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# Trauma-Attuned Practices Pre-Training Survey

## Demographics

1. Please select your program from the list below.
  - a. [List out the names of each of the seven participating programs as response options]
  
2. What type of program do you work in? (Select all that apply)
  - a. Head Start
  - b. Early Head Start
  - c. Early Head Start – Child Care Partnership (EHS-CCP)
  - d. Child care
  - e. American Indian and Alaska Native Program
  - f. Migrant and Seasonal Head Start Program
  - g. Other (please specify) [short response box]
  
3. Select your program’s setting. (Select all that apply)
  - a. Center-based
  - b. Family child care
  - c. Home-based
  - d. Other (please specify) [short response box]
  
4. How long have you been working in a Head Start/Early Head Start program?
  - a. Less than one year
  - b. 1-3 years
  - c. 4-6 years
  - d. 7-10 years
  - e. 11 or more years
  
5. What is your role? (Select the option that most closely describes your role)
  - a. **Parent/Family Member**
  - b. **Federal Staff:** Federal/Regional Office Staff, Federal Staff – OHS, Federal Staff – OCC, other Federal Staff
  - c. **TA Provider/Coach:** National Center Staff, Regional Training/Technical Assistance Network Staff, National Technical Assistance provider, Early Childhood Specialist, Technical Assistance Coordinator, Grantee Specialist Manager, Grantee Specialist, Health Specialist, Family Engagement Specialist, Coach
  - d. **State & Tribal Agency Staff:** State Pre-K Staff, Department of Education Early Learning, Head Start State Collaboration Office, Head Start State Collaboration Director, State-

Level Early Childhood Membership Organization, State/Child Care Licensing Staff, Quality Rating Improvement System (QRIS), Child Care Partner, Systems Specialists, State Education Agency, CCDF Lead Agency, Child Care Resource & Referral (CCR&R) Agency Staff, Other State/Territory/Tribal Staff

- e. **Program Managers:** Education Manager Director/Assistant Director, Health Manager, Disabilities Manager, Family Services Manager, Mental Health Manager, Nutrition Manager, Data Specialist, CFO
  - f. **Consultants & Health Care Providers:** Infant and Early Childhood Mental Health Consultant, Child Care Health Consultant, Nurse, Other healthcare provider
  - g. **Frontline Staff:** Home Visitor, Teacher (*includes AI/AN Early Childhood Program Staff*), Teacher Aide/Assistant, Family Support Worker (*includes Family Advocate/Family Services, Parent Involvement Specialist, Family Educator*), Family Child Care Provider (*includes Family Child Care Staff, Program Provider, Child Care Staff*)
  - h. **Other (please specify):** \_\_\_\_\_
6. What is your Ethnicity? (Select one)
- a. Hispanic or Latino
  - b. Not Hispanic or Latino
7. What is your Race? (Select all that apply)
- a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Pacific Islander
  - e. White
  - f. Other (please specify): \_\_\_\_\_
8. Please select the response that most closely matches your gender from the following list:
- a. Man
  - b. Woman
  - c. Nonbinary person
  - d. Other (please specify): \_\_\_\_\_
  - e. Prefer not to answer
9. What language do you speak at home the most? (Select one)
- a. English
  - b. Spanish
  - c. Other (please specify) [short response box]

## Trauma-Attuned Practices

10. How confident do you feel working with children and families who have experienced trauma?
- a. Not at all confident
  - b. A little confident
  - c. Confident
  - d. Very confident

11. How confident do you think your coworkers are working with children and families who have experienced trauma?

- a. Not at all confident
- b. A little confident
- c. Confident
- d. Very confident

*Consider the families at your program who you spend the most time thinking and worrying about.*

12. What are 3 words that describe these families?

13. What are 3 internal (personal) reactions you experienced when thinking about these families?

*If you work directly with children and families, consider your role as a provider/teacher/staff member and answer the following two questions (if you do not work directly with children and families, please skip questions 14 and 15 and move on to the next section.*

14. What are 3 words that describe the way you feel in your role?

15. What are 3 words that describe the relationships between staff members at your programs?

## ARTIC

This survey will include the ARTIC Scale, which is a copyrighted measure from the Traumatic Stress Institute (copyright information below).

Developed and copyrighted by the Traumatic Stress Institute of Klingberg Family Centers in partnership with Dr. Courtney N. Baker, Tulane University.

## ProQoL

This survey will also include the ProQoL (citation below).

B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.