Trauma-Informed Care Provider Survey (TIC Provider Survey)

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 knowledge, opinions, and practices relevant to trauma-informed healthcare amongst healthcare providers caring for children. With minor revisions in wording we subsequently created a version for providers caring for adult patients; this version may be suitable for providers working with patients of any age.

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 with the Center for Pediatric Traumatic Stress (contact us at cpts@chop.edu).** We ask that you let us know of your plans and agree to share aggregate data.
- User fees: At this time there is no charge for use of the TIC Provider Survey.
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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 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. See contact info below.
- Please **send CPTS a copy of any translated / adapted version** of the measure, with **a summary of the process by which it was created / validated**. See contact info below.
- We will keep track of all translation requests and will try to facilitate contact among colleagues if more than one team is interested in translating into the same language.
- The CPTS team would be 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, including language and translation questions, contact the Center for Pediatric Traumatic Stress at cpts@chop.edu.

TIC Provider Survey – 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.				

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

How would you rate your competence and comfort in…	Not Competent	Somewhat Competent	Very Competent

18. Engaging with traumatized children/families so that they feel comfortable talking to you/ comforted by you.			
19. Responding calmly and without judgment to a child's or family's strong emotional distress.			
20. Eliciting details of a traumatic event from a child or family without re-traumatizing them.			
21. Educating children and families about common traumatic stress reactions and symptoms.			
22. Avoiding or altering situations within the hospital that a child or family might experience as traumatic.			
23. Responding to a child's (or parent's) question about whether the child will die.			
24. Assessing a child's or family's distress, emotional needs, and support systems soon after a traumatic event.			
25. Providing basic trauma-focused interventions (assessing symptoms, normalizing, providing anticipatory guidance, coping assistance).			
26. Understanding how traumatic stress may present itself differently in younger children, older children, and teens.			
27. Understanding the scientific or empirical basis behind assessment and intervention for traumatic stress.			

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**
28. Time constraints or scope of practice constraints			
29. Getting training in providing trauma-informed assessments and interventions			
30. Information / evidence on trauma-informed assessment and intervention seems confusing			
31. Worry about further upsetting or traumatizing children and families			

In the past SIX (6) months, have you done the following basic trauma-informed interventions?	**No**	**Yes**
32. Ask a child questions to assess his/her symptoms of distress		
33. Ask parents questions to assess their symptoms of distress		
34. Teach child or parent specific ways to manage pain and anxiety during a procedure		
35. Teach child or parent specific ways to cope with upsetting experiences		
36. Encourage parents to make use of their own social support system (family, friends, etc.)		
37. Teach parents what to say to their child after a difficult/painful/scary experience		
38. Provide information to parents about emotional or behavioral reactions that indicate their child may need help		

TIC Provider Survey – 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.				

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

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

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
28. Time constraints or scope of practice constraints			
29. Getting training in providing trauma-informed assessments and interventions			
30. Information / evidence on trauma-informed assessment and intervention seems confusing			
31. Worry about further upsetting or traumatizing patients.			

In the past SIX (6) months, have you done the following basic trauma-informed interventions?	No	Yes
32. Ask a patient questions to assess his/her symptoms of distress		
33. Ask patients' family members questions to assess their symptoms of distress		
34. Teach a patient specific ways to manage pain and anxiety during a procedure		
35. Teach a patient specific ways to cope with upsetting experiences		
36. Encourage patients to make use of their own social support system (family, friends, etc.)		
37. Teach family what to say to their family member after a difficult/painful/scary experience		
38. Provide information to family about emotional or behavioral reactions that indicate their family member may need help		

TIC Provider Survey 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

***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
12. Providers should focus on medical care for hospitalized [children / patients] as opposed to children's mental health	4	3	2	1
13. The way that medical care is provided can be changed to make it less stressful for [children and families / patients].	1	2	3	4
14. Providers can teach [families / patients] how to cope with trauma.	1	2	3	4
15. Health care professionals should regularly assess for symptoms of traumatic stress.	1	2	3	4
16. 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
17. I have colleagues I can turn to for help with a [child or family / patient] experiencing significant traumatic stress.	1	2	3	4

***Note: For item 1, "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
18. Engaging with traumatized [children and families / patients] so that they feel comfortable talking to you / comforted by you.	0	1	2
19. Responding calmly and without judgment to a [child's or family's / patient's] strong emotional distress.	0	1	2
20. Eliciting details of a traumatic event from a [child or family / patient] without re-traumatizing them.	0	1	2
21. Educating [children and families / patients] about common traumatic stress reactions and symptoms.	0	1	2
22. Avoiding or altering situations within the hospital that a [child or family / patient] might experience as traumatic.	0	1	2
23. Responding to a [child's (or parent's) / patient's] question about whether [the child // he/she] will die.	0	1	2
24. Assessing a [child's or family's / patient's] distress, emotional needs, and support systems soon after a traumatic event.	0	1	2
25. Providing basic trauma-focused interventions (assessing symptoms, normalizing, providing anticipatory guidance, coping assistance).	0	1	2
26. 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
27. Understanding the scientific or empirical basis behind assessment and intervention for traumatic stress.	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
28. Time constraints or scope of practice constraints	0	1	2
29. Getting training in providing trauma-informed assessments and interventions	0	1	2
30. Information / evidence on trauma-informed assessment and intervention seems confusing	0	1	2
31. Worry about further upsetting or traumatizing [children and families / patients]	0	1	2

In the past SIX (6) months, have you done the following basic trauma-informed interventions?	No	Yes
32. Ask a [child / patient] questions to assess his/her symptoms of distress	0	1
33. Ask [parents / patients' family members] questions to assess their symptoms of distress	0	1
34. Teach [child or parent / a patient] specific ways to manage pain and anxiety during a procedure	0	1
35. Teach [child or parent / a patient] specific ways to cope with upsetting experiences	0	1
36. Encourage [parents / patients] to make use of their own social support system (family, friends, etc.)	0	1
37. Teach [parents / family] what to say to their [child / family member] after a difficult/painful/scary experience	0	1
38. Provide information to [parents / family] about emotional or behavioral reactions that indicate their [child / family member] may need help	0	1

Summary scores:

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

Opinions favorable to trauma-informed care score = sum of items 12 – 17 (potential range 6 – 24)

Self-rated competence score = sum of items 18 – 27 (potential range 0 - 20)