



# Trauma-Informed Care Scale Development

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## Purpose & Background

- The purpose of this study is to develop a psychometrically sound instrument that assesses direct-care staff's knowledge and application of trauma-informed care for youth residing in residential mental health treatment programs. Although there are a few instruments to assess organizational trauma-informed care (e.g., Bassuk, Unick, Paquette, & Richard, 2017), there is currently no known assessment that directly targets the staff who have direct day-to-day interactions with each youth.
- The rates of child maltreatment in the United States indicates a major public health problem. Each year child protective services receives approximately 3 million referrals, involving 6 million children, for abuse and neglect (Child Welfare Information Gateway, 2013). Another national survey found that 71% of youth reported at least one traumatic event in the past year (Finkelhor, Ormrod, Turner, & Hamby, 2005). The internationally recognized Adverse Childhood Experiences (ACE) Study found a graded relationship between number of traumatic events during childhood to long-term adult health risk behaviors and physical health outcomes (Anda et al., 2006; Felitti & Anda, 2010).
- The majority of youth in residential mental health treatment programs have experienced overwhelming life stressors and trauma (Lieberman, 2014). In fact, these traumatic experiences are often the primary reason for admission to such high-level mental health care settings. However, despite the very high rates of trauma for these youth, only recently have organizations begun to implement formal protocols for trauma-informed care (TIC), a strengths-based approach in knowledge and responsiveness to those experiencing trauma related emotional and behavioral distress.

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## Method

### Potential Participants

- Potential participants in this study will be the direct-care staff working at residential mental health treatment programs.
- The age of direct-care staff generally range from mid-20s to mid-40s.
- All participants should have at least a high school education, while many typically have an Associate or Bachelor's degree.
- Permission to administer the scale will be requested from each organization's program director/principal.
- The youth being served in these programs (i.e., students, clients, consumers, patients) will not be involved this study.

### Scale Development

- The study is being implemented in two phases:
  - (1) **development of assessment content and questions**
  - (2) data collection and psychometric analyses (i.e., confirmatory factor analysis for norms, reliability, and validity).
- The Trauma-Informed Care Scale (TICS)** is a newly developed assessment based on the expertise of the principal investigator and three other experts currently active in the field (authors 1-4).
- After initial consultation with the three experts, an extensive literature review, and reflection of multiple years of clinical experience working with the target population, the principal investigator developed a working draft of the TICS. This draft then went through multiple revisions with the three experts until it reached its current version.
- The current version of the TICS is a 68-item self-report instrument designed to measure direct-care staff's knowledge and application of trauma-informed care for youth residing in residential mental health treatment programs.
- The TICS will provide a total score and four subscales rated on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree).
  - (1) Basic knowledge and skills
  - (2) Trauma knowledge and skills
  - (3) Basic staff support
  - (4) Trauma staff support

## Discussion

- The primary focus of the poster is to:**
  - (1) Discuss the qualitative process in developing the assessment questions.
  - (2) Present sample questions from each domain (see below and ask for a handout!).
  - (3) Receive feedback from the audience about assessment content and suggestions for moving forward with data collection and analyses.

### Sample Questions

Trauma-Informed Competency	
1	Basic Knowledge & Skills
2	Trauma Knowledge & Skills
3	Basic Staff Support
4	Trauma Staff Support

\*Please fill in the appropriate circle for each question and write out answers in the blank spaces provided if possible\*

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
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5) *I am aware that the presence of a substance abuse disorder can complicate the presentation of a mental health disorder.* 2

a. \_\_\_\_\_

b. \_\_\_\_\_

6) *I understand that the way in which I carry myself may trigger youth.* 1

a. \_\_\_\_\_

b. \_\_\_\_\_

7) *I try to take advantage of opportunities to encourage youth motivation.* 4

a. \_\_\_\_\_

b. \_\_\_\_\_

8) *I understand that youth's trauma-related symptoms may be influenced by witnessing their caregivers' and other family members' trauma expression.* 2

a. \_\_\_\_\_

b. \_\_\_\_\_

9) *I have the opportunity to take part in team meetings. If I am not able to attend a meeting, I am informed on the proceedings.* 3

a. \_\_\_\_\_

b. \_\_\_\_\_