



**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): \_\_\_\_\_

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**PART B: TRAUMA-INFORMED SYSTEMS AND PRACTICES**

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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.

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**Screening for Trauma**

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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

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## Assessing Trauma Impact

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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/involvement with our agency/organization (teacher, counselor, caseworker, PO, etc.)
5. Other (please describe):

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## Trauma-informed Services Referral and Provision

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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?

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

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

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

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**PART C: PROVIDER PRACTICE IMPACT**

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Please answer the below questions 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 at your agency.

**In my agency, center or organization\*:**

<p>1. Providers receive ongoing trauma-informed services training opportunities and ready access to trauma-focused services materials (manuals, handouts).</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. My supervisor actively supports 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 “A little true” or more, please check all that apply below:</p> <ul style="list-style-type: none"> <li>a. specific case/reimbursement rate</li> <li>b. recognition in the organization</li> <li>c. financial incentives (raise or promotion)</li> <li>d. reduction in productivity requirement</li> <li>e. other: _____</li> </ul>
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*\*Modified from the Berliner, Kolko, & Dorsey Organization Checklist*

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**PART D: ORGANIZATIONAL IMPACT**

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Please rate the following statements regarding **your agency, center or organization** as it currently operates. Your rating will help us understand your perception of trauma-informed system change. 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/organization.

**In my agency, center or organization\*:**

<p>1. Written policy is established committing to trauma-informed practices</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. The agency has a formal system for reviewing whether staff are using trauma-informed practice</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. There is system of communication in place with other agencies working with the child for making trauma-informed decisions about the child or family</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. There are structures in place to support consistent trauma-informed responses to children and families across roles within the agency</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>5. Families and children are given systematic opportunities to</p>	<p>1 = Not at all true for my agency</p>

voice needs, concerns, and experiences	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 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
7. 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
8. Supervision at my agency includes ways to manage personal and professional stress	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. 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
10. 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
11. 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
12. 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
13. 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

<p>14. The prevention of secondary trauma is included in trainings for all employees, including new employee orientation</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>
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\* Southwest Michigan’s Children’s Trauma Assessment Center; Richardson, Coryn, Henry, & Unrau (2010)

**NOTE: Complete the following section only if you provide direct mental health treatment services at your agency, center or organization. If you do not, skip to End**

**PART E: CLINICAL PRACTICE IMPACT**

Please answer the following questions\* thinking about your clinical practice at the **agency, center or organization** where you are currently providing services.

<p>1. In the past month, what was the total number of clients on your caseload? (Please include all clients seen at least ONCE during the past month.)</p>	<p>Enter a number between 0 and 100. _____</p>
<p>2. In my first one to two meetings with a new client, I directly ask the child and/or the child’s caregiver about the child’s exposure to traumatic events.</p>	<p>1 = Never                  2 = Rarely                  3 = Occasionally                  4 = Regularly                  5 = Almost always</p>
<p>3. I use standardized measures or questionnaires to identify and measure specific clinical conditions (depression, PTSD, ADHD, behavior problems).</p> <p>a. Which of the following assessment measures did you administer to at least one client during the past month?</p> <p>b. In the past month, with how many cases did you PERSONALLY administer at least one of the measures?</p>	<p>1 = Never                  2 = Rarely                  3 = Occasionally                  4 = Regularly                  5 = Almost always</p> <p>a. (Please check all that apply)                  (Pull down list of assessments)</p> <p>b. Enter 0 (zero) if you administered no measures: _____</p>
<p>4. I re-administer standardized measures or questionnaires to continue measuring the specific clinical conditions (depression, PTSD, ADHD, behavior problems) to inform decisions about treatment (intensity, focus, type) and end of treatment.</p>	<p>1 = Never                  2 = Rarely                  3 = Occasionally                  4 = Regularly                  5 = Almost always</p>
<p>5. I give verbal or written feedback about my diagnostic or clinical impressions to the child and/or the child’s caregiver and establish agreement on the problems to address in treatment.</p>	<p>1 = Never                  2 = Rarely                  3 = Occasionally                  4 = Regularly                  5 = Almost always</p>
<p>6. I provide information about the evidence-based treatment options for that condition/problem. For example, I might provide a handout and/or discuss key features of the problem and key features of the treatment.</p>	<p>1 = Never                  2 = Rarely                  3 = Occasionally                  4 = Regularly                  5 = Almost always</p>
<p>7. When I perceive a lack of engagement , I routinely use a</p>	

<p>specific set of methods to:</p> <p>a. Problem-solve barriers to treatment (concrete obstacles to attendance, problems completing homework, negative attitude towards treatment)</p> <p>b. address ambivalence about treatment motivation (e.g., rating importance of change, decisional balance exercise, articulation of the pro’s/con’s of treatment involvement)</p>	<p>1 = Never 2 = Rarely 3 = Occasionally 4 = Regularly 5 = Almost always</p> <p>1 = Never 2 = Rarely 3 = Occasionally 4 = Regularly 5 = Almost always</p>
<p>8. I routinely use a specific evidence-based intervention approach/model or a set of methods from a specific approach that is matched to the identified clinical condition.</p>	<p>1 = Never 2 = Rarely 3 = Occasionally 4 = Regularly 5 = Almost always</p>
<p>9. If you answered “occasionally” or more, please check or enter the ones used (choose <b>up to three</b> that you most commonly use, and <b>up to two</b> “others”):</p>	<p><i>(List will be drawn from the ESC/expert panel)</i></p> <p><input type="checkbox"/> TF-CBT <input type="checkbox"/> ARC <input type="checkbox"/> PCIT <input type="checkbox"/> CPP <input type="checkbox"/> Etc... <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____</p>
<p><i>For each named EBT, ask the following questions (pipelined for web-based survey):</i></p> <p>a. In the past month, with how many of your cases did you use _____?</p> <p>b. In the past month, what was the average number of sessions you had with your _____ cases?</p> <p>c. During the past month, what was the average number of minutes you spent each week in supervision (individual or group) focused on _____?</p> <p>d. During the past month, what was the average minutes you spent each week in peer consultation focused on _____?</p>	<p>a. Enter a number between 0 and 100: _____</p> <p>b. Enter a number between 0 and 100: _____</p> <p>c. Enter the number of minutes: _____</p> <p>d. Enter the number of minutes: _____</p>

*\*Modified from the Clinician Checklist (Berliner, Kolko, & Dorsey), and the Kempe CTPSurvey (Fitzgerald & Shipman)*

***Thank you for your participation!***

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