Trauma-Informed Care Implementation Survey

Thank you for completing this survey for the Office of Children, Youth and Families. This survey is designed to help organizational leaders assess and tell us about the organization's efforts to develop and sustain trauma-informed practices. We will be using this information to learn more about what types of technical assistance and support would be useful for Pennsylvania's County Children and Youth agencies (CCYA), Foster Care/Adoption Agencies. It is anticipated that this survey will also assist organizational leaders in assessing and addressing any identified needs relevant to meeting standards along the continuum of trauma-informed care set by the Office of Children, Youth and Families and the Office of Advocacy and Reform's Trauma Informed Pennsylvania Initiative. Additional Information regarding standards and benchmark goals will be shared once surveys are returned and reviewed.

Please make sure the survey is completed by someone in the organization who is familiar with the organizations' trauma informed care implementation strategies and practices across all accredited OCYF licensed CCYAs, foster care and adoption programs within the organization. Several kinds of information will be needed, and we recommend that you review the copy of the survey questions which is attached to the email request prior to starting the survey online.

Name of person completing the survey: *

Short answer text

Position of person completing survey: *

Short answer text

Organization Name (as listed on request email) *

Short answer text

Email address of person completing survey: *

Contact phone number: *

Short answer text

Tell us about your organization:

Definitions:

The term "Trauma Informed Care" as generally used in this survey, is meant to encompass the entire continuum from Trauma Awareness, Trauma Sensitive, and Trauma-informed up to and including Healing Centered Care.

The term "Trauma-specific" is a mental health related (rather than organizational) term used when referring to clinical interventions or programs that are intended to focus on specific traumatic experiences and symptoms (e.g., Trauma-focused Cognitive Behavioral Therapy).

The term "Clinical Formulation" is a bio-psycho-socially-based formulation that takes into account the whole child as an integrated summary to explain current struggles and strengths of the individual from multiple perspectives, including biological, psychological, and social as well as a trauma history and other adverse childhood experiences and their impact.

The term "staff" for the purposes of this survey will include; county children and youth agency personnel, foster care and adoption agencies personnel, and resource parents.

1. Has your organization conducted an Organizational Self-Assessment to determine areas of strength and need concerning becoming more trauma aware, sensitive, informed, and healing centered? *

○ Not at all.

○ A person or group of persons has been assigned to study and explore how our organization can become m…

○ A person or workgroup has been developing a plan and procedure for conducting an organizational self-as…

○ Our organization is currently conducting a formal self-assessment of the degree to which our policies and …

○ Our organization has completed a formal self-assessment and has identified strengths and needs, in whic…

○ Our organization has finished addressing the initial strengths and needs identified in our self-assessment, …

○ Other…

2. If your Organization has completed a Trauma Informed Care "Self Assessment," within the   *
LAST 3 YEARS, Please tell us about the method that was used to conduct it (check all that
apply):

☐ Not applicable- we have not yet conducted any self-assessment of Trauma Informed Care.

☐ We have conducted a self- assessment, but it was more than 3 years ago.

☐ We used the University of Florida's Creating Trauma Informed Care Environments: Organizational Self-Asse…

☐ We used "Creating Cultures of Trauma Informed Care: A self-assessment and planning protocol" by Roger …

☐ We used the Organizational Self-Assessment: Adoption of Trauma Informed Care Practice Tool by the Nati…

☐ We used or adapted the Trauma Informed Organizational Toolkit published by the National Center on Famil…

☐ We used the ARTIC – Attitudes related to trauma- informed care scales (Klingberg Family Centers).

☐ We used the TRe-SIA Trauma Responsive System Implementation Advisor by E-power and associates.

☐ We used the Building Bridges Self Assessment Tool and expanded our assessment to include more aspect…

3. How many hours of trauma and trauma-informed care training do staff receive on average? *

	0-1 hour	2-4 hours	5-7 hours	1 full day trai…	2 full-day trai…	More than 2 …
At hire:	○	○	○	○	○	○
Yearly:	○	○	○	○	○	○
Other:	○	○	○	○	○	○

4. What percentage of people working or volunteering at your organization have received at least 2 hours of formal (organized, structured) training in trauma and trauma-informed care in the following categories? *

	0-25%	26-50%	51-65%	66-80%	81-90%	91-100%
Leadership:	○	○	○	○	○	○
Finance, HR, …	○	○	○	○	○	○
Direct Child …	○	○	○	○	○	○
Clinical and …	○	○	○	○	○	○
Medical Staf…	○	○	○	○	○	○
Education Te…	○	○	○	○	○	○
Auxiliary Ser…	○	○	○	○	○	○
Other	○	○	○	○	○	○

5. What percentage of people working or volunteering at your organization have received at least 4 hours of formal (organized, structured) training in trauma and trauma-informed care in the following categories? *

	0-25%	26-50%	51-65%	66-80%	81-90%	91-100%
Leadership:	○	○	○	○	○	○
Finance, HR, …	○	○	○	○	○	○
Direct Child …	○	○	○	○	○	○
Clinical and …	○	○	○	○	○	○
Medical Staf…	○	○	○	○	○	○
Education Te…	○	○	○	○	○	○
Auxiliary Ser…	○	○	○	○	○	○
Other	○	○	○	○	○	○

6. Tell us what formal organizational trauma-related training curricula, provider(s) model(s), etc. *
are used in your organization. (Check all that apply)

- [ ] We are currently Sanctuary Certified.

- [ ] We use the Sanctuary Model but are not currently certified.

- [ ] We have utilized the Lakeside Global Institute trauma trainings.

- [ ] We currently use the ARC- Attachment, Regulation, and Competency model

- [ ] We have used or currently utilize free training materials available on the internet like the "Trauma Sensitive …

- [ ] We currently use a model provided by or through a Behavioral Health MCO (please describe in "other" box).

- [ ] We have used training and consultation provided by the National Council for Behavioral Health.

- [ ] We have used training/consultation provided by another agency or source (please describe in "other" box).

- [ ] We currently use a model developed "in house" (please describe in "other" box).

- [ ] Other…

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7. What formal trauma-specific clinical treatment training curricula, provider(s) model(s), etc. *
does your agency refer children, youth and families? (Check all that apply)

- [ ] Trauma-focused Cognitive Behavioral Therapy

- [ ] Eye-Movement Desensitization and Reprocessing

- [ ] Dialectical Behavioral Therapy for Complex Trauma

- [ ] Trauma Art Narrative Therapy

- [ ] Cognitive Processing Therapy

- [ ] Narrative Exposure Therapy

- [ ] ARC-Attachment, Regulation and Competency model

- [ ] TARGET- Trauma Affect Regulation Guide for Education and Therapy

- [ ] Other…

8. If your organization has received trauma-related training, which of these intended outcomes *
is among those included in the training for all trainees and staff? (Check all that apply)

☐ Know about the "ACES study" and acknowledge the widespread existence and impact of trauma.

☐ Express an awareness of the importance of considering "what has happened to" a person (or family, or org…

☐ Explain how trauma awareness can help make a difference in service quality and effectiveness when servi…

☐ Express awareness of some of the ways that an organization's policies and practices can potentially lead t…

☐ Express awareness that caring for or working with individuals impacted by trauma can lead to vicarious or …

☐ Recognize and commit to taking next and further steps along the path to becoming a more trauma-inform…

☐ Other…

9. Which of the following best describes the degree of change (ie., in Planning, programming, *
policy, attitudes and practice) made by this organization as a result of any trauma-related
trainings that have been received?

○ Few, if any, changes have been made and no further change is planned.

○ Few, if any, changes have been made, but there are some changes and/or additional trainings planned.

○ Some important change has taken place, but no further adjustments are planned.

○ Some important change has taken place, and there are plans for continued change and growth.

○ Significant change has been achieved, and there are plans for sustaining progress and/or assessing the ne…

○ Significant changes have been made, and there are no plans for additional assessments or adjustments in…

○ Other…

Tell us about the last year:

Tell us to what extent the organization has begun to initiate, improve, or actively maintain each of the following changes in an effort to increase trauma awareness and sensitivity in the past year. Please select an answer from the dropdown menu or add additional in the options box for each item.

10. Staff at all levels express a greater awareness of the importance of considering "what has happened to" a person (or family, or organization) that is having symptoms or problems (e.g., using the "trauma lens") rather than focusing on "what is wrong with" them.   *

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

11. The organization's Mission Statement or strategic plan identifies the commitment to becoming and sustaining a fully trauma-informed organization.

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

12. Staff at all levels express recognition of the need for appropriate levels of transparency (trustworthiness), privacy, confidentiality, and respect in communication and relationships. Staff are more sensitive to the impact of language and strive to be strengths-based, person-centered and respectful of cultural and other individual differences in needs and values in all their interactions with children, youth, young adults, and families as well as with co-workers, supervisees and others in the organization.

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

13. Staff at all levels recognize the potential for re-traumatization inherent in the use of intimidation, coercion, and threats of punishment. We are working to create physical environments that are welcoming and attuned to safety, and calming. *

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

14. Staff members within county children and youth, foster care and adoption agencies, as well *
as resource parents and other caregivers have a personal safety plan with individual choices
for calming and de-escalation, which they use when needed.

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

15. Leadership and staff members are aware of the potential for vicarious and secondary *
trauma, compassion fatigue and burn out, and are encouraged to provide and seek support or
assistance from their peers and/or supervisors and others. Leadership promotes a culture of
caring and support for all individuals within the agency.

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

16. All staff, youth, and families, are encouraged and feel empowered to identify their ideas, *
needs, and concerns. This includes the appropriate expression of disagreement, when present,
in the context of team meetings, supervision, and other professional interactions. For youth
and family, the expression of disagreement is respected and protected in all aspects of
treatment and in all staff interactions, and   prioritizes consumer voice and choice while helping
children, youth, and families exercise developmentally appropriate self-expression.

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other…

17. The Agency integrates its awareness of the prevalence of trauma and its impact into its *
professional practices, screening for trauma history and assessment of trauma-related
symptoms and risk factors is routinely conducted upon provision of services.

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other…

18.Trauma impact and related factors are recognized and are actively integrated into service planning and are reviewed/revised to ensure that they are strength-based and empowering. In addition, there is support for self-expression, self-regulation, and skill development, and all plans and staff actions are free of retraumatizing components; We have increased access to evidence-informed trauma specific therapies and treatments when needed. *

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

19. There is a greater realization of the importance of family engagement. Staff and providers work to enhance and facilitate family participation and support family voice and choice in collaborative decisions about the child and family plan development as well as service and case direction. Families and children are empowered to have an active role in the selection of family team members. *

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other...

20. Youth and families are empowered to take an active role through the solicitation of feedback by the agency and/or participation on advisory panels. *

○ A. This was achieved prior to one year ago, but we have actively maintained this in our organization.

○ B. Much Improved

○ C. Moderately improved

○ D. Slightly or only partially improved

○ E. Initiated but not yet improved

○ F. Not yet initiated

○ Other…

21. What needs does your organization have in regard to trauma-informed practice? (Check all that apply) *

☐ A. Introductory training about the impact of Trauma and Adverse Childhood Experiences, and how people h…

☐ B. Training on trauma-informed principles for promoting a trauma-informed and healing centered organizat…

☐ C. Coaching on how to conduct an organizational self-assessment of trauma-informed policies and practic…

☐ D. Training in Trauma-focused clinical interventions and treatments (TF-CBT, EMDR, and others)

☐ E. Training on trauma-informed peer-support

☐ F. Developing Trauma-informed Behavior Support systems which engage, support, empower and promote y…

☐ G. Using Applied Behavioral Analysis in a trauma-informed manner

☐ H. Promoting Trauma-informed Care in cross-collaborative interactions with system partners (education, e…

☐ I. Training on how to provide trauma-informed employee supervision and programs to address vicarious an…

☐ J. Developing strategies for identifying and hiring new employees whose personal characteristics, values a…

☐ K. Developing a protocol for staff performance evaluation that includes the individual's expression of trau…

☐ L. We have trauma-informed care training or technical assistance needs not listed here (please explain)

☐ Other…

22. Please rank your three most important needs by letter (A-M) from the options you chose in the item above. *

	A	B	C	D	E	F	G	H	I	J	K	L
1st	○	○	○	○	○	○	○	○	○	○	○	○
2nd	○	○	○	○	○	○	○	○	○	○	○	○
3rd	○	○	○	○	○	○	○	○	○	○	○	○

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23. What kinds of training or technical assistance formats would you find most useful? (Check all that apply) *

☐ Regularly scheduled group teleconference Q&A/Support/Discussion of related topics with a consultant

☐ Guides or manuals

☐ Fact sheets or informational briefs

☐ Off-the-shelf curricula

☐ Videos available on demand

☐ Webinar trainings on specific topics

☐ In-person training- full-day(s)

☐ In-person training- less than full day

☐ Other…

24. What barriers have you experienced in promoting trauma-informed practices within your organization? (Check all that apply) *

- [ ] Barriers at the level of Organizational Leadership

- [ ] Lack of buy-in from Direct Care Staff

- [ ] Lack of buy-in from partnering agencies (corrections, probation, education, etc.)

- [ ] Lack of buy-in from youth and/or families

- [ ] Lack of funding for training

- [ ] Lack of time for training

- [ ] Difficulty implementing what is learned from training or consultation

- [ ] We haven't experienced any barriers

- [ ] Other...

25. Are there any specific trauma-informed practices at your organization that you'd like to share (such as trauma-informed orientation for new employees, or youth and families; ongoing trauma discussion groups for staff; programs for promoting employee self-care ; etc.) *

Long answer text