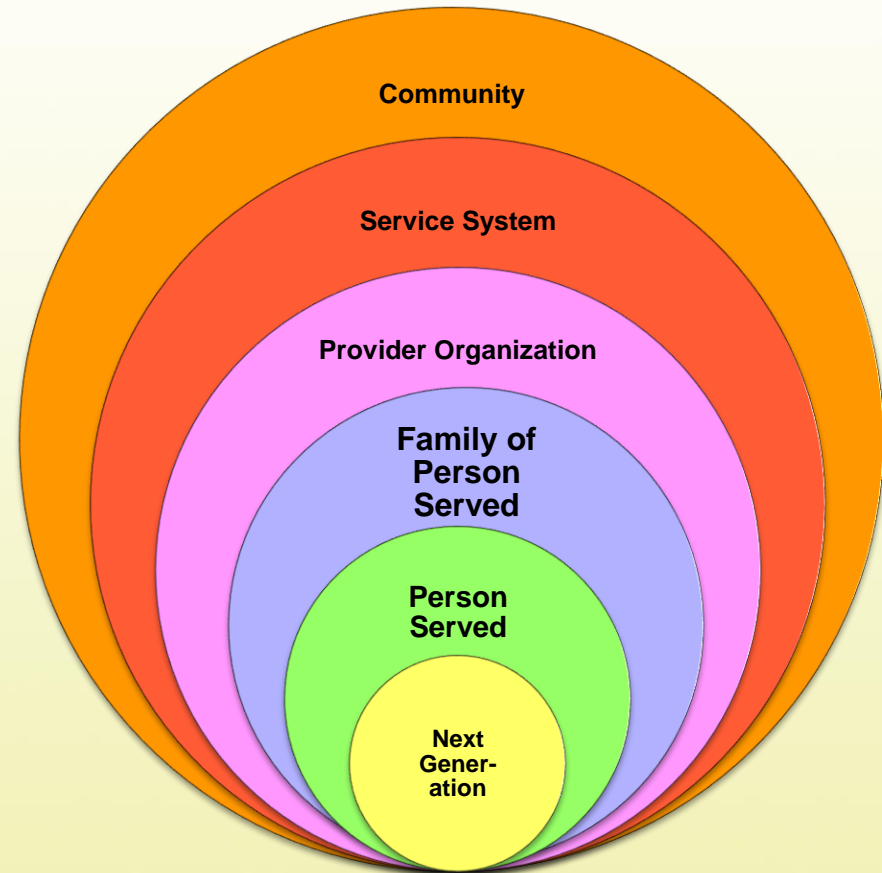
- **Reduced PTSD symptoms**
- **Decrease in school dropouts**

Sample Outcomes:

- **Lower ACE Scores**
- **Decrease in child protection cases**

Summary

- Levels of a system
- Interventions at each level
- Outcomes at each level
- Types of outcomes at each level





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How to Measure Trauma-Informed Care

Decisions to Consider

- What are the purposes and goals for this measurement?
- How will we manage and analyze the data-what resources do we have?
- What level of outcomes will we look at?
- From whom will the information be collected?

Decisions to Consider continued

- Who will collect the information? How will we assure high percentages of responses?
- When will we collect it? How often?
- Who is our audience for the results?
- How will we display and report our results?

TIC-Specific Measurement Tools

- Very few validated measurement tools
- Many TIC organizational self-assessment tools (none validated)
- 3 Validated Measures, Currently
 - Attitudes Related to Trauma-Informed Care (ARTIC) Scale
 - TICOMETER
 - Trauma Informed Practice (TIP) Scale (for domestic violence sector)

TICOMETER

- Measures the degree to which an organization is engaged in trauma-informed practices
- Evaluates needs and progress in implementing trauma-informed care
- For health and human service organizations
- Consisting of 35 items across five domains
- Psychometrically valid
- Can be used to measure: How TI is a system?

TICOMETER Domains

- Build trauma-informed knowledge and skills
- Establish trusting relationships
- Respect service users
- Foster trauma-informed service delivery
- Promote trauma-informed procedures and policies

TICOMETER



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 User Results

 User Details

 Invite User

 My Ticometer

 Reset Password

MY ADMIN

Survey 1



Close

User Scores

Deeper Analysis

Survey 2



Launch

User Scores

Deeper Analysis

Survey 3



Launch

User Scores

Deeper Analysis

Excellent: 3.51-4
Good: 3.01-3.5
Fair/Needs Improvement: 2.5-3
Insufficient: Below 2.5



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User Results

User Details

Invite User

My Ticometer

Reset Password

< Back

Export CSV

Domain 1



Summary

Domain 2



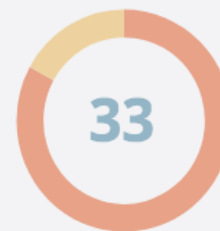
Summary

Domain 3



Summary

Domain 4



Summary

Domain 5



Summary

DOMAIN 1: BUILD TRAUMA-INFORMED KNOWLEDGE AND SKILLS

DOMAIN 1 Score
5 items; 20 total points

18–20 = Excellent
16–17 = Good
14–15 = Fair/
Needs Improvement
1–13 = Insufficient

Trauma-informed care (TIC) is grounded in an understanding of the nature and impact of trauma; it emphasizes physical and emotional safety for both providers and service users, and creates opportunities for service users to rebuild a sense of control and empowerment.

Commitment to TIC is best ensured when organizations develop a written policy that supports knowledge and skill building among all administrators, staff and service users. This can be accomplished by providing ongoing training and technical assistance about trauma and strategies for translating knowledge into skills. Whenever possible, training should be based on adult learning principles, and should be ongoing, experiential, and interactive.

Training about trauma should be comprehensive, culturally sensitive, and include input from service users. Information about the prevalence, nature, and impact of trauma on both brain and body as well as its mental health consequences should be included. Emphasis should be placed on post trauma responses, dissociation,



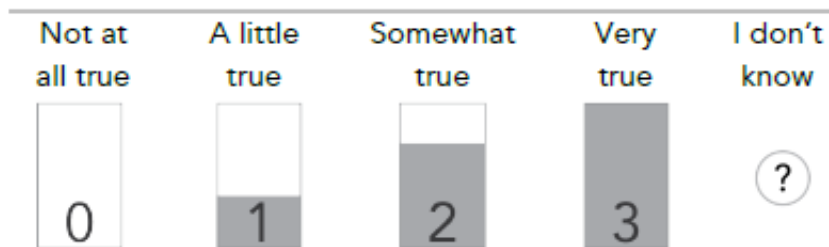
TIP Scale

- The Trauma Informed Practice (TIP) Scales measure the degree to which domestic violence programs engage in trauma-informed practices from the perspective of program participants.
- Can be used to measure: How TI is a system?



TIP Scale

- B** The next set of statements are **also about your experience of this program**. Please let us know how true the following statements are on a scale from 0 to 3. This picture will help you think about that. Note that as you think about these statements you have the option to circle "I don't know." Also note that you may feel different ways about different staff members. Please respond with your overall impression of the staff.



1. Peoples' cultural backgrounds are respected in this program.

0 1 2 3 ?

2. Peoples' religious or spiritual beliefs are respected in this program.

0 1 2 3 ?

3. Staff respect peoples' sexual orientations and gender expressions.

0 1 2 3 ?

4. Staff understand what it means to be in my financial situation.

0 1 2 3 ?

5. Staff understand the challenges faced by people who are immigrants.

0 1 2 3 ?

6. Staff understand how discrimination impacts peoples' everyday experience.

0 1 2 3 ?

ARTIC Scale

Developers

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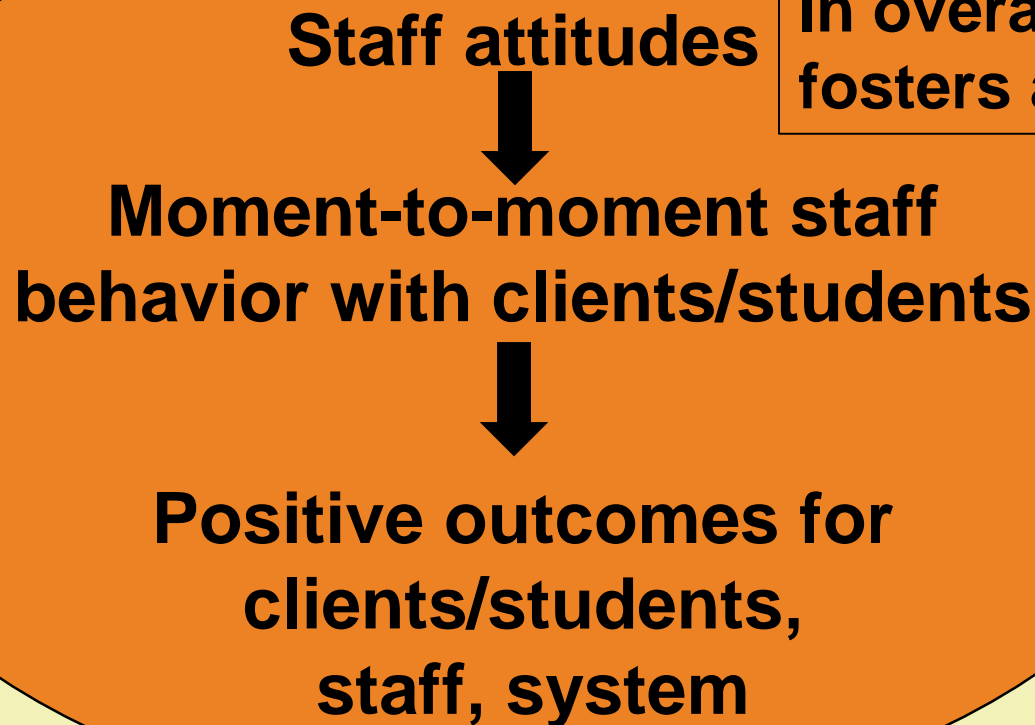
ARTIC Scale

- Measures professional and para-professional attitudes and beliefs favorable to, or not, TIC
- 7 subscales
- Education and Human Service versions
- ARTIC-10 Short Form and ARTIC-45
- Available in 5 languages (soon to be 8)
- Paper/Pencil and Online versions
- Psychometrically valid, 2nd validity study in review
- Can be used to measure: How TI is a system?

Scope of ARTIC Use

- Used by more than 240 entities worldwide
- K-12 schools, behavioral health, university-based researchers, juvenile justice, police, religious organizations, medical facilities
- Entities from most US states and numerous Canadian provinces
- UK, Ireland, Australia, Japan, Sweden, Philippines, Jamaica, Malta, Iran

ARTIC - Measure of Staff Attitudes



In overarching system that fosters and supports TIC

ARTIC Subscales: 5 Main Subscales

Subscale 1. Underlying cause of problem behavior/symptoms

Beliefs about behavior/sax's as adaptive and malleable vs. behavior/sxs as intentional and fixed.

Subscale 2. Responses to problem behavior

Beliefs about importance of relationships, flexibility, kindness as agents of change vs. rules, consequences, accountability as agents of change

Subscale 3. Empathy and Control

Beliefs about importance of empathy-focused staff behavior vs. control focused staff behavior

Subscale 4. Self-efficacy

Beliefs about one's ability to meet the demands of working with a traumatized population vs. inability to meet the demands.

Subscale 5. Reactions to the work

Beliefs about acceptance of the effects of secondary trauma and coping by seeking support vs. minimizing the effects of secondary trauma and coping by hiding or ignoring the impact.

ARTIC Subscales: Supplementary Subscales

Subscale 6. Personal support of TIC

Beliefs about being supportive of, and confident about, implementation of TIC vs. concerned about implementing TIC

Subscale 7. System-wide support for TIC

Beliefs about system-wide support for TIC vs. not feeling supported by colleagues, supervisors, and administrators to implement TIC

What questions can the ARTIC answer?

- Did our interventions to implement TIC lead to change?
- Has the change been sustained over time?
- What domains of attitudes (sub-scales) are strongest and weakest?
- Which job roles or programs need additional training or supervision related to TIC?
- How can we tweak our intervention based on the data?

Two Ways to Administer the ARTIC

1. Paper-and-Pencil Version
2. ARTIC Online Platform

ARTIC Online Platform

ARTIC Online Platform Benefits

- Online administration for convenience
- User-friendly way to know if your organization or system is progressing toward TIC
- Saves time and money entering and managing data
- Automation especially supports those that lack data expertise
- Helps you determine where to target limited resources to implement TIC
- Builds momentum for TIC change in system

ARTIC Online Platform Features

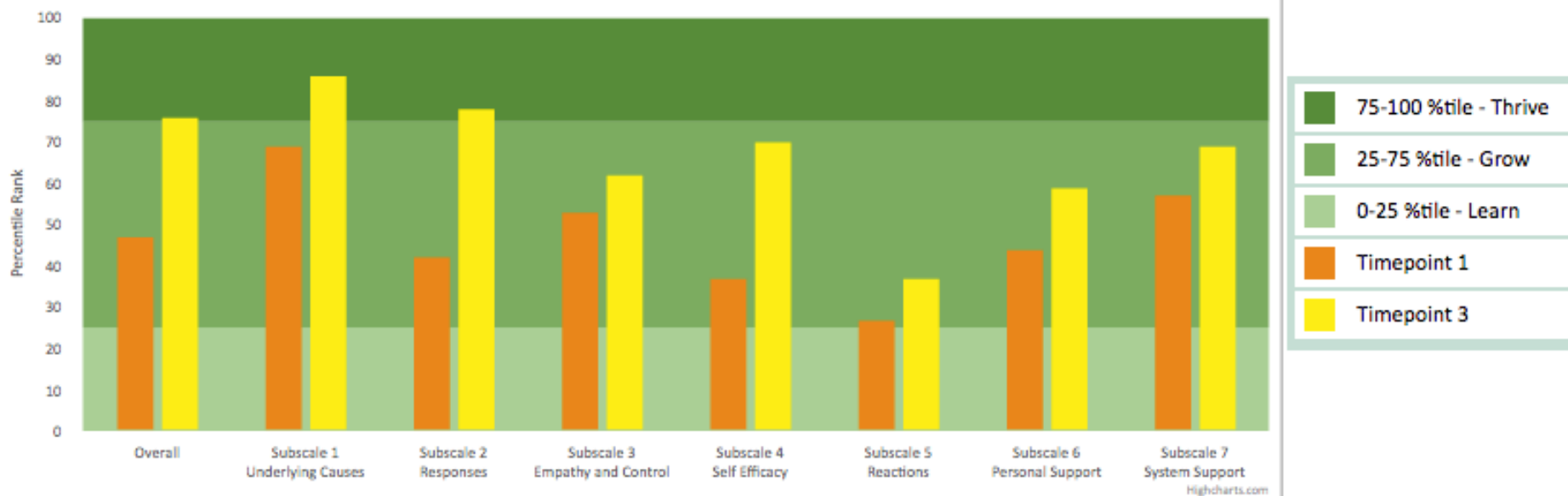
- Online survey administration – computer, phone, tablet
- Multiple time points, for three years
- Fully automated data management and analysis
- Dashboard reports for individual staff
- Dashboard reports for organization or system
- Multiple languages (planned for 2020)



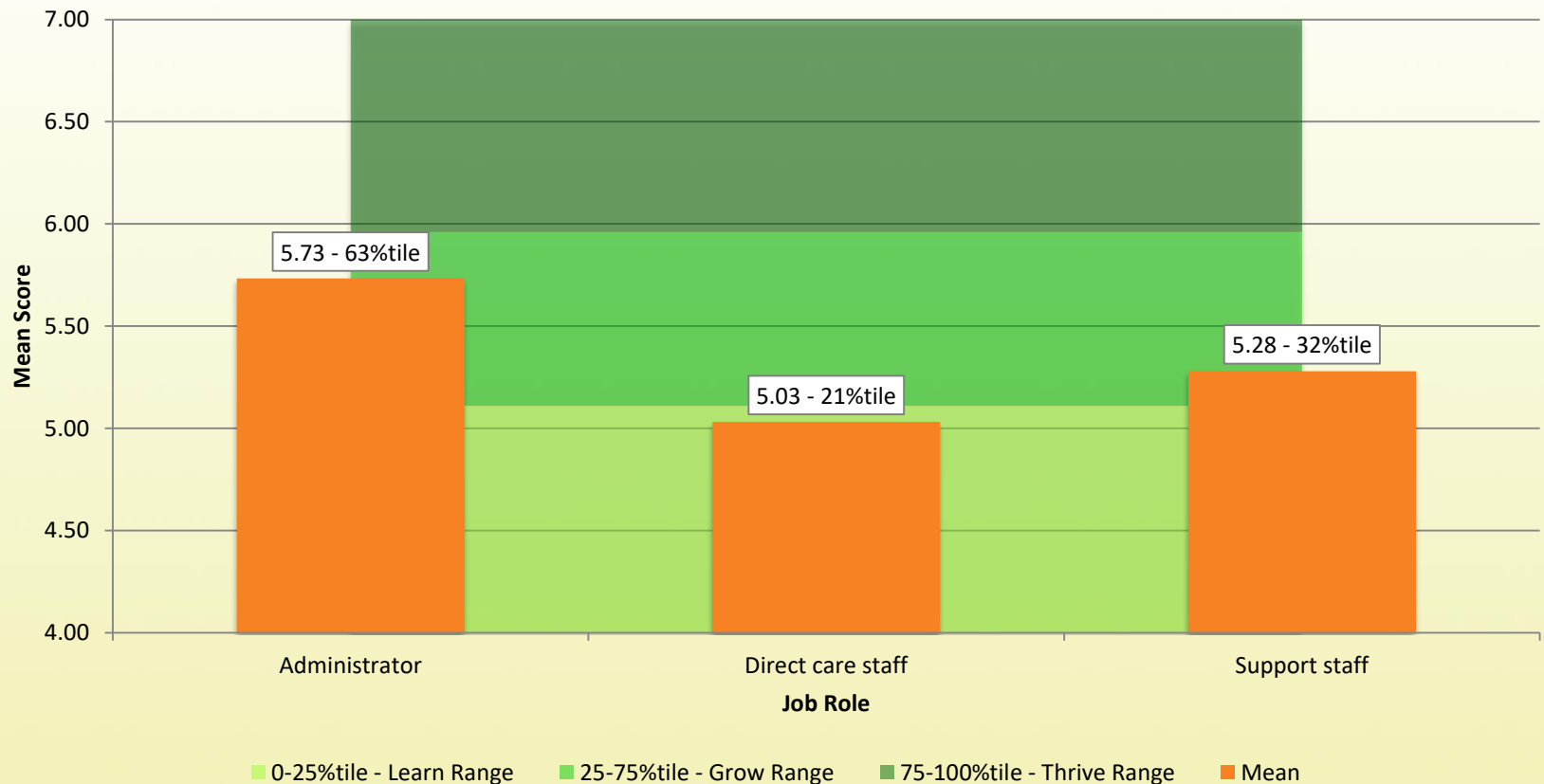
ARTIC Scale – Results Dashboard

Summary of Scores: ARTIC 45 - Human Services/Health

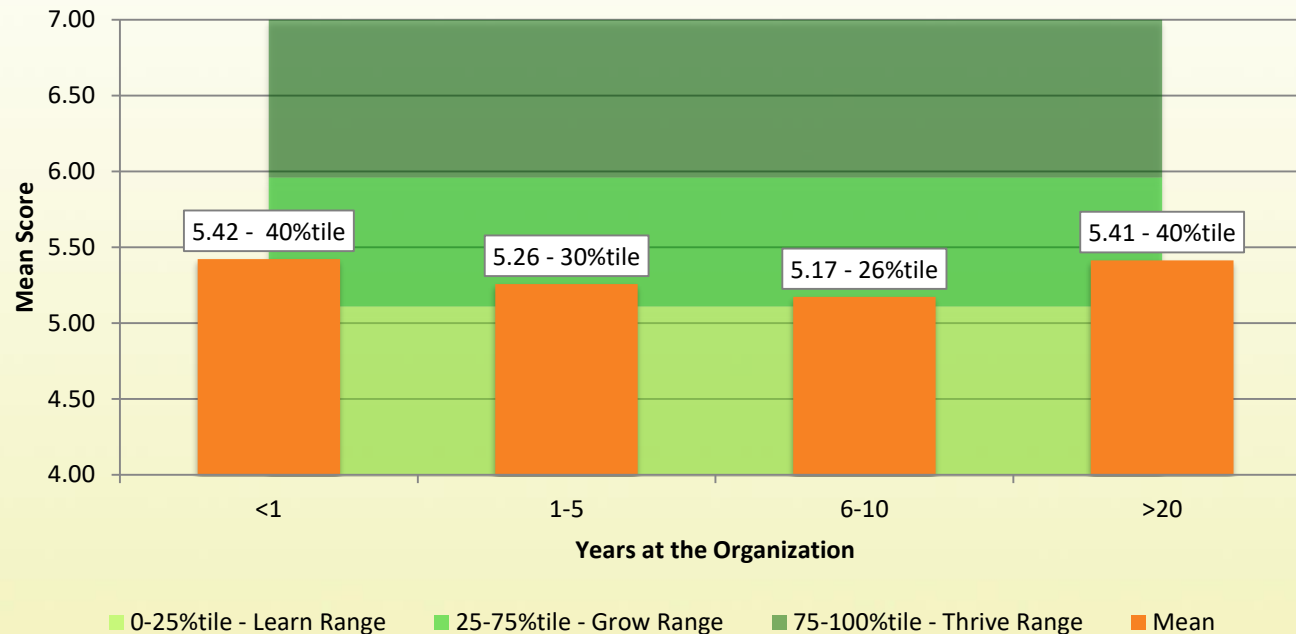
Sample Report



ARTIC Overall by Job Role

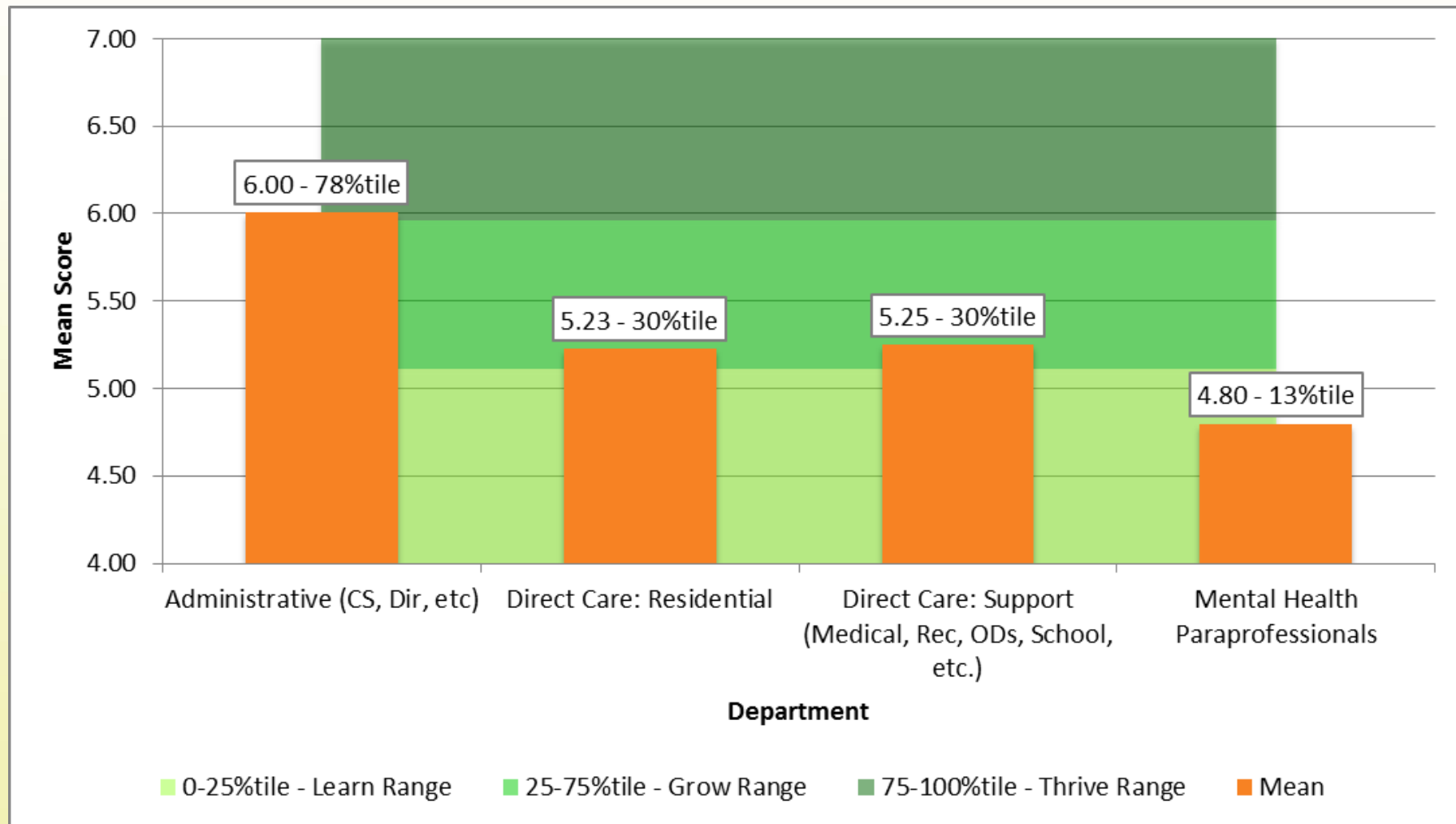


Overall by Years at the Organization





Overall by Department



Types of Decisions Resulting from Data

- Level of intervention and funding needed to bolster TIC in providers and service system
- Which providers or type of providers need the most help
- Which types of program or job roles need the most help
- How to overcome critical barriers to TIC intervention

Cautionary Notes

- These tools measure one of many possible indicators of TIC.
- They cannot on own determine if individual, organization, or system is trauma-informed.
- Risk that they will be misused for compliance, oversight, or sanction.
- Especially risk in time of many TIC legislative mandates
- Misused to punish individual staff, programs, sites

Readiness Checklist

- Set clear measurement goals
- Consider how useful the data will be
- Consider the costs of measurement and of not using measurement
- Be clear about the purposes of the data (to whom will the information be made transparent)
- Source: The Tyranny of Metrics, Jerry Z. Muller

Readiness Checklist

- Ask why measurement is being required
- Consider how and by whom measurement tools are developed
- Recognize that even the best measures are subject to corruption or goal diversion
- Realize that not all problems are solved by measurement
- Source: The Tyranny of Metrics, Jerry Z. Muller



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Questions??

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