Welcome to "Measuring Trauma-Informed Practice: Tools for Organization"!

Testing testing testing testing testing testing testing testing welcome to "Measuring Trauma-Informed Practice: Tools for Organization"!

>> Hello, everybody, my name is Jennifer Rose, and I would like to welcome you to our webinar today.

Today's webinar is titled, "Measuring Trauma-Informed Practice: Tools for Organization."

Our webinar today is part of an ongoing focusing on exposure to violence.

They are sponsored by the Defending Childhood Initiative with OJJDP.

We have a webinar every month, so please check your e-mail, and we hope to see you again, and thank you for joining us.

Our webinar will run until 3:30 Eastern Time.

During the webinar, your line will be muted.

You may use the chat section on the right of your screen.

Before we do go over the tech session, I will introduce to you Carmen Santiago for the U.S. Department of Justice.

She is responsible for overseeing the juvenile delinquency prevention programs and Ms. Santiago Roberts serves as a team manager for discretionary grants.

Carmen, I'll hand it over to you.

>> Thank you, Jenny.

Good afternoon, and welcome to today's webinar.

My name is Carmen Santiago, I'm with the Department of Justice programs, and we will provide this webinar as a part of the Defending Childhood Initiative.

As you can see on this slide, this initiative is being supported across many federal agencies, and there are three main goals of this initiative.

First, to prevent and reduce children's exposure to violence.

Second, to mitigate the harmful effects of violence, and third, to spread knowledge across the country on how to help.
Through the defending Defending Childhood Initiative, there has been significant impact addressing a national crisis --

the exposure of children to violence and also as witnesses.

Since 2010, the initiative has helped the field to prevent and redress children's exposure to violence through technical grants, raising public awareness, engaging in professional and capacity development, increasing knowledge through research and developing capacity around this issue.

They have provided technical assistance to states through policy initiatives to undertake policy and program reforms.

These reforms will enable states to assess and treat children exposed to violence and interrupt the cycle of violence and negative outcomes associated with trauma.

We invite all of you who are listening to this webinar to find ways in your community to protect children and to help them heal and thrive.

So on behalf of OJJDP and the office of justice program, I would like to thank our speakers and you, the participants, for joining us today.

Thank you.

>> Thank you so much, Carmen, for your ongoing support.

I'm going to hand it over to Melody, now, who will talk about our technology, and possible plan Bs if we need them.

Melody.

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>> Hi, thank you for joining us.

I'm filling in for Mie this afternoon.

In light of some technical experiences, we are testing out a new solution and have established two plans in anticipation.

So thank you so much to everyone for your patience as we troubleshoot.

So our current plan, our first plan, plan A, involves staying in the current webinar room, and we anticipate few technical challenges.

You can choose to connect using your computer or by calling in.

If you call in using your phone, please make sure that your speaker is turned off, and if you are connecting through your computer, please make sure your microphone is turned off.

Closed captioning is presented in today's presentation.

There will be time for questions and answers at the end of the presentation, and I will be monitoring the chat box to field questions and comments so we can go over them at the end of the presentation.
Should you experience any Adobe technical issues, please do call the number on your screen.

Now, plan B, will apply if the current webinar room prevents any technical challenges that become seriously disruptive to the presentation.

In this event, we will move to a different webinar room.

If this happens, we will make an announcement to move rooms, and in that case, please do rejoin our webinar and use the following link on the screen, which we will enter into the chat box, if needed, to connect to the new room.

Again, this is plan B.

Plan A is to stay within this current room, and thank you so much again to everyone for your patience and your flexibility.

I’m going to hand it back to you, Jennifer.

>> Great.

Thanks so much, melody, and thanks for coming up with this plan, but hopefully we will have no problem.

>> We are excited about our webinar today, and it is a pleasure to introduce our speaker, Rachel Latta.

Rachel Latta, Ph.D., is a licensed psychologist and currently serves as the Director of Trauma and Violence Prevention at the Center for Social Innovation.

She has 17 years of leadership and clinical experience in behavioral health and trauma with expertise in systems change, interpersonal violence, and veterans and military populations.

Dr. Latta is the lead of the Trauma and Violence Prevention division and oversees the Center for Social Innovation’s (C4) training and implementation of trauma and trauma-informed practices.

Dr. Latta is also the site project director on Recovery to Practice under the Substance Abuse and Mental Health Administration, which provides technical assistance and resources to healthcare practitioners and organizations on integrating recovery-oriented care in their service delivery models.

Dr. Latta co-developed Universal Design, a service-delivery framework that synthesizes the critical elements of person-centered, recovery-oriented, and trauma-informed care in healthcare systems.

Prior to joining C4, Dr. Latta was a leader in the effort to address intimate partner violence among veterans. Toward this goal, she served on a national Veterans Health Administration task force to address IPV among veterans and was co-author of the IPV assistance program within VHA.

She has served as a local and national trainer on IPV, providing in-person and web-based trainings for staff and medical and mental health practitioners. Her work with veterans who had perpetrated IPV involved working closely with the justice system on jail diversion programs and re-entry.

Dr. Latta has worked in and directed grassroots organizations and hospital-based and community mental health and substance abuse clinics.
She developed a novel outpatient clinic within the Bedford VHA Hospital for veterans and their families dealing with IPV.

She has also developed a comprehensive, recovery-oriented treatment for veterans who are using violence in their intimate relationships and have co-occurring behavioral and physical health conditions, which was chosen for national dissemination throughout the VHA system.

Dr. Latta’s research has focused on prevention of and intervention in IPV, specifically the role of informal network members in IPV intervention and community-based responses.

It is such a pleasure to have you.

I'm going to hand it over to you, Rachel.

>> Thank you so much for the introduction, Jennifer.

I'm really, really pleased to be here.

And thank you to all of you who are participating in this webinar, in all the work that you do to bring trauma-informed services to the community you work with, to children and their families.

Such important work.

So I don't want to just mention that, unfortunately, my co-presenter had a medical emergency and so I'm going to be presenting for her.

That's Dr. Lisa Goodman, and at the end of the presentation, I will give you some websites to go to for more information.

About the measure I'm going to be presenting for her.

So without further ado, let's get started.

We're going to be talking today about how you measure trauma-informed practice within your organization.

Unfortunately, we're talking about why you need to do this.

I don't think I need to spend a lot of time talking with you about the prevalence of trauma exposure.

In the work that you do, and I've been watching, you have all been taking the time to introduce yourselves.

We have a wide variety of people on the webinar today, which is so wonderful.

But as I see all of you introducing yourselves, I believe you all have experience with trauma-informed exposure is between 80 and 100%, again, depending on the population.

Just to make sure we're all on the same page, one of the things that happens as there's greater and greater awareness of traumatic stress is times --

sometimes a watering down.

I'm going to be using the American Psychiatric Association definition which we have here.
When we talk about traumatic stress, we're talking about exposure to or witnessing one of these three things -- death or threatened death, actual or threatened serious physical injury or actual or threatened sexual assault.

This can be something you experience yourself, something that you witness, or something that you experience indirectly, through a close friend or relative having one of these things happen.

Also, we can talk about secondary traumatic stress, repeated or indirect exposure in professional responsibility.

It may apply to many of you on the phone call today.

One of the hallmarks of this is it overwhelms our ability to cope with the event or events that we're experiencing.

The other thing that hopefully we all know that is just as important to mention, that defining whether or not something is traumatic is really subjective.

So it really depends on the individual's experience of these type of events whether or not it's something that becomes a traumatic stressor that leads to other problems.

Given the very high prevalence of this, people have developed practice that takes the results of experiencing trauma into account and really adjusts the workplace, the professional services, mental health, law enforcement, social services, all the different things that we can think of where people might touch these services and come for support.

Thinking about how we make those services as respectful as possible, as welcoming as possible, as safe as possible.

In 2015, Lisa Goodman and two of her colleagues looked at existing domestic violence agencies, written work, and the practice into these six domains that we see here.

So when we talk about trauma-informed practice today, these are the things that we're focusing on.

Safe and secure environments, the development of the work force -- the training, knowledge, supervision that supports us, that training and with our staff levels.

Ensuring that the people who come to us for service have choice and control wherever possible, focusing on healing relationships in the people who come to us for services, and helping individuals really integrate who they are, who they identify as, and also, the context, the reality, the stuff in their lives, and making sure that we're really being as thoughtful as we possibly can about all of the things.

And really focusing on promoting staff well-being, thinking about self-care, practicing mindfulness, all of those things which I know many of you do on a daily basis, and this is something that people have really been putting a lot of work into.

As we start to do this, one of the things that we are often thinking about is, how do we know what we're doing is effective?

How do we know that we are bringing trauma-informed practice to people in the way that we hope we are, what we would like to see?
So that is the focus for us today, thinking about or talking about two different measures, what will help us to understand how informed practice in our organizations.

So we're going to talk about two different organizations, an organizational assessment, and these focus on getting perspectives at two different levels.

So the first we'll talk about is the ticometer, and that is developed by the advisory board, and that focuses on the staff assessment, so asking staff questions about different domains and trauma-informed practice and getting their assessment of how the organization is doing, based on their perception.

The second one really integrates the -- focuses on service users, and asks service users to rate their experiences with services and how trauma-informed services were.

The trauma-informed practice focuses, again, on the service user.

Develops within domestic violence agencies, and we'll talk about that.

That one was specifically developed there, but we'll talk more about the different uses.

But you can see here again, the specific priorities are two complementary assessments, one, perceptions from the staff and one, service users and those are vital as we go forward and measuring trauma and informed measuring trauma and informed practice.

Okay.

So we're going to start with talking about the ticometer, and again, this is an organizational assessment of trauma-informed practice.

So today, when we talk about this, we're going to cover three specific questions.

Why the ticometer, what does the ticometer measure specifically, and how can it be used in your organization.

So why?

As we've talked about, and I'm sure you have experienced, as trauma-informed practice started to gain a foothold within Health and Human Services, we needed a way to measure the degree to which organizations were trauma-informed.

So we wanted a way to capture that in a moment, in a moment, and then we also needed a way to measure change over time, how effective were introductions put into place in response to the -- you know, the measure, and able to look at trauma-informed practice as a specific time but also to measure change.

>> Rachel, I'm sorry to interrupt.

We're having some audio trouble.

Can you go back to the beginning slide with the nature on the right line, and then we're going to try to mute everyone one more time.
Everyone that is not a presenter, please mute your line, your phone and your speaker mic or computer microphone, but hold on a moment.

We're going to try to mute everyone one more time.

>> All guests have been muted.

>> Hi, Rachel?

Can you hear us?

Okay.

So I think we've successful muted lines, so let's go ahead and get started again, and just as a reminder, folks on the phone who are not presenting, mute -- in case -- we're having a little bit of an issue.

Mute your phone and your computer microphone.

Let's try it again and see if it's resolved.

>> Do you want me to start from the beginning?

>> No, I think it just happened in the last two minutes, so we'll go back to the slide that you were on and -- and go from there.

>> Okay.

>> Yeah, thanks.

>> Thank you.

Okay.

So we're just going to pick up here where we left off.

And talking about why the Ticometer.

So the Ticometer was developed to measure trauma-informed practice, identify training implement steps and guide next steps.

So it's a tool that can be used for multiple things.

Again, to measure trauma-informed practice at certain times, to help organizations identify where the areas that where their staff may need more training and support, and help them to think about those next steps.

So that, specifically, is the Ticometer and how you use it.

So I'm going to start by talking about how -- for this section, how the Ticometer was developed.

To develop the item in the Ticometer, we started with an expert panel and looking at all the existing literature that we could find on both the peer-review published articles, and there are many, many manuals and other practice-based documents out there about trauma-informed care, and that was where the actual panel started, to draw us some items for that measure.
And then there were new developments of the new domains or groupings of the projects, and information and focus groups with the folks in the field using trauma-informed practice in their research and other areas to help to refine those items.

So once we had a good group of items to test, they did reach out to 68 different organizations and across those organizations it included almost 670 providers, and this was across Health and Human Services, domestic violence agencies, homeless agencies, other community mental health agencies involved, and also, there were staff across the organization.

So everyone that works within the agency, we tried to get involved, from housekeeping to court staff, food service staff, when they were there, administration and leadership, clinical staff and frontline staff.

And we got a pretty good response rate of about 68% of the folks that they reached out to.

So from this, then they were able to really refine the items through a process of item selection, and this is through something called psychometrics.

It's a group of items to measure concepts, in this case, the organization degree of being trauma-informed.

To evaluate these items, there are two ideas that we use specifically.

Reliability and validity.

What reliability is really the idea that items should measure a specific concept.

And validity is the idea that the items are actually measuring the correct concept.

So there are two aims in doing this.

First, we want to select a group of items for each domain that was identified through the absolute panel, and we wanted to make sure that those items fit into the appropriate model of the domain, and, B, within each domain.

So that means items that don't fit any domain but fit into the grouping that we set -- that we hope they do.

And then we want to test the validity, which is the items are hopefully delivering what they hope they deliver, and assess how well the items in each domain measure the specific domain at a time.

Okay.

So these, then, were the domains that we came up with through that process.

There were five specifically.

And these, again, came through that -- that process, but they are similar to the ones that we talked about at the beginning.

The first one is really building that -- that baseline foundation for people of trauma-informed knowledge and skills.

The second one is respecting service users.
And, again, if we think about trauma and what it does to folks, this is really cornerstone of trauma-informed care.

And when they have the respecting service users, again, we're speaking about this, across procedures and the environment, the way that the organization is set up.

Then we want to promote trauma informed policies and procedures.

Everything we ask people to fill out, the day that we ask people to fill things out, the employee policy visions, all of these things, we want to ensure are really sensitive and promoting the idea of trauma-informed practice.

All of you know, tracking relationships, I think, are really at the cornerstone of trauma-informed practice, and so, again, you know, this measure looks at the degree to which staff are establishing these types of relationships and feel they have the information, the information, knowledge, and skill they need to do that.

And then just across the board are the services that are offered, really fostering a trauma-informed practice perspective.

So the Ticometer is an online measure.

What we're going to do now is actually go through some examples of what it looks like and give you an idea of how it measures.

These are one of the first pages that you would see here and building trauma-informed knowledge and skills, and this is the introductory page for that.

In that, again, we're really assessing the degree to which the organization both provides training and supported skills for trauma-informed practice and how well the individual seeking the Ticometer feels that they have either been able to attain that information or had access to that information, all of those kind of things around training.

And acquiring knowledge and skills.

So domain two is about establishing trusting relationships.

And this gets at some of the things that go into establishing trust.

So here you see an example of one of the items, staff uses person-first language, such as "a person experiencing homelessness" rather than "a homeless person," and you see four options there, people can choose from strongly disagree to strongly agree, and those four options are available for each item in the measure.

So domain three, then, looks at respecting service users.

And, again, this is really about things like do people talk about individual cases or folks or families who are getting services in public areas.

Are they inclusive of people with the experience, in all aspects.

Are there people on the boards, in the advisory panels, in all levels of the organization.
So these are things that really demonstrate that there is respect for service users.

Going forward, about fostering trauma-informed service delivery, we will see questions about thinking about peer-first staff and the practices that are in place to help staff in terms of expressing fatigue, secondary trauma, about care and whether or not the organization is encouraging that.

And, finally, trauma informed procedures and policy.

And so, again, this is looking at things like the intake items, forms, you know, how are questions asked, do people have the opportunity to refuse to answer questions they don't want to?

What are the policies of the organization?

Are they trauma-informed?

Are they sensitive to the needs of individuals who have experienced trauma?

So that gives us a brief overview of what the measure is.

Now, I'm going to talk about how you can use this measure specifically from logistics as a measure.

So there are 35 items in total.

It takes about 15 minutes for people to go through, and as I said, it is all online, so you really can just use the buttons to click through.

The scores are at domain level and overall, so it really is meant to be used or most effectively used at the domain level.

You can get further an overall sense of how trauma-informed organization, but again, it's most useful to look at where the areas are, where are the areas that the organization could use some support and more resources.

And once again, as I mentioned, this is a measure that is really intended to be used by all staff at all levels, and the greater diversity that you can get here, the better the score that you get.

The more they'll actually tell you.

Because, again, trauma-informed practice really needs to be across the organization.

So we really want to see, again, how widespread it is.

You can do things like code it in certain ways so that you can look at different departments, depending how large the organization is.

Again, that's used across the organization.

So this is just an example of the results that you would get if you or somebody was taking this within your organization and they can see here the score across each domain.

And then the overall score.

There is also narrative feedback that you get, so this is something you can use dependably in your agency.
We also offer consultation and support and training over a variety of options to help you in terms of this.

Again, I think it's a tool that can be used in multiple ways when you're thinking about using it for your organization, I can get you help informed, strategic planning, a staff planning training plan.

Again, to measure a certain point in time, how is my organization doing right now, and then to measure change.

So we know we're going to kick off this major trauma-informed initiative, so we'd like to get a baseline of where we are, then we're going to check in.

We recommend anywhere from six to nine months to see, has there been a change and is that change being sustained.

So then for the system administrator, they will see a screen like this that allows them to see the overall score for all the folks taking this within their organization.

And, again, we can use random user ID to preverve anonymity.

It can be aggregated and used across the organization and code them within that so that you can look up specific departments or service lines within your agency, depending, again, on how large your agency is.

So that is an overview of the Ticometer, which, again, is looking at trauma-informed care at the organizational level from the perspective of staff, they see how the organization is doing.

This is the information, if you want further information about the Ticometer, it is available through the training center for social Innovation, T3, that's also my contact information, and I will be answering questions on this.

I know I would have been seeing that there are questions at the end of the presentation.

So now we're going to shift gears and I'm going to be talking about the trauma-informed practice scales that were developed specifically for domestic violence programs.

As I said, the Ticometer was developed and normed across the numerous social service agencies.

These were designed specifically for use in domestic violence programs.

So on Lisa's behalf, I know she is really excited that all of you were here participating in the webinar, and was really happy to have this opportunity to introduce you all to this tool.

And we work to strengthen our trauma-informed responses.

Of course, it's very critical that we hear from the people that we're serving to hear from them about how we're doing as an agency and how we can do better.

This is really the cornerstone of the trauma-informed practice scale.

So she's going to talk about --
I’m going to talk about for the next ten minutes an example of how you can do that.

The TIP scales are from the perspective of the people that were serving, created with the domestic violence staff and survivors and validated through a research study and are now being used in programs across the country.

Those of you working in or alongside domestic violence or sexual assault programs may find them immediately useful.

If you work with children, you can use some of the subscales as parents who may themselves have trauma history.

This can also, at the very least, inform your thinking in a general way about how to bring the voices of program participants into your work.

We both want to emphasize, Lisa and I, both of these are guide posts on a very long journey to becoming trauma informed.

They both offer concrete pieces of evidence against different time frames, compare your programs to other programs, and identify to see where you can improve your practice.

It’s all very important, but not sufficient in your journey to becoming trauma-informed.

In some ways, that is an endless process, and these tools can help you assess where you are in the process, but so can the conversations, the treats, the self-reflection, the things that people engage in, and shouldn’t take the place of all of those things.

They’re all important.

Okay.

So in the next few minutes I’m going to describe briefly for you who developed the TIP scale, what they were trying to sell, and use in the field, and this was important to understand how the scale was created and who was involved in the creation, whether or not it’s right for your program.

And, again, the process here for the development and validation is very similar to that of the Ticometer, so hopefully that repetition will help some of you who may glaze over sometimes at the research information, will hopefully have it in a way that’s digestible.

And finally, we’ll talk about how other programs have used the scales.

Okay.

So who developed the trauma-informed practice scale?

Lisa Goodman is a psychologist and professor at Boston College.

She also coordinates the DV programs and evaluation resource center, I believe, but it is a really unique bringing together of domestic violence agencies in the Boston area and researchers to work collaboratively in thinking about how to measure things that are vitally important for domestic violence programs.
Cris Sullivan, a domestic violence researcher.

Very involved in developing evidence-based work, domestic violence programs across the country, and also, involved were Josie Serrata and Julia Perilla at the national Latino network who brings support to the Latino survivors of domestic violence, and Carole Warshaw, at the domestic violence and mental health and scores of advocates and survivors who we won't hear about in the presentation.

Okay.

Because the team focused on domestic violence, this is a trauma-informed approached scale, it has always the strived for a trauma-informed approach to principles.

The rest is relatively new.

In 2001, what is now known as the National Domestic Violence -- I'm going to forget what the acronym stands for, but where Carole Warshaw is, bridge the gap between domestic violence work and trauma-informed principles, and they have made available information which you are hopefully taking advantage of, with other groups who have done so as well, obviously, Futures Without Violence has done a lot of this work focusing on children and families and but what these folks who developed the TIP scale have heard over and over again, were practical tools to help them understand their work, identify gaps and track their growth from the perspective of survivors.

What they heard from survivors is how staff think about their work is often very different from how survivors see it.

So they wanted to address the gap by developing a tool that could demonstrate this.

So the goal was to create a set of scales that could be used either by community programs for three specific things.

To identify the areas of strength and weakness, to improve their practice, and demonstrate to the key stakeholders that they are implementing trauma-informed principles into their work.

They knew there would be key challenges.

They wanted to focus on concrete practical things rather than just principles, and describe how the trauma-informed practice is.

There were other things out there to address capacity, but it's important to understand what surviving experiences, the program, for me -- from those of us who are providers, we know sometimes we think we're doing something that is very trauma-informed and we'll work with survivors, but it's experienced very differently from the people coming to us for services.

So it's really important to have both of those perspectives.

We also wanted to talk with all domains of trauma-informed practice, even if it was hard to make it explicit in the form of concrete practice.

In every case they were really doing their best, but some were more difficult to express it in that way.

Okay.
So the creation of the trauma-informed practice scale took about a year, a year and a half, and involved collaboration of multiple domestic violence programs and hundreds of survivors.

The process seemed to be broken down into three steps.

Developing a scale item, administering it across the country and making sure that it met the standards for validity and reliability.

So we're just going to talk about each of those steps.

Let's show the process of developing the items on the TIP scale.

So first, there is a thorough review of research on trauma-informed practice really focusing on the domestic violence context across the literature.

Also conducted 15 interviews with experts on trauma-informed practice in the domestic violence context, including consultation with a number of culturally specific domestic violence centers across the country, both Asian Pacific, national indigenous women's Resource Center and many others, and based on that, they generate an initial draft which had a huge list of items.

They pilot tested the draft to make sure that all the items were easy to respond to and made sense to folks.

Only after that did they arrive at their final draft of 62 items, which had translates and back-translated from English into Spanish, so both Spanish and English.

The next step was to administer it to as many as possible to test the reliability and validity.

So they sent it to 15 community based programs with which they had working relationships.

These represented a range in terms of services offered, setting, location, demographic, and how to recruit participants for the study in the survey.

The draft survey also had various other measures that were critical for protecting concept validity and weren't -- we were able to collect 370 surveys from survivors.

So in order to validate the TIP scales, this helps them to further cut down the measure to make sure it was reliable and valid.

The analysis to show that the scale has coherent clusters and subscales.

This process showed them the items -- that the items fell into specific groups, which will be described.

Those that didn't fit well were eliminated, and ultimately, they got down to 33 items that made up six subscales.

The second step was a reliability analysis we showed that the items within each basically formed a coherent hole and each on the TIP scale were related to the constructs that we would expect them to be related to, on advocate-survivor relationships, highly correlated, that means related, with a measure of reliance that is often used in therapy research.

Another interesting way, they tended to score their programs similarly.
In other words, when the TIP scale was used, it took the measure something beyond the unique experience of the individual survivor but did seem to capture characteristics of the program itself.

The view of the TIP subscale, each block described the key subject of trauma-informed practice, and the specific items that logically fall within each block fell together statistically and conceptually, so people who scored high in one area, agency and mutual respect, tended to score high on the other categories.

The first four subscales that you see here that focus on environment, access, opportunity, and emphasis, make up the main TIP scales in the 20 items that they map.

The last two, cultural responsiveness and inclusivity and support for parenting have to be considered a separate scale because they have a slightly different set of response scales, and I'll talk about that in a few moments.

The next few slides, we'll look at each of these blocks in a bit more detail.

Okay.

So the first subscale, environment of agency and mutual respect, is composed of nine items that affect the quality of interaction between staff and survivors.

You can meet the sample item at the bottom of the screen and remember, that like the rest of the trauma-informed practice scales, this is from the perspective of the clients or participants and may not reflect what staff intends.

Also, the response options for the other mean tip scales rate from not at all true to very true or a Likert Scale that provides those options.

The second scale, access to information on trauma, is composed of five items, the extent to which staff provide information on how people experience and cope with trauma and its aftermath.

Each focusing on a particular aspect of trauma and coping, and again, there are examples at the bottom of the slide.

This third scale is opportunity for connection.

There are three items here.

So look at these, offers opportunities for survivors to build relationships.

The fourth scale, which is emphasis on strengths, and the last scale within the main TIP is also comprised of three items comprise this scale and to which staff recognizing the survivors' strengths.

Okay.

This scale has eight items, and the staff understands various aspects of the person's identity -- culture, religion, sexual orientation or gender identity, social or economic status and immigration status.

Each focuses on a different dimension of identity.

So you can see the sample item there.

Unlike the other scales, participants have the option to answer they don't know who any of these items.
And this is -- this is made based on the feedback that they got from the survivors who participated in the pilot testing.

Here, then, that there were many items then, the I don't know response was included, they needed to separate the to stay stay -- scale from the main TIP so that it didn't skew the performing.

So this is considered a separate scale within the TIP.

The final scale, support for parenting, is five items that assess the degree to which the program helps survivors strengthen relationships with their children.

This is only relevant for parents taking care of children, given that there are many people for whom the scale is not relevant and based on the feedback from early development and pilot testing, this also has the "I don't know" available as an option, and if you -- if you're not a parent, then, you will likely not rate what the agency support is for parenting.

So, again, for the same reason as with the culture responsiveness and inclusivity, this is considered a separate subscale.

So the folks to developed this, created a comprehensive guide for the practical use of the trauma-informed practice scale.

The guide is available on the NCDVTMH website, including the scale that we talked about.

It gives the information on how to administer the scale, how to design a protocol for administering the scales, creating a plan with staff and inviting participants, the scoring, and the tools for that in English and Spanish.

And I'm going to put here in the chat box, this is the website where you can get this scale.

So the reaction to this scale, overall, it's really in its early stages of developing, and evidence-based within the scales.

An individual who is high on the domestic violence network has begun to use the TIP scales in her training of DV program.

She says this little girl captures what she is working with and the whole road map, her name is Rachel Ramirez, and it goes well beyond the scales, and that will also be available on the DV evidence website.

They have indicated that it's easy to use and available and shows what is across the scale in a very meaningful way, clarity about staff, clarity about agency expectations and resonate as accurate and helps the agency get an idea of relative strength and weakness.

If you decide to use the trauma-informed practice scales, the creators really recommend reading the guide in full, because it gives you a much fuller picture of them.

I am able to give you in the next 20 minutes, since I wasn't involved with this.

The programs are welcome to print out, copy the instructions and information is free for everybody.

So at this point, we want to --
I really want to thank you for taking time out of your day to listen, and about these two different tools for measuring trauma-informed practice within your organization, and I am going to -- and Rachel Ramirez is on the call, and she is providing her e-mail address if people want more support or help.

So thank you, Rachel, for offering that.

I know that there have been a lot of questions coming in.

We do have a good amount of time for those questions.

So Jennifer, if it makes sense, I will just go ahead and start addressing them.

>> Yes, that sounds great.

We tried to pull them out of the chat box so they are a little more accessible for you, and we will keep an eye on more as they come up.

>> Okay.

So I know that one of the things that I noticed right away were questions about the cost of the Ticometer.

The Ticometer does have a cost associated with it.

There are different options available for that.

You can either become a subscriber, which -- to T3 and that brings with it a whole host of online training, self-paced modules, short training videos, just a wide variety of things to help support your agency.

So that's one option, to have a subscription.

And then the other option is to get a direct licensing fee from T3.

And I do believe I saw Jennifer put the website up there where you can get more information about that and -- I will paste that in again in case people missed that.

And also, this is the best e-mail address if you want some more information, somebody to talk to specifically about what may be the best option for your agency.

And then the trauma-informed practice scales are available for download and distribution.

So then it looks like a question was about, how -- I believe it's the Ticometer been used by schools working to become trauma-informed?

We have definitely been looking at adapting the Ticometer for use in schools.

Someone's questions are probably definitely, we'll work across schools, but it really at this point, it was designed for health and human service agencies, so it hasn't been used in schools, but it's definitely something we're looking into because I think it would be very useful.

And we have been using it for pre and post assessments, so as I mentioned, that's one of the common uses is to look at the effectiveness of training to see how people are doing across --
across time, using the training information in revising policies, all of these different things that organizations do, work at becoming more trauma-informed.

Are they in fact effective.

If a Ticometer includes a refer to action steps, organizations can take?

Yes.

They do.

I can go back to this slide.

There is in the online assessment one of the things that you get is the individual who is taking -- there they are.

The individual says, you are an individual and you are taking this, you will get this information physically on your results, and then there is an overall narrative response for the aggregate, for the overall results for the agency.

With that fee that you pay to use a Ticometer, whether it’s through a subscription or through licensing, we also build into that consultation time where we will talk with you about the results and thinking about what next steps might be for your agency based on those results.

Are there only aggregate scores available on the Ticometer?

Can the person use the changeover time?

Also viewed by job category?

So the answer to all of those --

well, the first one is no.

There are individual results, as long as people use the same user name each time, then yes, we can track the individual change over time as well for -- then they get used multiple times.

It really -- I haven't been involved in trauma implementation where they've used the Ticometer.

At the individual level because we really encourage agencies to look at their staff -- allow this to be anonymous so they can get the most honest results.

That's the path we've been --

knowing that we haven't worked with individual change over time, but it can be done.

And, yes, we tend to put it out in different ways, to a large homelessness agency that we worked with, we looked at results across different sites in multiple sites and also worked within different departments, so security, we looked at administrative staff, at nursing, at social work, and there are different ways to break it out, and that's how we code.

Let's see.

Okay.
So questions -- more questions about cost.

How frequently should you measure for progress.

Again, we recommend about every six to nine months, if you're doing an active implementation project and then if you kind of want to see once that's gone, you might go more to every year.

The use of the Ticometer after -- okay.

So there is an article that you can read about the development of the Ticometer.

And I will provide that.

Hang on one second.

This is a fairly new tool, so we don't have any other published information yet.

We're in the process, as -- with the TIP.

They're both fairly new and we're working on gathering that evidence-base out in the field.

I'm sorry.

I'm just giving you a link to the article about the environment.

I'm sorry.

It doesn't have the link in it.

Okay.

So that is the article on the development.

I believe that there is an article under review right now on the development of the TIP scales.

Let's see.

Okay.

So Ticometer for each item available, yes, they are.

Are the subscales psychometrically sound as well?

Yes.

As far as the validity, I will refer you to the article.

I think that will give you the best overview of the psychometrics of the scale.

Is each instrument reliable and valid.

So then there's a question about the validity and reliability across race, ethnicity, gender.

Again, those kind of details are available in the article.

And I would highly recommend that folks look at that.
Somehow, I think I may have skipped a question.

Okay.

And so T3 doesn't currently have any funding available to give folks to take the Ticometer.

We are working on having a specific research group agreement where folks don't need any of the consultation or training services but just the measure on what we'll be doing on the data aggregation themselves.

So that's something, if somebody is interested in, definitely contact us.

We're happy to talk with you about that.

Unfortunately, there are some questions, again, about the specifics of the trauma-informed practice scale, the age range of participants.

I, unfortunately, don't know any of those details.

At this point, I'm going to pause for a second and clarify the difference between the TIP scale and the Ticometer, the availability, fees, all of that.

The Ticometer, again, measures, it's an organizational measure of trauma-informed practice, from the perspective of staff in an agency.

It was developed for Health and Human Services agencies specifically.

And there were some child welfare agencies involved, so it is for agencies serving anyone across -- across life-span, but has, at this point, had been developed just for using those populations, not in schools.

It does have a fee associated with it.

There are two different ways to gain access to it.

One is through a subscription model that gets you access to the other online total resources that are available through T3, which is the training (indistinguishable) where I work, and the other to pay a licensing fee for the Ticometer itself.

Both of those options include the aggregation of data, there it is with the website you see, and also consultation time to talk through administration and the results.

This is a measure that's entirely online.

And then the trauma-informed practice scales was developed specifically with and for domestic violence agencies and available for you to copy and distribute in your agencies as the domestic violence project website.

And that has not yet been modified beyond use in domestic violence agencies.

It also has scales that look at cultural responsiveness and parenting and from the perspective of people participating in agencies.
Does that distinction help, just to have that on one slide?

Okay.

I'm just going to go back to the question list.

Okay.

Is it only for being trauma-informed for agencies with services for people who are victims of domestic violence?

So the Ticometer is certainly not use for use in domestic violence agencies, but can be used in domestic violence agencies, but again, it's useful across health and human service agencies.

So both mental health, homelessness services, things like that.

The trauma-informed practice scales were developed specifically for domestic violence agencies, and while there are many items that would be applicable across agencies, there are many that are specific to domestic violence agencies.

I would really encourage you, if you're in an agency, looking at or thinking about using the trauma-informed practice scale that you contact Lisa Goodman, and I'll put her e-mail right here.

And talk to her about that.

Because it is a really valuable resource.

So, again, I just -- there's a question coming in about how scales have been used internationally.

Both of these scales are very new.

They're developing their evidence-base right now.

They have not been used internationally.

The TIP scale is available in English and Spanish.

The Ticometer is available only in English.

Okay.

So somebody asked a question about if the Ticometer can be used for other service provider types and can you provide guidance.

So the -- it's -- the short answer is, I mean, it could be, but at this point, it is not.

It would require another study.

We'd have to go through a similar process to the one that we did to develop the Ticometer, because to have -- it would be psychometrically value to go through this, you can't just add or subtract words in a measure.

So the short answer is no.

We're thinking about adaptation in other areas.
Hospitals is another thing that we’re thinking about.

But again, it would require further studies.

Is the Ticometer appropriate for children services in a county, yes, it can be used in a county for children services.

Okay.

I think -- someone asked about the Ticometer useful for juvenile court assessment.

Again, it wasn't validated in that context.

I think the context -- I think there are many questions or some questions that wouldn't be relevant and it's not going to give it all the aspects in terms of things you see in juvenile court and that kind of the justice system.

Again, one of the very active members of our advisory board, Dr. Jolene Ford, who does a lot of work in the juvenile court system.

That is another partnership that we have and we're thinking about exploring that adaptation in the future.

Okay.

(Indistinguishable) often find them disempowering because they've done very little.

One of the things that I think is very beneficial about the Ticometer is that it's very fast.

Just 15 minutes.

People really -- you know, they -- it's a quick advisor, checking something off on a Likert Scale.

So if the organization hasn't done a lot and want to just do prep before you administer it and saying, this is where the areas are, we're assuming that's the case, given where we are in an organization, but we're using it as a baseline to be able to measure the change, and to be able to provide us a starting place or a road map of how we're going to implement trauma-informed care in our organization.

And I would emphasize this is best at the germane level and overall organization, so this is getting a sense of the organization as a whole.

I (indistinguishable) when I used it with organizations in the process that people have given me that feedback yet it's disempowering.

I think one of the things that is hard about the process evaluations is that a lot of time and energy goes into them, so I think that can be somewhat demoralizing sometimes for staff to see, that there's still so much more work to be done.

Again, I think those process evaluations can be very effective as well.

Okay.
Can you give an example of a change in policy -- of something that is not trauma-informed to something that is?

So as an example that I can think of actually from domestic violence agency that I worked with, we had a policy about your phones, no cell phones, and there were various reasons why they had come up with that rule particularly.

You know, a lot of it had to do with -- concern for safety.

And that the abusive partner would not be able to contact the person in the shelter.

There was a situation in which a woman who was in the shelter had a son who was too hold to be at the shelter with her and she had a phone so she could call him and stay in touch with him, and a staff member found out after she had been there for a few days and the woman was very upset and said, you know, I can't give up this phone.

It's my only contact with my son and I need to be able to talk to him.

He had particular hours for work and it doesn't work for kind of the hours and the availability of the public phone.

And so they went back and forth about it a couple of times and the woman ended up having to leave because she wouldn't comply with that policy.

And the policy in and of itself wasn't necessarily -- it's not talking about -- trauma-informed, but a few months later, the agency started going through a trauma-informed implementation process, and that's where I heard the story from an advocate and they talked about how the training had really helped her to rethink that and think about, was there another way they could approach this.

Was there a way that the agency to have some flexibility about this given the individual's story of this woman.

So that's not necessarily a specific change in policy, but, again, really thinking about, I think, sort of at the more (indistinguishable) level, you want to think about who is the policy serving, why is it there, is there flexibility, room for us to change to meet individuals' needs.

I mean, there's a whole lot that we could talk about around there, nothing related to the measurement.

But I think this is a part of what this will help you to think through.

This is one way to sort of gauge how you’re doing and thinking through those kind of things.

Let's see.

Jennifer, did you see any questions that I missed?

>> I think you have gotten through all of the questions that we've pulled out.

So I would invite folks one more time, if anyone has any questions for Rachel, please type them in.

>> Thank you, all, for your questions.
They were really thoughtful and I appreciate them.

Always the part of webinars that are awkward, I'm answering questions and we can't have a dialogue in the traditional way we're used to, but I appreciate all of your questions and thoughts.

>> So if there aren't any further questions, I will take this moment to thank you, Rachel, so much for your fantastic presentation and your amazing ability to present on a scale that's not yours.

I'm sure Lisa would be proud.

So thank you so much for doing that, and thank you for taking time to be with us today, and thank you, all, for calling in and your questions and for the work that you do every day in your communities.

We know that the work doesn't stop when you're with us, you're on the webinar, so thank you for continuing to grow and learn.

It only helps the families that we serve.

So thank you so much, everybody.

I hope you have a good rest of your day.

And we look forward to seeing you on our next webinar.

>> Just a reminder, we do appreciate everyone's feedback, so please refer to the link on this last slide to access the evaluation survey.

Thank you.

>> Thank you.

This is Rachel, I just again want to thank all of you who are still on the call for taking this time out and echo what Jennifer said.

It's such vitally important work that you're doing, and I want to thank Futures Without Violence and the Defending Childhood Initiative.

I'm in awe of all the work they do to support all of us who do this work.

So thank you so much for this opportunity.