carepath

Empowering public authorities and professionals towards trauma-informed leaving care support

TRANSFERABILITY CRITERIA PACKAGE

From good practice to working methods on trauma informed care

WP2 / A2.4 / D2.4.1.

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Transferability criteria package

1. INSTRUCTIONS

Objectives of the deliverable D2.4.1 are collecting and mapping good practices in the field of trauma-informed care services or projects in the EU.
For this reason, the partners are asked to proceed with the evaluation, through the available online form, of what is present in their own countries. The google form, built for this specific purpose, allows to identify the partner who performed the evaluation and the organization / service / project that was the focus of analysis.
In particular, referring to the document containing the evaluation criteria (D2.4.1 A_final available on the shared folder in the google drive), each partner should fill in an on-line form (on-line form: D2.4.1 B_Final in the WP2 shared folder) for each organization / service / project that intends to evaluate.
In the module some preliminary information both on the evaluator partner and about the organization / service / project assessed are required (Section "Identification" of the on-line module);
Sections 1, 2, 3 contain information, if inferable from the available documentation, that may constitute elements of evaluation and comparison with the best-practice criteria identified in scientific literature.
The last section – named "Free comments" –may contain further elements useful for expanding the knowledge of the initiatives present on the European territory
This data collection and the resulting database (overall output of the evaluation process) will allow the construction of a report "on the state of the art" in Europe and will be an integral part of the WP2 planned guidelines.

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2. INTRODUCTION

UNITO team has revised the scientific literature in order to identify transferable working methods in integrated trauma-informed child protection systems. In particular, our aims were to develop, starting from a theoretical and scientific field, a methodology and to propose criteria for collecting transferable good practices for TIC and leaving care support of children in EU.
Below the researches implemented:
1) Search*: "trauma informed"
Years of publication (range): 1974-2018
Number of Publications: 5885

2) Search “Trauma informed care”
Years of publication (range): 1974-2018
Number of Publications: 2089
3) Search “Trauma informed care” and “services” and “youth”
Years of publication (range): 2001-2018
Number of Publications: 803

* Interface - EBSCOhost Research Databases; Search Screen - Advanced Search - Expanders - Also search within the full text of the articles -Search modes - Boolean/Phrase
Database - PsycINFO;Business Source Ultimate;CINAHL Complete;eBook Business Collection (EBSCOhost);eBook Collection (EBSCOhost);EconLit with Full Text;Education Source;ERIC;Family Studies Abstracts;Gender Studies Database;Historical Abstracts with Full Text;Mental Measurements Yearbook;MLA Directory of Periodicals;MLA International Bibliography;PsycARTICLES;Race Relations Abstracts;Regional Business News;RILM Abstracts of Music Literature (1967 to Present only);Social Sciences Abstracts (H.W. Wilson);Sociology Source Ultimate;Urban Studies Abstracts;Violence & Abuse Abstracts

2.1 Revision of literature: Critical issues

From a general perspective, it is possible to underline how wide and varied the scientific literature is, coming from the United States and with a large number of publications with an almost exponential increase in the last decade.
We have found some critical issues in the field:
- No clear and scared definition of TIC (Trauma-Informed Care)
- No consensus about criteria and methodologies
- Growing number of publications vs small number of evidence based studies about efficacy

The choice of the elements/criteria of reference for our objectives is taken from the following recent publications:
- Hanson, R.F., Lang, J. (2016). A Critical Look At Trauma-Informed Care Among Agencies and Systems Serving Maltreated Youth and Their Families. Child Maltreatment, 21(2), 95-100.
- Johnson, D. (2017). Tangible Trauma Informed Care. Scottish Journal of Residential Child Care, 16(1), 1-21
- Becker-Blease, K. A. (2017). As the world becomes trauma–informed, work to do. Journal of Trauma & Dissociation, 18(2), 131-138, DOI: 10.1080/15299732.2017.1253401

2.1.1 Definitions of TIC

As pointed out by Hanson and Lang (2016), there are many definitions of TIC in scientific literature, not coinciding and concordant between them.

As an exemplification, you can see below the summary published by these authors (Table 1)

Table 1. Definitions of Trauma-Informed Care.

Source	Definition
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (Substance Abuse and Mental Health Services Administration, 2011)	"A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." (p. 9). Also notes that TIC is distinct from, but inclusive of, trauma-specific interventions.
National Child Traumatic Stress Network (2007) definition of a Trauma-Informed Child and Family Service System	"A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family."
NASMHPD Developing Trauma Informed Behavioral Health Systems (Blanch, 2002)	Note: Does not have a concise definition of TIC but refers to 15 essential elements of a trauma-informed system described in more detail as the starting point of a "basic 'checklist' for determining the extent that sensitivity to trauma has been embedded throughout a mental health system" (p. 9)
Attorney General's National Task Force on Children Exposed to Violence (2012)	"This is a new form of evidence-based interventions and service delivery, implemented by multiple service providers, that identifies, assesses, and heals people injured by, or exposed to, violence and other traumatic events." (p 210)
Hopper, Bassuk, & Olivet, 2010	"Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (p. 82)
Fallot & Harris, 2001	"To be trauma informed means to know the history of past and current abuse in the life of the consumer with whom one is working . . . [and to] understand the role that violence and victimization play in the lives of most consumers of mental health and substance abuse services and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation in treatment." (p. 4)

Note. SAMHSA — Substance Abuse and Mental Health Services Administration; TIC — trauma-informed care.

In particular, Becker-Blease (2017), Hanson and Lang (2016) and Johnson (2017) highlight a number of criticisms with TIC and difficulties in application: "One of these is that there is a disproportionate focus in the literature on theory and core principles rather than the tangible practice they suggest. There is sometimes a gap about how practitioners can turn the theory and principles into daily practice and then evaluate their effectiveness" (Becker-Blease, 2017, p. 3).
For the evaluation of initiatives, programs and services trauma informed and if they are related to relevant good outcomes, we propose to use the framework assumed by Hanson and Lang (2016).

3. CRITERIA FOR EVALUATING A TIC BEST PRACTICE

As noted by Johnson (2017), the framework identified by Hanson and Lang (2016) provide an interesting and over-arching vision, provide a core definition of TIC that can "organise the guidance from different models within it" and "that can provide a structure to ensure that practice remains trauma informed" (p. 4). They, reviewing multiple approaches, identified themes that could be considered important and

concluded that there were 15 core components of trauma informed care for children and young people.
The identified components have been organised into three levels:

1. workforce development (WD)
2. trauma focused services (TFS)
3. organisational delivery (ORG).

In Table 2 the summary as reported by the authors in its original form and that we propose to use for the A 2.4 report on transferable good practice:

Table 2. Core Domains and Components of Trauma-Informed Care.

Domain	Component	Source(s)
WD	Required training of all staff in awareness and knowledge on the impact of abuse or trauma	SAMHSA, NASMHPD, AG, NCTSN, JRI, NCTIC, H&F
WD	Measuring staff proficiency in defined criteria to demonstrate trauma knowledge/practice	NASMHPD, JRI
WD	Strategies/procedures to address/reduce secondary traumatic stress among staff	SAMHSA, NCTSN, JRI, H&F
WD	Knowledge/skill in how to access and make referrals for evidence-based trauma focused practices	SAMHSA, AG, NCTIC, JRI
TFS	Use of standardized, evidence-based screening/assessment measures to identify trauma history and trauma-related symptoms or problems	SAMHSA, NASMHPD, AG, NCTSN, JRI, NCTIC, H&F
TFS	Inclusion of child's trauma history in child's case record/file/service plan	Not specified (suggested by screening in SAMHSA, NASMHPD, AG, NCTSN, JRI, NCTIC)
TFS	Availability of trained, skilled clinical providers in evidence-based trauma-focused practices	SAMHSA, AG, NCTIC, JRI
ORG	Collaboration, service coordination, and information sharing among professionals *within the agency* related to trauma-informed services	Not specified (suggested by cross-system collaboration definitions from SAMHSA, NASMHPD, AG, NCTSN, NCTIC)
ORG	Collaboration, service coordination, and information sharing among professionals *with other agencies* related to trauma-informed services	SAMHSA, NASMHPD, AG, NCTSN, NCTIC
ORG	Procedures to reduce risk for client re-traumatization	SAMHSA, NASMHPD, AG, JRI, NCTIC, H&F
ORG	Procedures for consumer engagement and input in service planning and development of a trauma-informed system	SAMHSA, NASMHPD, AG, JRI, NCTIC, H&F
ORG	Provision of services that are strength-based and promote positive development	SAMHSA, NCTSN, H&F
ORG	Provision of a positive, safe physical environment	SAMHSA, AG, JRI, H&F
ORG	Written policies that explicitly include and support trauma informed principles	SAMHSA, NASMHPD, AG, JRI, NCTIC, H&F
ORG	Presence of a defined leadership position or job function specifically related to TIC	NASMHPD, NCTIC

Note. SAMHSA — Substance Abuse and Mental Health Services Administration (2011); NASMHPD — National Association of State Mental Health Program Directors (Blanch 2002); AG — Attorney General's National Task Force on Children Exposed to Violence (2012); JRI — The Trauma Center at the Justice Resource Institute (Hopper, Bassuk, & Olivet, 2010); NCTIC — National Center for Trauma-Informed Care, National Center for Mental Health Services (2008); NCTSN — National Child Traumatic Stress Network (2007); H&F — Harris & Fallot (2001); WD — workforce development; TFS — trauma-focused services; ORG — organizational environment and practices; TIC — trauma-informed care.

To reach this target and keeping in mind the expected deliverables of CAREPATH project, we have create a questionnaire/evaluation scheme following the literature. We use the investigation areas identified by Hanson and Lang (2016) reported in a literal way but adding a 5-step Likert scale as the evaluation mode (plus the "not applicable" option) for each domain (see table 2 above). The first part of the evaluation scheme includes other screening information: about the evaluator (the name of the partner of the project involved in the evaluation) and about the evaluated organization/project (Name of the trauma-informed center/project, Number of Professionals involved, types professional are involved, Number of children, sources from which information have been obtained).

ANNEX 1 - On-line Google Module

Identification

Please fill one module for each trauma informed center/project to evaluate.

*Required

1. **Partner organization** *
   Mark only one oval.
   - ( ) Eurochild
   - ( ) Cordelia
   - ( ) E-Trikala
   - ( ) Ergo
   - ( ) IACP
   - ( ) ReadLab
   - ( ) Regione Calabria
   - ( ) UNITO
2. **Name of the trauma-informed center/project** *
3. **City of the trauma-informed center/project** *
4. **Istitutional e-mail address of the trauma-informed center/project**
5. **Web pages of the trauma-informed center/project**
6. **Number of professionals involved** *
7. **Which and how many professionals are involved (i.e. n. of psychologists, n. of social workers, n. of gp etc)**
8. **Number of children** *
9. **Age range (i.e. from 10 yo to 14 yo)**
10. **How do you collect the information (i.e. webpages, report, leaflet ...)** *

Section 1: Workforce development

Please evaluate from 1 (where 1 means "Not at all important") to 5 (where 5 means "Extremely important") the following aspects identified by Authors as foundamental factors for a "best practice" in TIC.

11. **Required training of all staff in awareness and knowledge on the impact of abuse or trauma**
    Mark only one oval.
    - ( ) 1
    - ( ) 2
    - ( ) 3
    - ( ) 4
    - ( ) 5
    - ( ) NOT APPLICABLE
12. **Measuring staff proficiency in defined criteria to demonstrate trauma knowledge/practice**
    Mark only one oval.
    - ( ) 1
    - ( ) 2
    - ( ) 3
    - ( ) 4
    - ( ) 5
    - ( ) NOT APPLICABLE
13. **Strategies/procedures to address/reduce secondary traumatic stress among staff**
    Mark only one oval.
    - ( ) 1
    - ( ) 2
    - ( ) 3
    - ( ) 4
    - ( ) 5
    - ( ) NOT APPLICABLE

14. **Knowledge/skill in how to access and make referrals for evidence-based trauma focused practices**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

15. **Please report below any other comments it could be useful to better specify the trauma informed care approach (i.e. orientation of evidence based approaches or practices, tools used with children, how many hours of training on the impact of the abuse ...)**

Section 2:Trauma-focused services

Please evaluate from 1 (where 1 means "Not at all important") to 5 (where 5 means "Extremely important") the following aspects identified by Authors as foundamental factors for a "best practice" in TIC.

16. **Use of standardized, evidence-based screening/assessment measures to identify trauma history and trauma-related symptoms or problems**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

17. **Inclusion of child's trauma history in child's case record/file/service plan**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

18. **Availability of trained, skilled clinical providers in evidence-based trauma-focused practices**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

Section 3: Organizational environment and practices

Please evaluate from 1 (where 1 means "Not at all important") to 5 (where 5 means "Extremely important") the following aspects identified by Authors as foundamental factors for a "best practice" in TIC.

19. **Collaboration, service coordination, and information sharing among professionals within the agency related to trauma-informed services**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

20. **Collaboration, service coordination, and information sharing among professionals with other agencies related to trauma-informed services**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

21. **Procedures to reduce risk for client re-traumatization**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

22. **Procedures for consumer engagement and input in service planning and development of a trauma-informed system**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

23. **Provision of services that are strength-based and promote positive development**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

24. **Provision of a positive, safe physical environment**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

25. **Written policies that explicitly include and support trauma informed principles**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

26. **Presence of a defined leadership position or job function specifically related to TIC (Trauma-Informed Care.)**
Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- NOT APPLICABLE

Free comments

Please feel free to fill in this section any information you think usefull to increase the knowledge of the organization/project

27. **Free comments:**