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Evaluating youth's perspective on the quality of care: The development of the trauma-informed care youth evaluation questionnaire (TIC-Y)

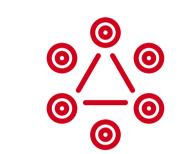
What is trauma-informed care?

- Childhood experiences, both positive and negative, form the basis for (brain)development, behavior, well-being and health throughout life.
- Youth with behavioral, emotional and learning problems are more likely to experience adverse childhood experiences (ACEs) than youth without these problems.
- Implementing Trauma-informed care (TIC) provides an important basis for care providers to recognize and deal with the consequences of ACEs and promote recovery.
- "Empowerment & Choice" is one of the SAMHSA leading principles of TIC. It should therefore be common to include youth's perspectives on the quality of care in a TIC organization.

Study aim

- To date, there is no instrument that assesses to what extent organizations adhere to TIC-principles from the perspective of juvenile service-users.
- The aim of this study was to develop a self-report questionnaire for youth to evaluate the quality of care in group care facilities in The Netherlands from a trauma-informed framework.
- Youth receiving care at the organization that conducted this research (Koraal) experience cognitive and adaptive functioning problems. Therefore, we aimed to construct a version that was cognitively accessible and conceptually relevant to youth with mild to borderline intellectual disabilities (MBID).

• Steps of the questionnaire development are described below.



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Step 1: Identification of relevant topics

- Literature review.
- Consulting existing questionnaires on TIC and residential group climate.
- As a result, the chosen topics were the TIC concepts: **safety**, connection and regulation.

Step 3: The first concept version

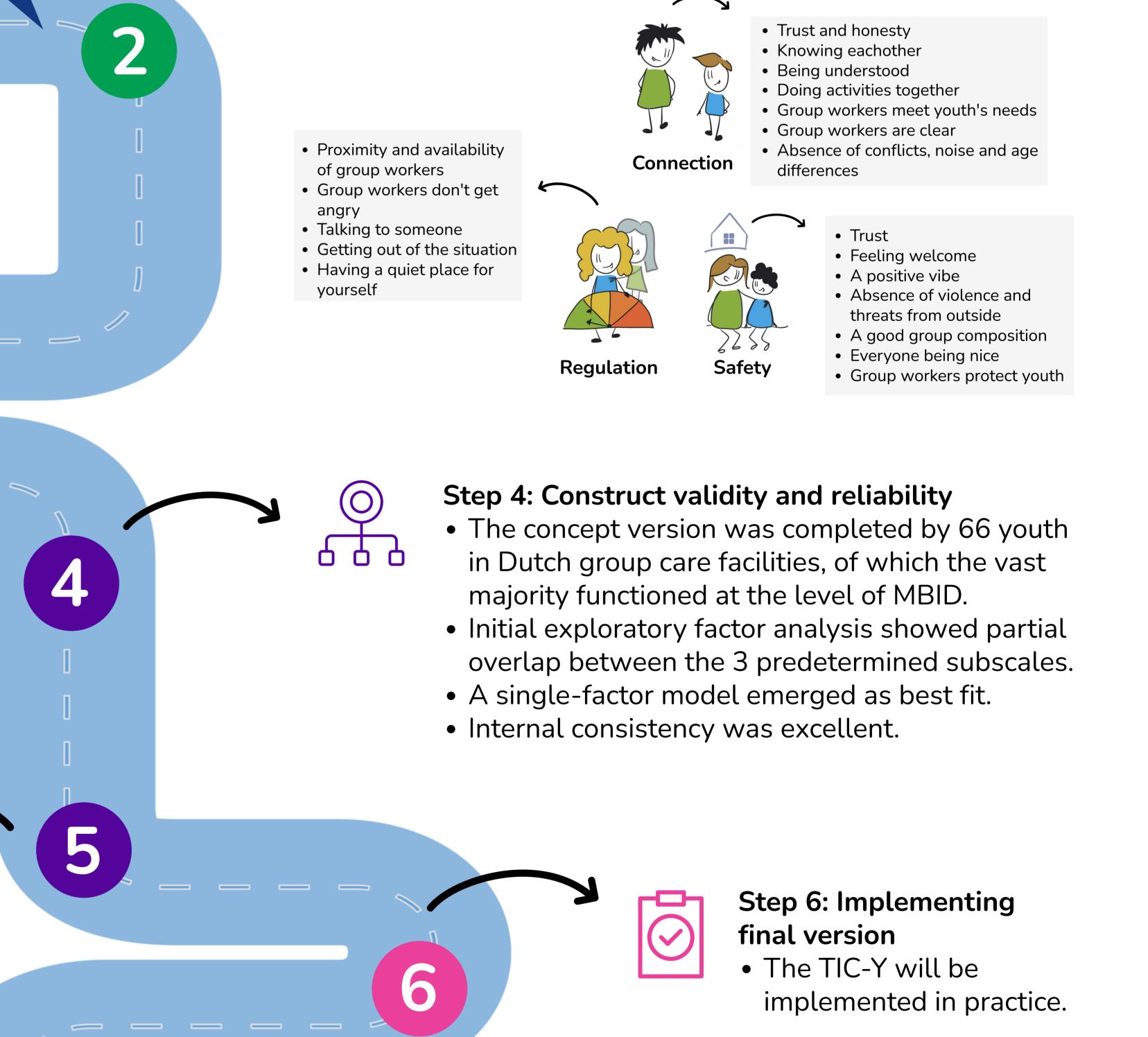
• The perceptions of youth in the focus groups were in line with literature on TIC, but also provided additional insights for item

'It is not nice when others are noisy, or when there are conflicts [...]. That feels very unsafe.'

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Step 2: Item generation to identify questions that fit the topics

- Focus groups (N = 16) were held to explore how youth with MBID understand the TIC concepts.
- The views of youth on how these concepts translate to everyday life in a group home informed the process of item construction.



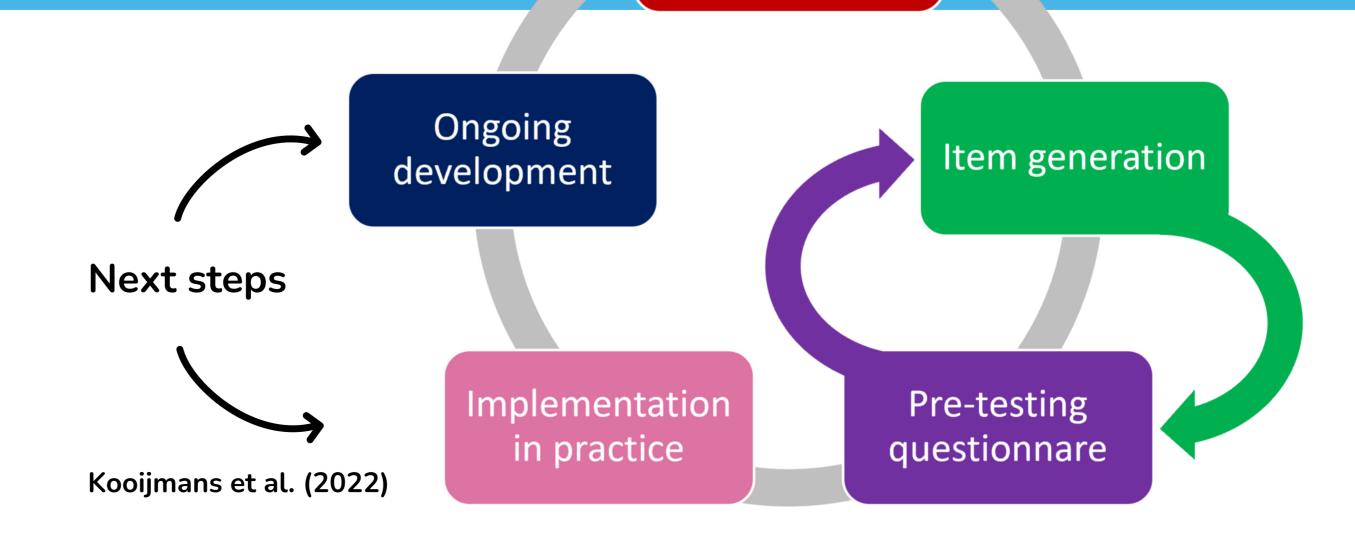
- generation.
- TIC concepts partially overlapped (e.g. 'trust' was an important element for both safety and connection).
- Guidelines for developing cognitively accessible self-report measures were followed to ensure that as many youth with MBID could complete the TIC-Y.

Step 5: Cognitive interviews and final scale evaluation (ongoing)

- Currently cognitive interviews are conducted with youth with MBID to check for comprehension of the scale.
- A final factor analysis will be conducted for item reduction.
- Results will be integrated into the final version of the TIC-Y.

Conclusion and next steps

- The TIC-Y has been shown to be a reliable and cognitively accessible self-report measure. • It is currently being put into practice at care organizations as part of a monitoring system for the evaluation of the implementation of TIC. This can contribute to the quality of a trauma-informed group climate which promotes learning, wellbeing and recovery.
- Follow-up steps involve further psychometric research and the translation of the TIC-Y to English. Additionally, in order to enable group discussion of the survey results with youth, we are currently experimenting with various formats that facilitate discussion.



Identification of

topics

