Trauma-Informed Care Provider Survey - version 2.0 (TIC Provider Survey v2.0)

The TIC Provider Survey was developed by the Center for Pediatric Traumatic Stress (CPTS, more information at www.HealthCareToolbox.org/TIC-Provider-Survey). The original version of the survey was designed to assess trauma-informed care knowledge, opinions, and practices amongst healthcare providers caring for children. We subsequently created a version for providers caring for adult patients by making minor wording revisions; this version can also be used when surveying providers working with patients of all ages.

2021 update: Version 2.0 of the "pediatric patient" and "all patient" versions of this survey.

What is different in Version 2.0?:

- New items in each section addressing secondary traumatic stress for healthcare providers
- Minor wording changes for clarity (current item 25) and simpler wording for items about barriers to TIC
- Separate items for time constraints and scope of work barriers (these were combined in the original)

All new / revised items are identical for pediatric and all patient surveys.

USE OF THE TIC PROVIDER SURVEY

- This document includes sample copies and scoring guidelines for pediatric patient and all patient versions.
- Before using the measure, please **register here** with the Center for Pediatric Traumatic Stress (contact us at cpts@chop.edu if you have any questions).
- User fees: At this time there is no charge for use of the TIC Provider Survey.
-

TIC Provider Survey references

Kassam-Adams, N, Rzucidlo, S, Campbell, M, Good, G, Bonifacio, E, Slouf, K, Schneider, S, McKenna, C, Hanson, C, & Grather, D. (2015). Nurses' views and current practice of trauma-informed pediatric nursing care. Journal of Pediatric Nursing, 30: 478-484. PMID: 25481863

Bruce, M, Kassam-Adams, N, Rogers, M, Anderson, K, Sluys, K, & Richmond, T. (2018). Trauma providers' knowledge, views and practice of trauma-informed care. Journal of Trauma Nursing. 25(2): 131-138. doi: 10.1097/JTN.0000000000000356 PMID: 29521782

Guidelines for translating the Trauma-informed Care (TIC) Provider Survey into additional languages

The TIC Provider Survey was originally developed in English. We are aware of versions (based on the original set of 38 items) in Japanese and Turkish.

We welcome translation / adaptation of the measure into other languages, with the following guidelines:

- We request to be **kept informed of the process and progress** of such efforts.
- Please **send CPTS (cpts@chop.edu) a copy of any translated / adapted version** of the measure and **a summary of the process by which it was created / validated**.
- We track translation requests and try to facilitate contact among colleagues if more than one team is interested in translating into the same language.
- The CPTS team is happy to be involved in the translation and validation process at whatever level is appropriate, e.g., reviewing a back-translation.
- Any publications that use a translated version of the TIC Provider Survey should summarize the process by which it was translated / validated, and should reference the original measure appropriately.

For further information on TIC Provider Survey, contact the Center for Pediatric Traumatic Stress at cpts@chop.edu.

TIC Provider Survey v2.0 – pediatric patient version

Based on your understanding and experience, indicate whether you more strongly agree or disagree with the following:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Almost everyone who is seriously injured or ill has at least one traumatic stress reaction in the immediate aftermath of the event.				
2. It is inevitable that most children and families who experience a life-threatening illness or injury will go on to develop significant posttraumatic stress or PTSD.				
3. Children who are more severely injured or ill generally have more serious traumatic stress reactions than those who are less severely injured or ill.				
4. Children who, at some point during the traumatic event, believe that they might die are at greater risk for posttraumatic stress reactions.				
5. Many children and families cope well on their own after experiencing serious illness or injury.				
6. The psychological effects of an injury or illness often last longer than the physical symptoms.				
7. Children and families with significant posttraumatic stress reactions usually show obvious signs of distress.				
8. I know the common signs and symptoms of traumatic stress in children and families.				
9. Some early traumatic stress reactions in children and families can be part of a healthy emotional recovery process.				
10. There are things that providers can do to help prevent longer-term posttraumatic stress in ill and injured children and families.				
11. There are effective screening measures for assessing traumatic stress that providers can use in practice.				
12. Healthcare staff can themselves experience signs of physical and/or emotional distress related to their work.				
13. The risk for staff distress is strongly influenced by both personal and work-place factors.				

Please indicate whether you more strongly agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree
14. Providers should focus on medical care for hospitalized children as opposed to children's mental health.				
15. The way that medical care is provided can be changed to make it less stressful for children and families.				
16. Providers can teach families how to cope with trauma.				
17. Health care professionals should regularly assess for symptoms of traumatic stress.				
18. It is necessary for providers to have mental health information about their pediatric patients in order to provide appropriate medical care.				
19. I have colleagues I can turn to for help with a child or family experiencing significant traumatic stress.				
20. Healthcare organizations should address how working with patients and families impacts staff.				

How would you rate your competence and comfort in…	Not Competent	Somewhat Competent	Very Competent
21. Engaging with traumatized children/families so that they feel comfortable talking to you/ comforted by you.			
22. Responding calmly and without judgment to a child's or family's strong emotional distress.			
23. Eliciting details of a traumatic event from a child or family without re-traumatizing them.			
24. Educating children and families about common traumatic stress reactions and symptoms.			
25. Changing or adapting situations within the hospital that a child or family might experience as traumatic.			
26. Responding to a child's (or parent's) question about whether the child will die.			
27. Assessing a child's or family's distress, emotional needs, and support systems soon after a traumatic event.			
28. Providing basic trauma-focused interventions (assessing symptoms, normalizing, providing anticipatory guidance, coping assistance).			
29. Understanding how traumatic stress may present itself differently in younger children, older children, and teens.			
30. Understanding the scientific or empirical basis behind assessment and intervention for traumatic stress.			
31. Responding to colleagues' distress, emotional needs, and need for support.			
32. Managing your own work-related stress or distress.			

Please indicate whether any of the following is a barrier for you in providing basic trauma-informed assessment / intervention:	Not a barrier	Somewhat of a barrier	Significant barrier
33. Time constraints			
34. Scope of practice constraints			
35. Lack of training			
36. Confusing or unclear information on trauma informed care			
37. Worry about further upsetting or traumatizing patients			
38. Lack of organizational support			
39. Level of personal stress/distress			

In the past SIX (6) months, have you done the following basic trauma-informed interventions?	No	Yes
40. Ask a child questions to assess his/her symptoms of distress		
41. Ask parents questions to assess their symptoms of distress		
42. Teach child or parent specific ways to manage pain and anxiety during a procedure		
43. Teach child or parent specific ways to cope with upsetting experiences		
44. Encourage parents to make use of their own social support system (family, friends, etc.)		
45. Teach parents what to say to their child after a difficult/painful/scary experience		
46. Provide information to parents about emotional or behavioral reactions that indicate their child may need help		
47. Assess and care for your personal emotional and physical health		
48. Utilize support for yourself / your team available from your organization		

TIC Provider Survey v2.0 - All patient version

Based on your understanding and experience, indicate whether you more strongly agree or disagree with the following:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Almost everyone who is seriously injured or ill has at least one traumatic stress reaction in the immediate aftermath of the event.				
2. It is inevitable that most individuals who experience a life-threatening illness or injury will go on to develop significant posttraumatic stress or PTSD.				
3. Individuals who are more severely injured or ill generally have more serious traumatic stress reactions than those who are less severely injured or ill.				
4. Individuals who, at some point during the traumatic event, believe that they might die are at greater risk for posttraumatic stress reactions.				
5. Many individuals cope well on their own after experiencing serious illness or injury.				
6. The psychological effects of an injury or illness often last longer than the physical symptoms.				
7. Individuals with significant posttraumatic stress reactions usually show obvious signs of distress.				
8. I know the common signs and symptoms of traumatic stress in ill or injured patients.				
9. Some early traumatic stress reactions in patients can be part of a healthy emotional recovery process.				
10. There are things that providers can do to help prevent longer-term posttraumatic stress in ill and injured patients.				
11. There are effective screening measures for assessing traumatic stress that providers can use in practice.				
12. Healthcare staff can themselves experience signs of physical and/or emotional distress related to their work.				
13. The risk for staff distress is strongly influenced by both personal and work-place factors.				

Please indicate whether you more strongly agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree
14. Providers should focus on medical care for hospitalized patients as opposed to patients' mental health.				
15. The way that medical care is provided can be changed to make it less stressful for patients.				
16. Providers can teach patients how to cope with trauma.				
17. Health care professionals should regularly assess for symptoms of traumatic stress.				
18. It is necessary for providers to have mental health information about their patients in order to provide appropriate medical care.				
19. I have colleagues I can turn to for help with a patient experiencing significant traumatic stress.				
20. Healthcare organizations should address how working with patients and families impacts staff.				

How would you rate your competence and comfort in…	Not Competent	Somewhat Competent	Very Competent
21. Engaging with traumatized patients so that they feel comfortable talking to you/ comforted by you.			
22. Responding calmly and without judgment to a patient's strong emotional distress.			
23. Eliciting details of a traumatic event from a patient without re-traumatizing them.			
24. Educating patients about common traumatic stress reactions and symptoms.			
25. Changing or altering situations within the hospital that a patient might experience as traumatic.			
26. Responding to a patient's question about whether he/she will die.			
27. Assessing a patient's distress, emotional needs, and support systems soon after a traumatic event.			
28. Providing basic trauma-focused interventions (assessing symptoms, normalizing, providing anticipatory guidance, coping assistance).			
29. Understanding how traumatic stress may present itself differently in patients of different ages, gender, or cultures.			
30. Understanding the scientific or empirical basis behind assessment and intervention for traumatic stress.			
31. Responding to colleagues' distress, emotional needs, and need for support.			
32. Managing your own work-related stress or distress.			

Please indicate whether any of the following is a barrier for you in providing basic trauma-informed assessment / intervention:	Not a barrier	Somewhat of a barrier	Significant barrier
33. Time constraints			
34. Scope of practice constraints			
35. Lack of training			
36. Confusing or unclear information on trauma informed care			
37. Worry about further upsetting or traumatizing patients			
38. Lack of organizational support			
39. Level of personal stress/distress			

In the past SIX (6) months, have you done the following basic trauma-informed interventions?	No	Yes
40. Ask a patient questions to assess his/her symptoms of distress		
41. Ask patients' family members questions to assess their symptoms of distress		
42. Teach a patient specific ways to manage pain and anxiety during a procedure		
43. Teach a patient specific ways to cope with upsetting experiences		
44. Encourage patients to make use of their own social support system (family, friends, etc.)		
45. Teach family what to say to their family member after a difficult/painful/scary experience		
46. Provide information to family about emotional or behavioral reactions that indicate their family member may need help		
47. Assess and care for your personal emotional and physical health		
48. Utilize support for yourself / your team available from your organization		

TIC Provider Survey v2.0 Scoring Key – showing wording for [pediatric / all patient] versions

Based on your understanding and experience, indicate whether you more strongly agree or disagree with the following:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Almost everyone who is seriously injured or ill has at least one traumatic stress reaction in the immediate aftermath of the event.	1	2	3	4
2. It is inevitable that most [children and families / individuals] who experience a life-threatening illness or injury will go on to develop significant posttraumatic stress or PTSD.	4	3	2	1
3. [Children / Individuals] who are more severely injured or ill generally have more serious traumatic stress reactions than those who are less severely injured or ill.	4	3	2	1
4. [Children / Individuals] who, at some point during the traumatic event, believe that they might die are at greater risk for posttraumatic stress reactions.	1	2	3	4
5. Many [children and families / individuals] cope well on their own after experiencing serious illness or injury.	1	2	3	4
6. The psychological effects of an injury or illness often last longer than the physical symptoms.	1	2	3	4
7. [Children and families / Individuals] with significant posttraumatic stress reactions usually show obvious signs of distress.	4	3	2	1
8. I know the common signs and symptoms of traumatic stress in [children and families / patients].	1	2	3	4
9. Some early traumatic stress reactions in [children and families / patients] can be part of a healthy emotional recovery process.	1	2	3	4
10. There are things that providers can do to help prevent longer-term posttraumatic stress in ill and injured [children and families / patients].	1	2	3	4
11. There are effective screening measures for assessing traumatic stress that providers can use in practice.	1	2	3	4
12. Healthcare staff can themselves experience signs of physical and/or emotional distress related to their work.	1	2	3	4
13. The risk for staff distress is strongly influenced by both personal and work-place factors.	1	2	3	4

***Note: For items 2, 3, and 7, "disagree/strongly disagree" represents a correct response**

Please indicate whether you more strongly agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree
14. Providers should focus on medical care for hospitalized [children / patients] as opposed to children's mental health.	4	3	2	1
15. The way that medical care is provided can be changed to make it less stressful for [children and families / patients].	1	2	3	4
16. Providers can teach [families / patients] how to cope with trauma.	1	2	3	4
17. Health care professionals should regularly assess for symptoms of traumatic stress.	1	2	3	4
18. It is necessary for providers to have mental health information about their [pediatric patients / patients] in order to provide appropriate medical care.	1	2	3	4
19. I have colleagues I can turn to for help with a [child or family / patient] experiencing significant traumatic stress.	1	2	3	4

20. Healthcare organizations should address how working with patients and families impacts staff.	1	2	3	4

***Note: For item 14, "disagree/strongly disagree" represents an opinion favorable to trauma-informed care**

How would you rate your competence and comfort in…	Not Competent	Somewhat Competent	Very Competent
21. Engaging with traumatized [children and families / patients] so that they feel comfortable talking to you / comforted by you.	0	1	2
22. Responding calmly and without judgment to a [child's or family's / patient's] strong emotional distress.	0	1	2
23. Eliciting details of a traumatic event from a [child or family / patient] without re-traumatizing them.	0	1	2
24. Educating [children and families / patients] about common traumatic stress reactions and symptoms.	0	1	2
25. Changing or altering situations within the hospital that a [child or family / patient] might experience as traumatic.	0	1	2
26. Responding to a [child's (or parent's) / patient's] question about whether [the child // he/she] will die.	0	1	2
27. Assessing a [child's or family's / patient's] distress, emotional needs, and support systems soon after a traumatic event.	0	1	2
28. Providing basic trauma-focused interventions (assessing symptoms, normalizing, providing anticipatory guidance, coping assistance).	0	1	2
29. Understanding how traumatic stress may present itself differently in [younger children, older children, and teens / patients of different ages, gender, or cultures].	0	1	2
30. Understanding the scientific or empirical basis behind assessment and intervention for traumatic stress.	0	1	2
31. Responding to colleagues' distress, emotional needs, and need for support.	0	1	2
32. Managing your own work-related stress or distress.	0	1	2

Please indicate whether any of the following is a barrier for you in providing basic trauma-informed assessment / intervention:	Not a barrier	Somewhat of a barrier	Significant barrier
33. Time constraints	0	1	2
34. Scope of practice constraints	0	1	2
35. Lack of training	0	1	2
36. Confusing or unclear information on trauma informed care	0	1	2
37. Worry about further upsetting or traumatizing patients	0	1	2
38. Lack of organizational support	0	1	2
39. Level of personal stress/distress	0	1	2

In the past SIX (6) months, have you done the following basic trauma-informed interventions?	No	Yes
40. Ask a [child / patient] questions to assess his/her symptoms of distress	0	1
41. Ask [parents / patients' family members] questions to assess their symptoms of distress	0	1
42. Teach [child or parent / a patient] specific ways to manage pain and anxiety during a procedure	0	1
43. Teach [child or parent / a patient] specific ways to cope with upsetting experiences	0	1
44. Encourage [parents / patients] to make use of their own social support system (family, friends, etc.)	0	1
45. Teach [parents / family] what to say to their [child / family member] after a difficult/painful/scary experience	0	1

46. Provide information to [parents / family] about emotional or behavioral reactions that indicate their [child / family member] may need help	0	1
47. Assess and care for your personal emotional and physical health	0	1
48. Utilize support for yourself / your team available from your organization	0	1

Summary scores:

After reverse scoring items 2, 3, 7, 14 (item scores as indicated above), each scale can be summed for a total score.

Knowledge score v2.0 = sum of items 1 – 13 (potential range 13 - 52)

Opinions favorable to trauma-informed care score v2.0 = sum of items 14 – 20 (potential range 7 – 28)

Self-rated competence score v2.0 = sum of items 21 – 32 (potential range 0 - 24)

NOTE -- Some users may wish to create a score that can be compared with scores on the ORIGINAL TIC Provider Survey, as reported in Kassam-Adams et al and Bruce et al. – for this purpose, calculate summary scores as follows:

Knowledge score v1.0= sum of items 1 – 11 (potential range 11 - 44)

Opinions favorable to trauma-informed care score v1.0 = sum of items 14 – 19 (potential range 6 – 24)

Self-rated competence score v1.0 = sum of items 21 – 30 (potential range 0 - 20)

Internal consistency (Cronbach's alpha) for subscales of the original version of the TIC Provider Survey

	All patient version[1]	*Pediatric patient version*[2]
Knowledge (11 items)	*.49*	*.66*
Opinions favorable to trauma-informed care (6 items)	*.67*	*.60*
Self-rated competence (10 items)	*.90*	*.90*
Recent practice (7 items)	*.83*	*.80*
Barriers (4 items)	*.70*	*.69*

[1] *from the sample reported in Bruce et al. 2018*

[2] *as reported in Kassam-Adams et al 2015*