

# How Trauma-Informed Are We? A Tool for Measuring the Extent of Trauma-Informed Care

---

Kathleen Guarino  
American Institutes for Research

# American Institutes for Research

---

American Institutes for Research (AIR) is an independent, nonpartisan, not-for-profit organization that conducts behavioral and social science research and delivers technical assistance both domestically and internationally.

AIR's mission is to conduct and apply the best behavioral and social science research and evaluation towards improving people's lives, with a special emphasis on the disadvantaged and most vulnerable populations.

# Today

**1** What is a trauma-informed approach?

**2** How do you measure capacity in trauma-informed care?

**3** How do you adopt a trauma-informed approach?

# Trauma: A Public Health Issue

98%

of **female offenders** have **experienced trauma**, often interpersonal trauma and domestic violence



96%

of **adolescent psychiatric inpatients** have histories of **exposure to trauma**



93%

of **homeless mothers** have a **lifetime history of interpersonal trauma**



90%

of **juvenile justice-involved youth** have experienced trauma, often **multiple traumas from an early age**



75%

of **adults in substance abuse treatment** report histories of trauma



70%

of **children in foster care** have experienced **multiple traumas**



Sources: Green, Miranda, Darowalla, & Siddique, 2005; Havens, Gudine, Diamond, Weis, & Cloitre, 2012; Hayes, Zonneville, & Bassuk, 2013; Abram, Teplin, Charles, Longworth, McClellan, & Dulcan, 2004; Dierkhising, Ko, Woods-Jaeger, Briggs, Lee, Pynoos, 2013; SAMHSA/CSAT, 2000; Greeson, Briggs, Kisiel, Layne, Ake, Ko . . . & Fairbank, 2011

# Factors that Influence Prevalence and Impact of Trauma

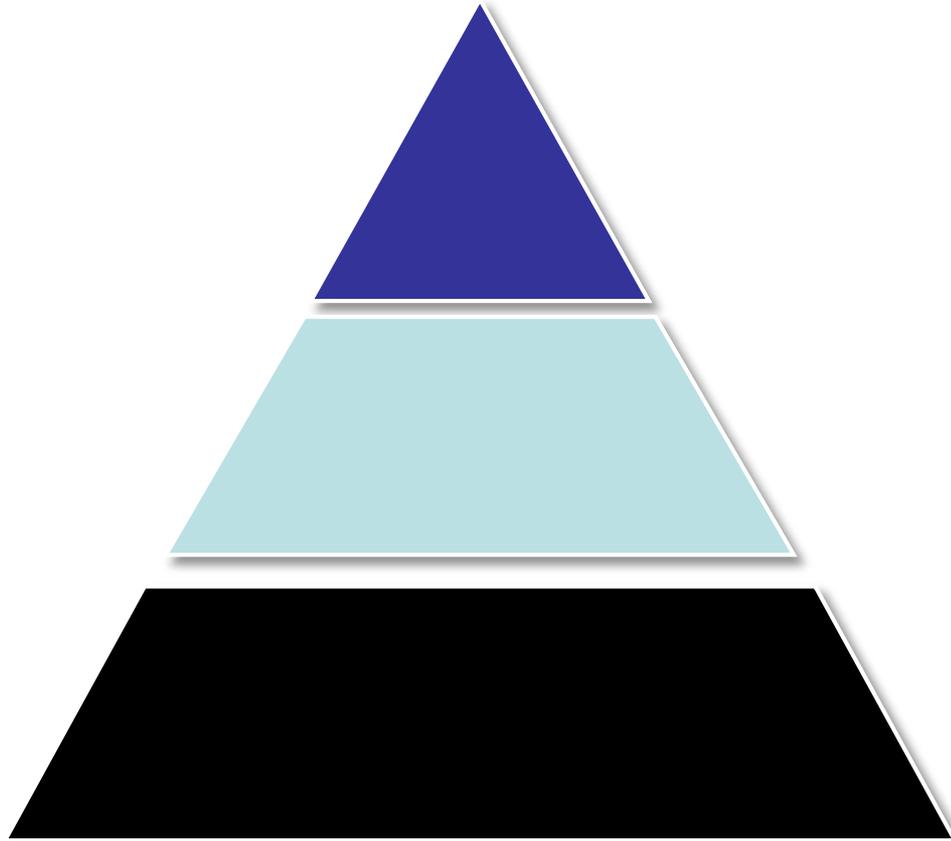
- **Individual factors** – age, biophysical state, mental health, temperament, education, gender, coping style, social economic status, cognitive and maturational development.
- **Interpersonal factors** – family, peer interactions, parent/family mental health, parents' history of trauma, social network.
- **Cultural factors** – historical and current experiences of collective trauma among various cultural groups, collective or individualistic norms, cultural subsystem norms.
- **Community and organizational factors** – neighborhood quality, school system, work environment, quality and accessibility of social services, community socioeconomic status, employment rates.
- **Societal factors** – laws, state and federal economic and social policies, media, societal norms, judicial system.
- **Period of time in history** – societal attitudes, changes to understanding about trauma.

# Multi-tiered Approach to Trauma

Individual



Systems



Trauma-specific mental health services or interventions (e.g., Trauma-Focused Cognitive Behavioral Therapy, Child Parent Psychotherapy, CBITS, TARGET).

Universal approach to addressing trauma provided by all for all. Requires changes to the policies, procedures, and culture of an entire agency or system.

# What is a Trauma-Informed Approach?

A universal approach to addressing trauma that ensures a **shared understanding** of trauma and its impact and a **collective response** to align policies and practices to support resilience and healing.

Requires changes to the practices, policies, and culture of an *entire* school, organization or service system, so all aspects of the system are aligned to support wellbeing and success and lessen the detrimental effects of trauma on individuals, organizations, and the broader community.

Adopting a trauma-informed approach means all people at all levels in a particular setting or system:

- **Realize** the prevalence and impact of trauma on youth, families, communities, and systems.
- **Recognize** the signs of trauma in those they serve.
- **Respond** by integrating knowledge of trauma into policies, procedures and practices.
- **Resist** re-traumatizing youth and families by creating environments that mimic past trauma, cause additional trauma, and compromise resilience and well-being for all.

- Belief that healing and resilience-building happens in relationship
- Trauma awareness
- Safety
- Choice, control, and empowerment for all
- Cultural and gender responsiveness
- Transparency
- Collaboration & Shared decision-making
- Integration



## Traditional Perspective

- Challenging behaviors are the result of individual deficits (e.g., what's wrong with you?).
- Understands difficult behaviors as purposeful and personal.
- Focuses on changing the individual to “fix” the problem.
- Service providers need to uphold authority and control.
- Punitive approaches are most effective.
- Support for people exposed to trauma is provided by counseling professionals.

## Trauma-Informed Perspective

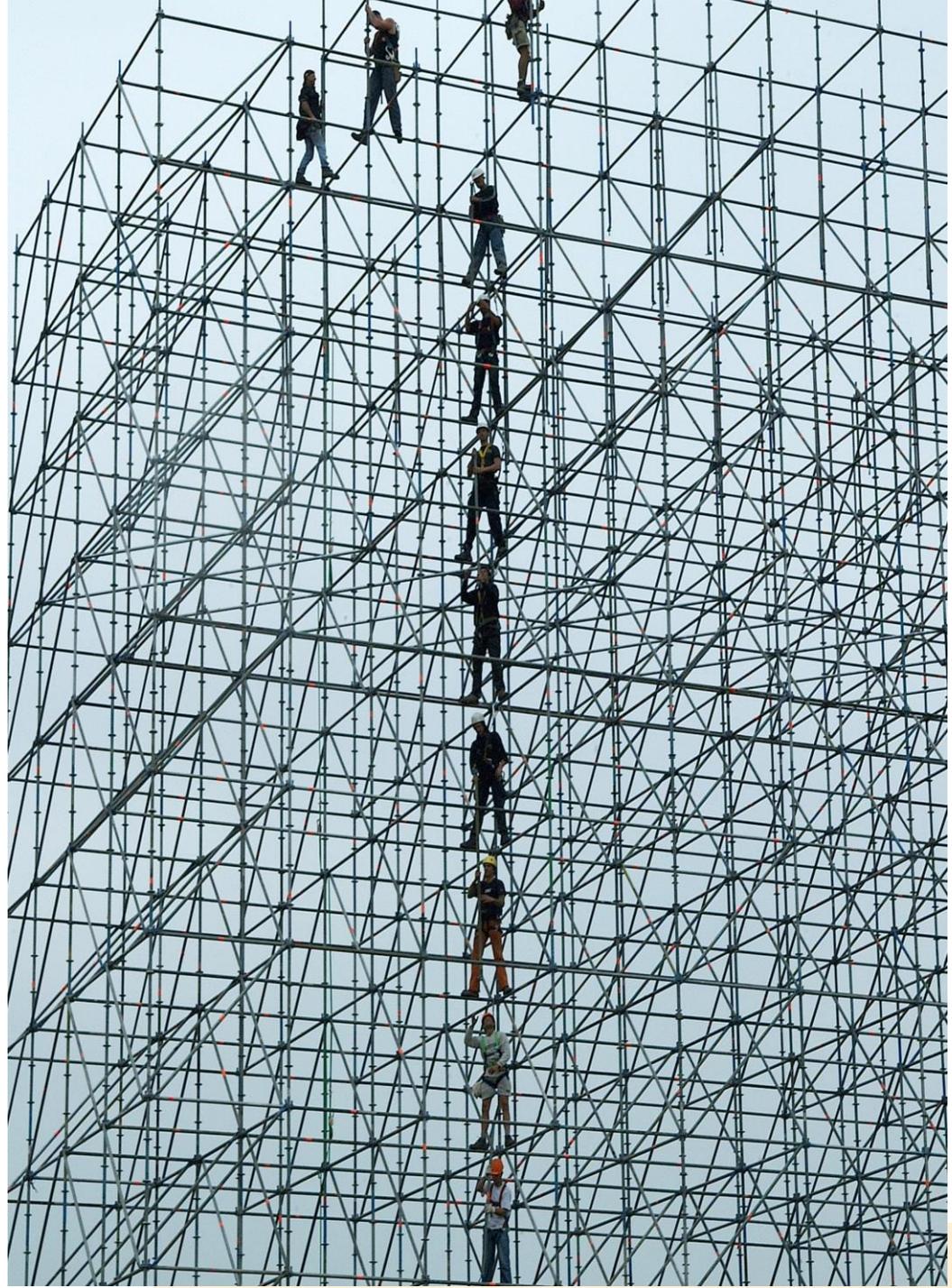
- Challenging behaviors may be ways of coping with trauma (e.g. what happened to you?).
- Understands difficult behaviors may be an automatic stress response.
- Focuses on changing the environment.
- Service providers need to offer flexibility and choice.
- Positive, strengths-based approaches are most effective.
- Support for people exposed to trauma is the shared responsibility of all who provide support.

# Poll

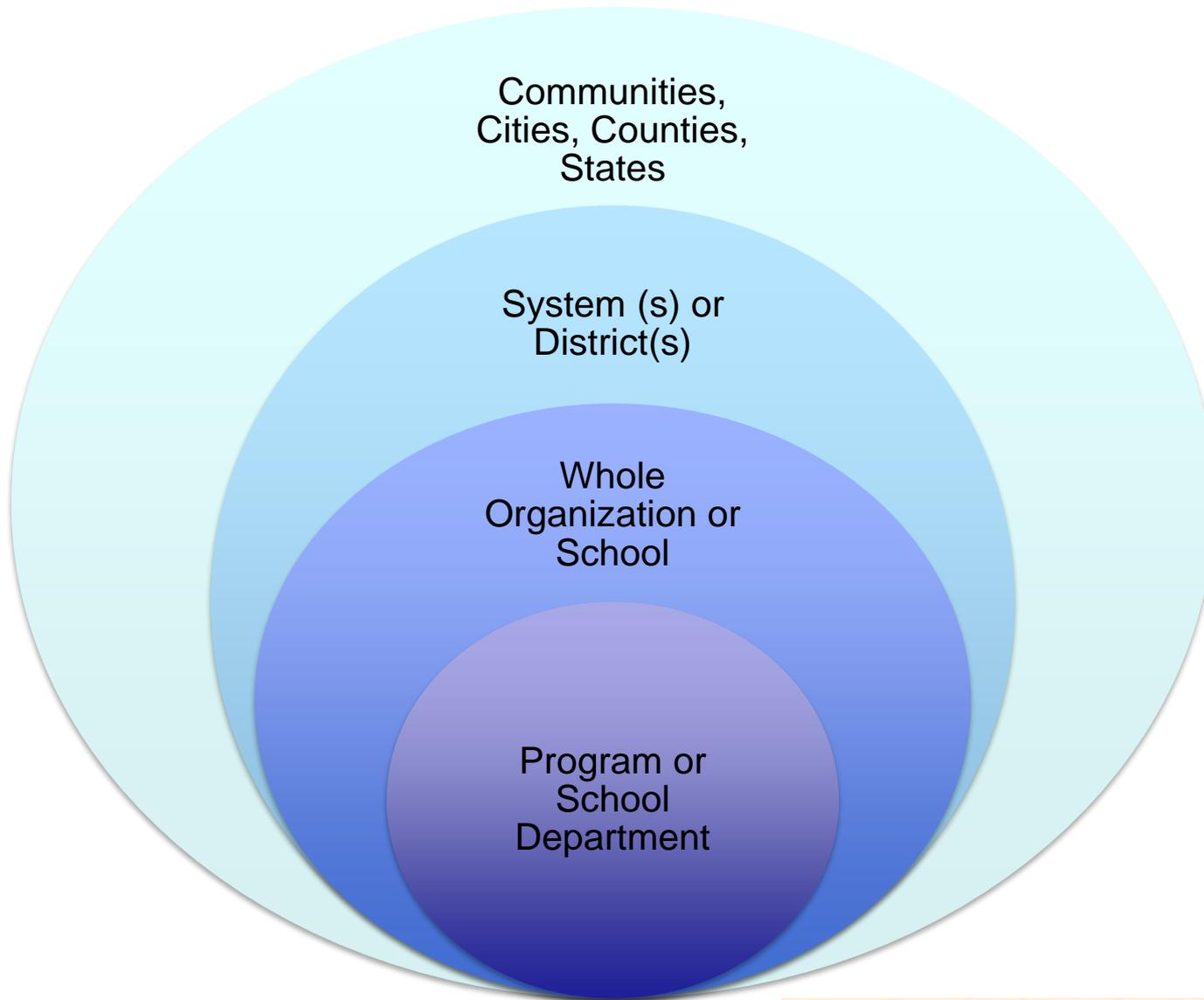
On the traditional to trauma-informed spectrum, where does your organization fall?

- Very traditional
- Somewhat traditional
- Somewhat trauma-informed
- Very trauma-informed

# Building Trauma-Informed Organizations & Systems



# Change at all levels



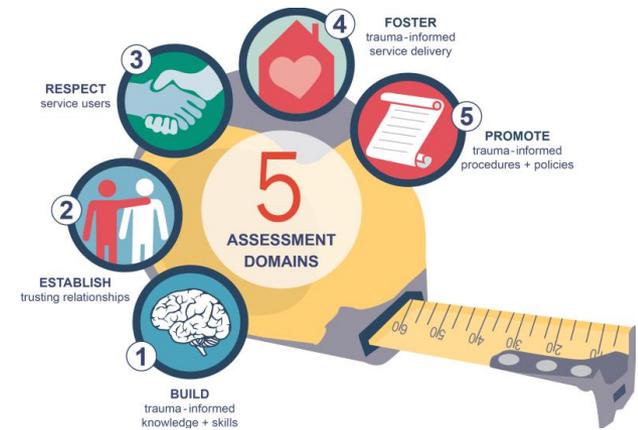
# Next Steps

- Identify the universal components of trauma-informed care across systems.
- Measure degree of adoption and level of trauma-informed care.
- Adopt formal, research-informed implementation processes.
- Connect universal trauma-informed care with system and service-user outcomes.

# Next Steps

- Identify the universal components of trauma-informed care across systems.
- Measure degree of adoption and level of trauma-informed care.

# AIR's Trauma-Informed Organizational Capacity Scale (TIC Scale)



- First validated instrument to measure organizational trauma-informed care across health and human service settings (e.g., behavioral health, housing and homelessness, child welfare, domestic violence, and community health and hospitals).
- Includes 35 items across 5 domains that represent the strongest indicators of a trauma-informed organization.

# TIC Scale



# How was the tool developed?



- Generated the 5 domains and a pool of 189 items based on input from expert panel and review of literature and existing organizational assessment tools.
- Tested items with 424 service providers across 68 organizations. Providers used 4-pt scale (strongly agree to strongly disagree) to assess extent to which their organization incorporates each item.
- Selected final set of items that represented the strongest indicators of a highly trauma-informed organization within each of the five domains based on analysis of item fit, reliability, and validity. Final items and domains consistently measure the construct of trauma-informed care as identified by the expert panel, across organizations that completed the tool.
- Developed scoring categories for individual scores to reflect current capacity in trauma-informed care (excellent, good, fair, insufficient).

# Who can use and for what purpose?



- Health and human service agencies (e.g., behavioral health and substance abuse programs; state and local child welfare agencies; homelessness and housing programs; community health centers and hospitals; domestic violence programs; multi-service agencies; other organizations serving populations with high rates of exposure to trauma).
- Determine baseline capacity in organizational trauma-informed care, target strategic planning and professional development, monitor change over time, assess relationship between a universal intervention for trauma and outcomes for service users.
- Can be administered across health and human service agencies as a common measure of trauma-informed care.

# How is the tool completed?



- Administered online.
- Takes approximately 15 minutes to complete.
- Can be completed by all staff at all levels, across all programs or departments within an agency.
- Staff are asked to rate the extent to which they agree that their organization incorporates each of the measure's 35 items (response categories strongly agree to strongly disagree).
- If staff are only familiar with their particular program or department within a larger agency, they answer for their program/department as a whole.

# Trauma-Informed Organizational Capacity Scale (TIC Scale)

## Welcome!

You have received this link from American Institutes for Research (AIR) to complete the Trauma-Informed Organizational Capacity Scale (TIC Scale). The TIC Scale is an instrument designed to measure the extent to which your organization provides trauma-informed care. Access to this instrument has been made available exclusively for your organization. Forwarding this link for use by third parties or others outside of your organization is strictly prohibited. Before completing the instrument, we ask that you participate in a brief survey so that we can learn a little more about your organization.

- The survey takes approximately 10 minutes to complete.
- To provide your organization with the most helpful results, please choose an answer for each question.
- Staff responses will be shared in aggregate form, and not as individual responses.
- Data collected in this introductory survey will also be used in aggregate form to help us learn more about the types of organizations using the TIC Scale. This information will never be presented in a way that would identify you or your organization or program.



[Start Survey](#)

# Trauma-Informed Organizational Capacity Scale (TIC Scale)

## Introductory Survey

### II. Program-Specific Information

► In what setting(s) does your program provide services? *Select all that apply.*

- Outpatient, clinic-based
- Community- or home-based
- Hospital
- Day treatment/Partial Hospitalization
- Day School
- Residential

◀ Previous

Next ▶



# Trauma-Informed Organizational Capacity Scale (TIC Scale)

## Introductory Survey

### II. Program-Specific Information

► Please select the option that best describes your current job title or role. *If you have more than one role, please choose the one that you consider to be the most important.*

- Administrator (e.g., executive director, division director, member of governing body, program director, program manager, supervisor, finance, human resources)
- Clinician (e.g., clinical director/coordinator, therapist, clinical social worker, mental health counselor, psychologist, psychiatrist, substance abuse counselor, marriage and family therapist)
- Direct Service Provider (e.g., case manager, case worker, social worker (non-clinical), occupational therapist, child care worker, residential counselor, vocational counselor, intake coordinator, outreach worker, advocate, housing specialist, employment specialist, peer support specialist, therapeutic mentor)
- Healthcare provider (e.g., physician, physician's assistant, registered nurse, nurse practitioner, nursing assistant, medical assistant, emergency medical technician, dentist, dental hygienist)
- Educator (principal, vice principal, teacher, assistant teacher, paraprofessional)
- Legal (e.g., law enforcement, lawyer, judge, correctional officer)
- Faith-based (e.g., pastor, minister, priest, religious)

◀ Previous

Next ▶



# Trauma-Informed Organizational Capacity Scale (TIC Scale)

---

## Trauma-Informed Organizational Capacity Scale (TIC Scale)

---

The Trauma-Informed Organizational Capacity Scale (TIC Scale)\* is a 35-item instrument that measures the extent to which your organization provides trauma-informed care.

The TIC Scale may be completed by all staff at all levels of an organization. It takes approximately 15 minutes to complete.

Your individual responses will not be shared with the organization to protect your confidentiality.

### Instructions:

- For each item, please indicate the extent to which you agree that your organization incorporates this practice using the 4-point scale (Strongly Disagree; Disagree; Agree; Strongly Agree).
- If unsure, please answer to the best of your ability based on your current knowledge of the organization.
- Please answer as honestly and accurately as possible. If unsure, please answer to the best of your ability based on your current knowledge of the organization.
- **Remember that you are not assessing your individual performance, but rather, the practices of the organization as a whole. If you work for an organization that contains multiple programs, please answer for your program as a whole.**
- If multiple staff members are completing the TIC Scale, each person should complete the instrument independently based on their personal knowledge of the questions, rather than completing the assessment with others.

# Trauma-Informed Organizational Capacity Scale (TIC Scale)

## Trauma-Informed Organizational Capacity Scale (TIC Scale)



### Domain 1: Build trauma-informed knowledge and skills

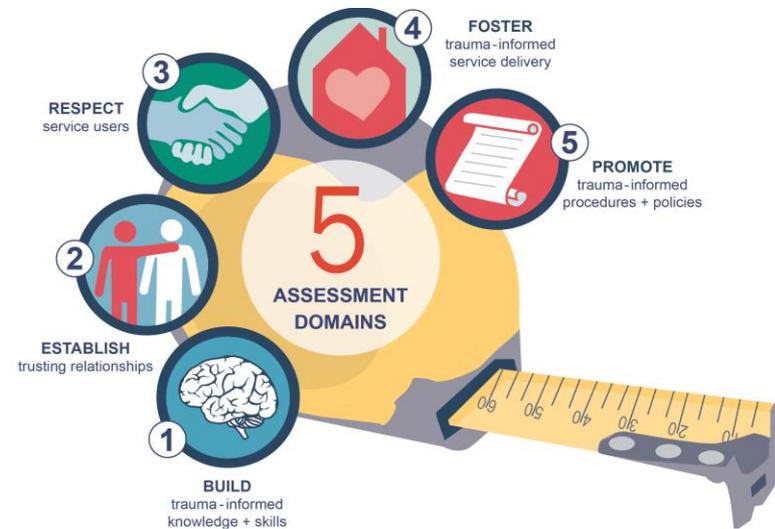
	Strongly Disagree	Disagree	Agree	Strongly Agree
The organization has a written policy that supports staff knowledge-building aimed at understanding trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing training on trauma is required for all staff and administrators (including clinical and non-clinical staff, peer support staff, and volunteers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organization offers training that describes the impact of trauma on brain and body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge gained about trauma is assessed through pre/post evaluation of training sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# TIC Scale Results



- Organizations receive a score for each domain and a total score across domains.
- Overall score and domain-level scores determine an organization's capacity to provide trauma-informed care.
- Capacity ratings include: insufficient, fair/needs improvement, good, and excellent.
- Scores can be analyzed by different factors as part of a more detailed analysis (e.g., program/department, staff role, type of service, etc.).
- Individual organizational scores can be analyzed collectively to determine the extent to which a larger system is trauma-informed.

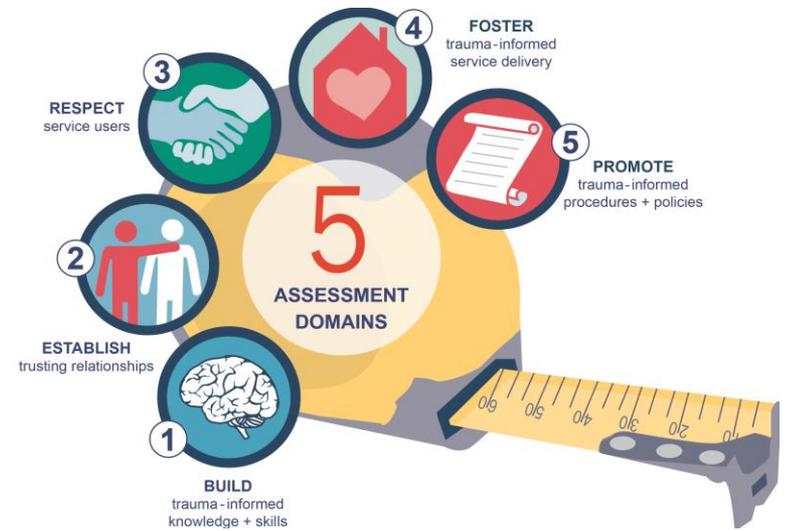
# Domain 1: Build Trauma-Informed Knowledge and Skills



## Sample TIC Scale Items:

- Ongoing training on trauma is required for all staff and administrators (including clinical and non-clinical staff, peer support staff, and volunteers).
- The organization offers training that describes the impact of trauma on brain and body.
- Knowledge gained about trauma is assessed through pre/post evaluation of training sessions.

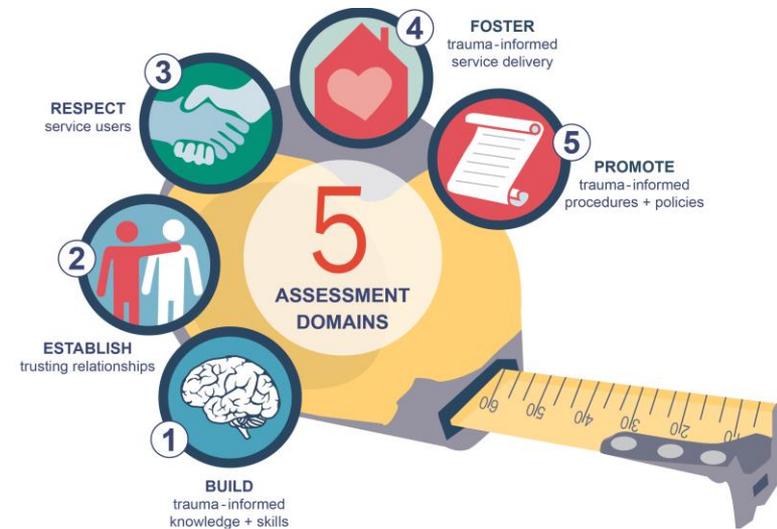
# Domain 2: Establish Trusting Relationships



## Sample TIC Scale Items:

- Staff provides service users with a clear written and verbal description of how the program operates.
- Staff use person-first language, such as “a person experiencing homelessness” instead of a “homeless person”.
- Service users’ desires and preferences are given top priority in the treatment or service plan.

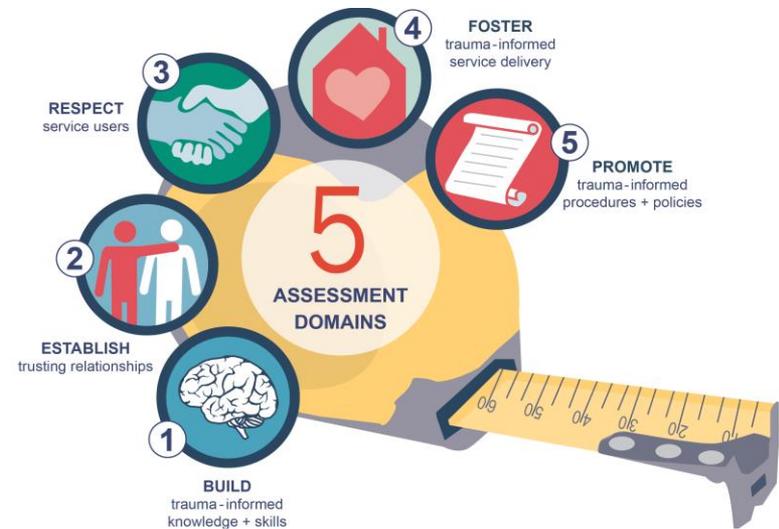
# Domain 3: Respect Service Users



## Sample TIC Scale Items:

- Reception staff are trained to greet service users in a welcoming manner.
- Service users are not left waiting for longer than 15 minutes.
- Current or former service users have a role in welcoming new clients.

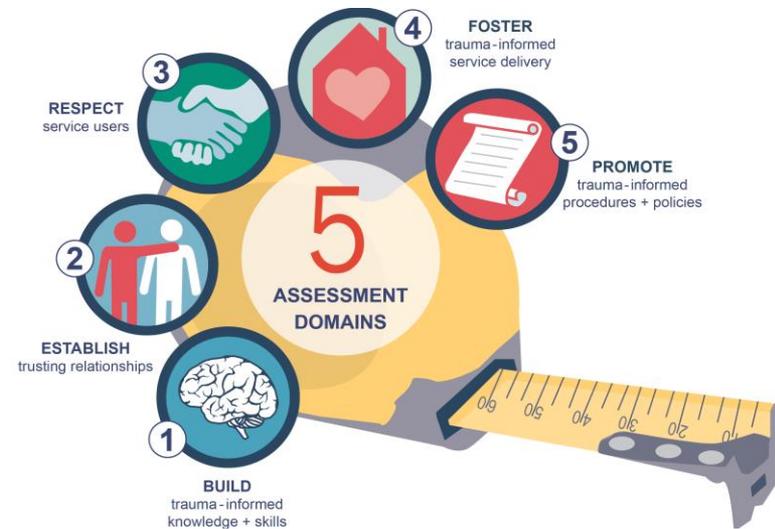
# Domain 4: Foster Trauma-Informed Service Delivery



## Sample TIC Scale Items:

- Privacy policies have been discussed with service users and adapted based on their feedback.
- Program is flexible about changing rules based on individual circumstances.
- Assessments of service users are routinely conducted.

# Domain 5: Promote Trauma-Informed Procedures and Policies



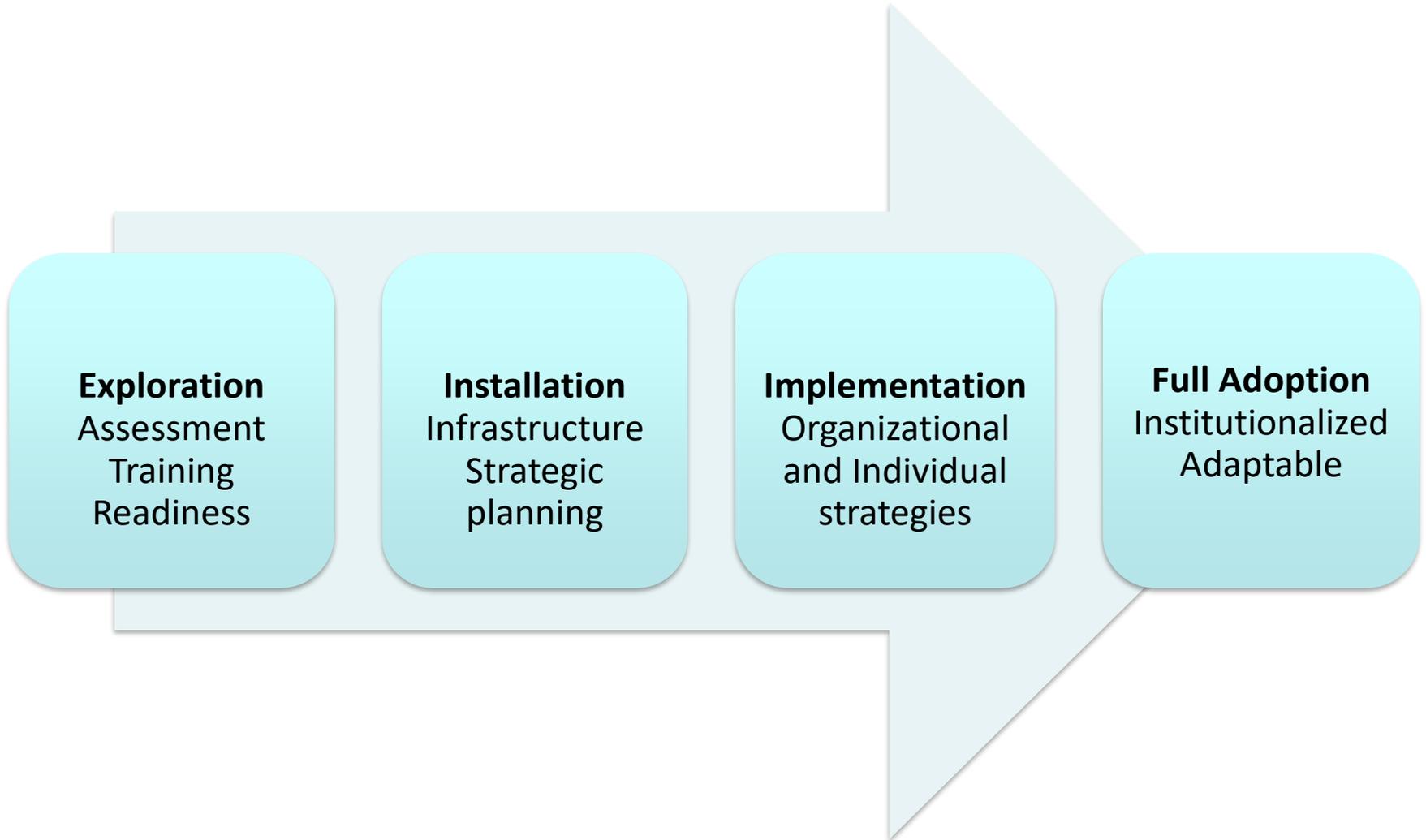
## Sample TIC Scale Items:

- Clear information about trauma and its impact is made available to all people who use services.
- A written process exists for monitoring and evaluating the effectiveness of trauma-informed care.
- Current and former service users are involved in reviewing, developing, and adapting policies.

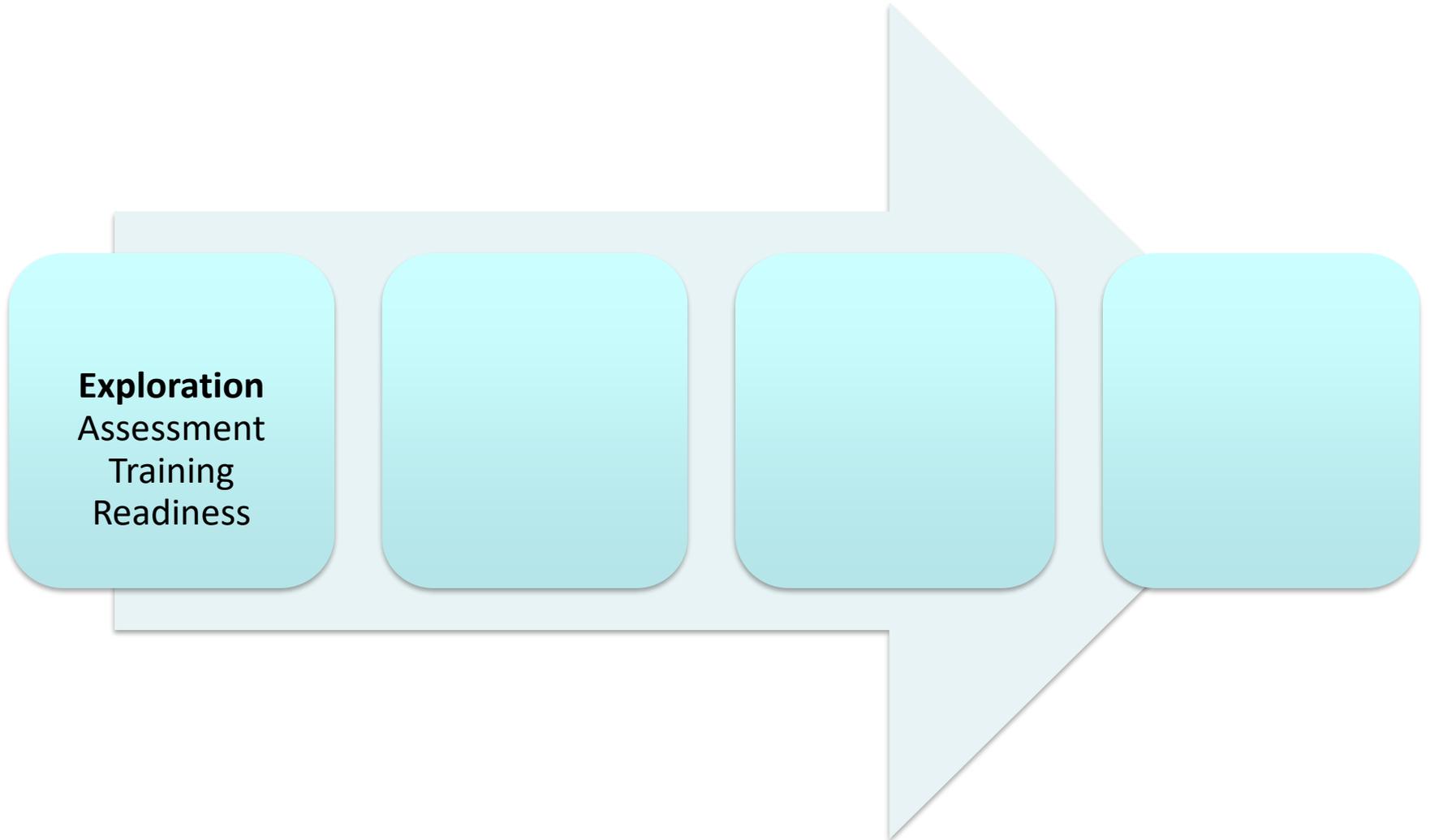
# Next Steps

- Adopt formal, research-informed implementation processes.
- Connect universal trauma-informed care with system and service-user outcomes.

# Pathway for Adopting a Trauma-Informed Approach



# Pathway for Adopting a Trauma-Informed Approach



# Exploration

- What is our current capacity in trauma-informed care?
- Are we all on the same page in understanding trauma and a trauma-informed approach?
- How ready are we to more fully adopt a trauma-informed approach?

# Readiness

**Readiness:** The extent to which an organization is both **willing** and **able** to implement a particular practice.

**(Readiness = Motivation x General Capacity x Intervention-Specific Capacity)**

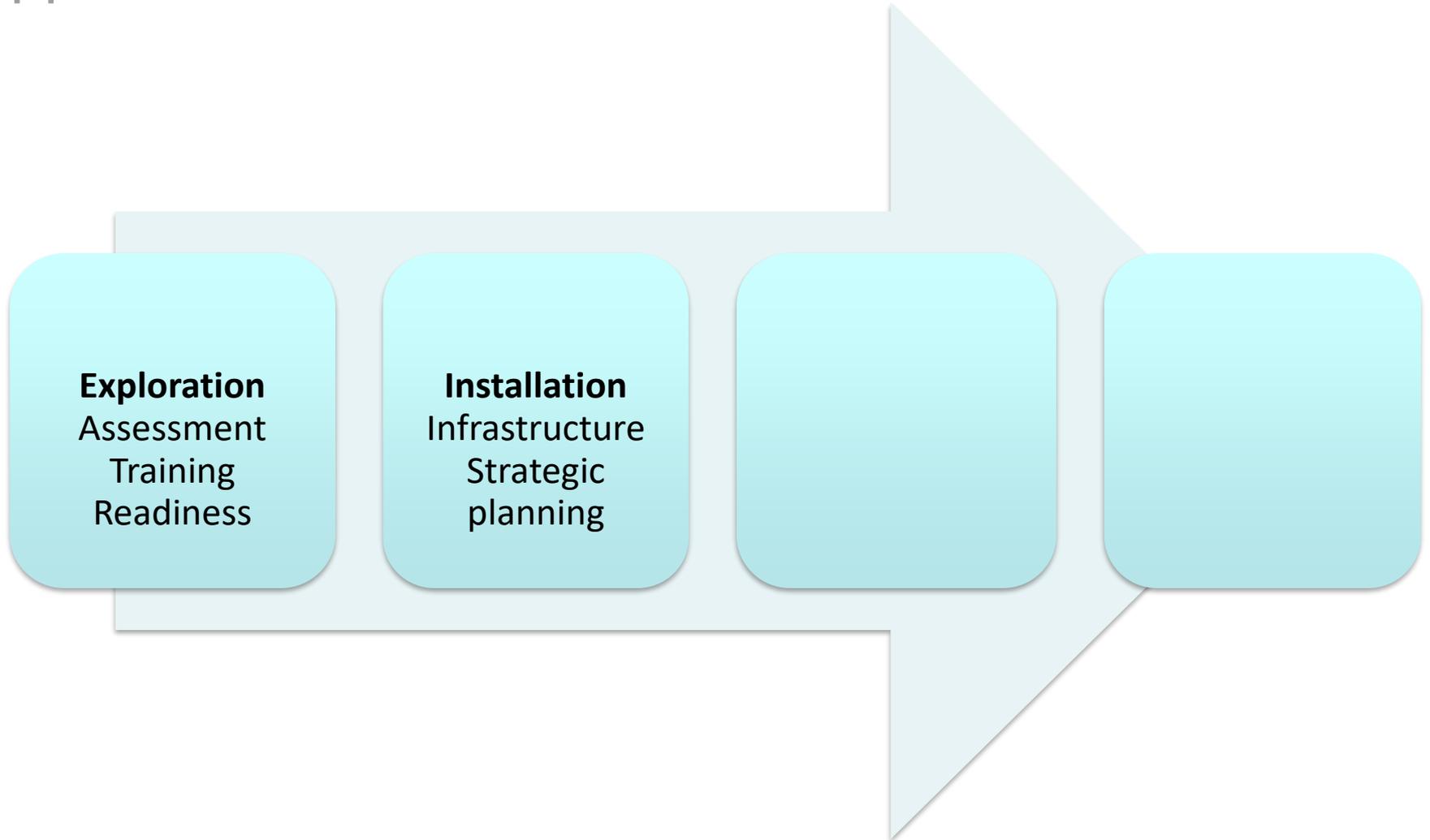
- How is a trauma-informed approach different than what is already in place universally to support service users?
- To what extent does a trauma-informed approach add value to the way we currently provide services?
- How difficult will it be to implement a trauma-informed approach agency-wide?
- How well does the organization currently operate (communication, transparency, staff morale, existing supports for staff)?
- How supportive is the leadership to trying new things?
- How receptive is the staff to change?
- What knowledge, skills, and abilities are needed to become a trauma-informed organization?
- Who in the organization will lead the process and champion this approach?

# Poll

How ready do you believe your organization is to adopt a trauma-sensitivity approach?

- Very ready.** The investment of time, resources, and energy is there.
- Somewhat ready.** People see the need and want to invest but are not at the point where they have developed a formal plan and process.
- Not ready.** More work is needed to see the value and be willing to invest in the process.

# Pathway for Adopting a Trauma-Informed Approach



# Multi-disciplinary Trauma Work Group

- Institutionalize the commitment to being trauma-informed.
- A structure with dedicated staff/time to develop strategic plan & monitor progress towards goals.
- First concrete step to support systems change.
- Small organizations or programs: the trauma work group can include all staff; topics included in regular staff meetings.
- Larger programs: create a smaller multi-disciplinary work group that is representative. Reports back to all staff.

# Sustained Leadership Involvement

- Attending training events (for leadership and staff levels).
- Talking to staff about the agency commitment to trauma-informed care.
- Attending or getting regular reports from trauma working group.
- Supporting working group members to make programmatic changes.
- Ensuring that champions and staff are able to fully engage in the process (e.g., providing adequate resources, time, coverage).

# Develop a Strategic Plan

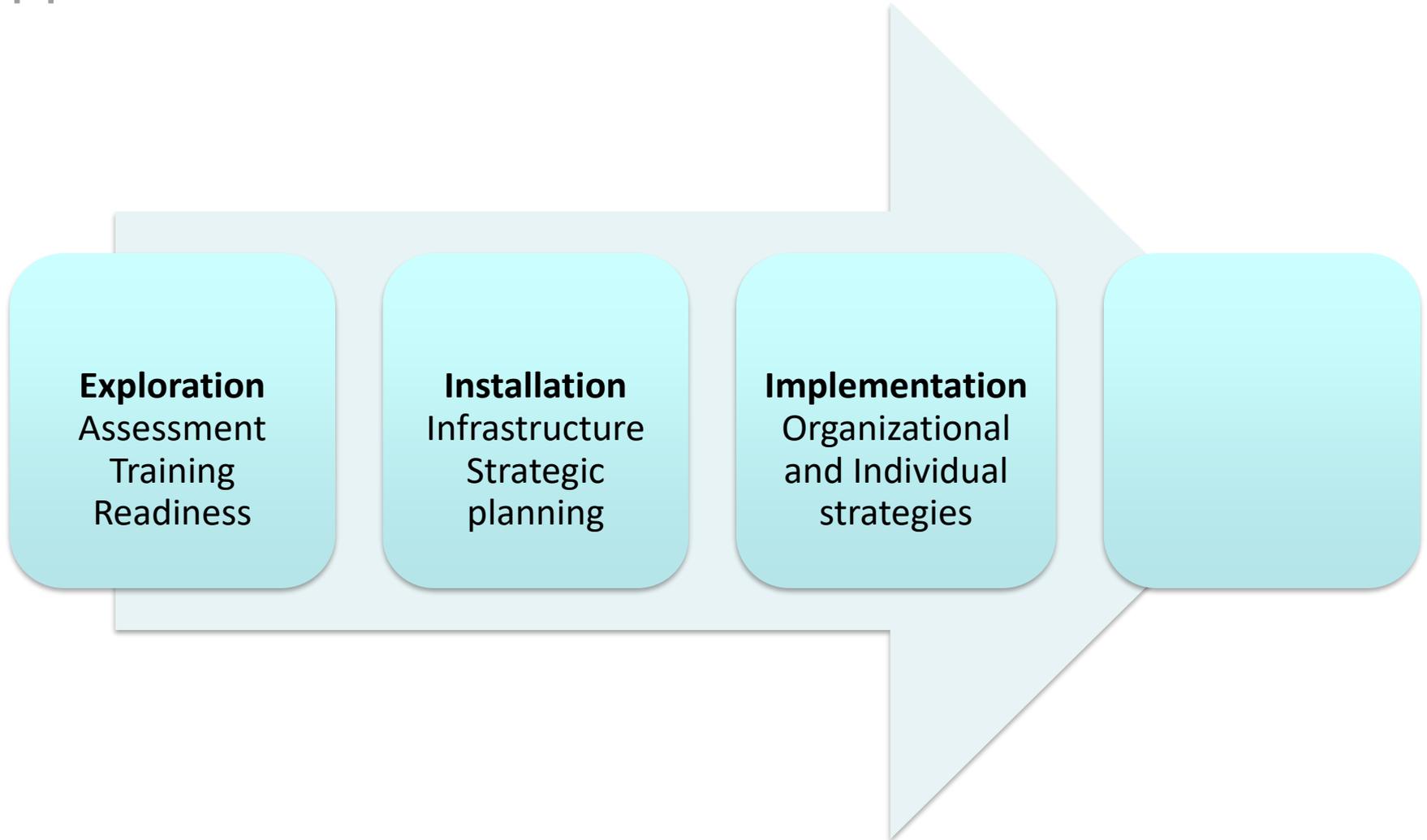


## Plan across five domains:

1. Build Trauma-Informed Knowledge and Skills
2. Establish Trusting Relationship
3. Respect Service Users
4. Foster Trauma-Informed Service Delivery
5. Promote Trauma-Informed Procedures and Policies

You may choose to focus on one or several. Staff development (Domain 1) is a critical place to begin.

# Pathway for Adopting a Trauma-Informed Approach



# Domain 1: Build Trauma-Informed Knowledge and Skills



- Ensure ongoing trauma training, and assessment of knowledge transfer and application of concepts/skills development is built into exciting structures (e.g., supervision, staff meetings, case scenarios or questions, a concept or skill of focus for a particular month).
- Educate staff on types of trauma and unique experiences of particular subpopulations (e.g., LGBTQ youth, refugee groups, communities of color).
- Identify core adult skills/competencies needed to address trauma and support resilience.
- Ensure a commitment to trauma-informed care is articulated and operationalized in job descriptions.
- Consider how to integrate a trauma-informed approach to supervision to reinforce concepts and mirror trauma-informed principles with their staff.
- Establish formal processes for regularly addressing the impact of secondary traumatic stress and vicarious trauma on staff and supporting staff resilience.
- Incorporate commitment to trauma-informed care into the hiring process/candidate interviews across programs in the agency.

# Domain 2: Establish Trusting Relationships



- Develop a formal mechanism for involving service users in decision-making about programming and supporting program development.
- Consider what challenges to involving service users may lead to resistance from staff and develop strategies to address these issues.
- Ensure there are processes for gathering ongoing feedback from service users about their experiences with the agency/program. This includes informal and formal measures of feedback (e.g., focus groups, interviews, anonymous surveys, formal measures of organizational culture, client satisfaction).
- Ask the following questions and develop concrete practice changes related to establishing trusting relationships: How can we be more open and transparent with service users throughout their time with our agency? How can we convey more respect in our language and actions?
- Identify potentially re-traumatizing practices in helping relationships and how to model safe, healthy, resilience-building interactions.
- Consider how to support culturally responsive environments.

# Domain 3: Respect Service Users



- Consider generating a set of expectations for maintaining safe and welcoming environments consistent across programs (e.g., wait times, level of privacy in the space, how service users are greeted).
- Ensure that all physical spaces are well lit, well maintained, and comfortable.
- Physical spaces include materials and decorations that reflect the participants being served (e.g., culture, gender, age).
- Develop a formal process for identifying and minimizing potential triggers for participants stemming from agency environment and/or practices.
- Identify and eliminate potentially re-traumatizing practices in the service environment.
- Explore additional steps needed to ensure privacy and confidentiality.
- Consider how you involve others who have had similar lived experiences to those being served by the agency/program (informally and formally via hiring practices).
- Identify ways to offer peer-led programming and ensure that this perspective informs service design.

# Domain 4: Foster Trauma-Informed Service Delivery



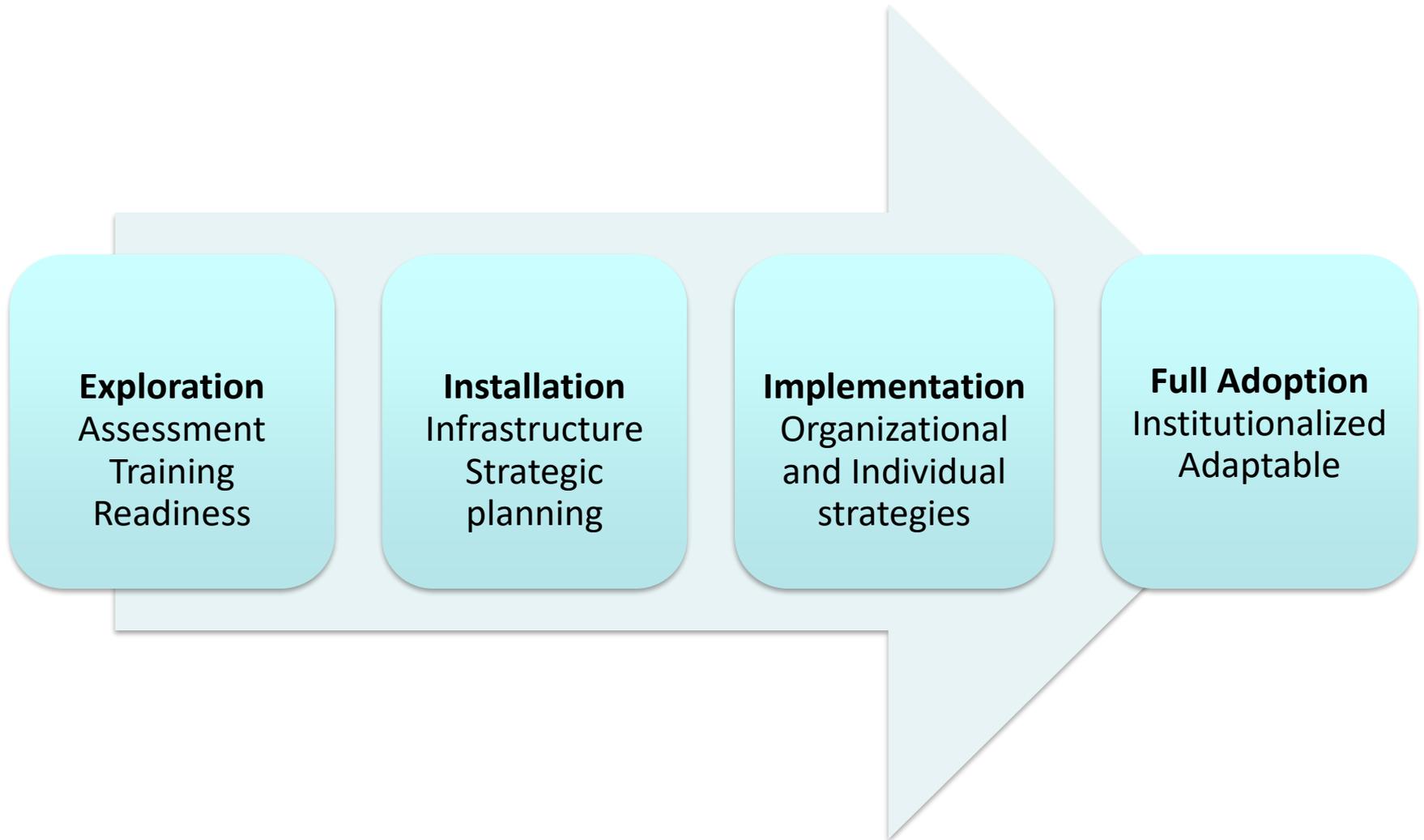
- Consider how trauma is addressed in program-level assessments.
- Consider how to assessments are conducted across programs to ensure a process that upholds the principles of trauma-informed care (safety, choice and control, shared power, holistic view, strengths-based).
- Consider whether formal changes to assessment processes are needed across programs to support a trauma-informed approach.
- Ensure the process for goal setting with service users is collaborative in all programs.
- Adopt consistent strategies for educating service users on trauma as it relates to the particular program and services being provided.
- Consider how the agency can more consistent and predictable in its service delivery across divisions, programs, and staff.

# Domain 5: Promote Trauma-Informed Procedures and Policies



- Develop formal policies that reflect a commitment to trauma-informed care.
- Develop formal policies that include a commitment to cultural awareness and culturally-specific practices.
- Develop a formal review process that includes staff and participants.
- Ensure policies and procedures align with the core principles of a trauma-informed approach.

# Trauma-Informed Care & Implementation Science



# Strategies for Sustainability

- **Maintain the trauma work group.** Ensure regular meetings of the work group are embedded into organizational processes.
- **Reassess progress regularly:** Review short and long-term goals. Programs can do a yearly re-assessment of their program to identify changes. Other assessment tools include staff and consumer surveys, focus groups, and individual interviews- can be done at various times.
- **Evaluate impact:** Data collection methods should be part of strategic plan. Quantitative data collected via surveys, record reviews, analysis of existing program data (e.g., terminations, evictions, hospitalizations). Qualitative information via focus groups, interviews, observations, case studies.
- **Build communities of practice:** Network with other agencies that are also committed to becoming trauma-informed. Cross-agency collaboration allows people to share new ideas, lessons learned, and strategies for success.
- **Educate others:** Provide community partners with information about trauma-informed care and what the agency has done to support service users.

# Thank you.

For more information, please contact:  
Kathleen Guarino, LMHC  
kguarino@air.org

To learn more about our trauma work visit our website at  
<http://www.air.org/resource/trauma-informed-care-service-systems>