

TICC's Trauma-Informed Organizational Readiness Survey

Seanna Crosbie, LCSW

2015

Background

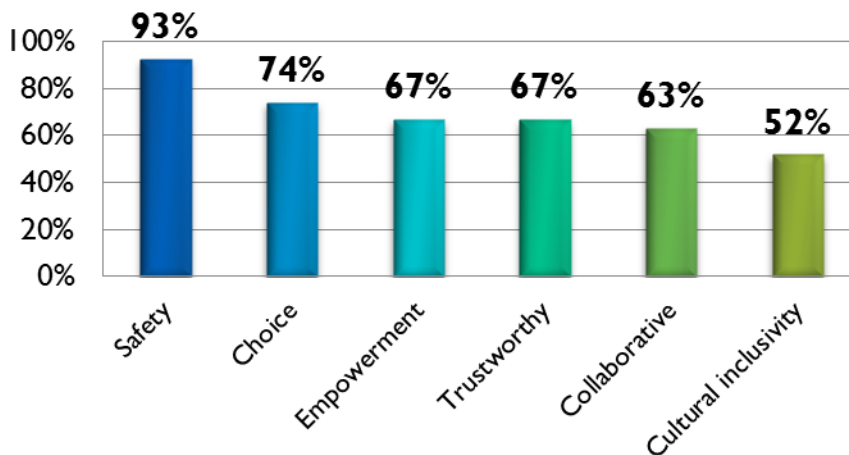
The Trauma-Informed Care Consortium (TICC) of Central Texas developed and distributed *The Trauma-Informed Organizational Readiness Survey* in 2014 based on input from TICC leadership. With some minor revisions, the survey was conducted for a second time in November 2015. The survey inquired about areas of trauma-informed care including:

- Empowerment/choice of clients
- Evaluation & Data collection
- Safety/physical environment
- Trauma-informed policy
- Trauma training
- Support for providers
- Type of therapy used
- Cultural inclusivity
- Trauma & suicide screening

Respondents

Eighty-seven individuals responded to the survey from 70 unique organizations. Twenty-nine of these organizations are members of TICC. Nearly half of the respondents identified as either a mental health agency (23%) or a school (21%). Agencies were not able to pick multiple service types, rather they were asked to pick the service type that most related to the work of their agency.

Percentage of agencies that request feedback from clients on the following trauma-informed care values:



Results Summary

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- 70 agencies participated
- 33% screen ALL clients for trauma
- 34% screen ALL clients for suicide
- 92% involve clients in the decision making process
- 36% survey clients on safety in physical environment
- 60% offer balanced caseloads
- 44% track the number of trauma survivors
- 46% have an official policy against restraint & seclusion



Key Findings

POLICY

*Fifty-two percent of organizations consider themselves **trauma-informed**. But, **only 11%** have an **official trauma-informed policy**.*

SCREENING

*Approximately **1/3** of agencies screen **ALL** clients for **trauma (32.8%)** and **suicide (33.8%)**.*

TRAUMA TRAININGS

***229** trauma trainings in Central TX where **7,553** professionals were trained.*

BARRIERS

*Over **half (58%)** said the **largest barrier** to becoming a trauma-informed agency was **cost**. **Second largest barrier** was **lack of buy-in from administration/board**.*

Seanna Crosbie, LCSW

scrosbie@austinchildguidance.org

512.451.2242

www.traumatexas.com

Results

EMPOWERMENT & CHOICE

Many respondents reported that their agencies involve clients in the decision making process (92%), elicit and document strengths at intake (84%), and provide written informed consent (80%).

SAFETY/PHYSICAL ENVIRONMENT

It was more common for agencies to survey staff about their safety in physical environment (56%), than it was to survey clients (36%).

SUPPORT FOR PROVIDERS

Thirty-five percent of respondents said their agency has policies to support staff around secondary trauma and slightly more (43%) said they evaluate self-care in annual staff evaluations. More agencies offer balanced caseloads (60%), clinical supervision (60%), paid time off for training (76%), budget for trainings (84%), provide mental health coverage for full-time staff (78%), and paid time-off for all direct service employees (88%).

CULTURAL INCLUSIVITY

Over half (66%) of organizations reported providing annual cultural sensitivity training to staff. And of the 66%, most train all direct care staff (73%) but a small amount train all board members (11%).

EVALUATION & DATA

Slightly less than half (44%) of agencies said they track the number of trauma survivors served. It was estimated that just over 20,000 trauma survivors were served in Central Texas. The most common time for agencies to evaluate client's experience and satisfaction was at closing/termination (48%), not allowing for input from those that leave service early. Agencies were also asked whether they survey clients on the six core values of trauma-informed systems (see graphs).

THERAPY USED

The top five evidence-based treatments were Cognitive Behavioral Therapy (CBT) (62%), Trauma-Focused Cognitive Behavioral Therapy (48%), Play Therapy (48%), Seeking Safety (37%), and Dialectical Behavioral Therapy (23%). However, most clinicians are not certified in the interventions they are providing.

NEXT STEPS

- Compile resources (roadmap/toolkit/trainings/agency assessment) to assist agencies in becoming trauma-informed (TI).
- Focus on compiling resources for training board/admin. staff.
- Increase access to training for evidence based practices that are being used by agencies.
- Increase use of trauma screeners through implementation of the Travis County Plan for Children's Mental Health.