

Staff Survey and Time Log

Seeking Safety Version

INTRODUCTION

To help expand the available information on the costs of services for families and children, the Children's Bureau within the Administration on Children, Youth & Families, U.S. Department of Health and Human Services, contracted with Mathematica Policy Research to design and pilot test instruments to study the costs of implementing Trauma-Specific Evidence-Based Programs (TS-EBPs). Mathematica developed these instruments as part of the Regional Partnership Grants cross-site evaluation.

This survey asks questions about how much time staff members in your agency spend time working on one TS-EBP, Seeking Safety. It also asks about Seeking Safety training that staff members might have received. This information is necessary to estimate the costs of providing the program.

Who should complete the survey? All staff members that spend any time delivering or managing and administering Seeking Safety should complete this survey, including clinicians or therapists, case managers, supervisors, administrators, or other agency personnel.

How to complete the survey? You can answer most questions in Sections A and B by simply placing a check mark or entering a number or date in the appropriate box. For some questions, you will write in a brief response. In Section C, you will enter the number of minutes you spent on specific activities each day during the data collection period.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. Please write legibly and make sure all responses are clearly indicated.

Voluntary participation. Your participation in this survey is important and will help us better understand the costs of Seeking Safety. You may refuse to answer any question.

It will take approximately 10 minutes to complete the time log each day during the data collection period.

Please answer the following question before beginning the survey and time log.

I have read the introduction and agree that the information I provide in this survey and time log may be used in further analyses.

1 Yes →

0 No **END SURVEY**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on the costs of implementing Trauma-Specific Evidence-Based Programs (TS-EBPs). Public reporting burden for the described this collection of information is estimated to average 3.67 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0557 and the expiration date is 11/30/2021. If you have any comments on the described collection of information, please contact Dori Sneddon at Dori.Sneddon@ACF.hhs.gov.

SECTION A: YOUR POSITION AND WORKING HOURS

A1. What is the name of the organization where you work?

AGENCY NAME

A2. What is your current job title? (If you have more than one job title, please indicate the titles for all positions you currently hold.)

JOB TITLE

A3. How would you describe your primary responsibilities?

SELECT ONE ONLY

- 1 My primary responsibilities relate to direct service delivery.
- 2 My primary responsibilities relate to management and administration.
- 3 My primary responsibilities are split between direct service delivery and management and administration.

A4. What is your current employment status?

SELECT ONE ONLY

- 1 Permanent full-time
- 2 Permanent part-time
- 3 Temporary full-time
- 4 Temporary part-time
- 5 On-call

A5. How many hours are you scheduled to work at your agency in a typical or average week?

|__|__| HOURS PER WEEK

A6. How many hours do you usually work in a typical or average week?

SECTION B: TRAINING

The next few questions ask about time you spent in professional training for Seeking Safety.

B1. Did you receive initial training(s) on Seeking Safety? Initial training refers to formal or structured training you received before delivering Seeking Safety to clients.

- 1 Yes →
- 0 No GO TO B6

If you answered yes to B1, use the table below to record up to three initial trainings you received before delivering Seeking Safety:

	B2.	B3.	B4.	B5a.
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	What kind of <u>initial</u> training did you receive? PLEASE MARK ONE ANSWER	Who paid the majority of the costs (if any) of the <u>initial</u> training you received? PLEASE MARK ONE ANSWER	When did you receive this <u>initial</u> Seeking Safety training?	How many hours do you estimate you spent attending <u>initial</u> training?
Initial training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Initial training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Initial training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (<i>please specify</i>) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B5b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

B6. Have you received any additional or ongoing training on Seeking Safety (not including regular supervision or clinical support) in the past 12 months? Additional or ongoing training refers to formal or structured training you received after you started providing Seeking Safety Services, such as a session to review Seeking Safety concepts or methods.

1 Yes →

0 No GO TO SECTION C

If you answered yes to B6, use the table below to record up to three additional or ongoing trainings you received in the past 12 months:

	B7. What kind of <u>additional or ongoing</u> training did you receive? PLEASE MARK ONE ANSWER	B8. Who paid the majority of the costs (if any) of the <u>additional or ongoing</u> training you received? PLEASE MARK ONE ANSWER	B9. When did you receive this <u>additional or ongoing</u> Seeking Safety training?	B10a. How many hours do you estimate you spent attending this <u>additional or ongoing</u> training?
Additional training 1	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (please specify) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 2	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (please specify) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Additional training 3	1 <input type="checkbox"/> Formal training led by a developer of the program 2 <input type="checkbox"/> Online training or access to online resources 3 <input type="checkbox"/> Training provided by staff at your agency 4 <input type="checkbox"/> Other (please specify) _____	1 <input type="checkbox"/> My current agency paid the cost 2 <input type="checkbox"/> Another agency (not my current agency) paid the cost 3 <input type="checkbox"/> I paid the cost 4 <input type="checkbox"/> There was no cost for the training	_____ / 20 _____ MONTH/YEAR TRAINING BEGAN _____ / 20 _____ MONTH/YEAR TRAINING ENDED	_____ HOURS SPENT IN TRAINING B10b. Were you paid for these hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

INSTRUCTIONS FOR COMPLETING THE TIME LOG

We are asking you to track how you spend your time over 4 weeks.

The next page has a table of activity categories related to the delivery of Seeking Safety. The table provides examples of specific activities under each category, although the examples might not reflect all the types of work you do. Please refer to this table as you track your time each day.

The time log includes a two-sided sheet that you can copy as many times as needed to cover the data collection period. You should complete one two-sided sheet for each week of the data collection period. After you copy the necessary number of sheets, please indicate the week number on the top of each sheet as well as the staff name and agency name.

Please follow the instructions below when filling out your time log:

- 1) At the end of each work day during the data collection period, please record how much time, in minutes, that you spent on each of these activities under each category.

You might find it helpful to use case notes, appointment schedules, or other materials to help you fill in the time log, but remember to indicate the actual time spent on each activity (which might be longer or shorter than a scheduled appointment).

- 2) If you forget to fill out the time log at the end of the day, please enter the missing information as soon as possible.
- 3) Start by filling in the appropriate date under the corresponding day of the week (Monday to Friday).
- 4) For the **Group Activities** section of the log, first indicate whether you led any Seeking Safety groups that day. If you answered yes, then enter the number of minutes you spent on each of the group activities listed. If you did not spend any time on an activity that day, please enter 0. Finally, enter the percentage of time you spent that day delivering services to client groups in a virtual setting. If no services were delivered virtually, please enter 0.
- 5) For the **Client-Focused Activities** section of the log, first indicate whether you provided Seeking Safety services for any individual clients. If you answered yes, enter the number of minutes you spent on each of the client-focused activities listed. For each entry, please list the initials of the client with or for whom you worked and how many minutes you spent on that activity with or for the client listed. Please make separate entries for each client with or for whom you worked that day. If you did not spend any time on an activity that day, please enter 0. Finally, enter the percentage of time you spent that day delivering services to clients in a virtual setting. If no services were delivered virtually, please enter 0. **Please remember to include only the time you spent on activities to deliver Seeking Safety** or activities completed on behalf of clients who receive Seeking Safety.
- 6) For the **Other Activities** section of the log, enter the total amount of time you spent on each activity that day. **Please include only the time you spent on activities that support the delivery of Seeking Safety.** If you did not spend any time on an activity that day, please enter 0.

Table 1: Activities for Seeking Safety implementation and examples

Client-focused activities for Seeking Safety implementation	Examples
<p>Screening, assessment, and enrollment—activities to screen or assess clients to determine eligibility and inform treatment plans. Activities to enroll clients into services.</p>	<ul style="list-style-type: none"> • Triaging incoming referrals, including pre-screening cases for the residential program at partner sites and phone screening line • Screening for trauma exposure and childhood adversity • Conducting clinical assessments
<p>Session planning and preparation—activities to prepare for each group or individual session of Seeking Safety.</p>	<ul style="list-style-type: none"> • Selecting Seeking Safety treatment topics (from key domains: interpersonal, behavioral, cognitive, or a combination) • Preparing hand-outs or other materials, specifically the Coping Skills handout and other handouts outlined in Seeking Safety handbook related to each session • Tracking interventions used to ensure each client gets each intervention • Continually assessing client status using the stages of change rubric and tailoring topics depending on clients' needs • Reviewing notes from sessions and individual client meetings
<p>Clinical service delivery—delivery of therapy in group or individual sessions.</p>	<ul style="list-style-type: none"> • Leading session meetings • Checking in and checking out with clients • Reviewing and discussing Seeking Safety quotations • Introducing of the main concept for the session • Discussing handouts and working on handouts as a group • Conducting exercises for emotional grounding • Leading affirmations and art projects planned around Seeking Safety themes
<p>Case documentation—writing and processing group or individual case notes and progress reports.</p>	<ul style="list-style-type: none"> • Writing/processing clinical case notes • Preparing progress reports for key partners (child welfare, other medical providers, probation, court systems, and so on) • Creating and modifying treatment plans that have goals related to Seeking Safety • Completing service activity logs for billing
<p>Case management—activities related to individual case management and inter-agency coordination or referrals on behalf of a client.</p>	<ul style="list-style-type: none"> ▪ Administering self-care questionnaire to clients ▪ Helping engage clients in other treatments ▪ Securing prior authorizations • Registering clients for appropriate funding sources • Communication with other people involved in the client's case (for example, health care professionals, foster parents, teachers, and so on)

Table 1 (continued)

Other activities	Examples
<p>Supervision and clinical support—providing or receiving ongoing training and clinical supervision focused on Seeking Safety, including conducting and reviewing fidelity assessments.</p>	<ul style="list-style-type: none"> • Providing or receiving individual staff supervision (both supervisors and therapists/clinicians should account for time spent on supervision) • Participating in weekly treatment team meetings to review client progress and needs • Participating in grand rounds to discuss Seeking Safety principles • Participating in trauma-informed training • Individual debriefings and self-care activities to prevent and address challenges in working with families affected by trauma • Seeking Safety role-playing to anticipate challenges working with clients through experiential exercises
<p>Outreach—activities to inform referral agencies and potential new clients about services.</p>	<ul style="list-style-type: none"> • Distributing brochures/fliers about services • Presentations to other agencies • Explaining the Seeking Safety model to other organizations
<p>Program administration and management—activities related to ongoing general management of Seeking Safety services.</p>	<ul style="list-style-type: none"> • Staffing, planning, budgeting, and addressing insurance/reimbursement issues • Addressing grant requirements • Updating the client handbook • Ensuring clinicians have access to the program manual • Maintenance and upkeep of Seeking Safety materials and meeting spaces

WEEK # _____

NAME: _____

AGENCY: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE: _____	____/____/20____	____/____/20____	____/____/20____	____/____/20____	____/____/20____
CLIENT-FOCUSED ACTIVITIES FOR SEEKING SAFETY IMPLEMENTATION					
Did you lead a Seeking Safety group today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES: How many minutes did you spend on each activity related to Seeking Safety groups?					
	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
1. Session planning and preparation <i>Activities to prepare for group sessions of Seeking Safety.</i>					
2. Clinical service delivery <i>Delivery of Seeking Safety sessions.</i>					
3. Case documentation <i>Writing and processing notes on group sessions.</i>					
Virtual services are those delivered via video, telephone, online, or on another communications platform, and not delivered in-person with face-to-face interaction.					
4. Virtual Services <i>Approximately what percentage of time did you spend delivering services to client groups in a virtual setting?</i>	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME

Did you provide Seeking Safety services for any individual clients today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES: How many minutes did you spend per client on each activity related to Seeking Safety?										
	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES	CLIENT INITIALS	MINUTES
5. Screening, assessment, and enrollment <i>Screening or assessing clients to determine eligibility and inform treatment plans. Enrolling clients into Seeking Safety services.</i>										
6. Session planning and preparation <i>Activities to prepare for individual sessions of Seeking Safety.</i>										
7. Clinical service delivery <i>Discussing or reviewing Seeking Safety topics in individual sessions.</i>										
	CLIENT	MINUTES	CLIENT	MINUTES	CLIENT	MINUTES	CLIENT	MINUTES	CLIENT	MINUTES

WEEK # _____

NAME: _____

AGENCY: _____

	INITIALS		INITIALS		INITIALS		INITIALS		INITIALS	
8. Case documentation <i>Writing and processing case notes for individual clients.</i>										
9. Case management <i>Activities related to individual case management and inter-agency coordination on behalf of a client.</i>										
Virtual services are those delivered via video, telephone, online, or on another communications platform, and not delivered in-person with face-to-face interaction.										
10. Virtual Services <i>Approximately what percentage of time did you spend delivering services to clients in a virtual setting?</i>	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME	PERCENT OF TIME

OTHER ACTIVITIES FOR SEEKING SAFETY IMPLEMENTATION					
DATE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	___/___/20___	___/___/20___	___/___/20___	___/___/20___	___/___/20___
	How many minutes did you spend on the activities below? Include only the time you spent on activities that support the delivery of Seeking Safety.				
	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
11. Supervision and clinical support <i>Providing or receiving ongoing training and clinical supervision on Seeking Safety, including conducting and reviewing fidelity assessments.</i>					
12. Outreach <i>Activities to inform referral agencies and potential new clients about Seeking Safety services.</i>					
13. Program administration and management <i>Activities related to ongoing general management of Seeking Safety services.</i>					

PLEASE CONFIRM THAT THE TOTAL TIME YOU HAVE RECORDED FOR ACTIVITIES 1 THROUGH 13 EACH DAY DOES NOT EXCEED THE TOTAL TIME YOU WORKED THAT DAY.