

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 _____. Public reporting burden for this collection of information is estimated to average __ minutes per response, 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.

Evaluation of the National Child Traumatic Stress Network EBP AND TRAUMA-INFORMED SYSTEM CHANGE SURVEY ADMINISTRATOR VERSION

SURVEY INDEX PAGE

Thank you for agreeing to participate!

Navigating the Survey:

This page is called the Survey Index. To complete the survey, you will be guided through the following four sections (i.e., sections A., B., and C. listed below). Once you begin work on any section, the section headings below will become hyperlinked. You may leave the survey at any time and return to complete it. When you return to the Survey Index, you will be able to click on a section heading on this page and go directly to that section of the survey. As you navigate the survey, use the “Back” button or click “Save and Return to Survey Index” to return to a previous section.

- A. Background**
- B. Products Adopted or In Process**
- C. Trauma-Informed Systems and Practices**
- D. Provider Practice Impact**
- E. Organizational Impact**

If you would like to skip a question to obtain additional information, you may do so; you will receive a warning message once regarding incomplete responses, and then will be allowed to move forward. One question is considered mandatory for survey completion (this question is identified by a + symbol). This survey will “time-out” eight hours after the last point at which you saved your responses. If the survey times out, you will be able to access the survey again using the same login and password, unless you have submitted the survey. Once the survey is submitted, you will not be able to access the survey again.

Reminder: Please be assured that all responses are kept confidential. We will not match names to individual responses or to any of the survey data. Please feel free to be as open and honest in your answers as possible.

PART A: BACKGROUND

1. Today's Date: / /
Month Day Year

2. Please identify the National Child Traumatic Stress Network (NCTSN) centers you have collaborated with or received training from. Select all that apply.

INSERT PULL-DOWN MENU OF ALL CURRENTLY-FUNDED AND AFFILIATE CENTERS

3. Name of agency, center or organization by which you are employed: _____
4. Please select the service system(s) listed below that your agency, center or organization represents (please consider the primary types of services that are provided and select all of the systems below that apply)
- Direct Mental Health Services
 - Child Welfare (including foster care)
 - Education
 - Juvenile Justice
 - Primary Health Care
 - Other (specify): _____

PART B: PRODUCTS ADOPTED OR IN PROCESS

Background Information

Please consider the following definitions as you answer the next questions:

Adoption: the act of identifying a practice of potential value and deciding to implement or use it.

Implementation: a specified set of activities designed to put into practice an activity or method, and to incorporate it into the routine operations of an agency's or individual's professional services (e.g., into routine mental health service delivery).

1. What trauma assessments/screening tools and interventions has your agency, center or organization been involved in adopting?

[Respondent reviews pull-down menu]

*Please consider which assessments and interventions have been most important to your work serving children or adolescents exposed to trauma, Select **up to three** of the most important interventions and **up to one** assessment/screening tool. If you are using the Core Data Set, this may be considered one assessment.*

You will be asked a set of questions about each assessment or intervention that you select; therefore we ask that you limit your selections to minimize the time required to respond.

*Please check **up to 3** of the most applicable interventions and **up to 1** assessment/screening tool in the menu below. Click on any assessment or intervention to read a description of it.*

Type of Product	Menu of Products
<input type="checkbox"/> Assessment Measures	<input type="checkbox"/> Pull-down menu of Assessment Measures
<input type="checkbox"/> Clinical Treatment or Trauma-informed Approaches:	<input type="checkbox"/> Pull-down menu of Clinical Treatment or Trauma-informed Approaches:

(If all choices are “Not applicable”, skip to Part C)

RESPONDENTS’ PRODUCT SELECTIONS ARE LISTED ON THE NEXT PAGE OF THE SURVEY AS INDICATED BELOW

Thank you! Your selections are listed below. Please review them for accuracy.

If you selected “other” assessments or interventions, please type up to three names below, and answer the following questions about them. Please limit yourself to a total of three products.

A: Other #1: _____

B: Other #2: _____

C: Other #3: _____

RESPONDENTS’ PRODUCT SELECTIONS ARE DISPLAYED HERE. ON THE NEXT PAGE OF THE SURVEY, THE FOLLOWING QUESTIONS ARE ASKED REGARDING EACH PRODUCT SELECTED BY RESPONDENTS

- 2. Approximately how recently did your agency, center or organization adopt _____? *Adoption is defined as the act of identifying a practice of potential value and deciding to implement or use it.*
 - 1. Within the past 6 months
 - 2. Between 6 and 12 months ago
 - 3. Between one and two years ago
 - 4. More than two years ago
 - 5. I don’t know

- 3. What resources were useful in introducing _____ to your agency, center or organization, providing an opportunity to adopt it? (Please choose up to four of the most important resources)

NCTSN resources

- NCTSN Web site
- NCTSN Newsletter/listserv announcements
- In-person training hosted by an NCTSN center or centers
- In-person training hosted by the National Center for Child Traumatic Stress
- Web-based training hosted by an NCTSN center
- NCTSN Breakthrough Series Collaborative
- NCTSN Learning Collaboratives
- NCTSN All-Network meeting
- NCTSN Learning Center for Child and Adolescent Trauma (learn.nctsn.org)
- Other (specify)

Other

- In-person training hosted by a non-NCTSN center or agency
- Web-based training hosted by a non-NCTSN center or agency
- Consultation with supervisors or management
- Consultation with colleagues or peers
- Professional conferences
- Published journal articles
- Other (specify)
- Question not applicable

4. What resources, if any, helped to facilitate the implementation or use of _____? *Implementation is defined as a specified set of activities designed to put into practice an activity or method, and to incorporate it into the routine operations of an agency's or individual's professional services (e.g., into routine mental health service delivery).*

(Please choose up to four of the most important resources)

NCTSN resources

- In-person training hosted by an NCTSN center or centers
- In-person training hosted by the National Center for Child Traumatic Stress
- Web-based training hosted by an NCTSN center
- Consultation with the National Center for Child Traumatic Stress
- Consultation with NCTSN collaborative groups
- NCTSN printed resources
- NCTSN Learning Center for Child and Adolescent Trauma (learn.nctsn.org)
- Other (specify)

Other

- In-person training hosted by a non-NCTSN center or agency
- Web-based training hosted by a non-NCTSN center or agency
- Ongoing technical assistance following a training or consultation
- Consultation with product developers or experts

- Support from supervisors or management
- Consultation with colleagues or peers
- Your professional training and/or experiences
- Views among program stakeholders (e.g., funders, community members, families, or others)
- Routine monitoring of implementation progress
- Other (specify)

- No facilitators

- Question not applicable

5. Which of these stages best describes the current implementation status of _____ in your agency, center or organization?

(Please select only one answer choice)

- Exploration*
We are actively considering the possibility of implementing _____ but have not yet decided to move ahead with adoption and implementation.
- Adoption Decision/Preparation*
We have made the decision to adopt _____ are doing the work necessary to effectively implement it.
- Active Implementation*
We are in the process of implementing (e.g., training, practice, capacity building) _____ at this time.
- Sustainment*
We have completed implementation of _____ and are now continuing to use it as part of our regular service or treatment model with an appropriate proportion of clients.
- Not Applicable

6. If _____ has reached the active implementation or sustainment stage, to what extent has it been implemented in accordance with the guidelines or protocol for the product's use? (Please select only one answer choice)

- Implemented exactly as prescribed by the guideline/protocols
- Implemented mostly as prescribed, but with a few adaptations which include _____ (please describe)
- Successful use has required numerous adaptations which include _____ (please describe)
- Because of multiple adaptations, this product has changed substantially, and in many ways no longer resembles the original
- Not Applicable

7. What circumstances, if any, presented barriers to the implementation or use of _____? (Please choose up to four of the most important; note that barriers may become facilitators over time, therefore barriers and facilitators may be the same in some cases).

Related to the NCTSN

- Lack of sufficient training hosted by an NCTSN center or centers
- Lack of printed materials available
- Other (specify)

Other

- Lack of sufficient training hosted by a non-NCTSN center or agency
- Need for ongoing technical assistance following a training or consultation
- Need for consultation with or support from product developers or experts
- Need for resources (financial, staff, or expertise) from sources external to the center, agency or organization
- Need for support from supervisors or management
- Your professional training and/or experiences
- Views among program stakeholders (e.g., funders, community members, families, or others)
- Lack of routine monitoring of implementation progress
- Lack of reimbursement
- Qualities related to the product itself
- Lack of appropriateness of the product for target populations

- No barriers
- Other (specify)
- Not Applicable

8. Please provide your perspective about the clinical effectiveness of this intervention.

- Not implemented sufficiently to assess clinical effectiveness.
- Not effective
- Moderately effective
- Very effective
- Extremely effective

PART C: TRAUMA-INFORMED SYSTEMS AND PRACTICES

SAMHSA states that trauma-informed services are designed to 1) reduce the impact of trauma on children/adolescents through screenings, assessments, referrals, supportive services, outreach, crisis response; 2) train service providers around specific services or interventions; and/or 3) implement service system changes to improve delivery of trauma treatment and services. Trauma-informed services also include interventions that target service providers such as informing them of the impact of trauma in their service populations and/or improving their response to traumatized children/adolescents.

However, there is currently no consensus as to what exactly being “trauma-informed” means for different types of systems. To better understand the current behaviors of various child-serving systems, we are asking a series of questions about policies and procedures in the following sections of this survey.

Screening for Trauma

Please read the statements below and indicate the one statement that best describes the screening procedures at **your agency, center or organization**

1. All children are screened (quickly, but systematically, assessed) for trauma exposure at intake/entry into services
2. Children are screened when there is information or concern that they have had trauma exposure
3. Children who self-report having experienced a trauma are formally screened for trauma exposure
4. Children are screened at the discretion of a professional at/involved with our agency/organization. (teacher, counselor, caseworker, PO, therapist, etc.)
5. Other (please describe):

Please indicate if the screening procedure at your agency, center or organization involves using a:

1. Screening measure with a few questions on trauma
2. Trauma-specific screening measure

Assessing Trauma Impact

Please read the statements below and indicate the one statement that best describes the assessment procedures at **your agency, center or organization**

1. All children are screened for trauma exposure, and if they screen positive for one or more traumas they are assessed for trauma impact (psychological injuries caused by exposure to trauma)
2. Children are assessed for trauma impact when there is information/concern that they have been exposed to trauma
3. Children who self-report having experienced a trauma are assessed for trauma impact
4. Children are assessed for impact at the discretion of a professional at/involved with our agency/organization (teacher, counselor, caseworker, PO, etc.)
5. Other (please describe):

Trauma-informed Services Referral and Provision

Please read the statements below and indicate the one statement that best describes the trauma-informed services referral and service provision procedures at **your agency, center or organization**

1. All children assessed positive for trauma impact are assigned to trauma-specific services with a trained provider who is on staff at our agency
2. Children assessed positive for trauma impact are referred out for trauma-specific services from a trained provider
3. Children assessed positive for trauma impact receive/are referred for trauma-specific services from a trained provider at the discretion of a professional at or involved with our agency (teacher, counselor, caseworker, PO, etc.)
4. Our agency does not play a specified role in connecting youth with trauma-specific services from a trained provider
5. Other (please describe):

In the previous section, we described *trauma-informed services* as “services that are designed to 1) reduce the impact of trauma on children/adolescents through screenings, assessments, referrals, supportive services, outreach, crisis response; 2) train service providers around specific services or interventions; and/or 3) implement service system changes to improve delivery of trauma treatment and services. Trauma-informed services also include interventions that target service providers such as informing them of the impact of trauma in their service populations and/or improving their response to traumatized children/adolescents.”

Given this definition, please tell us:

1. If the services and treatments you provide currently in your agency, center or organization are not trauma-informed, what do you believe are the reasons for this?

2. From your perspective, what are the barriers to providing trauma-informed services/treatments in your agency, center or organization?

3. What are the facilitators to providing trauma-informed services/treatments in your agency, center or organization?

4. What is involved in transforming your agency, center or organization to ensure that it is trauma-informed?

Part D: Provider Practice Impact

Please answer the questions* below thinking about clinical practice **at your agency, center or organization:**

Rate your agency from 1= Not at all true for my agency to 5 = Completely true for my agency on your perspective of clinical practice related to trauma-informed services/trauma-focused interventions at your agency/school/institution.

In my agency, center or organization:

<p>1. Providers have ready access to materials (e.g., manuals, handouts) or training opportunities designed to strengthen trauma-informed services.</p>	<p>1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable</p>
<p>2. Leaders and managers in this organization actively support implementation of evidence-based trauma informed services.</p>	<p>1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable</p>
<p>3. Quality assessment/treatment adherence monitoring (e.g., adherence checklists, session recording review, collection of and review of outcomes, training in the agency) are consistently used to improve our services.</p>	<p>1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable</p>
<p>4. Providers who use trauma-informed services are rewarded.</p>	<p>1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable If you answered “2 = A little true” or higher, please check all that apply: a) specific case/reimbursement rate b) recognition in the organization c) financial incentives (raise or promotion) d) reduction in productivity requirement e) other: _____</p>

*Modified from the Dorsey, Kolko, Berliner Organization Checklist

Part E: Organizational Impact

Please rate the following statements* regarding **your agency, center or organization** s it currently operates. Rate your agency from 1= Not at all true for my agency to 5 = Completely true for my agency on your perspective of clinical practice related to Trauma-informed services (TIS) at your agency/school.

Your rating will help us understand your perceptions about trauma informed system change at your **agency, center or organization**.

In my agency, center or organization:

5. Written policy is established expressing commitment to trauma-informed practices	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
6. The agency has a formal system for reviewing whether staff are using trauma-informed practice	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
7. There is a system of communication in place with other agencies working with the child to facilitate making trauma-informed decisions about the child or family	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
8. There are structures in place to support consistent trauma-informed responses to children and families	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
9. Families and children are given systematic opportunities to voice needs, concerns, and experiences	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
10. The agency has a system in place to develop/sustain common trauma-informed goals with other agencies	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
11. Understanding of impact of trauma is incorporated into daily decision- making practice at my agency	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
12. Supervision at my agency includes ways to manage personal	1 = Not at all true for my agency

and professional stress	2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
13. Trauma-informed safety plans are written/available for each child (i.e., triggers, behaviors when over- stressed, strategies to lower stress, support people for child)	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
14. Staff receive supervision from a supervisor who is highly knowledgeable about, and skilled in the use of, trauma-informed services	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
15. Timely trauma-informed assessment is available and accessible to children served by my agency	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
16. A continuum of trauma-informed intervention is available for children served by my agency.	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
17. A child's definition of emotional safety is included in treatment plans at my agency.	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable
18. The prevention of secondary trauma is included in trainings for all employees, including new employee orientation	1 = Not at all true for my agency 2 = A little true for my agency 3 = Somewhat true for my agency 4 = Mostly true for my agency 5 = Completely true for my agency 6 = Not applicable

**Southwest Michigan's Children's Trauma Assessment Center; Richardson, Coryn, Henry, & Unrau (2010)*

Thank you for your participation!

Note: You will NOT be able to return to the survey once your submission has been finalized.