

POWER Evaluation Form- 3 Month Follow-up Trauma and Substance Use Training

Please complete this brief follow-up survey on the Trauma and Substance Use in Older Adult training that you participated in on _____. This training explored how trauma impacts the lives of older women and older adults; the connections between trauma and substance use, particularly among women ages 55+ ; and trauma as a risk factor for opioid misuse and other substance use disorders. The training was also intended to help those working with older adults to feel more comfortable speaking to their clients about the impacts of trauma and substance use.

Your responses will help us to understand the impact of the training on your work with women ages 55+. IHR relies on your honest opinions & suggestions for improvement of future trainings. All of your responses will be kept confidential and will only be reported in the aggregate. Your name will not be used in any reports put together for this project.

Have issues related to trauma and substance use arisen in your work with older women and older adults since the IHR training? € Yes € No

Have you used knowledge or skills from the IHR training in your work with older adults? € Yes € No

If Yes, please describe how you used the material in your work.

If No, please describe any barriers to using the material in your work.

What additional trainings or other supports would benefit your work with older adults around trauma and substance use?

What is your title/role? (Select One)

- € Social Worker
- € Doctor
- € Nurse
- € Other Clinical Staff – Please specify: _____
- € Case manager
- € Personal Care Attendant
- € Other: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer