

Measuring Trauma-Informed Care Using the Attitudes Related to Trauma- Informed Care (ARTIC) Scale

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Developers of the ARTIC

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Center

Traumatic Stress Institute Services:

- [Whole-system training and consultation](#) to organizations in the US, Canada, and beyond about transforming their cultures to TIC
- Pillars of system implementation process
 - [Risking Connection trauma training model](#)
 - [Restorative Approach](#) (for child congregate care only)

Developers of the ARTIC

Courtney N. Baker, Ph.D.; Tulane University

- Faculty in the Department of Psychology
- Study what makes interventions successful, or not successful, in the community, with the goal of improving mental health care for vulnerable populations
- Dissemination and implementation scientist; research, practice, and training missions

Polls

What is trauma-informed care?

Term coined in the 1990s to describe service delivery that integrates an understanding of the pervasive biological, psychological, and social sequelae of trauma with the ultimate aim of ameliorating, rather than exacerbating, their effects.

Trauma-informed care vs. trauma-specific treatments

(Harris & Fallot, 2001; SAMHSA, 2014)

Trauma-Informed System

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients/students, families, and staff
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices to resist re-traumatization

(SAMHSA, 2014)

Why the need for the ARTIC?

- Trauma-informed care movement rapidly expanding
- TIC has become a buzzword
- Very little empirical evidence for TIC; practice far ahead of science
- Lack of objective tools to measure TIC
- Research tools and designs expensive and impractical

How does the ARTIC fill the gap?

- Reflects and synthesizes the current theoretical and empirical knowledge of TIC
- Psychometrically validated
- Spur TIC field to “drill down” to what is, and is not, trauma-informed
- Push TIC field to more data-driven decision making
- Easy and inexpensive to administer

Other measures with psychometric properties

TICOMETER (Bassuk, Unick, Paquette, & Richard, 2016)

- Measures perception of staff about trauma-informed care at an organization level

<https://www.ticometer.com/>

The Trauma-Informed Practice (TIP) Scales

(Sullivan and Goodman, 2015)

- Measures trauma-survivors perceptions about the trauma-informed practices of an organization. Designed for domestic violence organizations.
- [The Trauma-Informed Practice \(TIP\) Scales](#)

Current literature on TIC outcome research

- Student/client outcomes
 - Improved client mental health outcomes (Morrissey et al., 2005)
 - Reductions in suspensions, expulsions, and written referrals for students (Stevens, 2012)



Current literature on TIC outcome research

- Staff outcomes
 - Build knowledge, change attitudes, and develop practices favorable to TIC (Brown, Baker, & Wilcox, 2012)



Current literature on TIC outcome research

- System outcomes
 - Residential treatment environments rated higher on central TIC domains (Rivard, Bloom, McCorkle, & Abramovitz, 2005)
 - Increase in trauma-informed care at the organizational level (TICOMETER) (Bassuk, Unick, Paquette, & Richard, 2016)



Current literature on TIC outcome research

- Cost savings
 - Reductions in staff turnover, staff use of sick time, client-related workman's compensation claim costs, and liability insurance costs (Lebel, 2011)

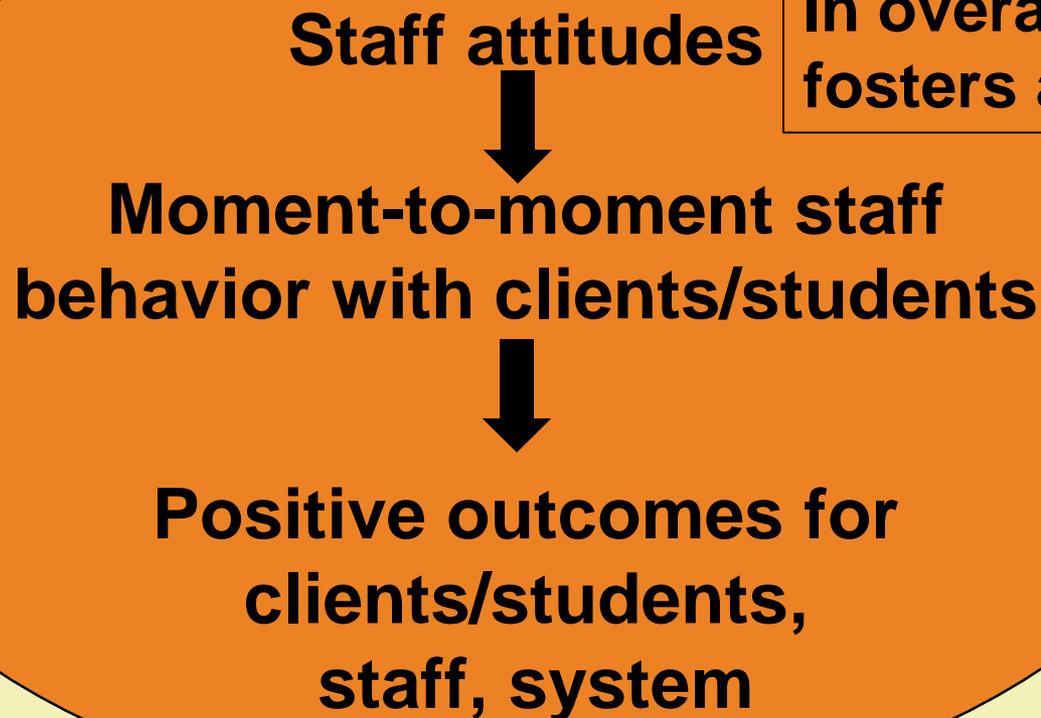


Trauma-Informed System Change

Logic Model

Inputs – Resources for TIC change	Activities performed for TIC change	Measurable short term outcomes	Measurable long term outcomes
<ul style="list-style-type: none"> • Leadership buy-in • Funding • Staff time • Link to organizational mission • Priority as strategic goal • Building organizational readiness 	<ul style="list-style-type: none"> • Formation Task Force • Organizational assessment • Mandated staff trauma training • Trauma screening • Integration into policy and procedure • Improve capacity for use of data • Implement trauma-specific treatments • Change behavior management system (if applicable) • Revise staff screening, hiring, and supervision • Support for staff secondary trauma 	<p><u>STAFF LEVEL OUTCOMES</u></p> <ul style="list-style-type: none"> • Increased trauma knowledge • Increase in staff attitudes favorable to TIC (<i>Attitudes Related to Trauma-Informed Care (ARTIC) Scale, Baker et. al.</i>) • Increase in staff behaviors indicative of TIC (<i>Indicators of TIC in Tx Programs, Brown & Wilcox</i>) • Increase professional quality of life (<i>Professional Quality of Life Scale, Stamm</i>) <p><u>SYSTEM OUTCOMES</u></p> <ul style="list-style-type: none"> • Increased integration of TIC within organization (<i>TICOMETER, Bassuk, et al</i>) • Improved client experience of services (<i>Trauma-Informed Practice (TIP) Scales Sullivan & Goodman</i>) 	<p><u>EXAMPLES STAFF LEVEL OUTCOME METRICS</u></p> <ul style="list-style-type: none"> • Reduced turnover • Reduced client-related staff injuries • Reduce staff call-outs/sick time <p><u>EXAMPLES OF CLIENT LEVEL OUTCOME METRICS</u></p> <ul style="list-style-type: none"> • Decreased frequency of visits • Increased behavioral health referrals • Reduced restraint and seclusion • Reduce school expulsions and suspensions • Increase in discharges to lower levels of care. <p><u>EXAMPLES OF CLIENT LEVEL OUTCOMES VIA MEASURES</u></p> <ul style="list-style-type: none"> • Decrease in PTSD Sxs (<i>UCLA PTSD Index, Pynoos</i>) • Decrease in common trauma sxs (<i>Trauma Symptom Inventory, Trauma Symptom Checklist for Children, Briere</i>) • Decrease in overall problem behavior (<i>Adult/Child Behavior Checklist, Achenbach</i>) <p><u>EXAMPLES OF SYSTEM LEVEL OUTCOMES</u></p> <ul style="list-style-type: none"> • Cost savings • Increased referrals • Healthier organizational culture and climate (<i>Organizational Social Context Measure, Glisson et. al.</i>)

Why measure staff attitudes?



In overarching system that fosters and supports TIC

Overview of ARTIC research method and results

ARTIC Scale Development

- Grew out of a measure we had previously used in Risking Connection program evaluation (Brown et al., 2012)
- Significantly revised in partnership with content experts using
 - A community-based participatory research (CBPR) approach (Hausman, Baker, et al., 2013)
 - A mixed methods process integrating diverse quantitative and qualitative data streams
 - A fully updated review of the theoretical, empirical, and measurement literatures relevant to TIC

Scale Development

- Tested 75 possible items
- Written to capture a TIC-favorable attitude paired with the opposite attitude
- Uses a seven-point bipolar Likert scale
- Item wording modified between two versions so face valid for both schools and health care/human services

Bipolar Likert Scale

I believe that...

1 2 3 4 5 6 7

- | | | | |
|---|--|---|--|
| 1 | Students' learning and behavior problems are rooted in their behavioral or mental health condition. | <input type="radio"/> | Students' learning and behavior problems are rooted in their history of difficult life events. |
| 2 | Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories. | <input type="radio"/> | Rules and consequences are the best approach when working with people with trauma histories. |
| 3 | Being very upset is normal for many of the students I serve. | <input type="radio"/> | It reflects badly on me if my students are very upset. |

Participants

- 760 adults from human services, health care, education, or related fields
 - National sample, recruited through listservs and websites
 - 78% mental health/human services; 22% education
 - 83% women
 - 92% white, 5% African American; 5% Hispanic
 - 96% completed college, completed some graduate school, or completed graduate school



Results: Reliability

Table 3 ARTIC scale score properties

Scale	<i>M</i>	SD	Test-retest			1	2	3	4	5	6	7	8	9	10
			≤120 days	121–150 days	151–180 days										
Underlying causes	39.44	5.49	.73	.67	.72	(.78)									
Responses to problem behavior	42.22	5.12	.87	.74	.79	.69	(.76)								
On-the-job behavior	43.03	4.24	.59	.59	.66	.68	.63	(.72)							
Self-efficacy at work	42.11	5.21	.66	.70	.75	.41	.36	.47	(.79)						
Reactions to the work	41.51	4.86	.68	.62	.49	.57	.52	.56	.49	(.71)					
Personal support of TIC ^a	30.16	4.30	.81	.75	.63	.58	.58	.57	.50	.51	(.80)				
System-wide support for TIC ^a	26.91	6.00	.74	.74	.51	.27	.25	.30	.54	.32	.45	(.81)			
ARTIC-45	265.38	26.21	.84	.80	.76	.80	.76	.79	.73	.75	.79	.63	(.93)		
ARTIC-35	208.31	19.75	.84	.75	.77	.85	.81	.83	.69	.80	.69	.43	.97	(.91)	
ARTIC-10	60.70	44.40	.82	.73	.65	.79	.76	.78	.64	.74	.64	.40	.90	.93	(.82)

N = 760 for all information presented except TRT, for which $n_{TRT\ 0-120\ days} = 33$; $n_{TRT\ 121-150\ days} = 46$; $n_{TRT\ 151-180\ days} = 62$. Coefficient alphas are indicated in parentheses

^a Indicates supplementary scale

Results: Preliminary Validity -- Familiarity with TIC

Measure	Underlying Cause	Treatment Approach	Own Behavior	Self-Efficacy	Own Reactions	Personal Support	System Support	ARTIC-45	ARTIC-10
Familiarity with TIC									
How familiar?	.42	.36	.39	.21	.29	.50	.23	.45	.38
Own research?	.37	.35	.27	.14	.18	.39	.10	.34	.30
Formal training?	.24	.20	.27	.15	.16	.26	.18	.28	.23
TIC implementation at current job?	.17	.16	.23	.14	.11	.26	.32	.27	.18

Results: Preliminary Validity - Staff-Level Indicators of TIC Implementation

Measure	Underlying Cause	Treatment Approach	Own Behavior	Self-Efficacy	Own Reactions	Personal Support	System Support	ARTIC-45	ARTIC-10
Staff-Level Indicators of TIC									
Have a positive attitude about TIC?	.50	.51	.45	.32	.40	.66	.31	.59	.51
Have the skills to practice TIC?	.40	.40	.43	.39	.33	.58	.32	.54	.45
Feel motivated to change practice?	.51	.53	.48	.33	.38	.62	.28	.59	.51
Engage in behavior with students that reflects TIC?	.42	.39	.43	.26	.31	.57	.31	.51	.42
Ask students about their trauma histories?	.26	.26	.36	.20	.23	.28	.19	.33	.30
Provide culturally competent care?	.19	.19	.28	.32	.20	.31	.23	.32	.27
Use a strengths-based perspective?	.34	.36	.37	.34	.28	.42	.27	.45	.41
Believe restraint/seclusion is traumatic?	.22	.27	.26	.12	.19	.26	.03	.25	.27
Feel connected to students?	.40	.39	.42	.45	.33	.43	.26	.51	.45
See students' behaviors as resulting from their adverse experiences?	.51	.45	.52	.31	.40	.50	.23	.55	.52
Willing to be flexible and individualize?	.37	.38	.44	.37	.33	.41	.25	.48	.44
Think about students doing the best they can at the time?	.54	.48	.48	.39	.42	.47	.30	.58	.58
Believe students do things to hurt you personally?*	.35	.29	.33	.30	.30	.33	.14	.38	.42
Feel burned out?*	.14	.10	.15	.45	.21	.20	.38	.32	.26
Experience secondary traumatic stress?*	.06	-.01	.06	.27	.11	.11	.24	.17	.11
Get compassion satisfaction from your work?	.26	.27	.28	.56	.37	.31	.29	.45	.40
Feel satisfied with your job?	.23	.24	.25	.65	.33	.31	.51	.49	.41
Feel committed to your job?	.16	.21	.21	.52	.24	.24	.43	.39	.32
Have skipped work?*	.14	.10	.12	.16	.15	.09	.14	.17	.19
Have used EAP?*	-.07	-.09	-.04	.05	-.04	-.05	.03	-.04	-.04
Feel able to complete your tasks and reach goals at work?	.10	.09	.21	.43	.18	.22	.34	.30	.24
Feel supported by your colleagues?	.12	.13	.22	.45	.24	.23	.58	.39	.28
Feel supported by your direct supervisor(s)?	.15	.12	.19	.42	.21	.23	.66	.40	.26
Feel supported by your administrator(s)?	.14	.13	.19	.42	.20	.20	.64	.38	.26
Feel rewarded at work for using TIC?	.27	.26	.25	.35	.25	.40	.54	.45	.32

Results: ARTIC Subscales

Approach: Item analyses and confirmatory factor analysis (CFA)

5 Main Subscales

- The underlying cause of problem behavior/symptoms (**Subscale 1**)
Beliefs about behavior/symptoms as adaptations and malleable vs. behavior/symptoms as intentional and fixed.
- Staff responses to problem behavior (**Subscale 2**)
Beliefs about importance of relationships, flexibility, kindness, safety as agents of change vs. rules, consequences, accountability as agents of change
- Staff on-the-job behavior (**Subscale 3**)
Beliefs about importance of empathy-focused staff behavior vs. control focused staff behavior
- Staff feeling of self-efficacy at work (**Subscale 4**)
Beliefs about ability to meet the demands of working with a traumatized population vs. inability to meet the demands.

Results: ARTIC Subscales (cont.)

- Staff reactions to the work (**Subscale 5**)
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.

2 Supplementary Subscales

- Staff members personal support of TIC (**Subscale 6**)
Beliefs about being supportive of, and confident about, implementation of TIC vs. concerned about implementing TIC
- System-wide support for TIC (**Subscale 7**)
Beliefs about system-wide support for TIC vs. not feeling supported by colleagues, supervisors, and administrators to implement TIC

Subscale 1 -- Sample Items

The underlying cause of problem behavior/symptoms

TIC-Unfavorable Attitude	TIC-Favorable Attitude
The clients were raised this way, so there's not much I can do about it now	The clients were raised this way, so they don't yet know how to do what I'm asking them to do
Clients are manipulative so you need to always question what they say	Clients have had to learn how to trick or mislead others to get their needs met

Subscale 5 -- Sample Items

Staff reactions to the work

TIC-Unfavorable Attitude	TIC-Favorable Attitude
It's best not to tell others if I have strong feelings about the work because they will think I am not cut out for this job	It's best if I talk with others about my strong feelings about the work so I don't have to hold it alone
How I am doing personally is unrelated to whether I can help my clients	I have to take care of myself personally in order to take care of my clients

Versions of the ARTIC

Human Services

- ARTIC-45 (Orgs that have begun TIC implementation)
- ARTIC-35 (Orgs that have not implemented TIC)
- ARTIC-10 (Short form; fine for orgs that have or have not implemented TIC)

Education

- ARTIC-45 (Schools that have begun TIC implementation)
- ARTIC-35 (Schools that have not implemented TIC)
- ARTIC-10 (Short form; fine for orgs that have or have not implemented TIC)



ARTIC

Attitudes Related to Trauma-Informed Care Scale

VERSION: ARTIC-45 HUMAN SERVICES



People who work in human services, health care, education, and related fields have a wide variety of beliefs about their clients, their jobs, and themselves. The term “client” is interchangeable with “student,” “person,” “resident,” “patient,” or other terms to describe the person being served in a particular setting.

Trauma-informed care is an approach to engaging people with trauma histories in human services, education, and related fields that recognizes and acknowledges the impact of trauma on their lives.

INSTRUCTIONS

For each item, select the circle along the dimension between the two options that best represents your personal belief during the past two months at your job.

Sample

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

Ice cream is delicious Ice cream is disgusting.

Note: In this SAMPLE ITEM, the respondent is reporting that he/she believes that ice cream is much more delicious than disgusting.

I believe that...

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

1 Clients' learning and behavior problems are rooted in their behavioral or mental health condition. Clients' learning and behavior problems are rooted in their history of difficult life events.

2 Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories. Rules and consequences are the best approach when working with people with trauma histories.

3 Being very upset is normal for many of the clients I It reflects badly on me if my clients are very upset.

Limitations of the ARTIC

- Move beyond preliminary validation
- Replication needed to confirm the 7 subscale structure
- Sample demographic – largely white, college educated, women
- Not yet norms about how an organization's scores compare to other organization's scores
- Linking ARTIC scores with other favorable staff and system-level outcomes

What questions could the ARTIC answer?

- Did our interventions to implement TIC lead to change?
- Has the change been sustained over time or has there been backslide?
- What domains with respect to attitudes (sub-scales) are strongest and weakest?
- Which staff may need additional training or supervision related to TIC?

Assessment to Implementation

Traumatic Stress Institute's Whole System Transformation to TIC Model

- Leadership consultation and readiness assessment – includes ARTIC baseline data collection
- Formation of TIC Task Force
- Creation implementation plan based on assessment
- Risking Connection (RC) Trauma Training
- Restorative Approach (RA) Training (if applicable)
- RC and RA Training-of-Trainers
- Rollout of internal RC and RA staff training
- Implementation of other TIC goals (ie. trauma screening, trauma-specific treatments, staff screening and hiring, policy, etc.)
- Follow-up data collection, feedback, use data to refine plan
- Sustainability planning

How to obtain the ARTIC?

- Cost:
 - \$450 one-time fee per organization (introductory offer). Can use as much as like, now and in future, within the organization.
 - \$150 one-time fee for Risking Connection agencies
 - Waive fee if you work in a research institution and the cost is prohibitive. Contact us at artic@klingsberg.org.
- Includes:
 - All versions of ARTIC
 - Information about how to use and score
 - ARTIC Scoring Spreadsheet (calculates subscale and total scores for you)
- See [Traumatic Stress Institute website](#) for details about purchasing. Email: artic@klingsberg.com



TRAUMATIC STRESS
INSTITUTE

Questions?

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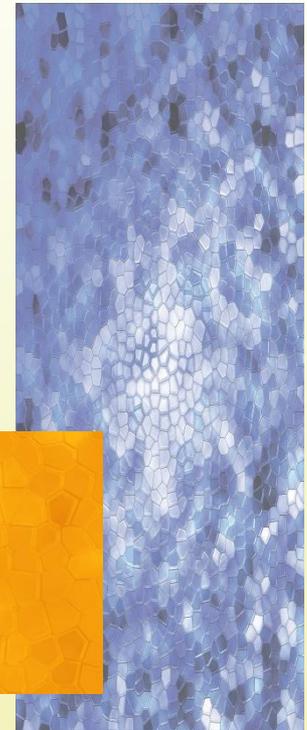
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Thank You

- The educators and service providers who participated in this study
- Our funders:
 - Tulane University
 - A Studio in the Woods/Tulane-Xavier Center for Bioenvironmental Research

