Ohio Department of Mental Health/Synthesis Trauma-Informed Care Survey

The purpose of this survey is to collect information that will be used to inform policy, practice, and the allocation of resources to more adequately address the needs of traumatized children and their families, as well as adult survivors of trauma.

YOUR INFORMATION IS VERY IMPORTANT AND WE WOULD APPRECIATE YOUR RESPONDING BY: JULY 11, 2007.

WHEN ANSWERING THE QUESTIONS PLEASE USE THE FOLLOWING DEFINITIONS OF TRAUMA.

ACUTE TRAUMATIC EVENTS: Some types of traumatic events involve serious injury to self, witnessing serious injury or the death of others, imminent threats of serious injury or death to self or others, or a violation of personal physical integrity. Such experiences usually elicit overwhelming feelings of terror, horror or hopelessness. Because these events occur at a particular time and place and are usually short-lived, they are referred to as ACUTE TRAUMATIC EVENTS. Examples include: school shootings, gang-related violence, terrorist attacks, natural disasters, serious accidents, sudden or violent loss of a loved one and physical or sexual assault (i.e., being beaten, shot or raped).

CHRONIC TRAUMATIC SITUATIONS: Exposure to trauma can occur repeatedly over long periods of time. Such experiences elicit a range of responses including intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt and shame. These are referred to as CHRONIC TRAUMATIC SITUATIONS and examples inclulde: physical abuse, sexual abuse, neglect, domestic/family violence, wars and other forms of political violence.

IF YOU HAVE ANY QUESTIONS ABOUT THE SURVEY, PLEASE CONTACT:

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The following survey contains 20 items and should take less than 30 minutes to complete. The survey asks questions about your agency in general, so it may be necessary to ask others at your organization in order to get specific answers.

If at any point during the survey you would like to stop or run out of time, select "Exit This Survey" located in the top right hand corner of the page. If you choose this option, you will not be able to start again and pick up where you left off. You will have to complete a new survey upon return.

Agency & Respondent Information

Name of Agency: (Optional)

Your Position at the Agency

The County In Which Your Agency is Based: (Optional)

POPULATION SERVED

Our Agency Provides Services To: (Check ALL That Apply)

- Ages 0--3: Infants and Toddlers
- Ages 4--6: Preschool
- Ages 7--11: Childhood
- Ages 12--18: Adolescents

- Ages 19--24: Transition Age/Young Adults
- Ages 25--59: Adults
- Ages 60 and Above: Older Adults

In Your Opinion, What Percentage Of The Total Consumers Served By Your Agency Has Experienced Trauma?

- 0 to 20%
- 21% to 40%
- 41 to 60%
- 61 to 80%
- 81 to 100%
- Don't Know

For Those Clients Who Have Experienced Trauma, To What Degree Do You Think It Impacts Their Mental Health?

- Not At All
- To A Small Degree
- To A Moderate Degree
- To A Great Degree
- To A Very Great Degree
- Don't Know

SCREENING AND ASSESSMENT

Of The Referrals You Get For Trauma-Related Services, Where Do They Come From?
(Please Check All That Apply)

- Child Welfare Agency
- Courts
- Domestic Violence Shelters
- Health Department
- Family
- Hospitals

- Law Enforcement
- Schools
- Self
- Victims Rights Service Providers
- Other (please specify)

  [ ]

Does Your Agency Use A Diagnostic Interview or a Specific Screening and/or Assessment Instrument(s) to Identify Persons Who Have Experienced Trauma?

- No
- If Yes, Please List What Tool(s)/Instrument(s) Is Used?

  [ ]

To What Extent Does This Tool(s) Inform Services Or Treatment Provided To Your Consumers? (Check Only One)

- Not At All
- To A Small Extent
- To A Moderate Extent
- To A Great Extent
- To A Very Great Extent
- Don't Know
- Not Applicable (no instrument used)

Trauma-Informed Care Survey

SERVICES

Estimate The Total Number Of Consumers That Will Be Served By Your Agency In Fiscal Year 2007 (July 1, 2006 to June 30, 2007).

[   ]

Please Answer The Following Series of Questions Indicating Whether Your Agency Provided Trauma Specific Services To Members Of Each Age Group During Fiscal Year 2007 (July 1, 2006 to June 30, 2007).

Estimate The Total Number Of Consumers Served In Fiscal Year 2007 For Each Age Group -
Include All Consumers Whether They Have Experienced Trauma or Not.

(enter a zero (0) in the cell if you did not serve individuals in the age group)

0-3: Infants	[ ]
4-6: Preschool	[ ]
7-11: Childhood	[ ]
12-18: Adolescence	[ ]
19-24: Transition/Young Adults	[ ]
25-59: Adults	[ ]
60 and Above: Older Adults	[ ]

What Percent Of The Consumers In Each Age Group Do You Believe Has Experienced Trauma? (Please answer no matter whether your agency served this age group or not)

Percentages (use "pull down")

0-3: Infants	[▼]
4-6: Preschool	[▼]
7-11: Childhood	[▼]
12-18: Adolescence	[▼]
19-24: Transition Age/Young Adults	[▼]
25-59: Adults	[▼]
60 and Above: Older Adults	[▼]

Did Your Agency Provide Trauma Services To This Age Group During Fiscal Year 2007 (July 1, 2006 - June 30,2007)?

	Yes	No
0-3: Infants	⊝	⊝
4-6: Preschool	⊝	⊝
7-11: Childhood	⊝	⊝
12-18: Adolescence	⊝	⊝
19-24: Transition Age/Young Adults	⊝	⊝
25-59: Adults	⊝	⊝
60 and Above: Older Adults	⊝	⊝

Check The 5 Types Of Traumatic Events/Situations (Acute Or Chronic) Experienced Most Frequently by Consumers at Your Agency

- Domestic /Family Violence (Witnessing or Experiencing)
- School Violence (including bullying)
- Rape or Physical Attack
- Terrorist Attacks and Threats
- Physical Abuse
- Sexual Abuse
- Neglect
- Severe and Disabling Physical Illness or Injury
- Emotional Abuse and Neglect
- Natural Disasters
- Serious Accidents (e.g. Car Wrecks)
- Sudden Loss of A Loved One
- Having A Parent or Family Member Removed (e.g. To Jail or To a Mental Hospital)
- Changing Foster Home, Other Residential Placement, or One's Housing
- War
- Political Violence
- Other (please specify)

How Many Licensed Clinical Staff Are Employed at Your Agency?
(Indicate # of individuals not FTEs)

[   ]

The Following Is A List Of Common Trauma-Informed Treatment And Training Approaches For Both Children And Adults.
Please indicate the NUMBER of Licensed Clinical Staff in your agency CURRENTLY PROVIDING this service.

** ENTER A ZERO (0) in the cell if your agency did not provide this treatment or training.
*** ENTER NOT APPLICABLE (NA) if the treatment or training is not appropriate for the age group(s) served by your agency.

General Awareness of Effects Of Trauma [   ]

Training On Principles Of Trauma-Informed Care [   ]

Training To Recognize Trauma-Related Problems [   ]

Crisis Intervention (e.g. Counselors Going Into A School or Community After A Suicide or Disaster) [   ]

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) [   ]

Parent Child Interaction Therapy (PCIT) [   ]

Family Functional Thearapy [   ]

Cognitive Processing Therapy [   ]

Play Therapy [   ]

Behavioral Therapy [   ]

Cognitive Therapy [   ]

Dialectical Behavioral Therapy (DBT) [   ]

Eye-Movement Desensitization And Reproceesing (EMDR) [   ]

Cognitive Behavioral Therapy [   ]

Trauma Recovery Empowerment Model (TREM) [   ]

Addiction, Trauma, Recovery Integrated Model (ATRIUM) [   ]

Seeking Safety [   ]

Prolonged Exposure Therapy [   ]

Other 1 [   ]

Other 2 [   ]

Other 3 [   ]

Trauma-Informed Care Survey

Please estimate the PERCENTAGE of Licensed Clinical Staff in your agency NEEDING TRAINING in each of the treatment or training approaches.

***SELECT NOT APPLICABLE (NA) from the pull-down list, if the treatment or training is not appropriate for the age group(s) served by your agency.

% of Licensed Staff Need Training (use "pull down")

General Awareness On The Effects Of Trauma	▼
Training On Principles Of Trauma-Informed Care	▼
Training To Recognize Trauma-Related Problems	▼
Crisis Intervention (e.g. Counselors Going Into A School or Community After a Suicide or Disaster)	▼
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	▼
Parent Child Interaction Therapy (PCIT)	▼
Family Functional Thearapy	▼
Cognitive Processing Therapy	▼
Play Therapy	▼
Behavioral Therapy	▼
Cognitive Therapy	▼
Dialectical Behavioral Therapy (DBT)	▼
Eye-Movement Desensitization And Reproceesing (EMDR)	▼
Cognitive Behavioral Therapy	▼
Trauma Recovery Empowerment Model (TREM)	▼
Addiction, Trauma, Recovery Integrated Model (ATRIUM)	▼
Seeking Safety	▼
Prolonged Exposure Therapy	▼
Other 1	▼
Other 2	▼
Other 3	▼

Does Your Agency Provide These Types of Specific Programs?

	Yes	No
Gender Specific Programming	€	€
Culturally/Ethnic Group Specific Programming	€	€
Programming Based On Sexual Orientation	€	€
Other	€	€

(please list)

[   ]

What Are Your Greatest Barriers To Providing Trauma Informed Care? (Check all that apply)

€ Ability to Recruit Qualified Staff

€ Staff Training

€ Funding For Productivity Lost During Training

€ Funding That Supports Provision of Trauma-Informed Treatments

€ Ongoing Supervision/Mentoring For Trauma-Focused Services--New Services

€ Initial Access to Expert Technical Assistance/Consultation

€ Books, Training and Treatment Manuals

€ Web-based Training

€ Leadership Buy-In

€ Staff Buy-In

€ Other (please specify)

[   ]

CONSUMER INVOLVEMENT

How Do You Involve Consumers And Family Members In Agency-Related Activities?
(Check all that apply)

- Advisory Boards
- Provide education and presentations
- Sharing their story
- Organizing workshops
- Attending conferences
- Writing reports
- Writing a grant submission
- Chairing meetings
- Being on committees
- Being a "layperson" among "experts"
- Note-taking and minute taking
- Advocating with the Legislature
- Other (please specify)

YOU HAVE NOW COMPLETED THE ODMH TRAUMA-INFORMED CARE SURVEY.

THANK YOU FOR TAKING THE TIME TO RESPOND.

TO SUBMIT YOUR SURVEY, PLEASE CLICK THE "SUBMIT" BUTTON BELOW.

IF YOU HAVE ANY QUESTIONS ABOUT THE SURVEY, PLEASE CONTACT:
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To Learn More About Synthesis,Inc. or the Cluster-Based Planning Coordinating Center of Excellence, please copy and paste the following link into your browser: www.synthesisincohio.com

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THANK YOU.