

## **Memorandum for the Cross-site Evaluation of the National Child Traumatic Stress Initiative**

### **I. Introduction**

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Mental Health Services (CMHS) is requesting approval for additional instrumentation associated with the cross-site evaluation of the National Child Traumatic Stress Initiative (NCTSI). The cross-site evaluation has been funded through CMHS since 2004 and has received OMB clearance for the majority of proposed data collection efforts (OMB No.: 0930-0276, Approval Date: 04/26/06, Expiration Date: 04/30/2009). As indicated on page 6 of the original Supporting Statement for the cross-site evaluation submitted to OMB, additional instrumentation for the Knowledge and Use of Trauma-informed Services Study component would be submitted by memorandum during the initial 3-year clearance period. The reference from page 6 is included as Attachment 1 and refers to instrumentation that had not yet been developed at the time of the original submission. Consistent with the original submission, this memorandum includes the additional instrumentation and the proposed methodology for its administration. The additional instrumentation (named below) constitutes the remainder of the instrumentation for the Knowledge and Use of Trauma-informed Services Study component.

- Trauma-informed Services Provider Survey (Attachment 2)

### **II. Knowledge and Use of Trauma-informed Services Study Component**

Following is a brief description of the Knowledge and Use of Trauma-informed Services study design and methodology abstracted from the original submission, as well as a description of the new instrumentation.

#### ***Purpose and Design***

Increased awareness and use of trauma-specific services among child service providers is critical to the overarching mission of the NCTSI to increase the quality and access of care for children and adolescents who have experienced trauma. To that end, National Child Traumatic Stress Network (NCTSN) centers are actively engaged in activities such as training, dissemination, education, and consultation regarding trauma-specific evidence-based practices, interventions, and methods for human service providers. Human service providers affiliated with the Network include a wide range of community-based professionals who interact frequently with children and engage in multiple activities, from prevention to screening, to early identification and the provision of clinical interventions (i.e., such professionals may include mental health providers, teachers, child welfare staff, juvenile justice staff, health care providers, and first responders). Given the importance of dissemination of trauma-informed, evidence-based practices throughout the Network in achieving the Network's mission, this study component evaluates the extent to which funded NCTSN centers have enhanced the knowledge base and use of trauma-informed services (TIS) among human service providers affiliated with the NCTSN through training and outreach activities.

The study design includes a multistage process of inquiry using both qualitative and quantitative data collection activities to develop a Network consensus definition and conceptual model for TIS that leads to the development and administration of a TIS provider survey. As planned and

approved as part of the original submission on pages 12 and 13 (excerpt included as Attachment 3), the two stages of qualitative data collection, including key informant interviews and discussion groups with Network staff with TIS expertise, have been conducted and the data have been analyzed. These data collection efforts have informed the development of the TIS provider survey. The TIS provider survey is the new instrumentation being submitted for review and approval.

### ***Description of Instrumentation***

The TIS provider survey was anticipated to be a Web-enabled survey; however, the survey format has been re-conceptualized in an effort to ensure maximum participation among the target respondent group (i.e., human service providers) and to gather comprehensive information to better inform Government Performance and Results Act (GPRA) reporting indicators associated with training activity. Therefore, the TIS provider survey (Attachment 2) is paper-based and will be distributed to human service providers participating in NCTSN-hosted training events following each event.

The 23-item survey consists of an introduction and consent form; a section (questions 1-19) that constitutes that primary focus of the survey; a section (questions 20-23) gathering general demographic information about the respondent (e.g., gender, age, and race); and, an invitation to participate in a lottery drawing for a \$50 gift certificate. The survey gathers information about the respondents' professional role, method of learning about the training event, and topic(s) of the training event. The survey also assesses the respondents' general knowledge regarding child trauma and its impact, understanding of approaches to screening for traumatic exposure and other aspects of trauma-informed service provision, and requests that the respondent rate the degree to which the training may have enhanced the respondent's knowledge and/or will lead to changes in the respondent's practices related to trauma-informed service in the future. Additional topics include the respondent's perspective regarding the utility of the training and associated materials and general satisfaction with the training, as well as the respondent's exposure to NCTSN trainings. Questions are generally multiple-choice and in some cases use a 5-point Likert rating scale.

### ***Respondent Universe and Sampling Methods***

The target population for the TIS provider survey includes human service providers of various types (e.g., mental health, police, teacher, child welfare workers, etc.) affiliated, through training and outreach activities, with each of the NCTSN centers. The respondent universe is the total number of human service providers trained by Network centers each year through relevant training events. All NCTSN centers that provide trainings as part of their NCTSI grant-funded activities will be targeted for participation in distributing the TIS provider survey at relevant training events. While the majority of NCTSN centers are involved in training activities as a part of their NCTSI grant, it is anticipated that several centers will be focused exclusively on other activities (e.g., service provision and data collection for clinical and evaluative purposes), would not host training events, and therefore would not participate in the distribution of the TIS provider survey.

Based on a variety of data collection efforts undertaken separately by the National Center for Child Traumatic Stress (NCCTS) and Macro International Inc., the estimated average number of

individuals trained annually by each NCTSN center that match the target population of the TIS provider survey (i.e., human service providers) is 500. In addition, according to data collected through cross-site evaluation monthly reports submitted to Macro International Inc. from Network centers, as well as other cross-site evaluation information gathering activities, 39 centers routinely host training events as a part of NCTSI grant-funded center activities. Therefore, over the next year of the cross-site evaluation, and annually thereafter, the respondent universe for the TIS provider survey is estimated to be 19,500 (the product of 39 [i.e., the total number of centers providing training] and 500 [i.e., the average number of individuals trained per center annually that match the target respondent group of the TIS provider survey]).

### ***Information Collection Procedures***

Following each center-sponsored training or outreach activity focused on the dissemination of trauma-specific interventions, methods and/or information for human service providers, NCTSN center trainers will be asked to collect three types of information:

1) *Training summary form*: Center trainers will be asked to complete a brief training summary form (Attachment 4) designed to collect information including the training date, the number of training participants, the topic of the training, and the agency/organization affiliation of center trainees, which will reflect the type(s) of human service providers attending each training event. As a consistent method for recording this information on a training-by-training basis does not currently exist, the training summary report will fulfill a variety of needs among stakeholders (i.e., Network centers, cross-site evaluator, and SAMHSA) for data informing the reach of Network sponsored training and outreach events.

2) *TIS provider surveys*: Center trainers will be asked to distribute the TIS provider survey to all training participants at each training event. Trainers will distribute the survey to each participant and participants will be instructed to complete the anonymous survey if they wish and to return it to the trainer.

3) *Contact information forms*: As described, on the last page of the TIS provider survey, the respondent is invited to participate in a lottery drawing for a \$50 gift certificate and to complete the contact information form if interested. The contact information form serves two purposes: (a) allowing respondents to register for participation in the lottery drawing and (b) providing an opportunity for respondents to authorize (or refuse to authorize) the use of their contact information in future national evaluation surveys regarding the implementation of trauma-informed services and practices. Center trainers will be asked to collect the contact information forms separately from the TIS provider surveys to protect anonymity.

In summary, for each relevant NCTSN center hosted training event, center trainers will be asked to collect the three types of information described above, ensuring that the training summary form and the anonymous TIS provider surveys are collected together. The contact information forms will be collected separately and both sets of information will be placed in a pre-addressed, pre-metered envelope, and mailed to Macro International Inc. The cross-site evaluator will develop and provide the necessary materials (i.e., the training summary reports and the TIS provider survey with contact information forms attached, pre-metered mailers, and instructions regarding procedures) to each participating NCTSN center.

### **Payment to Respondents**

On the last page of the TIS provider survey, training participants are thanked for taking the time to complete the survey and are reminded that their participation is critical to expanding the knowledge-base related to trauma informed service provision. In addition, as described previously, respondents are informed that, having completed the survey, they are now eligible to participate in a lottery drawing for a \$50 gift certificate. If they would like to be entered into the lottery, they must complete the contact information form. One \$50 gift certificate will be provided by the cross-site evaluator to a participating respondent of each training event. The opportunity to participate in the lottery serves as remuneration for completing the TIS provider survey. Each individual that submits a contact information form will be entered into the lottery for each training event, one winner will be randomly drawn, and the \$50 gift certificate will be mailed to the respondent within two weeks of the date on which Macro International Inc. receives the training information package.

### **Assurance of Confidentiality**

A consent form precedes the first page of the TIS provider survey and explains the survey, including voluntary nature of survey completion, confidentiality and anonymity of responses, and the risks, benefits, and rights as respondents, and advises the recipient that completion and submission of the survey indicates consent to participate. In addition, as described previously, TIS respondents are invited to provide their contact information if interested in participating in the TIS provider survey respondent lottery and/or in authorizing the use of their contact information for future national evaluation surveys regarding the implementation of trauma-informed services. Contact information provided by respondents will be collected separately from completed TIS provider surveys by the NCTSN center trainer to ensure anonymity. A tracking code will be included on each TIS provider survey that matches the code printed on the attached contact information form (i.e., for each individual TIS provider survey and attached contact information form, tracking codes printed on each will match). The code will be used for two purposes: 1) to ensure that the lottery winner submitted a TIS provider survey; and 2) to link TIS provider survey data with data collected through cross-site evaluation surveys designed to assess the implementation of trauma-informed services. Linking respondent participation across surveys provides an opportunity to examine the relationship between respondents' exposure to NCTSN training and outreach events and the implementation of and/or change in trauma-informed services provision over time.

### **III. Burden Estimates for the Knowledge and Use of Trauma-informed Services Study Component of the NCTSI Cross-site Evaluation**

Table 1 below shows the burden associated with the TIS provider survey, which, as described, is based on data regarding the total number of centers providing training and the average number of individuals trained per center annually that match the target respondent group for the TIS provider survey.

TABLE 1

#### **Annualized Estimate of Respondent Burden**

Note: Total burden is annualized over the 3-year clearance period

Type of respondent	Instrument	Number of respondents	Number of responses per respondent	Hours per response per respondent	Total Burden hours	Hourly wage rate (\$)	Total Cost (\$)
Providers	Trauma-informed Services (TIS) Provider Survey	19,500	1	0.3	5,850	18.51 <sup>1</sup>	108,283.50

**List of Appendices**

1. Attachment 1: Excerpt from Page 6 of the Original OMB Supporting Statement
2. Attachment 2: Trauma-informed Services (TIS) Provider Survey
3. Attachment 3: Excerpts from Pages 12-13 of the Original OMB Supporting Statement
4. Attachment 4: Trauma-informed Services Training Summary Form

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<sup>1</sup> The hourly wage rate is based on the National Compensation Survey, Bureau of Labor Statistics (BLS), United States Department of Labor, Social Worker, July 2004.

# Attachments

**Attachment 1**

Excerpt from Page 6 of the Original OMB Supporting Statement

**Attachment 2**

Trauma-informed Services (TIS) Provider Survey

**Attachment 3**

Excerpts from Pages 12-13 of the Original OMB Supporting Statement

**Attachment 4**

Trauma-informed Services Training Summary Form

# **Attachment 1**

Excerpt from Page 6 of the Original OMB Supporting Statement

**Knowledge and Use of Trauma-informed Services.** This study component will assess the extent to which funded Network centers enhance the trauma-informed service knowledge base and use among service providers affiliated with the Network through training and outreach activities. Centers funded in 2001 or 2002 that received renewed funding in 2005, and centers funded in 2003 will contribute to the development of the Trauma-informed Service (TIS) Survey through participation in key informant interviews and discussion groups, as well as participate in the TIS survey; centers funded for the first time in 2005 will only participate in the TIS survey. The key informant interview and discussion group data will be analyzed using content analysis and aggregated within and across center category (TSA and CTS). The data from the TIS survey will be analyzed with descriptive and inferential statistics compared on provider demographics, funding cohort, and center target population. In addition, change in knowledge base and use of trauma informed services will be analyzed longitudinally, as appropriate.

# **Attachment 2**

Trauma-informed Services (TIS) Provider Survey

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## NCTSI Cross-site Evaluation

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# Provider Knowledge and Use of Trauma-informed Services Survey

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**The Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services is sponsoring a national evaluation of the National Child Traumatic Stress Initiative (NCTSI), which includes the National Child Traumatic Stress Network (NCTSN). You are invited to participate in this evaluation because you recently received training from a Federally-funded NCTSN center.**

**Your input is important in improving understanding of how the NCTSN is working to provide trauma-related training to human service providers across services disciplines throughout the country (human service providers include a wide range of community-based professionals who interact frequently with children and engage in multiple activities, from prevention to screening, early identification, and the provision of clinical interventions; such providers may include mental health professionals, teachers, child welfare staff, juvenile justice staff, health care providers and first responders). These same questions are being asked of other training participants.**

**Here are some things we want you to know about completing the survey:**

- Whether you choose to complete the survey or not is completely up to you.
- Upon completion of the survey, you will have the opportunity to register to participate in a lottery to win a \$50 gift certificate to thank you for your time and attention to this important matter.
- You may stop answering questions at any time, for any reason, and you may choose not to respond to any items that you do not want to respond to.
- Completing the survey will take about 15 minutes.
- The survey is anonymous and your responses cannot be linked back to you.
- There will be no direct benefit to you from participating in this evaluation. There are no foreseeable risks associated with participation in this survey.
- A report that combines what is learned from all of the completed surveys will be sent to the children's mental health services program director at the center that provided training to you and other program partners. They may share that report with others at their discretion.
- Any questions you have about the study can be answered by John Gilford of Macro International Inc. in Atlanta, Georgia. Contact at (404) 321-3211 or by emailing: [John.W.Gilford.Jr@ORCMacro.com](mailto:John.W.Gilford.Jr@ORCMacro.com)

**By completing and submitting the survey, you certify that you have read the above, that you understand its content, and that you freely agree to participate in this survey.**

**Thank you in advance for your willingness to participate.**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## NCTSI Cross-site Evaluation

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# Provider Knowledge and Use of Trauma-informed Services Survey

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**Thank you for your willingness to complete this survey. Your answers will help us understand how trainings like the one you just completed can contribute to the provision of supports and services to children and adolescents who have been exposed to trauma. Your answers are very important to the field.**

**When answering the following questions, please think about the training activity you just attended. If today's activity was part of a multi-session or multi-day training event, please consider the training event as a whole when answering the questions.**

**1. Which of the following best describes you as a training participant? (check all that apply)**

- Mental health service provider
- Teacher or other primary/secondary school staff
- Child welfare staff
- Probation officer or other juvenile justice staff
- Primary care provider (i.e., doctor, nurse)
- Police officer or other law enforcement staff
- First responder other than police (e.g., firefighter, emergency medical technicians (EMTs), etc.)
- Childcare providers (i.e., early childcare, residential worker)
- Disaster/crisis responder
- Faith-based provider
- Other (please describe: \_\_\_\_\_)

**2. How long have you served in this role? (If you checked more than one role for Question 1, please indicate the number of years and/or months for the role that led you to this training.)**

\_\_\_\_\_ Years

\_\_\_\_\_ Months

**3. How did you learn of this training? (check all that apply)**

- My supervisor
- My agency's director or administrator
- A co-worker
- My child's school
- An agency involved with my child
- My child
- An NCTSN center
- The NCTSN Web site
- The NCTSN newsletter
- An Internet site other than the NCTSN
- Other (please describe: \_\_\_\_\_)

**4. Were you required to participate in this training? (check one)**

- Yes
- No
- Don't know

**5. Did you receive monetary compensation (salary support, stipend, honorarium, etc.) for your time spent in this training? (check one)**

- Yes
- No

**6. Did you receive medical or continuing education units for your participation in this training? (check one)**

- Yes
- No
- Not Applicable

**7. Which of the following types of trauma were targeted by this training? (check all that apply)**

<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Physical abuse
<input type="checkbox"/> Neglect	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> School Violence	<input type="checkbox"/> Community violence/crime
<input type="checkbox"/> Refugee trauma	<input type="checkbox"/> Historical trauma
<input type="checkbox"/> War-related trauma	<input type="checkbox"/> Disaster/terrorism related trauma
<input type="checkbox"/> Medical trauma	<input type="checkbox"/> Grief-related trauma
<input type="checkbox"/> Secondary trauma/Vicarious Trauma	<input type="checkbox"/> Complex trauma
<input type="checkbox"/> Other (please describe: _____)	

**8. How would you broadly characterize the content area of the training that you received? (check one)**

<input type="checkbox"/> Awareness and education	<input type="checkbox"/> Screening
<input type="checkbox"/> Referrals/triaging	<input type="checkbox"/> Assessment
<input type="checkbox"/> Clinical intervention	<input type="checkbox"/> Crisis intervention
<input type="checkbox"/> Support service	<input type="checkbox"/> Sensitivity related to interacting with trauma victims and families
<input type="checkbox"/> Prevention	<input type="checkbox"/> Cultural competence/cultural adaptation
<input type="checkbox"/> Other (please describe: _____)	

**9. For topic area a. – m. below, please indicate the degree to which each was included in this training. (check one box per topic area)**

	Primary focus of training 1	Key theme but not the primary focus 2	Mentioned but not emphasized 3	Not mentioned at all 4
a) Trauma screening and assessment for children/adolescents entering a system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Clinical practice guidelines and approaches for child/adolescent trauma treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Evidence-based interventions for trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Procedures to avoid retraumatization of children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Research, evaluation, and/or quality improvement data regarding child/adolescent trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Family, caregiver, and/or consumer involvement in systems, and/or services and supports that are provided to children/adolescents that have experienced trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Cultural sensitivity and appropriateness of child/adolescent trauma services and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Coordination across service systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Child trauma-informed disaster and terrorism response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Community awareness about trauma and available services and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Available capacity across systems to provide trauma-informed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Local, State, and Federal guidelines related to trauma services and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) The existence, contents, or importance of a state-level trauma policy/position and/or planning to address child/adolescent trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Please indicate your agreement with statements a. – o. below, relative to this training. (check one box per statement)**

	Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	Not applicable to this training 5
a. The training increased my knowledge about child trauma and its impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The training met my needs as a provider of services to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The training addressed cultural differences in the children I intend to serve or with whom I typically come into contact (i.e., provided different cultural examples, identified different cultures, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The training was practical to my work and/or my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am now more capable of contributing in the area of trauma-informed services for children and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I will use what I learned from this training in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The things I learned will help me to assist trauma-exposed children receive the care and support they need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The things I learned will help me to prevent more trauma-exposed youth from experiencing the long term consequence of traumatic stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The things I learned will help me to assist trauma-exposed children receive evidence-based interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The things I learned will help me to engage family members in the care and support of trauma-exposed children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The services I provide to children will be more trauma-informed as a result of this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The training has better prepared me to work with trauma-exposed children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I would recommend this training to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I see no barriers that will prevent me from putting what I've learned into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Overall, the training will help me to improve the services I provide to children exposed to trauma and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. For topic areas a. – k. below, please rate your knowledge level compared to an average person in your position, this does not necessarily have to be a result of this training. (check one box per topic area)

	CURRENT KNOWLEDGE				
	Very little	Less than an average person in my position	Average for a person in my position	More than an average person in my position	A great deal
	1	2	3	4	5
a. Overall knowledge about child trauma and its impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening for traumatic exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identification of traumatic exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child traumatic stress assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Evidence-based interventions for trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Referral of trauma-exposed child for clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The delivery of crisis-response services to trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The delivery of clinical interventions to trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The delivery of non-clinical interventions to trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The provision of support services to trauma-exposed children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The prevention of the long term consequences of child trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. For topic areas a. – k. below, please indicate whether your knowledge level was *enhanced as a result of this training*. (check one box per topic area)

	IMPACT OF TRAINING ON KNOWLEDGE LEVEL		
	Same knowledge as prior to training	Greater knowledge after the training	Topic not covered as a part of this training
	1	2	3
a. Overall knowledge about child trauma and its impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening for traumatic exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identification of traumatic exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child traumatic stress assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Evidence-based interventions for trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Referral of trauma-exposed child for clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The delivery of crisis-response services to trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The delivery of clinical interventions to trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The delivery of non-clinical interventions to trauma-exposed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The provision of support services to trauma-exposed children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The prevention of the long term consequences of child trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How would you rate the level of information provided during this training? (check one)

- Below my skill level
- At my skill level
- Above my skill level
- Don't know

14. In general, for statements a. – d., please indicate which best represents your perspective on the overall utility of the training. (check one box per statement)

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5	Not applicable 6
a. I expect to use the information I gained from this training in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The training was a good use of my time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. As a result of this training I have new skills or knowledge I will use in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. As a result of this training I will do my job differently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. More specifically, in which of the following ways do you anticipate being able to use what you have learned during this training? (check all that apply)

<input type="checkbox"/> Train others	<input type="checkbox"/> Supervise others
<input type="checkbox"/> Screen children for trauma exposure	<input type="checkbox"/> Increase the general awareness and knowledge of trauma exposure for myself and others
<input type="checkbox"/> Identify children (and families) who might be trauma exposed	<input type="checkbox"/> Provide clinical interventions for trauma-exposed children and their families
<input type="checkbox"/> Provide crisis-response services to trauma-exposed children	<input type="checkbox"/> Provide non-clinical interventions for trauma-exposed children and their families
<input type="checkbox"/> Provide support services to trauma-exposed children and their families	<input type="checkbox"/> Build community awareness related to child trauma exposure and its impact
<input type="checkbox"/> Make referrals to mental health services for children exposed to trauma and their families	<input type="checkbox"/> Prevent trauma exposure among children
<input type="checkbox"/> Mitigate the effects of secondary trauma on front line providers	<input type="checkbox"/> Provide peer-to-peer services or mentoring
<input type="checkbox"/> Increase the appropriateness of response and interaction with children that have been exposed to trauma	<input type="checkbox"/> Decrease the likelihood of traumatic stress among those that have been exposed to trauma

16. Will the materials you received as part of this training be helpful to you (i.e., manuals, reference materials, etc.)? (check one)

- Not at all
- Somewhat
- Definitely
- Don't know
- Didn't receive any materials

**17. Was this your first exposure to training related to child trauma? (check one)**

- Yes (skip to question 18)
- No
- Don't know (skip to question 18)

**17a. How many other trainings have you attended related to child trauma? \_\_\_\_\_**

**17b. How many of those were in the last year? \_\_\_\_\_**

**18. Was this your first exposure to training sponsored/delivered by an NCTSN center? (check one)**

- Yes (skip to question 19)
- No
- Don't know (skip to question 19)

**18a. How many other NCTSN sponsored/delivered trainings have you attended related to child trauma? \_\_\_\_\_**

**18b. How many of those were in the last year? \_\_\_\_\_**

**19. For questions a. – c. below, please indicate how satisfied you were with the training? (check one box per question)**

	Very satisfied 1	Satisfied 2	Neutral 3	Dissatisfied 4	Very dissatisfied 5	Not applicable 6
a. Overall, how satisfied were you with the training you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How satisfied are you with the presenters or facilitators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How satisfied are you with the training materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BACKGROUND INFORMATION**

**20. What is your gender? (check one)**

- Male
- Female
- Transgender
- Other (specify) \_\_\_\_\_

**21. What is your month and year of birth? \_\_\_\_ / \_\_\_\_\_**

**22. Are you Hispanic or Latino (check one)?**

- Yes
- No

**22a. If yes, which group represents you? (check one or more)**

- Mexican, Mexican-American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American
- Other Hispanic origin (describe: \_\_\_\_\_)

**23. What is your race? (check one or more)**

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other (please describe: \_\_\_\_\_)

*THIS IS THE END OF THE SURVEY.*

***Thank you for taking the time to complete this survey. Your participation is critical to an expanding the knowledge-base related to trauma-informed service provision.***

You are now eligible to participate in a lottery drawing for a \$50 gift certificate. If you would like to be entered into the lottery, please complete the Contact Form on the following page. Your Contact Form will be detached from your completed survey and collected separately by the trainer. The lottery participants will be limited to the participants of this training event. Each individual that submits a Contact Form will be entered into the lottery, one winner will be drawn, and the \$50 certificate will be mailed within two weeks of the date on which Macro International Inc. receives the training information package.

## CONTACT INFORMATION FORM

As described above, you are now eligible to participate in a lottery drawing for a \$50 gift certificate. If you would like to be entered into the lottery, please provide your contact information below.

**Please include my name in the lottery drawing to win a \$50 gift certificate (contact information provided below).**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**I authorize the use of this contact for future national evaluation surveys regarding the implementation of trauma-informed services and practices.**

- Yes
- No

Detach this Contact Information Form from your completed survey and return both (separately) to your trainer. As described above, the lottery participants will be limited to the participants of this training event. The winner of the lottery drawing will receive their \$50 gift certificate by mail, within two weeks of the date on which Macro International Inc. receives the training information package.

# **Attachment 3**

Excerpts from Pages 12 and 13 of the Original OMB Supporting Statement

Original OMB Supporting Statement (section A.6. Consequences if Information is Collected Less Frequently), Excerpt from Pages 12-13:

**Knowledge and Use of Trauma-informed Services.** Key informant interview and discussion group data will be collected once from centers funded in 2001/2002 that were refunded in 2005 and centers funded in 2003. This information will be analyzed and used to develop the Trauma-informed Services (TIS) Survey. TIS Survey data will be collected annually from providers affiliated through training activities with the NCTSN. Key informant and discussion group data is fundamental to the development of a valid survey on the knowledge and use of trauma-informed services. Development of the TIS in the absence of the key informant and discussion group data could result in a survey tool lacking in utility and relevance to the field.

The TIS Survey will be administered annually to service providers affiliated with centers funded in 2003 and 2005. Increased awareness and use of trauma-specific services among child service providers is critical to the overarching mission of the NCTSI to increase the quality and access of care for children who experience trauma. Less frequent data collection will result in the inability to understand the extent to which the Network and its centers are enhancing the understanding and increasing the use of appropriate services for children who experience trauma. Multiple data collection points are needed in order to assess the change in the knowledge base and use of trauma informed services as the Network and its affiliated centers mature.

# **Attachment 4**

Trauma-informed Services Training Summary Form

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 5 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## NCTSI Cross-site Evaluation

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# Provider Knowledge and Use of Trauma-informed Service Training Summary Form – Completed by TIS Trainer

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**This training summary form should be completed for each training activity. If a training activity spans several days or weeks, this summary form should be completed after the last session and number of trainees should reflect the maximum number of individuals who attended one or more of the sessions.**

**Training Dates** (if training was one day indicate the same date in both fields):

\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of training sessions:** \_\_\_\_\_

**Number of Trainees who attended the training:** \_\_\_\_\_

**Name of Training:** \_\_\_\_\_

Name of the NCTSN center that provided the training? (Use the menu to select the center, if more than one center collaborated in the provision of the training please select the one center that you consider as the primary center)

**INSERT MENU OF ALL 44 CENTERS**

**PRIMARY AGENCY/ORGANIZATION AFFILIATION OF TRAINEES (check all that apply):**

**School**

- a. How many schools are represented at this training? \_\_\_\_\_
- b. How many of these schools have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Juvenile justice/probation office/detention centers**

- a. How many juvenile justice related agencies/organizations (e.g., probation office, correctional facility, detention center, etc.) are represented at this training? \_\_\_\_\_
- b. How many of these agencies/organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Child welfare/foster care**

How many child welfare related agencies/organizations (e.g., foster care, protective services, family services, etc.) are represented at this training? \_\_\_\_\_

How many of these agencies/organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Mental health agency**

How many mental health related agencies/organizations are represented at this training? \_\_\_\_\_

How many of these agencies/organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Community-based organization**

How many community-based organizations are represented at this training? \_\_\_\_\_

How many of these organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**First-responder organization**

How many first responder organizations (e.g., police, EMT, fire fighters, etc.) are represented at this training? \_\_\_\_\_

How many of these organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Health/primary care organization**

How many health care organizations (e.g., hospitals, health clinics, etc.) are represented at this training? \_\_\_\_\_

How many of these organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Family members/caregivers organizations**

How many family members/caregivers organizations attended this training? \_\_\_\_\_

How many of these organizations have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Other type of organization or individual (Please describe: \_\_\_\_\_)**

How many of these organizations or individuals are represented at this training? \_\_\_\_\_

How many have participated in previous trainings that your Center has provided? \_\_\_\_\_

**Type of training** (check all that apply)

- Train-the-Trainer model (i.e., training participants to be trainers)
- Psychoeducational programs on the impact of trauma
- Screening related to trauma exposure
- Referrals/triaging of trauma-exposed children to appropriate levels of clinical intervention
- Clinical intervention for trauma-exposed children
- Non-clinical intervention during/after a traumatic event
- Support service during/after a traumatic event
- Improving provider response to child victims of trauma
- Increasing ability of providers to reduce potential for traumatic stress
- Prevention of child traumatic exposure
- Secondary trauma among front line human service providers
- Other: \_\_\_\_\_

**Total duration of training**

Total number of days training was delivered (if training occurred across weeks, please indicate the number of days on which training sessions were held): \_\_\_\_\_

Total number of minutes per day (please convert hours to minutes): \_\_\_\_\_

**Training summary form completed by**

- Trainer
- NCTSN Center Program Staff, other than the Trainer
- Evaluation Staff
- Other (please specify): \_\_\_\_\_