

Measuring Awareness About Trauma Informed Care (TIC) Survey Results

Purpose

As organizations initiate TIC efforts, one of the first phases of implementation is building recognition and awareness among staff and leaders about the impact of trauma and TIC. The Measuring Awareness About TIC survey focuses on individual attitudes, beliefs, and knowledge important for TIC. The purpose of administering this survey early on in a TIC effort is that it can provide useful baseline data about staff awareness, attitudes and beliefs about trauma and TIC that may help or hinder implementation progress. The survey results can highlight TIC compatible beliefs as well as opportunities for additional awareness building and training.

Measures

The survey is comprised of three validated scales—Affective Commitment to TIC,¹ Principal Support for TIC,² TIC Self-Efficacy,³ and two scales created for this survey—Beliefs about Trauma and TIC, and Knowledge about Trauma and TIC. All questions are found in the appendix.

- Affective Commitment to TIC is a form of commitment to change that reflects cooperation toward and championing of a change effort, in this case adoption of TIC. This scale has six items.
- Principal Support for TIC measures the belief that peers and leaders support TIC. This scale has six items.
- TIC Self-Efficacy measures an individual's belief that they have the skills and knowledge needed for TIC and that they can learn what ever else is needed. This scale has seven items.
- Beliefs About Trauma and TIC measures the belief that trauma is prevalent, the belief that behaviors can reflect past or current trauma history, and the belief that service systems and programs can be traumatizing for trauma impacted individuals. This scale has ten items.
- Knowledge About Trauma and TIC measures self-reported knowledge across four topic areas: TIC application, neurobiology of trauma, workforce issues, and systemic oppression and marginalization. This scale has 21 items.

Data Collection

The survey was distributed at a human services organization in November, 2019 and data were collected through January 2020. Approximately 125 staff were invited to complete the survey. Thirty-four staff completed an online version of the survey through Qualtrics,

¹ Herscovitch, L., & Meyer, J. P. (2002). Commitment to organizational change: Extension of a three component model. *Journal of Applied Psychology, 87*(3), 474. doi:10.1037/0021-9010.87.3.474.

² Armenakis, A. A., Bernerth, J. B., Pitts, J. P., & Walker, H. J. (2007). Organizational change recipients' beliefs scale development of an assessment instrument. *The Journal of Applied Behavioral Science, 43*(4), 481-505. doi: 10.1177/0021886307303654.

³ Holt, D. T., Armenakis, A. A., Feild, H. S., & Harris, S. G. (2007). Readiness for organizational change: The systematic development of a scale. *The Journal of Applied Behavioral Science, 43*(2), 232-255. doi: 10.1177/0021886306295295.

while an additional 37 staff completed a hardcopy survey. Overall, 71 staff completed some portion of the survey, resulting in a 57% response rate.

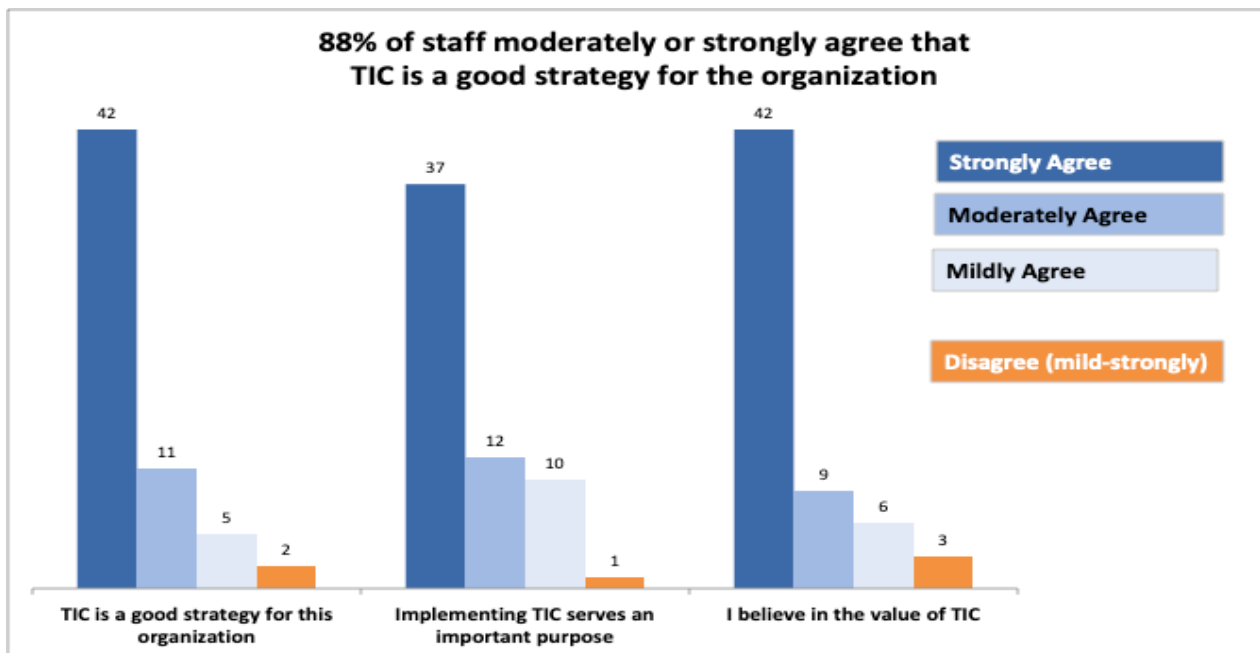
Results

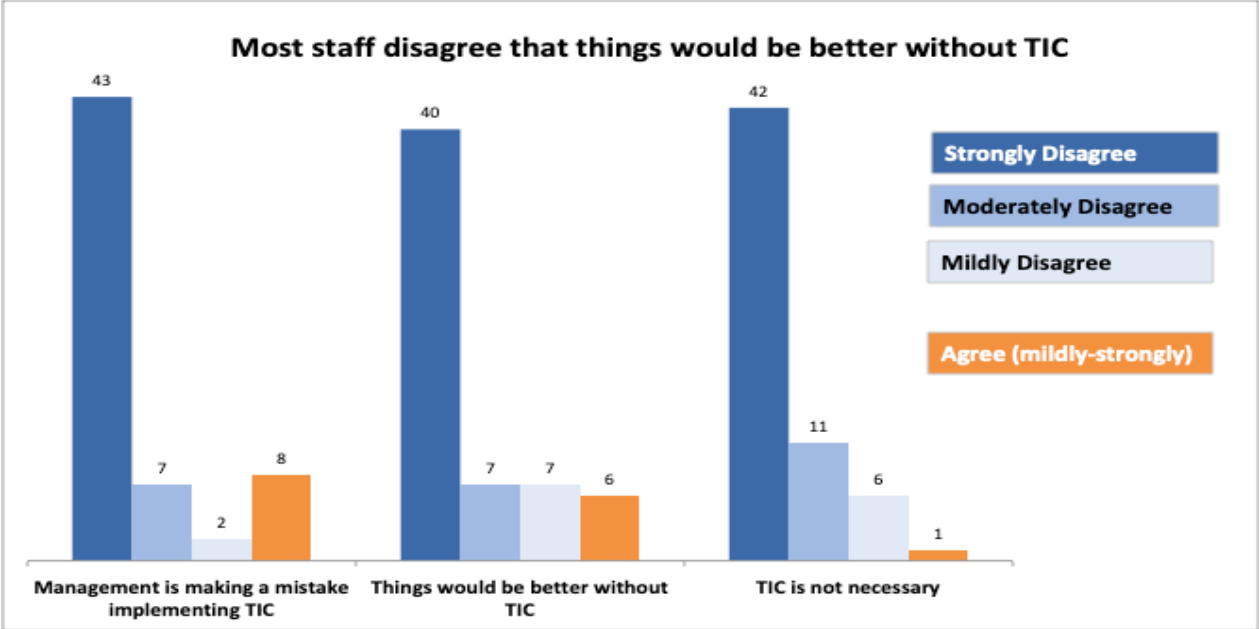
Each scale is comprised of a number of items. The purpose of including numerous items is to gain greater assurance that the respondent understands the questions and is answering in a consistent way. As a result, scale scores are only calculated for respondents who have answered all of the items included in that scale. The number of respondents for the scale will be lower than the number of respondents for each item within the scale. Most of the time, it's not advised to look at individual item responses; however, in cases where the results are used to guide additional training and awareness building activities, single item results might be informative. Following are the individual item responses and the scale score for each measure.

Item responses were scored using a likert scale 1=strongly disagree, 2=mildly disagree, 3=moderately disagree, 4=mildly agree, 5=moderately agree, 6=strongly agree. However, the knowledge scale used 1=completely untrue, 2=somewhat untrue, 3=somewhat true, 4=completely true.

Affective Commitment to TIC

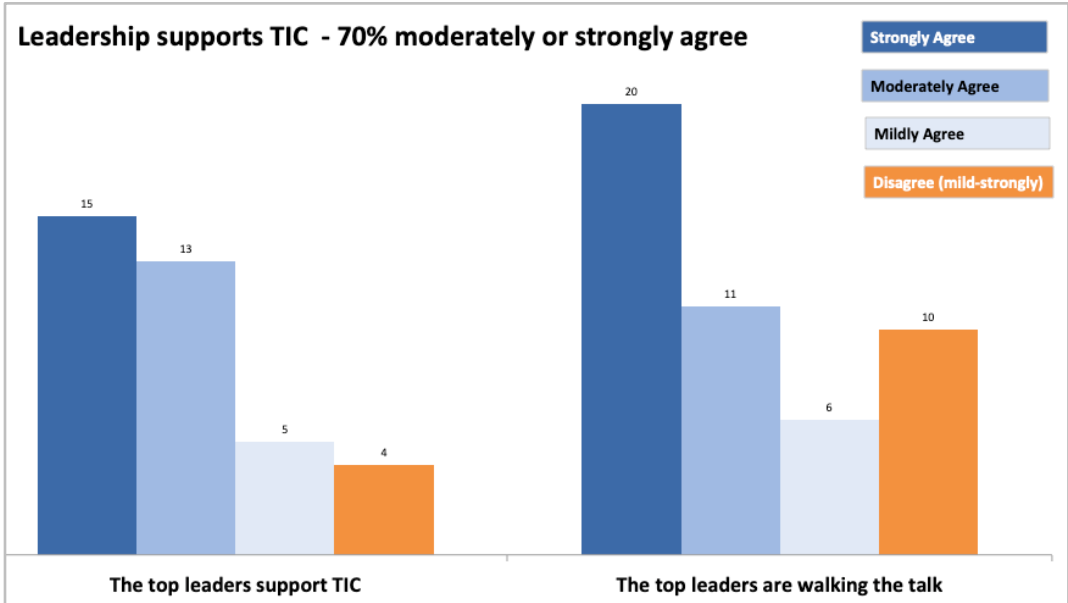
Fifty-seven (57) participants completed all items of the Affective Commitment to TIC scale. The average scale score (across all 6 items) was 5.4 indicating that participants moderately to strongly agree that they are committed to TIC.

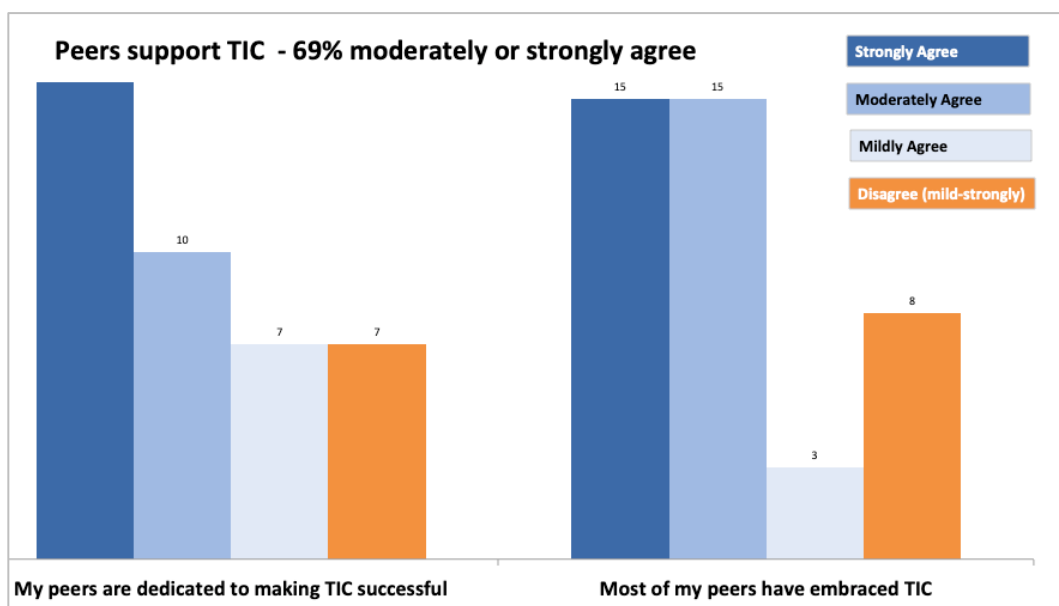
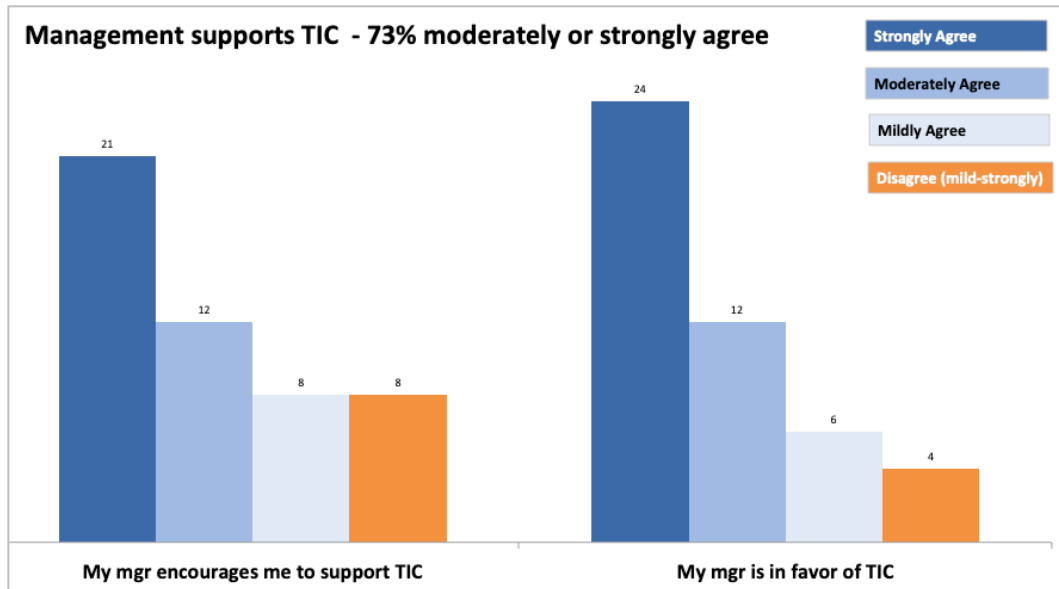




Principal Support for TIC

Twenty-eight (28) participants completed all items of the Principal Support for TIC scale. The average scale score (across all 6 items) was 4.7 indicating that participants mildly to moderately agree that peers, managers and leaders support TIC. Below, are the responses for each category: leadership, management, and peers.

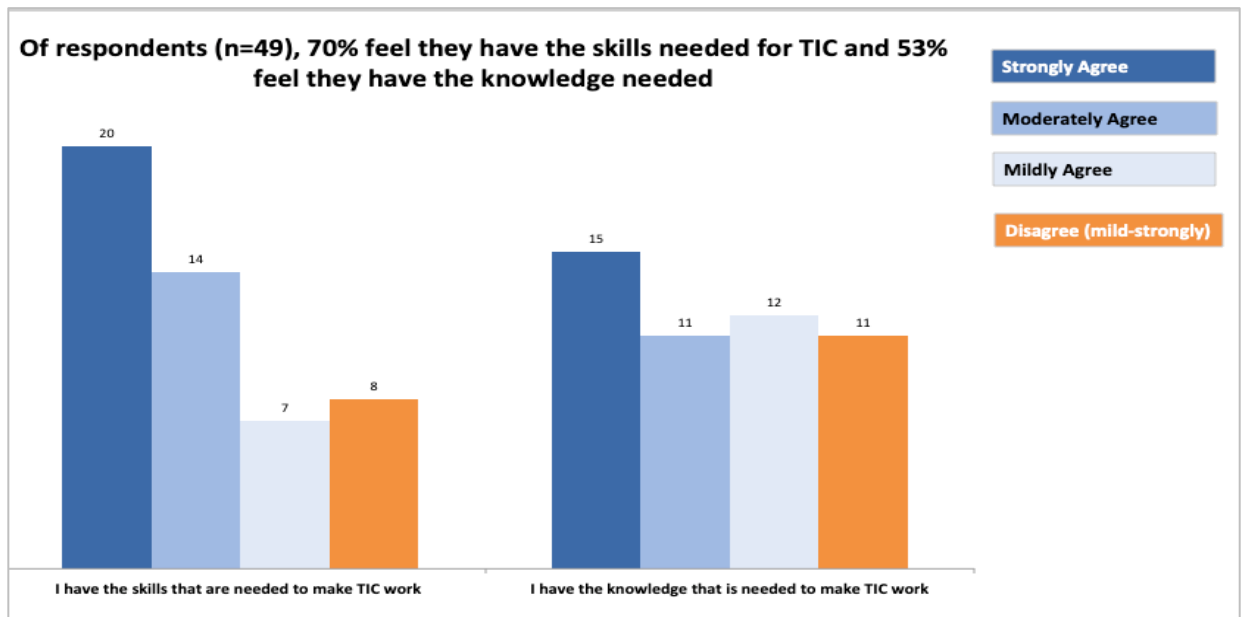
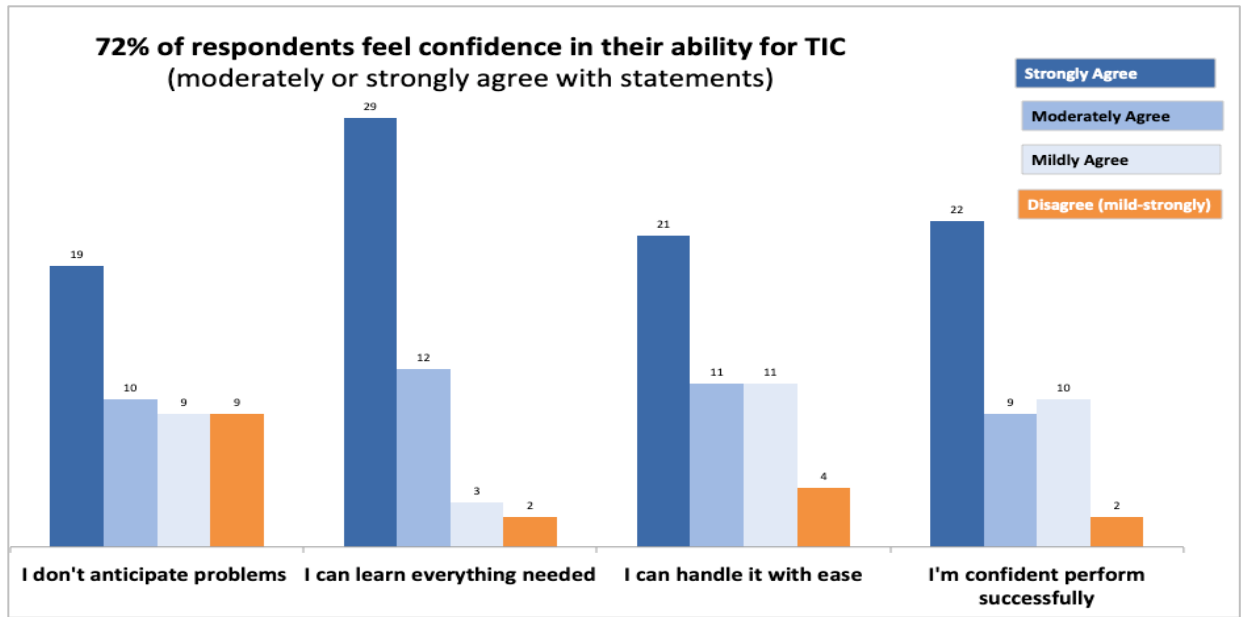




TIC Self-Efficacy

Thirty-three (33) participants completed all items of TIC Self-Efficacy scale. The average scale score (across all 7 items) was 4.7 indicating that participants mildly to moderately agree that they have the skills and knowledge needed for TIC.

The items summarized in the first graph represent future oriented self-efficacy, “I can learn” “I can handle,” whereas the second graph represents the respondents’ perceptions about skills and knowledge they have currently.

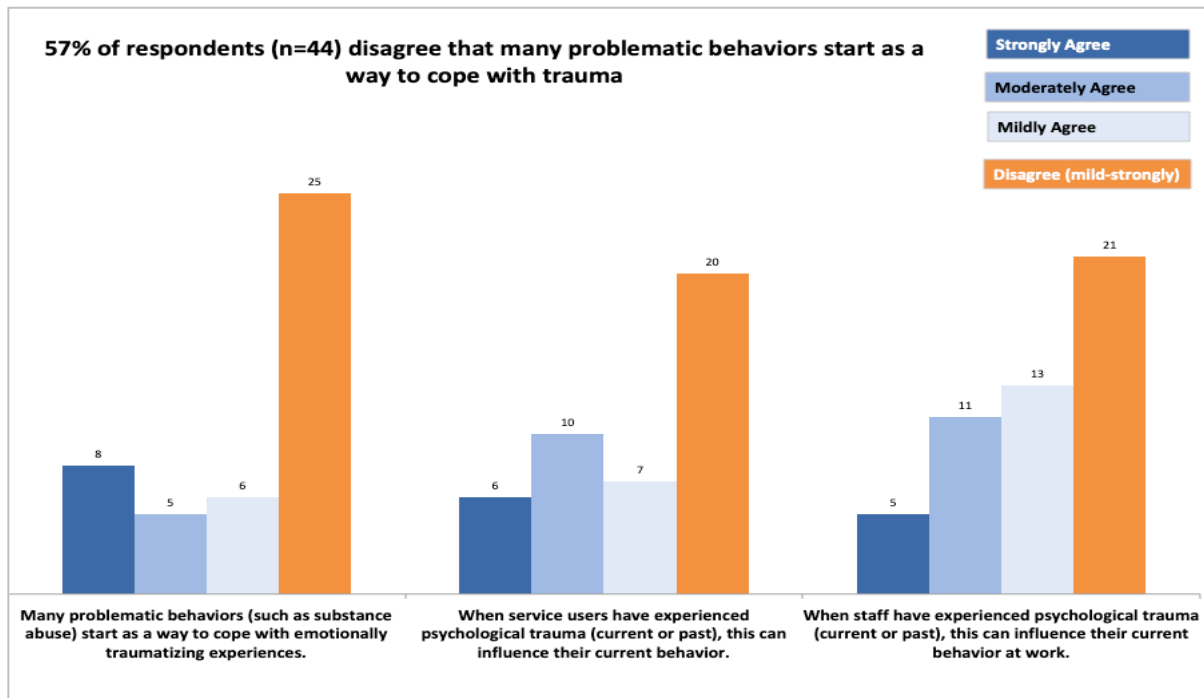
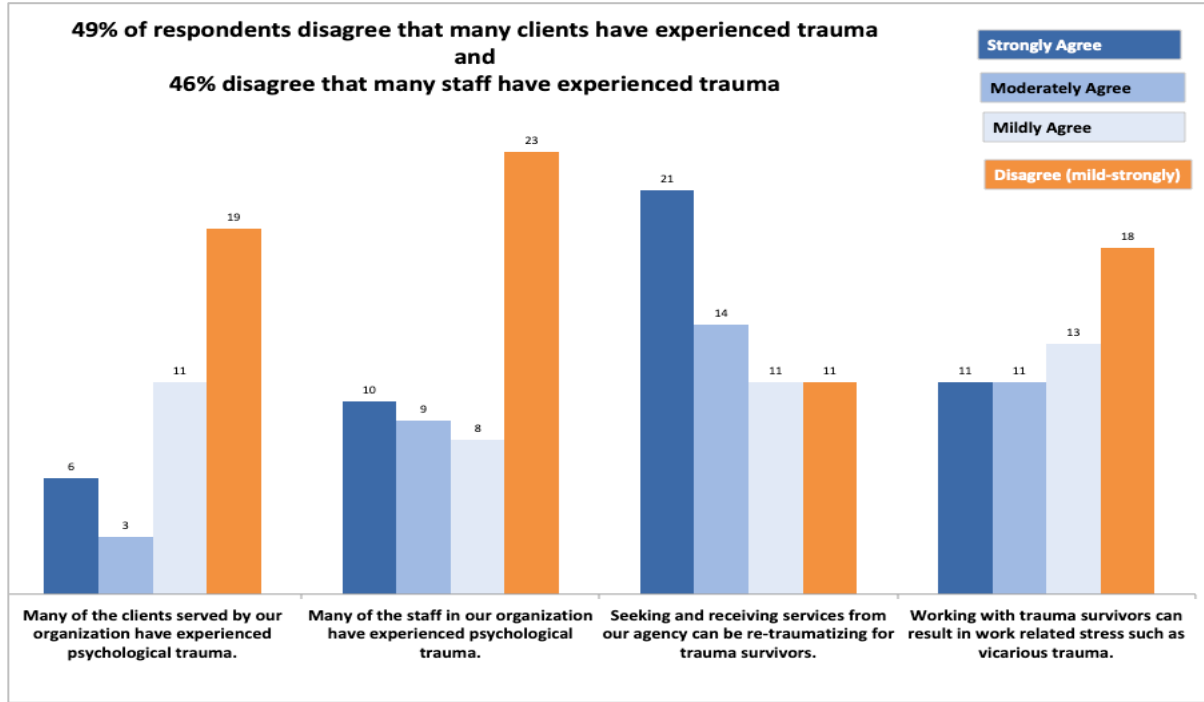


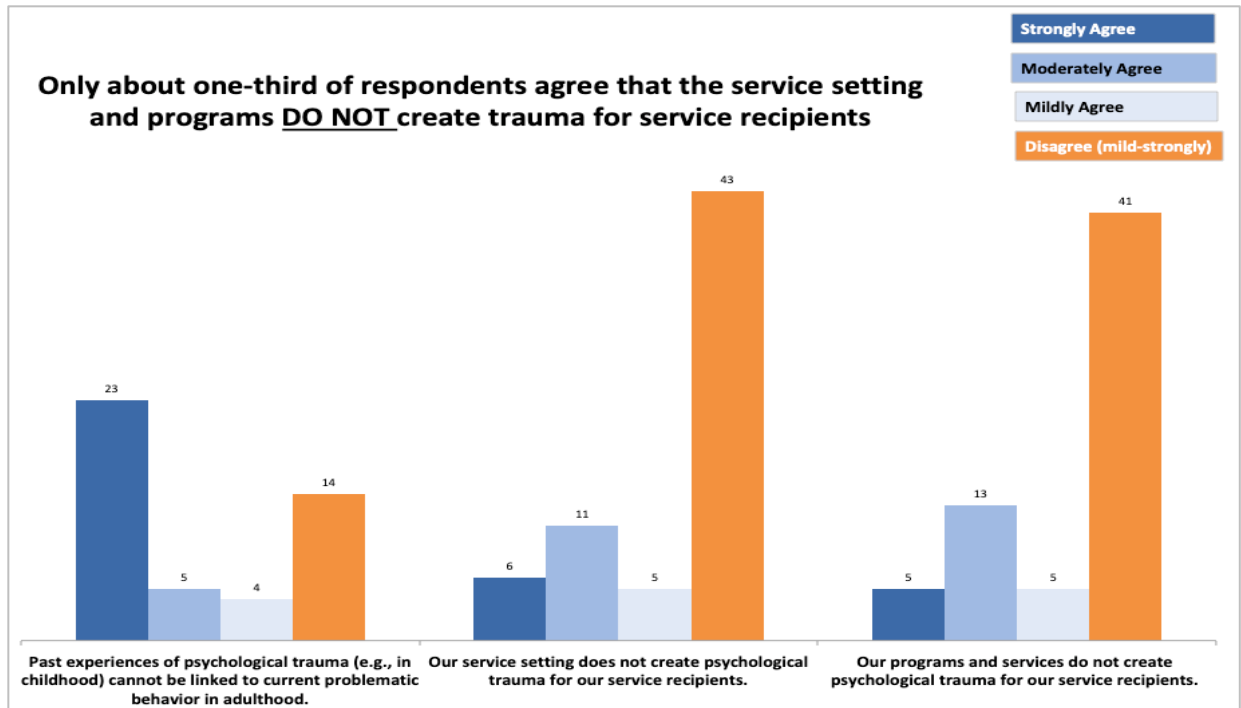
Beliefs About the Impact of Trauma and TIC

Thirty-two (32) participants completed all items of TIC Beliefs scale. The average scale score (across all 10 items) was 4.2 indicating that participants mildly agree with the beliefs associated with the impact of trauma and TIC.

This scale needs to be interpreted with caution for several reasons. First, there was a lot of missing data or “I don’t know” responses (see section below). Second, the questions may

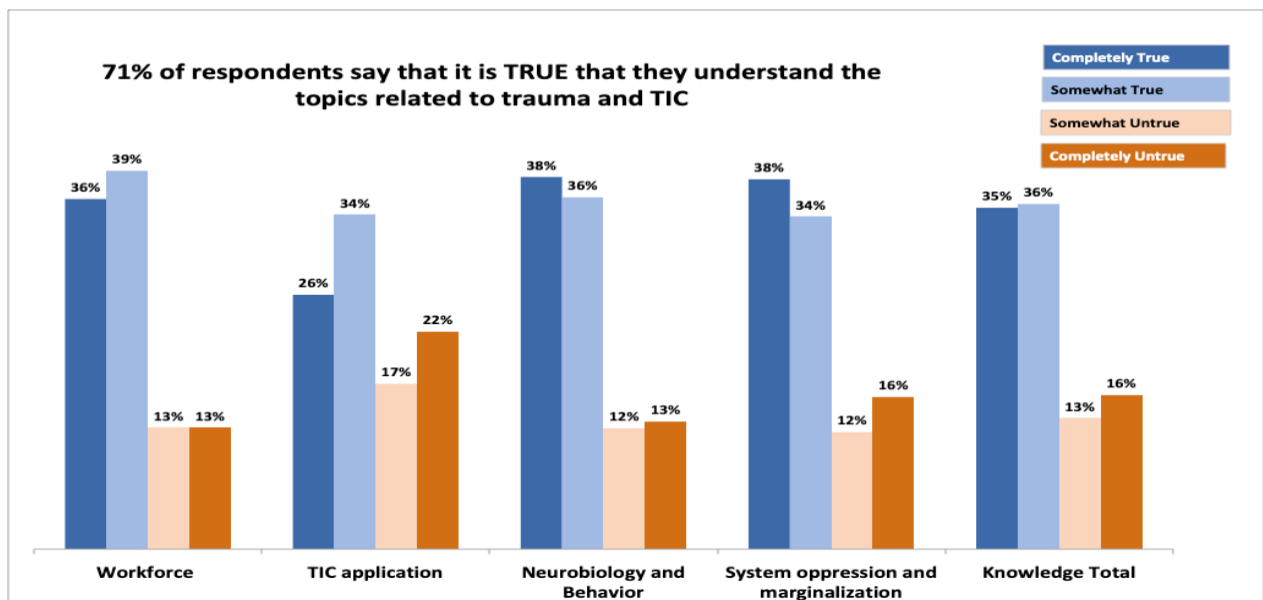
have been confusing. However, that said, this could be an opportunity for additional information and education about the prevalence of trauma among service users and staff, the impact of trauma on behavior, and the role of service settings and programs in potentially re-traumatizing survivors.





Knowledge About Trauma and TIC

Sixty-six (66) participants completed all items of the knowledge scale. The average scale score across all 21 items was 2.9 (remember this is scored 1-4, see results section above). This suggests, that on average, participants feel it is somewhat true that they understand the information related to the impact of trauma and TIC. Below is the percentage of responses falling within each answer type (completely untrue-completely true) for each topic area. The majority of respondents somewhat or completely understand most topic areas related to TIC. However, TIC application appears to be a topic area where participants feel less knowledgeable.



Between Group Differences

Respondents indicated whether they had prior training in TIC and whether they were familiar or not familiar with TIC. Both variables were used to look at group differences.

Familiar with TIC

21 (29.6%) are not familiar

45 (63.4%) are familiar

There is no significant difference between those who are familiar with TIC and those who are not on any of the measures, with the exception of total knowledge which was borderline significant, $p=.052$.

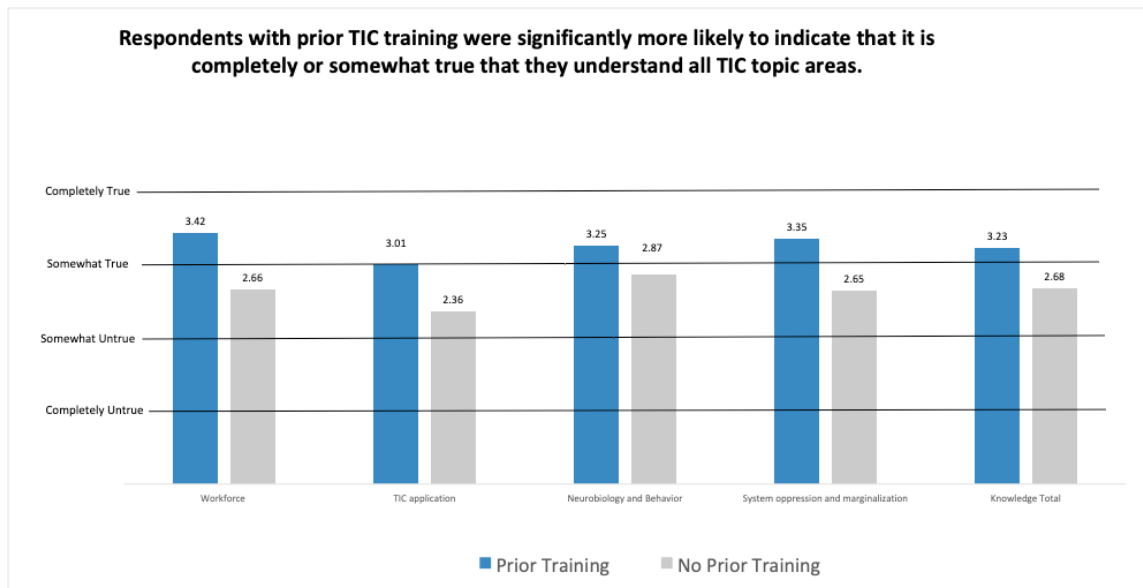
Training

30 (42.3%) have not received training

34 (47.9%) have received training



There is no significant difference between those who have had training and those who have not had training on any measure except knowledge. With the knowledge measure – all sub sections were significantly different.



Correlations

Correlation doesn't mean there is a causal relationship, but correlation is interesting to consider as it can point to measures that are associated. The following measures were significantly associated.

- "I have the knowledge needed" is significantly (positively) correlated with "I have the skills needed", $r(48)=.678$, $p=.000$. **As knowledge increases, skills increase.**

- “I have the knowledge needed” is significantly correlated with Total Knowledge, $r(47)=.298, p=.042$, meaning **respondents indicated that they have the knowledge needed as their perceived total knowledge increased.**
- As knowledge goes up, the self-efficacy measure goes down. Total knowledge has a negative relationship with most of the self-efficacy measures. **The people who are most confident with self-efficacy are the least knowledgeable.**
- Beliefs About Trauma and TIC (total scale) is significantly correlated with Self-Efficacy (total scale), $r(27)= -.619, p=.001$. **As beliefs increase, self-efficacy increases.**
- Principal Support for TIC (total scale) is significantly correlated with Affective Commitment for TIC (total scale), $r(27)= .451, p=.018$. **As principal support increases, affective commitment for TIC increases.**

Missing Data

One of the answer options was “I don’t know.” This can be informative especially if a TIC effort is new. Seventy-one respondents provided some data, but there were a significant amount of missing data or “I don’t know” responses. The table below provides the response pattern, which could highlight some needed areas for additional education and training. For each item, the number of respondents selecting “I don’t know” and “Blank” is provided. The % reflects those two responses as a percentage of all responses to that item.

	I Don't Know	Blank	%
Affective Commitment			
I believe in value of TIC	3	9	17%
TIC is a good strategy for this org	3	8	15%
Management would be making mistake with TIC	3	9	17%
Implementing TIC serves an important purpose	3	8	15%
Things would be better without TIC.	3	9	17%
Trauma Informed Care is not necessary.	17	13	42%
Principal Support for TIC			
Most of my respected peers have embraced TIC.	17	13	42%
The top leaders in this organization are “walking the talk”.	11	13	34%
The top leaders support TIC.	20	14	48%
My respected peers are dedicated to making TIC successful.	17	14	44%
My immediate manager encourages me to support TIC.	12	10	31%
My immediate manager is in favor of TIC.	12	13	35%
TIC Self-Efficacy			
I don't anticipate problems adjusting to the work when TIC is adopted.	14	10	34%
There are tasks that will be required with TIC I don't think I can do well.	16	15	44%
When we implement TIC, I feel I can handle it with ease.	12	12	34%
I have the skills that are needed to make TIC work.	12	10	31%
I have the knowledge that is needed to make TIC work.	12	10	31%
I can learn everything that will be required when TIC is adopted.	15	20	43%
My experiences make me confident that I will be able to perform...	17	11	39%

Beliefs about Trauma and TIC			
Many of the clients served by our organization have experienced trauma	29	3	45%
Many of the staff in our organization have experienced trauma.	20	1	30%
Many problematic behaviors start as a way to cope with emotionally...	23	4	38%
Past experiences of psychological trauma <u>cannot</u> be linked to current problematic behavior in adulthood.	24	1	35%
When service users have experienced trauma, this can influence their bx.	27	1	39%
When staff have experienced trauma, this can influence their behavior	19	2	30%
Seeking /receiving svcs from our org can be re-traumatizing for survivors.	12	2	20%
Our service setting does not create trauma for our service recipients.	5	1	8%
Our programs and services do not create trauma for service recipients.	6	1	10%
Working with trauma survivors can result in work related stress such as vicarious trauma.	17	1	25%

Report Submitted by:

Stephanie Sundborg, PhD, Director of Research Trauma Informed Oregon