TRAUMATIC STRESS INSTITUTE

Measuring Trauma-Informed Care Series

February 2020

Part 1: What is Trauma-Informed Care and Why Measure It

Federal, state, and local governing bodies are increasingly mandating trauma-informed care (TIC), requiring organizations, schools, and service systems to demonstrate they are advancing TIC in their settings. Yet, organizations and schools have little guidance about how to do so. For example, the Family First Services Prevention Act requires Qualified Residential Treatment Programs (QRTPs) to demonstrate effective use of a TIC framework, but leaves it to states and QRTPs to determine how to evaluate their efforts. Schools face similar pressures to show positive outcomes for their trauma sensitive school initiatives.

This 3-Part series was created to support schools and organizations in planning and implementing effective program evaluation for TIC interventions.

What Is Trauma-Informed Care?

TIC is an approach to education and care where a system (i.e., a human service agency, hospital, school district, juvenile probation system, housing bureau, child welfare system, etc.) realizes the profound impact of trauma in those they serve, recognizes the signs and symptoms of trauma, responds by integrating knowledge about trauma into policies and practices, and resists re-traumatization. TIC assumes these practices at all levels of the system (SAMHSA, 2014).

While TIC practice is trending strongly in many sectors, measuring the effectiveness of TIC is lagging in that there is little empirical evidence that TIC actually works. Therefore, promoting planful, valid TIC measurement is essential to advancing and sustaining TIC practice.

Measuring Trauma-Informed Care versus Trauma-Specific Treatments

This series is about measuring TIC. But, implementing and measuring TIC is often confused with implementing and measuring trauma-specific treatment interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, or Cognitive-Behavioral Intervention for Trauma in Schools (CBITS).

Implementation of trauma-specific treatments is an important component of TIC implementation in a system, but only one component. Trauma-specific treatments are treatment protocols or models designed for individuals or groups of people with histories of trauma whereas, again, TIC refers to how a whole system approaches support for people impacted by trauma. For example, an organization's clinicians may be trained in TF-CBT, but this does not make them a trauma-informed organization. Clinicians may be doing great trauma therapy but, without broader training, direct care workers, case managers, or support staff may be treating clients in a punitive and re-traumatizing way.

This is an important distinction because it is far more complex and difficult to show progress measuring TIC than trauma-specific treatment. With trauma-specific treatments, one generally measures person-level outcomes like depression, anxiety, or PTSD symptoms and it is easier to show that treatment impacts these

outcomes. When changing systems, there are many more possible outcomes to measure and factors that can impact the change process.

For this reason, there are currently many recognized evidenced-based, trauma-specific treatments and few, if any, evidenced-based models of TIC. This makes working to measure TIC that much more important.

Why Do Organizations and Systems Implement TIC?

- To make their settings more responsive and compassionate towards trauma survivors which represent a large portion of those they serve.
- To increase their ability to effectively educate and treat people with increasingly complex trauma presentations.
- To improve outcomes in survivors who have not thrived, and in fact gotten worse, in systems designed to educate and heal.
- To take better care of staff who can be adversely impacted by work with trauma survivors.
- To strengthen their organization by implementing best practices.
- To comply with mandates that organizations be trauma-informed.

Why Do Organizations Want to Measure TIC?

- To assess their readiness for a TIC change process.
- To know if their TIC change efforts are showing progress.
- To know if a particular intervention such as training or a new screening protocol had a positive impact.
- To determine if organizations are truly trauma-informed compared with those using more traditional or universal approaches.
- To assess whether TIC change in the organization has been sustained.
- To demonstrate success to stakeholders such as boards of directors, referral sources, or governing bodies enacting TIC mandates.
- To build the evidence base for the TIC field.

References
Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

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Part 2: How to Measure Trauma-Informed Care

What are the Different Levels of Trauma-Informed Care (TIC) Outcomes to Measure?

Because TIC describes a whole-system approach and not a trauma specific treatment modality, there are many possible ways to measure outcomes of adopting TIC. Figure 1 below represents a framework for thinking about measurement of TIC. The person served receives services from a provider organization or school that is nested in a service or school system that exists within a community or wider society. Further, the person served could have children and this next generation will be impacted by the person served. Every level impacts the levels nested inside it.

For example, Sarah, age 14, a young woman that has witnessed serious domestic violence, is in eighth grade at her local middle school. That school is part of the town's school district that exists within the broader community in that state. Each level is impacted by the philosophy, policy, and practices of the other levels. In theory, the more trauma-informed these systems are, the better the outcome for Sarah. Then, Sarah grows up to have children of her own and the healthier Sarah is, the healthier her children will be.
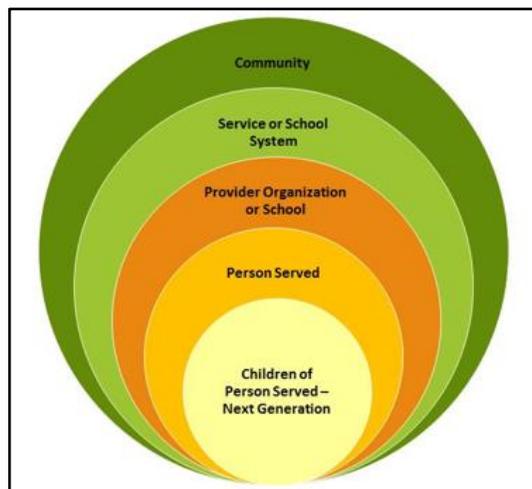

Figure 1

In theory, it is possible to measure TIC outcomes at all these levels. In reality, however, measurement of TIC is only just beginning, and very little evaluation and research work has been done at these levels.

What are the Different Types of TIC Outcomes to Measure?

Figure 2 below maps three different TIC measurement questions (orange bubbles at top), which can be used to measure the impact of a TIC intervention. For each TIC measurement question, there are outcomes that can be measured at the various levels discussed above (Provider Organization or School, Service or School System, Community, Children of Person Service). Examples of those outcomes are below in the color boxes.
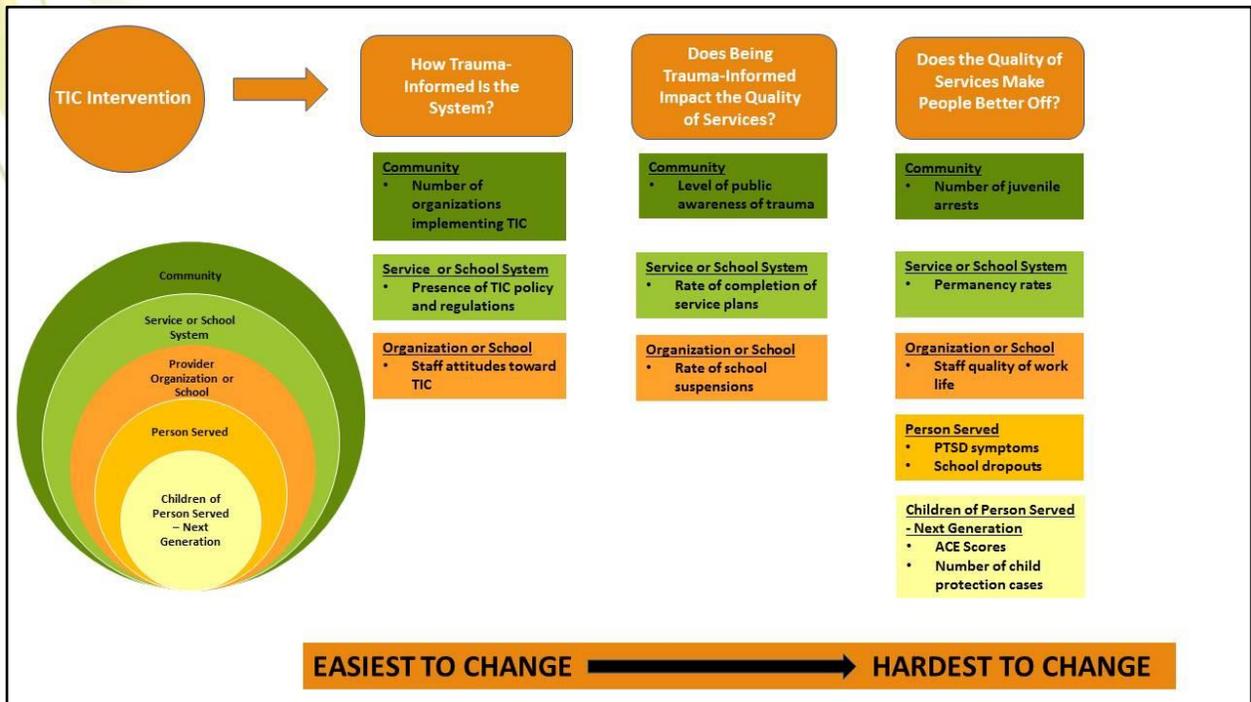

Figure 2

As you move from the left to the right in this infographic, it becomes more difficult to demonstrate change. It is much easier to show that a system reflects TIC principles and practices than to show that a TIC system makes people who have suffered trauma better off. For example, it is relatively easy to demonstrate that a staff training about trauma can increase staff knowledge and improve attitudes. It is much harder to show that the staff training reduces PTSD symptoms in the person being served.

While, of course, making trauma survivors lives better is the ultimate goal of TIC, changing systems is complicated and there are many factors that can get in the way of showing that survivors are better off, such as budget cuts, closing of a program, a teacher strike, or a competing initiative.

Currently, there is very little empirical evidence that TIC makes survivors better off, but the field is still in its infancy. There is, however, growing evidence that TIC interventions can produce outcomes that a system is trauma-informed and improves the quality of services.

What Tools are Available to Measure TIC?

In the last several years, more tools have been developed to measure TIC. Many were designed specifically for a certain intervention or context (i.e., to measure a particular TIC training for a school), but increasingly there are tools that are applicable for different kinds of interventions across a variety of settings.

A critically important development is the creation of psychometrically valid tools to measure TIC. These tools are the result of rigorous research and increase the chance that the tool actually measures what it proposes to measure. Currently, there are only a handful of these tools.

The Attitudes Related to Trauma-Informed Care (ARTIC) Scale. The ARTIC Scale measures professional and para-professional attitudes favorable or less favorable toward TIC.
TICOMETER. The TICOMETER measures the degree to which an organization is engaged in trauma-informed practices.
Trauma-Informed Practice (TIP) Scales. The TIP Scales measure the degree to which domestic violence programs are using trauma-informed practices from the survivor's perspective.
Trauma-Informed Systems Change Instrument (TISCI). The TISCI measures the extent to which staff at child-serving agencies understand trauma-informed practice, use safety plans, and perceive their organization as having formal TIC policies.

What is Most Important for Organizations to Consider When Planning to Measure TIC?

- The big picture of measuring TIC is complex, but there are ways to keep it doable.
- Unless you are a professional evaluator or researcher, you will probably want to limit the questions you are trying to answer to: how trauma-informed is the system? and/or does being trauma-informed impact the quality of services? (as shown in Figure 2).
- The more intense and long-term your intervention, the more likely you are to show change to the quality of services and people being better off.
- 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.
- Choose specific outcomes that are meaningful in your setting.
- In addition to measurement tools, you can also use data metrics to chart your progress. These include things such as school suspensions, restraints, appointment no shows, school attendance, staff turnover, number of staff trained, number of clients screened, and many others.
- As you are selecting outcome metrics to track, when possible use ones that you already track routinely in your system.
- 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. You are less likely to see change.

The Measuring Trauma-Informed Care Series was created by the **Traumatic Stress Institute (TSI)**, a global leader in TIC implementation and measurement. TSI, with **Tulane University**, created the **Attitudes Related to Trauma-Informed Care (ARTIC) Scale**, one of the most widely used validated measures of TIC. The ARTIC Scale measures professional and para-professional attitudes toward TIC.

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Part 3: The Basics of Trauma-Informed Care Program Evaluation

Introduction
Below are questions that you need to answer when constructing a TIC program evaluation. It is critically important to think through these questions in advance so that you get the information you want and do not waste valuable time and money. Program evaluation always takes more time and effort than expected, but advanced planning can make a huge difference.

What Is the Purpose of a TIC Evaluation (i.e., what decisions will the results help you make)?
It is critical to answer this question at the outset of the evaluation.

There are many possible purposes for TIC evaluations. Here are some of the most common.
- We want to take a baseline measure of TIC to see where we are right now so that we can decide if and how we need to intervene.
- We want to determine if we are ready for a TIC initiative so that we can either get started now or create the conditions necessary for successful TIC change.
- We want to determine if and how our TIC intervention (TIC training, policy revision, trauma screening, etc.) is having an impact so that we can fine tune our actions.
- We want to determine if our TIC initiative made the people we serve better off so that we can determine if we are fulfilling our mission.
- We want to assess where providers in our system are with regard to TIC implementation so that we can determine how to help them become more trauma-informed.
- We want to determine if our TIC change efforts are sustained over time so that we can decide if we need to recommit to TIC implementation.

How Will You Manage and Analyze the Data?
Especially for organizations and systems that do NOT have a lot of experience with program evaluation and data, this is an important question to answer up front. It does not make sense to spend time and energy collecting data when you do not know what to do with it once you have it. Organizations get excited about collecting data, but underestimate the skill needed to use the data effectively and the time it takes to do so.

If you lack data expertise or the human resources to do program evaluation, there are now automated online TIC measures (ARTIC Scale, TICOMETER) that do the work for you. Or, consider securing the services of a research consultant, local doctoral student, or professor to help you plan the program evaluation and manage the data.

What Types of Target Outcomes Do You Want to Use?
As was discussed in Part 2 of this series, What and How to Measure Trauma-Informed Care, there are three types of outcomes you can measure. Outcomes that examine:
1. To what extent your organization or system is trauma-informed.
2. Whether being trauma-informed impacts the quality of your organization or system's services.
3. Whether the quality of the services makes people served better off.
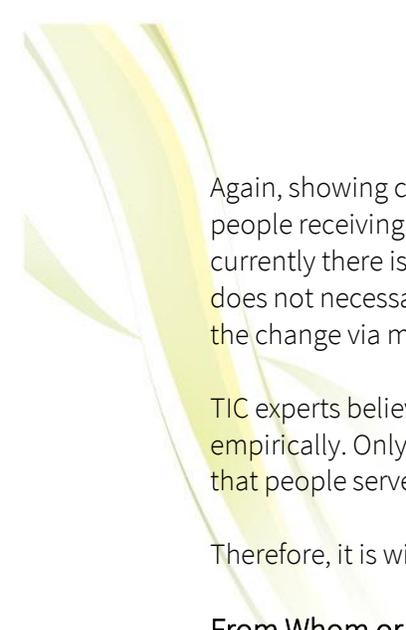
Again, showing change in the extent to which your system is trauma-informed is much easier than showing that people receiving services are better off. Our ideal, of course, is to show that people served are better off, but currently there is little empirical evidence that TIC system change can produce these types of outcomes. This does not necessarily mean that TIC does not positively impact people served. It may just be difficult to capture the change via measurement.

TIC experts believe that the intensity of the TIC intervention likely determines the type of change you can show empirically. Only a multi-pronged, intensive, sustained intervention within in a healthy system is likely to show that people served are better off.

Therefore, it is wise to choose outcomes partly based on the intensity of your intervention.

From Whom or Where Will the Information be Collected?

Decisions about from whom or where to collect data (and other issues) may require approval through an Institutional Review Board (IRB) depending on your organization and the nature of your evaluation. Sometimes, program evaluation is regarded as different from research and does not require IRB approval. Check whether your organization has an IRB and what are its requirements.

If you are collecting data via a survey tool, you need to decide who you want to complete the survey. Is the survey for students, clients, parents, or staff? In an ideal world, you would want to give the survey to everyone in the school, organization, or system. But this can be expensive and time consuming.

An alternative is to give the survey to a random sample and work hard to get everyone in your sample to complete the survey. For example, if you have 200 staff in your organization, you can randomly select 75 to take the survey to save yourself work.

Remember, that if you are giving a survey to children, you generally will need to get permission from their parent or guardian, and this adds another time-consuming step.

If you are collecting system data or metrics (school suspensions, restraints, staff turnover, permanency rates), it is easiest to choose metrics that you already collect rather than starting to collect an entirely new metric. Also, be certain that the metric you choose is a meaningful indicator of change and that it is, in fact, in need of change. For example, it is difficult to show change in staff turnover if staff turnover is already low.

What Target Outcomes Do You Want to Select and How Will You Measure Them?

Below is a table listing examples of commonly-used target outcomes by category type and how these outcomes can be measured.

It is important to use psychometrically validated tools when possible, assuming that they fit the purpose of your evaluation. Using validated tools increases the likelihood that your results are, in fact, valid and not distorted by the tool being used.

Type of Question Being Answered	Examples of Target Outcomes	Examples of How to Measure Target Outcome
1. How trauma-informed is the system?	Staff attitudes toward TIC	**Attitudes Related to Trauma-Informed Care (ARTIC) Scale** (validated)
	Presence of TIC implementation actions	**TIC organizational self-assessments**
	Presence of TIC practices	**TICOMETER** (validated)
	Consumer perception of TIC	**Trauma-Informed Practice Scale (TIPS)** (validated for domestic violence settings)
	Percent of workforce trained in trauma/TIC	System data
	Percent of people screened for trauma history	System data
	Percent of clinical staff trained in trauma-specific treatment models	System data
2. Does being trauma-informed impact the quality of services?	Suspension and expulsion rate	System data
	Restraint rate	System data
	Staff turnover	System data
	Number of police calls	System data
	School climate	**Comprehensive School Climate Inventory (CSCI)** (validated)
	Classroom lessons taught on social-emotional skills	System data
3. Does the quality of the services make people better off?	Staff quality of life	**PROQOL** (validated)
	Staff injuries	System data
	PTSD symptoms/trauma symptoms	**UCLA PTSD Index** (validated) **Trauma Symptom Inventory, Second Edition (TSI-2)** (validated)
	Problem behavior in children	**Child Behavior Checklist (CBCL)** (validated)
	Permanency rate	System data
	School dropout rate	System data
	Academic achievement	System data
	Rate of child removal from families	System data

How Will You Collect the Data?

Getting a high response rate to surveys is very important in program evaluation – and it can be very difficult. You can only be certain of your findings if your response rate is good. It is easier to get a good response rate if you have a captive audience (i.e., do a survey at a training, in a staff meeting, at a pre-arranged event aimed at giving the survey). If you don't do it this way, you can still get a high response rate -- it just takes more work. Using an online survey can help to get higher response rates.

Think carefully about strategies you can use to ensure people complete the survey. These include: prioritize which survey tool(s) you use to keep the time it takes to complete them at a minimum; get leadership buy-in and have leaders urge participation; use incentives such as a raffle, gift cards, even a small monetary payment to drive participation; set aside work time to complete the survey or get coverage to free staff; send frequent reminders; beg and badger.

When Do You Want to Collect the Data?

If you are using a survey, you need to decide how many times and when you want to administer it to people. If you can, it is always good to do a baseline measure, ideally before any TIC intervention or any new intervention

starts. Then, you want to decide when to give the survey after the intervention has started (i.e. every three months, every six months, at the end of each school year, after a TIC training and three months later).

The closer in time you collect data to when the TIC intervention happens, the more likely you are to see change and to know if that intervention produced the change. Outcomes will likely show more change, for example, right after a TIC training happens rather than several months later because knowledge and attitudes tend to erode without intentional reinforcement. On the other hand, an increase in knowledge or attitudes may only be truly meaningful to you if you can show that they are maintained over time.

If you are tracking system data and metrics, you should ideally compile the data at regular intervals (i.e., monthly, bi-monthly, quarterly).

Who Are the Primary Audiences for Your Results?
Here are some examples:
- An organizational TIC task force that wants to monitor and make decisions about the change process.
- Staff members that want to know that the TIC initiative is having an impact.
- Leadership, boards of directors, boards of education that want to show that the resources spent on TIC paid off.
- Funders that want to show that their funding made a difference.
- Referral bodies that want to know that TIC change efforts are working.
- Larger service systems that want to show that schools or organizations have met requirements for a TIC mandate.

How Will You Report on Your Findings to Stakeholders?
Reporting your findings to stakeholders is a critical part of program evaluation. Whether your results are what you hoped for or not, reporting results promotes learning in the system. Reports should be simple and visual so that anyone can understand them. A summary report or a PowerPoint presentation are excellent ways to present the findings. The two TIC online measurement tools (ARTIC Scale and TICOMETER) provide reports for you that you can share with stakeholders. Be certain to leave time for discussion of how stakeholders understand the findings and the implications for further embedding TIC in the system.