

TICC's Trauma-Informed Organizational Readiness Survey

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2014

RESULTS

75 agency participants

28% screen for trauma

32% screen for suicide

48% policy against restraint & seclusion

TF-CBT is the primary treatment used (42%); only 1% of agencies are certified in TF-CBT

62% offer balanced caseloads*

67% evaluate self-care in annual staff evaluations

80% provide mental health coverage for full-time staff

36% track number of trauma survivors served

Cost is #1 barrier to implementing TIC

75% have no trauma-informed policy

1,264 people trained in trauma in 2014

*balanced caseload is defined as half or less than half of trauma clients for one clinician or direct care staff

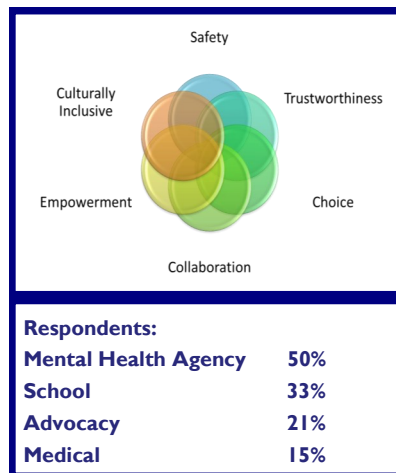
Survey Background & Respondents

In an effort to learn more about the status of organizations in Central Texas, The Trauma-Informed Care Consortium of Central Texas (TICC) developed *The Trauma-Informed Organizational Readiness Assessment Survey*. This survey inquires about areas of trauma-informed care including:

- Trauma screening
- support for providers
- trauma training
- cultural sensitivity training
- evidence-based treatments
- trauma-informed policy
- elimination of restraint
- evaluation & assessment

Additionally, the survey inquired about agency's implementation of the six core values of trauma-informed systems. These core values include: safety, collaboration, empowerment, trustworthiness, choice, collaboration and cultural inclusivity.

Seventy-five agencies responded to the survey. Most identified as mental health providers and the second most frequent respondents included schools. Some agencies, who provided multiple array of services, were able to select all services offered to clients.



The survey was designed based on input from The Trauma-Informed Care Consortium of Central Texas leadership, who have familiarity with trauma-informed care systems and trauma-informed organizational assessment tools. See below for specific survey results.

Results

SCREENING: Only a limited number of agencies screen all clients for trauma (28%), suicide (32%), or physical health issues (36%).

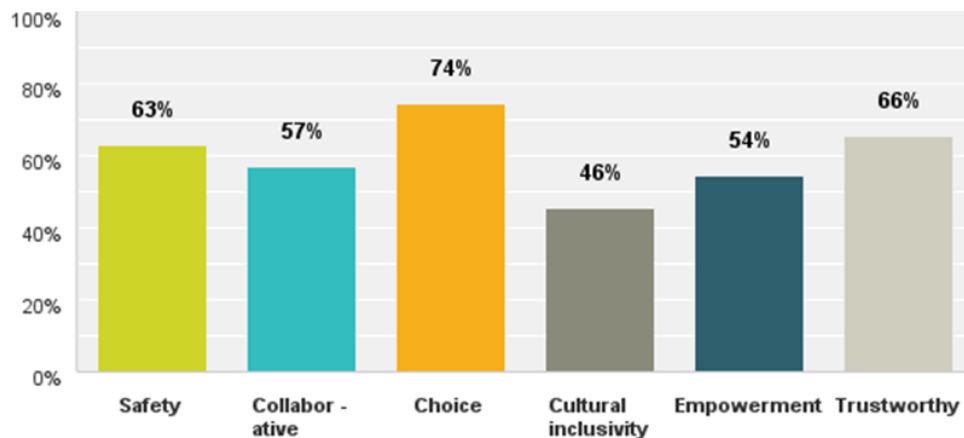
SUPPORT FOR PROVIDERS: Support for providers is necessary to protect staff from developing secondary trauma symptoms. Less

than half of agencies (43%) have policies and procedures in place to support staff. Most agencies, however, provide paid time off to attend professional trainings (70%), have a budget for trainings (70%), offer clinical supervision (57%), offer balanced case-

loads (62%), evaluate self-care in annual performance evaluations (67%) and provide mental health coverage for full-time staff (80%).

TRAINING: Most agencies provide annual cultural sensitivity training (65%) to staff, but only a handful provide these trainings to

Percentage of agencies that evaluate client feedback based on the these qualities of trauma-informed care:



“Fifty-eight percent of organizations consider themselves ‘trauma informed’. But, only 25% of organizations have a trauma-informed policy.”

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Special thanks to:

Mary Klingensmith, Stephen Kolar,
and Renee Calder Price

board members (14%). Following a similar trend, many agencies train staff on trauma; however, only a small number of administrative staff (16%), board members (16%), and volunteers (13%) receive this training.

Evaluation & Data: One significant area that needs to be addressed within organizations is the collection and tracking of data related to trauma. Some agencies track the number of trauma survivors served (36%), number of trauma trainings provided, (62%) and number of professionals trained in trauma (53%). Seventy-one percent of agencies survey clients on experiences and satisfaction; however, half of agencies survey clients at the end of services, thus not capturing information about clients who left services prior to the end of treatment.

Evidence-Based TX: Most agencies endorse using

evidence-based treatments including Trauma-Focused Cognitive Behavioral Therapy (42%), Dialectical Behavioral Therapy (31%), Seeking Safety (25%), Trust Based Relational Intervention (17%), Somatic Experiencing (17%) and Eye Movement Desensitization and Reprocessing (17%). It should be noted, however, that most clinicians providing these treatments (over 85%) are not certified in these interventions.



**TICC'S TRAUMA-
INFORMED
ORGANIZATIONAL
READINESS**

Policy: Most consider their organization (58%) to be trauma-informed; however, only 25% of these agencies actually have adopted a trauma-informed care policy.

Barriers: Respondents ranked the largest barriers to becoming trauma-informed including: 1) cost, 2) lack of buy-in from board/management, 3) unfamiliarity of how to become trauma-informed, and 4) lack of buy-in from direct care staff.

Where do we go from here???

- Identify funding sources or reduced the cost of implementing TIC.
- Provide more screening for trauma, suicide and physical health
- Develop policy to address restraint/seclusion, secondary trauma, and overall TIC policies
- Train on trauma & cultural sensitivity including staff, board, volunteers and administration
- Certify clinicians in trauma tx
- More emphasis on data collection and evaluation