

The following are questions used in the study titled, *Knowledge, Principal Support, Self-Efficacy, and Beliefs Predict Commitment to Trauma-Informed Care*.

Commitment to Trauma Informed Care Survey

Section I. The first section of the survey asks about implementation of TIC within your organization. Your organization may be at any stage in a change to Trauma Informed Care (implementing it, thinking about implementing it, or not even considering it). Further, TIC will look different at each organization. Do your best to imagine TIC at your organization.

1=Strongly Disagree 2=Moderately Disagree 3=Mildly Disagree 4=Neither Agree/Disagree 5= Mildly Agree 6=Moderately Agree 7=Strongly Agree

Affective Commitment to TIC*

- _____ 1. I believe in the value of Trauma Informed Care.
- _____ 2. Trauma Informed Care is a good strategy for my organization.
- _____ 3. I think that management is [or would be] making a mistake by introducing Trauma Informed Care.
- _____ 4. Implementing Trauma Informed Care serves an important purpose.
- _____ 5. Things would be better without Trauma Informed Care.
- _____ 6. Trauma Informed Care is not necessary.

Principal Support*

- _____ 1. Most of my respected peers have embraced Trauma Informed Care.
- _____ 2. The top leaders in this organization are “walking the talk”.
- _____ 3. The top leaders support Trauma Informed Care.
- _____ 4. The majority of my respected peers are dedicated to making Trauma Informed Care successful.
- _____ 5. My immediate manager encourages me to support Trauma Informed Care.
- _____ 6. My immediate manager is in favor of Trauma Informed Care.

TIC Self-Efficacy*

- _____ 1. I do not anticipate any problems adjusting to the work I will have when Trauma Informed Care is adopted.
- _____ 2. There are tasks that will be required with Trauma Informed Care that I don’t think I can do well.
- _____ 3. When we implement Trauma Informed Care, I feel I can handle it with ease.
- _____ 4. I have the skills that are needed to make Trauma Informed Care work.
- _____ 5. I have the knowledge that is needed to make Trauma Informed Care work.
- _____ 6. When I set my mind to it, I can learn everything that will be required when Trauma Informed Care is adopted.
- _____ 7. My past experiences make me confident that I will be able to perform successfully after Trauma Informed Care is adopted.

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Beliefs About Trauma*

- _____ 1. Many of the clients served by our agency have experienced psychological trauma.
- _____ 2. Many of the staff in our agency have experienced psychological trauma.
- _____ 3. Many problematic behaviors (such as substance abuse) start as a way to cope with emotionally traumatizing experiences.
- _____ 4. Past experiences of psychological trauma (for instance in childhood) cannot be linked to current problematic behavior in adulthood.
- _____ 5. When service recipients have experienced psychological trauma (current or in the past), this can influence their current behavior.
- _____ 6. When staff have experienced psychological trauma (current or in the past), this can influence their current behavior at work.
- _____ 7. Seeking and receiving services from our agency can be re-traumatizing for trauma survivors.
- _____ 8. Our service setting does not create psychological trauma for our service recipients.
- _____ 9. Our programs and services do not create psychological trauma for our service recipients.
- _____ 10. Working with trauma survivors can result in work related stress such as vicarious trauma.

Section II. The following questions ask about your knowledge of trauma, the impact of trauma, and Trauma Informed Care (TIC). Please select the answer that most closely represents your knowledge.

1=Completely **2**=Somewhat **3**=Somewhat **4**= Completely
Untrue Untrue True True

Foundational TIC Knowledge*

- _____ 1. I understand the signs and symptoms of work related stress including secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout.
- _____ 2. I can tell the difference between secondary traumatic stress, vicarious trauma, and burnout.
- _____ 3. I can explain to others, the difference between secondary traumatic stress, vicarious trauma, and burnout.
- _____ 4. I know the importance of self-care for the workforce.
- _____ 5. I know the principles of Trauma Informed Care.
- _____ 6. I can explain, to others, the principles of Trauma Informed Care.
- _____ 7. I know how to review policy, practice, and procedures using a trauma lens.
- _____ 8. I can identify strategies to be more trauma informed in my agency.
- _____ 9. I understand the difference between trauma specific services and trauma informed care.
- _____ 10. I understand the reasons why individuals respond to trauma differently.

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- _____ 11. I can explain, to others, the reasons why individuals respond to psychological trauma differently.
- _____ 12. I understand that a stress response can be activated in the absence of real threat.
- _____ 13. I understand how psychological trauma can affect cognitive process such as memory, attention, and perception.
- _____ 14. I can explain, to others, how psychological trauma can affect cognitive process such as memory, attention, and perception.
- _____ 15. I understand how psychological trauma can affect relationships and attachment.
- _____ 16. I understand how psychological trauma can affect emotional regulation.
- _____ 17. I know the signs of an acute stress response.
- _____ 18. I know what is happening in the mind and body during an acute stress response.
- _____ 19. I understand why unresolved psychological trauma exposure has a cumulative impact over time on individual, family, organizational, and community functioning.
- _____ 20. I know about the Adverse Childhood Experiences (ACE) study conducted by Kaiser Permanente and the CDC.
- _____ 21. I know which types of trauma experiences were included in the ACE study.
- _____ 22. I understand the dose-response relationship between adverse experiences and negative outcomes.
- _____ 23. I can explain, to others, the findings from the ACE study.
- _____ 24. I am familiar with the ACE pyramid and how adverse childhood experiences influence health and well-being.
- _____ 25. I understand how vulnerability to psychological trauma can be transferred from one generation to the next.
- _____ 26. I know one method of transferring vulnerability to psychological trauma from one generation to the next is biologically through altered DNA.
- _____ 27. I understand how economic inequities influence experiences of trauma and adversely affect access to resources that facilitate resilience and recovery.
- _____ 28. I understand how race, class, gender, sexual orientation, religion, and national origin can result in disproportionate trauma exposure.
- _____ 29. I understand how vulnerable and marginalized people and their communities can be differentially impacted by trauma.
- _____ 30. I understand how historical and structural oppression may create traumatic conditions and psychological trauma.

*The subheadings were not included in the actual survey