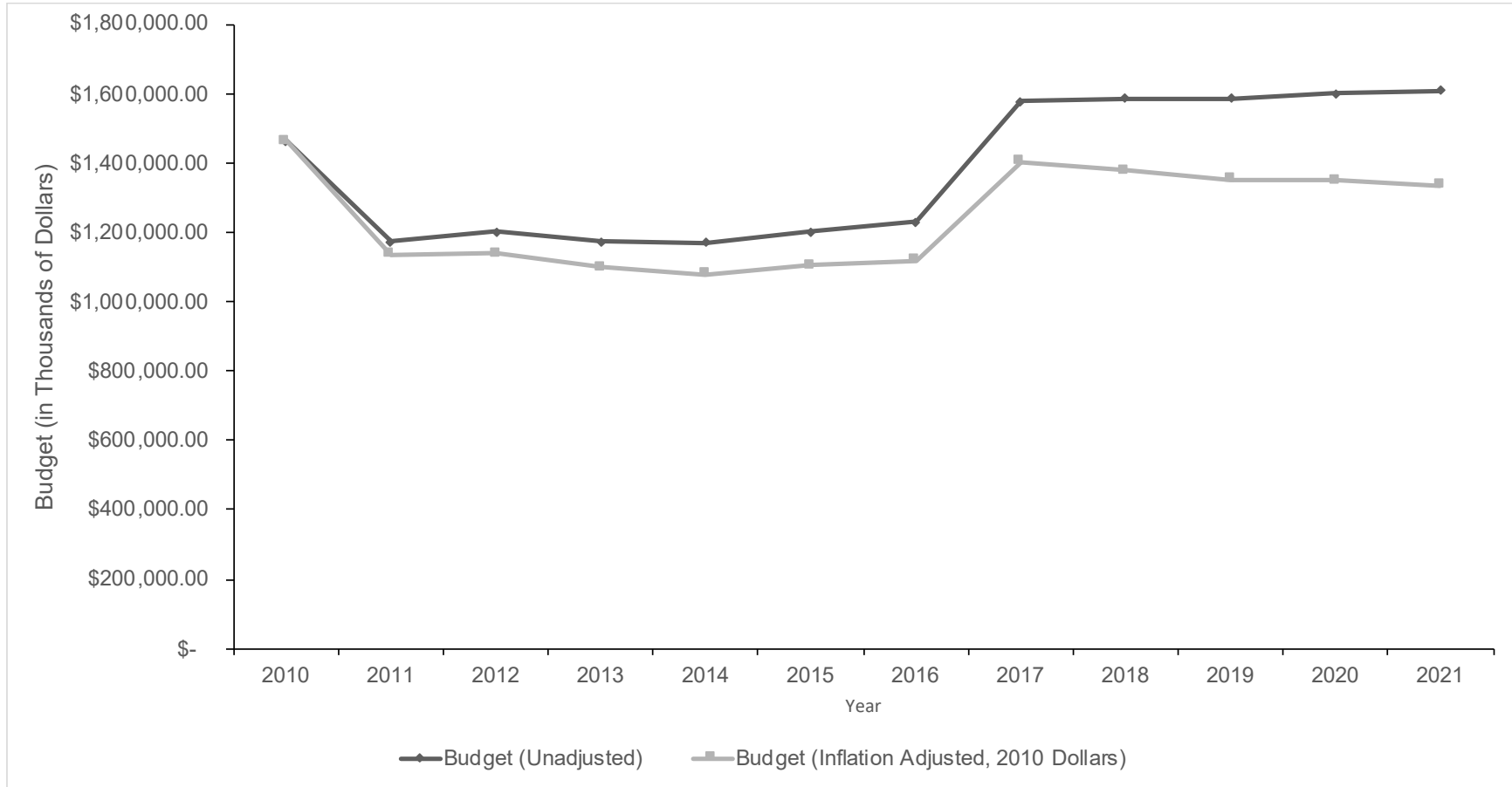


*Budget for the Philadelphia Department of Behavioral Health & Intellectual disAbility Services (2010-2021)*



*Note.* The inflation-adjusted budget was calculated using the Consumer Price Index released from the U.S. Department of Labor Bureau of Labor Statistics. Budget data are all publicly available from the City of Philadelphia Office of the Director of Finance (<https://www.phila.gov/finance/reports-BudgetDetail.html>)

## Clinician Survey

Thank you for agreeing to take part in this survey! This survey contains questions about your use of and opinions about trauma-focused cognitive behavioral therapy (TF-CBT) and other evidence-based practices. It also contains questions about you and your organization. If you work in more than one organization/clinic, please answer these questions based on your experiences at the PACTS-participating organization at which you see the **most clients**.

We plan to use the information gathered from this study to improve our ability to support you in your work with Philadelphia's youth and families.

Please enter your contact information below. This information will only be used to contact you for the purposes of payment for this survey. As a reminder, your survey responses will be de-identified.

If you would like to participate in the survey but want to do so anonymously, you can leave these questions blank. Please note that we will not be able to compensate you for this survey if you do not provide this information.

Name:

Email address:

This first set of questions asks about your use of various cognitive-behavioral interventions with your clients.

**Please choose a representative young person (aged 3-21) you are currently using TF-CBT with that you have seen for 4 sessions or more. You will be reporting on your use of cognitive-behavioral interventions with that client in this measure.**

Age of Child: \_\_\_\_\_

What gender does the child identify as? \_\_\_\_\_

What is the child's race? (You may choose more than one.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other (please specify): \_\_\_\_\_

Does the child identify as Hispanic or Latino/a/x?

\_\_\_\_\_

What is your client's primary DSM-5 diagnosis? *Please be as specific as possible. For example, if the client has Attention Deficit Hyperactivity Disorder (ADHD), please note what subtype, if known (e.g., ADHD Combined Presentation):*

Primary DSM-5 Diagnosis: \_\_\_\_\_

Please note any other comorbid diagnoses (*if applicable*):

\_\_\_\_\_

\_\_\_\_\_

Approximate number of sessions to date: \_\_\_\_\_

### Instructions

Listed below are cognitive behavioral interventions that therapists commonly use in therapy sessions. Using the scale provided below, please indicate the **extent to which you have used each cognitive-behavioral intervention as a part of your approach to psychotherapy with the representative client you selected**. Please provide a rating for **every item**, even if you have not used the strategy with this client. We do not expect that you will have done all, or any, of these interventions with your client.

When choosing your ratings, please think of both how thoroughly (in depth) you used each strategy, and how often you used each strategy. Please rate items thinking about your treatment as a whole. Please rate the extent to which you used these strategies, and not the extent to which you felt they were successful.

For example, if you encouraged your client to do relaxation, but the client refused, rate the extent to which you attempted to have the client practice the skill. While some of the cognitive behavioral interventions can often be used together, please note that each of the items represent **distinct** intervention strategies. Unless specifically noted, **client** also refers to any member(s) of the family system and support network that were present in the room during treatment.

**You will rate the items on the following page by selecting the number that best describes your treatment using the following scale:**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

1. Psychoeducation About the Problem		
Definition	Things you may have done	Example
I provided information to the client to teach them about the nature of the problem for which they are seeking treatment.	You may have: provided education to the client about topics such as child development, parent-child relationships, or, symptoms, causes or treatment of the problem for which the client is seeking treatment	<i>"It seems like you've been lashing out at the people you care about a lot lately. That is a pretty common thing we see with depression, where it can make you more irritable."</i>

**Please select the number that best describes your use of psychoeducation in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

2. Cognitive Education		
Definition	Things you may have done	Example

I discussed with the client that their thoughts can impact how they act and feel.	You may have: taught how thoughts influence body feelings and behavior; pointed out examples of the link between thoughts, body, feelings, and behavior from the client's own life	<i>"Getting butterflies in your stomach when you are thinking about taking a big test is an example of how your thoughts relate to how you feel in your body."</i>
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**Please select the number that best describes your use of cognitive education in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**3. Cognitive Distortion**

Definition	Things you may have done	Example
I discussed with the client how they can identify unhelpful ways of thinking that influence how they feel and behave and learn other ways of thinking that may be more helpful.	You may have: helped the client identify thoughts that may not be accurate or helpful; taught the client to become more aware of his/her thoughts; encouraged the client to challenge their thoughts and develop helpful ways of thinking	<i>"I heard you say that you feel like you're stupid because you got a bad grade on your assignment. That sounds like an unhelpful thought. What's another way you could think about it?"</i>

**Please select the number that best describes your use of cognitive distortion in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**4. Antecedents, Behaviors, & Consequences (ABC) Model**

Definition	Things you may have done	Example
------------	--------------------------	---------

I discussed with the client how understanding what happens before and after a specific behavior (e.g., school refusal, a temper tantrum) is important for learning how to change that behavior.	You may have: identified things that happen before a specific behavior (antecedents); identified things that happen after a specific behavior (consequences); taught the client about how and why to identify antecedents and consequences.	<i>“You’ve been skipping school a lot lately. What’s been going on in the morning on those days you are skipping school?”</i>
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**Please select the number that best describes your use of the ABC model in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**5. Relaxation**

Definition	Things you may have done	Example
I discussed with the client strategies they can use to relax to cope with strong feelings.	You may have: taught or encouraged the client to use deep breathing, muscle relaxation strategies, meditation, pleasant mental (i.e., guided) imagery, or other relaxation strategies	<i>“I can tell that you are upset by what your mom said to you earlier. Why don’t you try taking some deep breaths to relax.”</i>

**Please select the number that best describes your use of relaxation in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**6. Exposure or Trauma Narrative**

Definition	Things you may have done	Examples
------------	--------------------------	----------

I planned, conducted, or reviewed the client's attempt to complete structured activities designed to help them face their fears.	You may have: provided education about exposures; had the client make a list of uncomfortable/feared situations and rank them from easy to hard; prepared for an exposure; helped the client gradually face uncomfortable feelings or situations (e.g., anxiety, reminders of trauma) in a supported way; had the client construct or share a trauma narrative	<i>"You've been working so hard to write down the story of the trauma that you went through. Today I was thinking we could work on the next chapter of your narrative."</i>
		<i>"Are you ready to face your fear of spiders? Let's start by looking at some pictures of a spider that I have here."</i>

**Please select the number that best describes your use of exposure or trauma narrative in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**7. Behavioral Activation**

Definition	Things you may have done	Example
I discussed with the client how participating in pleasant or fun activities can lead to improvements in mood.	You may have: taught the client about the relationship between pleasurable activities and mood; engaged in pleasurable activities in session to demonstrate the impact of these activities on mood; assigned the client to participate in pleasurable activities to improve mood	<i>Let's make a list of fun activities that you can do this week. I would like you to pick a few activities to do and track what happens to your mood before and after you do those activities."</i>

**Please select the number that best describes your use of behavioral activation in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**8. Cognitive Coping Skills**

Definition	Things you may have done	Example
I taught or reviewed how to use <b>cognitive</b> coping skills (e.g., problem-solving) with the client to help them effectively deal with difficult situations such as strong	You may have: taught or encouraged the client to use thinking strategies to improve social functioning, improve their ability to solve problems, manage anger, communicate	<i>"It seems like it has been hard for you to spend the time you want with your friends lately. Can you use your problem-solving steps to think through ways that we</i>

10. Reinforcement Strategies – Child		
Definition	Things you may have done	Example
I discussed with the <b>child</b> how rewards and consequences can be used to change their behavior or directly used rewards in session with the child to shape their behavior.	You may have: taught the child information about rewards or consequences; taught the child how to set up rewards for themselves; reviewed how previously developed reward systems are working; used rewards with a child directly (e.g., provided a reward or verbal praise for homework completion)	<i>“I know that making that phone call is going to be pretty hard. What can you do to reward yourself after you are successful at making the call?”</i>
feelings (e.g., losing temper, feeling nervous) or social situations with peers or family.	more effectively, or generally improve daily functioning in response to stress using a cognitively oriented coping strategy	<i>can make this more possible for you?”</i>

Please select the number that best describes your use of cognitive coping skills in treatment						
1	2	3	4	5	6	7
<b>9. Social or Communication Skill Building</b>						
Not At All	Somewhat		Considerably		Extensively	
Definition	Things you may have done			Example		
I taught or reviewed how to use <b>behavioral</b> coping skills (e.g., social skills, communication, assertiveness) to help the client effectively deal with difficult social situations with peers or family.	You may have: taught or encouraged the client to use behavioral skills to help improve their life, such as assertiveness skills and social skills; identified situations in which the client could use a specific skill.			<i>“I would like us to practice meeting new people. What are some ways we should act when we approach a new person?”</i>		

Please select the number that best describes your use of social or communication skill building in treatment						
1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

Please select the number that best describes your use of reinforcement strategies for the child in treatment						
1	2	3	4	5	6	7



Not At All		Somewhat		Considerably		Extensively
<b>12. Other Parenting Skills</b>						
<b>Definition</b>		<b>Things you may have done</b>		<b>Example</b>		
I discussed with a <b>caregiver</b> how to improve parenting skills to manage their child's behavior or improve communication with their child.		You may have: taught a caregiver how to set limits, give instructions to their child in an effective way, provide appropriate supervision, monitor their child's behavior, or communicate effectively		<i>"When you are giving your son a task to do, it is helpful to make sure that he is paying attention to you and to make sure to keep the instructions simple and clear."</i>		

**Please select the number that best describes your use of reinforcement strategies for the parent in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

**11. Reinforcement Strategies – Parent**

<b>Definition</b>		<b>Things you may have done</b>		<b>Example</b>	
I discussed with a <b>caregiver</b> how rewards and consequences can be used to change their child's behavior.		You may have: taught a caregiver strategies such as how to use positive attention, rewards, time-out, ignoring, or give consequences to change their child's behavior; encouraged a caregiver to use one or more of these strategies; reviewed one or more of these strategies that were discussed in previous sessions (e.g., checked on how a reward system has been working)		<i>"It seems like your child is getting a lot of attention from you when she throws a temper tantrum when she doesn't want to do her homework. Let's talk about why ignoring this behavior might be helpful."</i>	

**Please select the number that best describes your use of other parenting skills in treatment**

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

### Overall Treatment Ratings

The following questions ask you to provide some general ratings about your treatment.

1. How confident are you that the answers you provided on the previous page accurately reflect what you did in your treatment?

Please select the number that best reflects your confidence that the ratings you provided reflect what you did in your treatment						
1	2	3	4	5	6	7
Not At All Confident			Somewhat Confident			Very Confident

2. Overall, to what extent have you used cognitive behavioral interventions with this client in treatment?

Please select the number that best describes your overall use of cognitive behavioral interventions in treatment						
1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

3. To what extent were the cognitive behavioral interventions a fit to your client's clinical presentation and individual needs?

Please select the number that best describes the extent to which the cognitive behavioral interventions were a fit to your client's clinical presentation and individual needs						
1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

4. How much did you need to tailor or adapt the cognitive behavioral interventions to fit your client's clinical presentation and individual needs in treatment?

Please select the number that best represents how much you needed to tailor or adapt the intervention to your client's clinical presentation and individual needs.						
1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

Previously, we asked you to rate the extensiveness with which you used cognitive behavioral interventions. Now we want to get your opinion about the quality of your delivery of the cognitive behavioral interventions. When choosing your rating, please think of both how **skillfully** you delivered the cognitive behavioral interventions and how **responsive and flexible** you were to the client's individual needs.

We know you may use other intervention strategies besides cognitive-behavioral intervention. Please rate items thinking specifically about your delivery of cognitive-behavioral therapy. As you did above, please rate items thinking about your treatment as a whole. When considering your ratings, please try to think about your behavior. Do **NOT** rate yourself poorly if your client had difficulty due to low insight or low motivation for treatment.

5. How would you rate the overall quality of your delivery of the cognitive-behavioral interventions you have used in treatment?

<b>Please select the number that best represents the overall quality of your delivery of the cognitive behavioral interventions.</b>						
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Very Poor		Acceptable		Good		Excellent

The next questions ask about experiences you may have had as a result of your work with clients who have experienced trauma.

The following is a list of statements made by persons who have been impacted by their work with clients who have experienced trauma. Read each statement, then indicate how frequently the statement was true for you in the past **seven (7) days** by selecting the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, and so forth.

	<i>Never</i>	<i>Rarely</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
1. I felt emotionally numb.	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients.	1	2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s).	1	2	3	4	5
4. I had trouble sleeping.	1	2	3	4	5
5. I felt discouraged about the future.	1	2	3	4	5
6. Reminders of my work with clients upset me.	1	2	3	4	5
7. I had little interest in being around others.	1	2	3	4	5
8. I felt jumpy.	1	2	3	4	5
9. I was less active than usual.	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to.	1	2	3	4	5
11. I had trouble concentrating.	1	2	3	4	5
12. I avoided people, places, or things that reminded me of my work with clients.	1	2	3	4	5
13. I had disturbing dreams about my work with clients.	1	2	3	4	5
14. I wanted to avoid working with some clients.	1	2	3	4	5
15. I was easily annoyed.	1	2	3	4	5
16. I expected something bad to happen.	1	2	3	4	5
17. I noticed gaps in my memory about client sessions.	1	2	3	4	5

This set of questions asks about your caseload, employment, and finances.

*Directions:* Select the responses and/or fill in the responses that are most appropriate for your situation. Given the COVID-19 pandemic, please answer these questions based on the past 12 months, but excluding the period since the pandemic began (March until now) to give us a sense of what is typical for you.

Some of the following questions will ask about your **main job**. For these questions, your main job is the job from which you earned the most income this year.

**1. Please describe your primary employment status.**

Salaried Full-time	Salaried Part-time	Independent Contractor/Fee-for-service	Trainee (e.g., Intern)	Other ( <i>Please specify</i> ):
				_____
				_____
				_____
				_____

**a. If you indicated that you work part-time or work fee-for-service, do you want to work full-time?**

Yes

No

**2. On average, how many hours do you work per week (including administrative tasks, supervision, etc. at all of your paid jobs)? \_\_\_\_\_**

**3. On average, how many clients do you see per week?**

\_\_\_\_\_

**4. Are you a supervisor?**

Yes

No

**5. Overall, which one of the following best describes how well you are managing financially?** Please answer this question based on the past 12 months, but excluding the time since the pandemic began (March until now).

- a. 4. Living comfortably
- b. 3. Doing okay
- c. 2. Just getting by
- d. 1. Finding it difficult to get by

**6. How well do each of these statements describe you or your situation?**

Please answer this question based on the past 12 months, but excluding the time since the pandemic began (March until now).

	Completely (5)	Very Well (4)	Somewhat (3)	Very Little (2)	Not at all (1)
Because of my money situation, I feel like I will never have the things I want in life					
I am just getting by financially					
I am concerned that the money I have or will save won't last					

**7. How often do each of these statements apply to you?**

Please answer this question based on the past 12 months, but excluding the time since the pandemic began (March until now).

	Always (5)	Often (4)	Sometimes (3)	Rarely (2)	Never (1)
I have money left over at the end of the month					
My finances control my life					

**8. Still thinking about your main job, does your employer offer you each of the following benefits (even if you do not personally use the benefit)?**

	Yes	No	Don't Know
Paid sick leave			
Paid vacation/personal leave			
Maternity or paternity leave			
Health insurance			
Tuition assistance for education/training			
Life insurance			
Retirement benefits			
Ability to work from home			

**9. How satisfied are you with the total salary or wages you earn from your main job?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

**10. How satisfied are you with the benefits you currently receive from your main job?**

1. Very satisfied
2. Somewhat satisfied

3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

**11. In addition to your main job, in the past 12 months did you have any other paid jobs?**

Please exclude any other paid jobs that you only started after the pandemic began (March until now).

	Yes	No
a. I had another full-time job		
b. I had another part-time job		

**12. In addition to your main job, in the past 12 months did you work in private practice?**

Please exclude work in private practice that you only started after the pandemic began (March until now).

	Yes	No
a. I worked in private practice		

**12a. [If yes], On average in the past 12 months (excluding March until now), how many total hours did you work per month in private practice?**

\_\_\_\_\_ hours/month

**We are also interested in other activities that you may have done recently to earn money.**

As a reminder, given the COVID-19 pandemic, please answer these questions based on the past 12 months, but excluding the period since the pandemic began (March until now) to give us a sense of what is typical for you.

13. In the past 12 months, **have you been paid for** each of the following occasional work activities or side jobs?

*Please **do not** include activities that you only do as part of your main job*

	Yes	No
a. Babysitting, child care services, dog walking, or house sitting		
b. Disabled adult or elder care services		
c. House cleaning, house painting, yard work, or other property maintenance work		
d. Providing other personal services, such as running errands, helping people move, etc.		
e. Completing paid online tasks, such as on Amazon Services, Mechanical Turk, Fiverr, Task Rabbit, or YouTube.		
f. Renting out property online, such as your car, your place of residence, etc.		
g. Selling goods on-line through eBay, Craigslist, or other websites		

h. Driving using a ride-sharing app such as Uber or Lyft.		
i. Other online <b>paid</b> activities <i>Please specify:</i>		

**13a. In the past 12 months, what are the reasons why you have engaged in occasional paid work activities or side jobs? Check all that apply**

- a. To earn money as a primary source of income
- b. To earn extra money on top of pay from a current job, retirement, pension, disability, or other regular source of income
- c. To earn extra money to help family members
- d. To maintain existing job-related skills
- e. To acquire new job-related skills
- f. To network/meet people
- g. Just for fun (as a hobby)
- h. Other (please specify): **[text box]**

**13b. To what extent have occasional paid work activities or side jobs helped you make up for any effects of unemployment, loss of working hours, loss of benefits, or no raises last 12 months?**

- 1. Very much
- 2. Somewhat
- 3. Not at all
- 4. Does not apply

Given the COVID-19 pandemic, please answer these questions based on the past 12 months, but excluding the period since the pandemic began (March until now) to give us a sense of what is typical for you.

**14. In the past 12 months, how frequently have you carried an unpaid balance on one or more of your credit cards?**

- 0. Never carried an unpaid balance (always pay in full)
- 1. Once
- 2. Some of the time
- 3. Most or all of the time

**15. In the past 12 months, how frequently have you paid only the minimum payment on one or more of your credit cards?**

- 0. Never
- 1. Once
- 2. Some of the time
- 3. Most or all of the time

**16. Do you currently have student loan debt or owe any money used to pay for your own education?**

Please include any loans on which you are a co-signer that were used to pay for your education beyond high school (including student loans, home equity loans, or credit cards paid off over time).

- 1. Yes
- 0. No

**16a. Thinking specifically about the money that you owe for your own education, please tell us the total amount that you currently owe on these loans.**



1. Less than \$5,000
2. \$5,000 to \$9,999
3. \$10,000 to \$14,999
4. \$15,000 to \$19,999
5. \$20,000 to \$24,999
6. \$25,000 to \$29,999
7. \$30,000 to \$39,999
8. \$40,000 to \$49,999
9. \$50,000 to \$74,999
10. \$75,000 to \$99,999
11. \$100,000 or above

**17. Do you think that your retirement savings plan is currently on track?**

1. Yes
0. No
- 2. Don't know

*Please answer yes or no to each option.*

**18. Do you currently have each of the following types of retirement savings or pension?**

	Yes	No
a. 401(k), 403(b), Keogh, or other defined contribution plan through an employer or former employer (i.e., a retirement plan through work, where you contribute a percent of your salary each pay-period to invest for retirement)		
b. Pension with a defined benefit through an employer or former employer (i.e., a pension that will pay you a fixed amount each year during retirement based on a formula, your earnings, and years of service)		
c. IRA or Roth IRA		
d. Savings outside a retirement account (e.g. a brokerage account, savings account, or stock holdings)		
e. Real estate or land that you plan to sell or rent to generate income in retirement		
f. Ownership of a business		
g. Other retirement savings ( <i>please specify</i> ):		

**19. Approximately how much money do you currently have saved for retirement?**

1. Less than \$10,000
2. \$10,000 to \$24,999
3. \$25,000 to \$49,999
4. \$50,000 to \$99,999
5. \$100,000 to \$249,999
6. \$250,000 to \$499,999
7. \$500,000 to \$999,999
8. Over \$1,000,000
- 2. Don't know

**20. In the past 12 months, have you borrowed money from or cashed out (permanently withdrawn) money from any of your retirement savings accounts?**

Please do not include money you have borrowed or cashed out since the pandemic began (March until now).

1. Yes, borrowed money
2. Yes, cashed out
3. Yes, both
0. No

*This section will ask some questions about your emergency savings, insurance, and economic hardships.*

Given the COVID-19 pandemic, please answer these questions based on the past 12 months, but excluding the period since the pandemic began (March until now) to give us a sense of what is typical for you.

**21. Have you set aside emergency or rainy day funds that would cover your expenses for 3 months in case of sickness, job loss, economic downturn, or other emergencies?**

- 1. Yes
- 0. No

**22. If you were to lose your main source of income (e.g. job, government benefits), could you cover your expenses for 3 months by borrowing money, using savings, selling assets, or borrowing from friends/family?**

- 1. Yes
- 0. No

**23. In the past 12 months (excluding March until now), were you typically able to pay all of your bills in full each month?**

- 1. I was able to pay all of my bills in full
- 0. I could not pay some bills or only made a partial payment on some of them

**24. How would a \$400 emergency expense that you had to pay have impacted your ability to pay your other bills during the month of February (before the pandemic)?**

- 1. I would still have been able to pay all of my other bills in full
- 0. I would not have paid some other bills or would have only made a partial payment on some of them

*Please answer yes or no to each option.*

**25. During the past 12 months (but excluding March until now), was there a time when you needed any of the following, but went without because you couldn't afford it?**

	Yes	No
a. Prescription medicine (including taking less medication than prescribed)		
b. Seeing a doctor		
c. Mental health care or counseling		
d. Dental care (including skipping check-ups or routine cleaning)		
e. Seeing a specialist (such as an OB/GYN, dermatologist, orthopedic surgeon, etc.)		
f. Follow-up care (e.g., skipping physical therapy sessions recommended by a doctor)		

**26. During the past 12 months (but excluding March until now), have you had any *unexpected major medical expenses* that you had to pay out of pocket because they were not completely paid for by insurance?**

- 1. Yes
- 0. No

**26a. Approximately how much did you pay out of pocket for unexpected major medical expenses in the past 12 months (excluding March until now)? \$ \_\_\_\_\_**

**26b: Do you currently have any debt from the unexpected major medical expenses that you had in the past 12 months (excluding March until now)?**

1. Yes  
0. No

*Please answer yes or no to each option.*

**27. Are you currently covered by any of the following types of health insurance or health coverage plans?**

	Yes	No
a. Insurance through a current or former employer or union (of yourself or a family member)		
b. Insurance purchased directly from an insurance company (by yourself or a family member)		
c. Medicare, for people 65 or older, or people with certain disabilities		
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability		
e. TRICARE or other military health care		
f. VA (including those who have ever used or enrolled for VA health care)		
g. Insurance purchased through a health insurance exchange		
h. Any other type of health insurance or health coverage plan		

**Now, we will ask you some questions about how the COVID-19 pandemic has impacted your finances.**

**28. How much of a negative impact has the COVID-19 Pandemic had on your finances?**  
Not at all (1), somewhat (3), A lot (5)

**29. Tell us about how COVID-19 has affected your financial situation.**

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*Please answer yes or no to each option.*

**30. Have you experienced financial hardship due to each of the following events in the past 12 months (including the time since the COVID pandemic began – i.e., including March until now)?**

	Yes	No
I lost a job		

I had my work hours and/or pay reduced		
My spouse/partner lost a job		
My spouse/partner had their work hours and/or pay reduced		
Other ( <i>please specify</i> ):		

**31. How much financial strain did each of the events that you experienced cause for you and your family?**

	A little (1)	Some (2)	A lot (3)
I lost a job			
I had my work hours and/or pay reduced			
My spouse/partner lost a job			
My spouse/partner had their work hours and/or pay reduced			
Other ( <i>please specify</i> ):			

The following demographic questions are optional. If you would like to skip any or all of them, simply select "Prefer not to disclose."

1. What is your age? \_\_\_\_\_

2. What gender do you identify as?

3. Do you identify as Hispanic or Latino/a/x?

4. What is your race? You may choose more than one.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Hispanic/Latino

Other (*please describe*): \_\_\_\_\_

Prefer not to disclose

5. What PACTS-affiliated organization do you work at?

6. What is your position within your PACTS-affiliated organization?

Primarily a provider of direct services to clients (i.e., therapist)

- Primarily a supervisor of those who provide direct services (i.e., Clinical Director)
- Upper Management/Administrator (i.e., Executive Director or CEO)
- Other (*please describe*): \_\_\_\_\_

## 7. Position Type:

- Social worker
- Psychologist
- Psychiatrist
- Marriage and family therapist
- Masters-level therapist
- Other \_\_\_\_\_

## 8. Are you licensed?

- Yes
- No
- In Process

## 9. What level of education have you completed?

- High school graduate
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other (*please describe*): \_\_\_\_\_

10. How many years of experience, including your present job, have you had in full-time human services work? *Please round to the nearest year or write "zero" if you have worked less than six months.*

\_\_\_\_\_

11. How many years have you worked in your present agency? *Please round to the nearest year or write "zero" if you have worked less than six months.*

\_\_\_\_\_

12. How much experience (in years) have you had in the role of a clinician? *Please round to the nearest year or write "zero" if you have worked less than six months.*

\_\_\_\_\_

13. How often, if ever, do you experience a feeling of professional burnout? Please circle the most appropriate response.

0	1	2	3	4	5	6	7	8	9	10
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Never

Constantly

*Comparing Secondary Traumatic Stress in Helping Professional Samples Using the Secondary Traumatic Stress Scale (STSS)*

Study	Clinician sample	Participants	Total STSS score			At least one symptom in past week		Meet cutoff for at least one core symptom cluster		Meet cutoff for Posttraumatic Stress Disorder		Clinical cutoff rates compared to current Study <i>z</i>	<i>p</i>
			<i>N</i>	<i>M</i>	<i>SD</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Current study	Clinicians working with youth with trauma	49	30.80	12.35	36	73.5	21	42.9	11	22.4			
Bride (2007)	Social workers	282	29.69	10.74	198	70.2	155	54.9	43	15.2	-1.26	0.21	
Bride et al. (2009)	Substance abuse counselors	225	31.20	12.30	169	75.1	126	56.0	41	19.0	-0.53	0.60	
Choi (2011)	Social workers practicing with survivors of family or sexual violence	154	32.07	10.39	101	65.6	101	65.6	32	20.8	-0.25	0.80	
Lee et al. (2018)	Clinical social workers	539	28.01	8.68	Not Reported		247	45.8	57	10.8	-2.49	0.01	

*Note.* Posttraumatic stress disorder symptom cutoffs were determined by the diagnostic algorithm described in Bride (2007). It should be noted that clinicians were not required to report a specific Criterion A event, the duration of symptoms (Criterion E), nor whether their symptoms caused clinically significant impairment (Criterion F). As such meeting clinical cutoffs should not be considered synonymous with meeting criteria for posttraumatic stress disorder, which would require a complete diagnostic assessment.