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Educating the Crisis Unit Staff on Implementing the Brief Trauma Questionnaire

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Walden University

College of Nursing

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Ambrose Oyemhen Ukpebor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Executive Summary: Staff Education Project

Educating the Crisis Unit Staff on Implementing the Brief Trauma Questionnaire.

by

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Executive Summary Submitted in Partial Fulfillment

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Summary

An area of practice that needs attention is the facility-based crisis unit (FBCS) nursing staff's inadequate understanding of how to apply an evidence-based trauma screening tool, like the Brief Trauma Questionnaire (BTQ), to patients who have substance use disorders. In daily practice, many clients with illicit drug use report a history of trauma. Screening for trauma in nursing practice can significantly improve patient care outcomes. In this project, I aimed to improve providers knowledge in administering the BTQ. I used the ADDIE (analyze, design, develop, implement, and evaluate) model to ensure that participants' learning is effective. John Hopkins model was used for grading the evidence. Ten nursing staff volunteered to participate in the project. After the education was provided through PowerPoint presentations, a postsurvey was administered. Pre/postsurvey data were analyzed using descriptive statistics to support the pre/postsurvey comparisons. I compared the number and percentage of correct answers before (presurvey) and after (postsurvey) the educational intervention. The comparison revealed an increase in staff knowledge identifying a gap in FBCS providers' understanding of applying the BTQ for patients with mental illness. The educational initiative led to a 33% increase in staff proficiency in using the BTQ, effectively addressing a crucial gap in trauma screening for patients with substance use disorders. This knowledge improvement highlights the importance of continuous education and evidence-based practices in nursing, with future recommendations focusing on integrating this knowledge into practice to enhance care and promote positive social change, diversity, equity, and inclusion.

Background

Exposure to actual or potential harm, death, or sexual assault can cause posttraumatic stress disorder (PTSD), a severe psychiatric condition that can cause cognitive and functional challenges (Mann & Marwaha.,_2023). Traumatic injury and its complications affect more than 2.6 million Americans annually, resulting in additional adverse health consequences (deRoon-Cassini et al.,_2019). Therefore, to enhance health professionals' knowledge and abilities in the investigation of traumatic incidents to adequately address the demands for therapy connected to trauma among patients with substance use disorder (Lotzin et al., 2019).

The realization that there was a sizable gap in nursing practice relating to trauma screening for patients with substance use disorders motivated me to develop the practice change project to train the crisis unit staff on using the BTQ. By strengthening nursing staff members' knowledge about administration of the BTQ, the project can serve as an intervention to close this practice gap by raising screening rates and improving patient care results. This project highlights the importance of using evidence-based procedures for trauma screening and highlights how an educational intervention may affect patient treatment in the crisis unit. I aimed to educate and increase the knowledge and awareness of the FBCS providers on administering the BTQ, an evidence-based trauma screening tool. Providers at the project site included a medical doctor (MD), a physician assistant, nurse practitioners. and nurses.

According to Lortye et al (2021), there is a high frequency of trauma among people with mental illness, which provided evidence in favor of the project change that involved educating providers at the FBCS about the BTQ and how to apply it. Also,

research has shown that more than 60% of those who use illegal drugs report having experienced trauma during their childhood and lifetime, as evidenced by studies like Belgrade et al. (2023). Furthermore, studies have demonstrated the profound effects of trauma on people's general health outcomes, including a higher likelihood of substance use disorders and related mental health issues (Downey & Crummy, 2021). Given the intersection of trauma and substance use, current evidence highlighted integrating trauma screening tools like the BTQ into clinical practice as essential for providing comprehensive care to this population. By addressing this gap in practice and providing training on the BTQ, healthcare providers at the FBCS can better identify and address the trauma-related needs of their patients, ultimately improving patient outcomes and treatment effectiveness. Thus, the following problem questions guided this evidence-based practice on provider education on how to administer the BTQ: "Did educating the healthcare staff on administering the Brief Trauma Questionnaires at the facility-based crisis unit improve providers' knowledge about how to effectively use the tool?"

I used the Johns Hopkins Appraisal Tool to appraise and grade the twelve articles selected to use in this project. The Johns Hopkins Appraisal Tool is a systematic method used to evaluate and classify the quality of evidence in research (Tsistinas, 2022). This tool assesses evidence based on quality, strength, and applicability. It categorizes evidence into levels and grades, guiding practitioners in determining the reliability and relevance of research findings for clinical practice (Tsistinas, 2022). The importance of this tool lies in its ability to provide a clear, structured approach to evidence appraisal, ensuring that healthcare decisions are based on robust, high-quality research. There were two cited Level 1 pieces of evidence. These are Lortye et al. (2021), who identify high

trauma cases among patients with substance use, and Belgrade et al. (2023), who offer strong support for the project change involving educating healthcare providers at the FBCS about the BTQ. Extensive cohort studies and randomized controlled trials were both used in their research. However, the evidence offered by Lotzin et al. (2019), deRoon-Cassini et al. (2019), and Mann and Marwaha (2023) seems to be of a lower Level of 2 and 3, consisting of expert opinions and observational studies. Their research highlights the effects of traumatic injuries and the significance of medical experts' expertise in treating trauma in those battling with drug dependency.

Staff Education Project Development

The facility administration played a crucial role in selecting the problem addressed in this project. During one of the daily morning meeting sessions, they identified the absence of screening tools for trauma among the population served by the unit. They recognized the significant impact of trauma on patients and the long-standing neglect of this issue. Hence, they supported the implementation of a structured trauma screening process. It led to the decision to approve my training on how to use the BTQ to enhance patient care and address the gap in trauma-focused assessments.

I developed the staff education project based on an organized methodology supported by the ADDIE model. It is a systematic framework used in instructional design that begins with analyzing the needs and goals of the learners, designing a structured plan to meet those needs, developing the instructional materials, implementing the training, and evaluating the effectiveness of the intervention (Spatioti et al., 2022). The model, known for its effectiveness, ensures a thorough and methodical approach to creating effective educational interventions. By following this model, the project effectively

identifies knowledge gaps, creates targeted educational content, and assesses the learner outcomes to ensure the intervention is successful and meets the learning objectives.

Participants

In the FBCS, the providers who are actively involved in patient care are comprised of six nurses, two nurse practitioners, a physician assistant, and a physician. All volunteered to participate in this practice project. Some of the more experienced providers were aware of the BTQ; however, despite their awareness, they were not using it. These providers are directly involved with individuals undergoing drug and mental health concerns.

Procedures

The collaboration of the project site administrators, project mentors, academic advisers were instrumental in the development and success of this project. The project closely adheres to the guidelines provided in the Walden University DNP Project Process Guide indicating a conscious attempt to maintain uniform practices and foster consistency during the project's conception and execution stages (Walden University, 2022).

Conducting a comprehensive needs assessment revealed the specific knowledge and skill shortages in trauma assessment that existed at the project site among staff. The training intervention included educating providers on the crucial significance of administering the BTQ. The educational program was developed using a PowerPoint training guide that explained the BTQ and its importance in trauma assessment was presented to the providers (See Appendix A). The course materials gave participants crucial information about using the BTQ in a clinical setting. I created the PowerPoint presentation catering

to different learning styles using evidence-based materials that were collected, graded, and appraised. The program was delivered via PowerPoint presentation. Assessment and evaluation strategies, such as pre- and postsurveys, were used to gauge participants' knowledge before and after the educational intervention, (see Appendices B and C). This teaching process was conducted in multiple sessions to accommodate staff schedules and gather real-time observations and feedback, was a pivotal part of the training. This adaptive approach ensures that the training remains practical and relevant, enhancing providers' ability to deliver trauma-informed care to patients with substance use disorders.

The project data, pretests, and posttests were collected and analyzed using descriptive statistics to determine whether there was a significant change and/or improvement in participants' knowledge about the BTQ after engaging in the educational intervention.

Results

The educational project's outcomes revealed that participants' understanding of trauma screening and how to administer the BTQ had significantly improved. The dissemination of evidence-based information about the significance of trauma screening and methodical guidance on administering the BTQ was critical to the intervention's success.

The presurvey results revealed that participants' baseline understanding of the BTQ was 58% before the educational intervention. After the staff education program was delivered, the participants' postsurvey results showed a significant gain in knowledge, with a 91% knowledge level. This impressive development indicated a substantial 33%

rise in respondents' knowledge (difference of baseline of 58% and post-survey result of 91%). The pre- and postsurvey results are reflected in (Appendix C). The results highlighted how well the educational intervention improved participants' comprehension and BTQ administration skills. The significant rise in knowledge levels indicates that the project's instructional techniques, training sessions, and educational materials effectively transmitted the necessary information and abilities for trauma assessment using the BTQ. Moreover, the noteworthy enhancement noted emphasizes the need for focused educational programs to fill knowledge gaps and encourage optimal practices among medical practitioners. These results attest to the importance and influence of the training initiative in providing crisis unit employees with the skills they need to apply the BTQ in clinical settings, hence improving patient outcomes at the institution.

Impact on the Organization

The educational initiative that enhanced the crisis unit staff's understanding and proficiency in using the BTQ had a positive impact on the organization. The project successfully addressed a critical gap in nursing practice by implementing evidence-based educational and training interventions focused on trauma screening for patients with substance use disorders.

Limitations

However, limitations impacted the results. The small sample size of 10 providers only represents part of the FBCS, limiting the generalizability of the findings. Additionally, the short duration of the training and immediate postsurvey may not capture long-term retention and application of knowledge. These limitations suggest the need for

ongoing training and larger-scale studies to understand better the sustained impact of BTQ education on trauma screening practices.

Important Beyond the Local Site

The significance of this project transcends the local site, emphasizing the urgent need for trauma-informed care in nursing practice worldwide. By integrating evidence-based tools like the BTQ into routine screening, healthcare providers can more effectively identify and address the complex needs of patients with substance use disorders. This approach has the potential to significantly improve patient outcomes, provide more comprehensive care, and ultimately, reduce the long-term impacts of trauma on this vulnerable population. The success of this project underscores the value of continuous education and evidence-based practice in enhancing the quality of healthcare delivery.

Conclusion

Impact on the Organization

This initiative, which resulted in a notable 33% increase in knowledge levels from pre- to postsurvey, provided the crisis unit staff with the necessary skills to deliver comprehensive care to patients with complex trauma histories. The educational program empowered the staff to incorporate their new knowledge into practice. By adopting trauma-informed care principles, the project aligned with modern healthcare practices, which can ultimately improve the quality of care delivered and positively impact the organization.

Further Recommendations

Future recommendations for sustaining and building on this program success include initiating a quality improvement initiative to determine the success on incorporating staff's new knowledge into practice. This could assist in determining the actual impact to the gap in practice. Providers who actively participate in ongoing professional development uphold high standards of nursing care through competent practice (Mlambo et al., 2021). Providing ongoing training programs to reinforce and expand the staff's trauma screening and management skills may prove to be effective. Additionally, integrating periodic refresher courses and advanced training sessions on trauma-informed care can ensure that the staff remain updated with the latest practices and research.

Improving the provider's knowledge of how to administer the BTQ can enhance their competencies and promote its use in the unit. The organization could also consider incorporating regular feedback mechanisms and performance evaluations to continuously assess the effectiveness of the training and identify areas for improvement. Encouraging collaboration with other healthcare facilities to share best practices and insights could further enhance the program's impact and reach.

Implications for Nursing Practice and Positive Social Change

The project's success has significant implications for nursing practice, emphasizing the importance of continuous professional development and evidence-based education in enhancing patient care outcomes. By equipping nurses with the skills to administer the BTQ effectively, the educational initiative promotes a more empathetic and informed approach to treating patients with substance use and trauma histories. This

shift towards trauma-informed care aligns with promoting evidence-based practice to improve patient outcomes and foster a more supportive and understanding healthcare environment (Huo et al., 2023), which can positively impact social change. Furthermore, the project can make a significant contribution to practice as it ensures that all patients receive comprehensive and compassionate care regardless of their background or experiences, a testament to diversity, equity, and inclusion and further supporting patient advocacy in healthcare.

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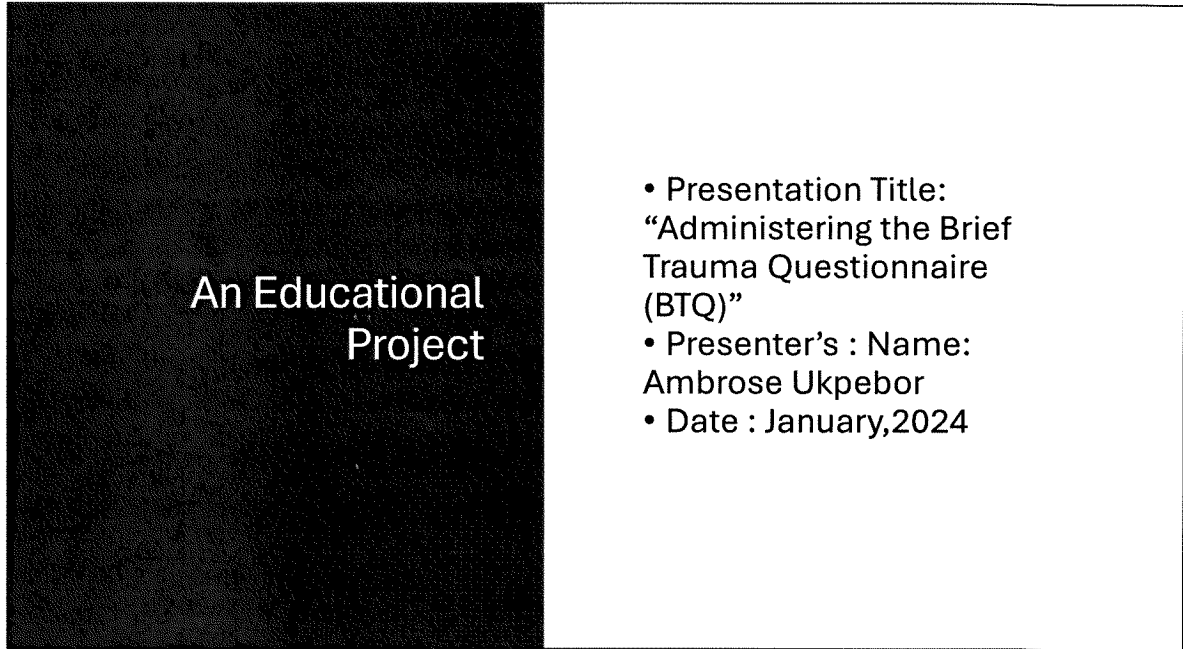
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Appendix A: PowerPoint Teaching Materials

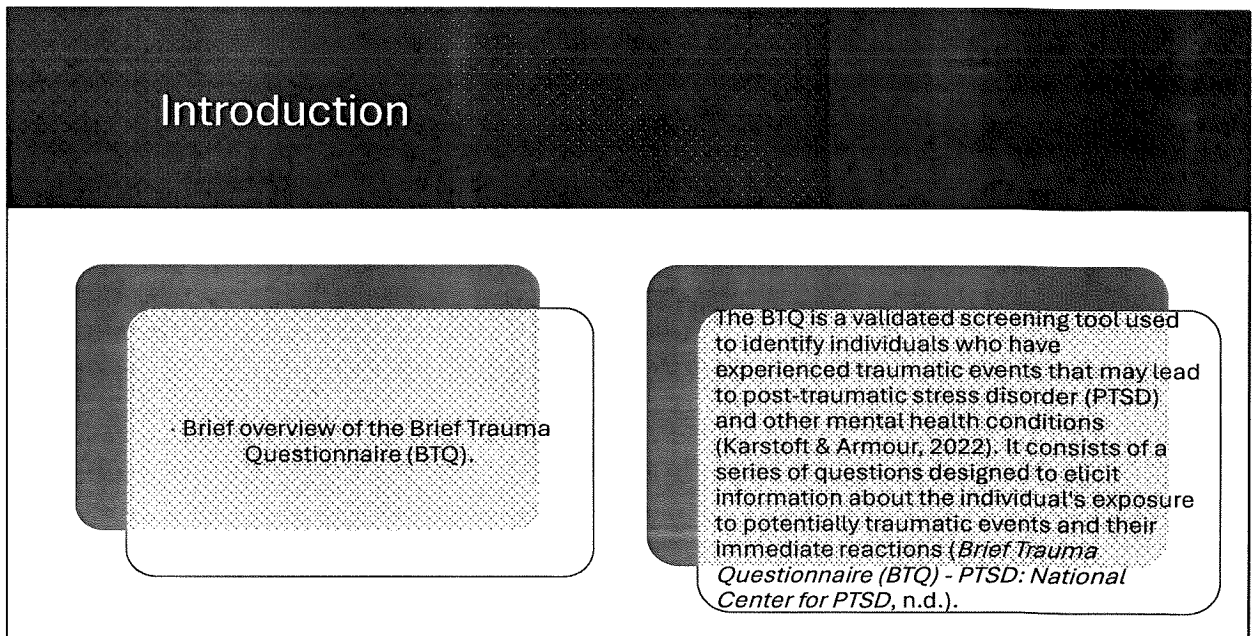
Slide 1



An Educational Project

- Presentation Title: “Administering the Brief Trauma Questionnaire (BTQ)”
- Presenter’s : Name: Ambrose Ukpebor
- Date : January,2024

Slide 2



Introduction

Brief overview of the Brief Trauma Questionnaire (BTQ).

The BTQ is a validated screening tool used to identify individuals who have experienced traumatic events that may lead to post-traumatic stress disorder (PTSD) and other mental health conditions (Karstoft & Armour, 2022). It consists of a series of questions designed to elicit information about the individual's exposure to potentially traumatic events and their immediate reactions (*Brief Trauma Questionnaire (BTQ) - PTSD: National Center for PTSD, n.d.*).

Slide 3

Importance of Trauma Screening in Substance Use Disorder (SUD) Patients

- Trauma screening in patients with SUD is crucial because a significant proportion of these individuals have experienced trauma, which can exacerbate their condition and hinder recovery (Belfrage et al., 2022). Identifying and addressing trauma can improve treatment outcomes, reduce relapse rates, and enhance overall mental health and well-being. By incorporating trauma screening into routine care, healthcare providers can deliver more comprehensive and effective treatment plans that address both SUD and underlying trauma.

Slide 4

Objectives of the presentation

- The objectives of this presentation are to educate healthcare providers on the significance of trauma screening in patients with SUD and to train them on the proper administration of the BTQ. The presentation aims to enhance providers' knowledge and skills, ensuring they can accurately assess and document trauma histories. Additionally, it seeks to foster a trauma-informed approach within the facility, ultimately improving patient care outcomes and promoting a supportive environment for recovery.

Slide 5

Definition of Trauma

Trauma refers to the emotional and psychological response to an event or series of events that an individual finds highly distressing or harmful, such as physical harm, severe injury, or emotional abuse. It can disrupt a person's sense of safety, leading to lasting effects on mental health and well-being

Statistics on Trauma Prevalence in SUD Patients: Research indicates that over 60% of individuals with substance use disorders (SUD) have experienced trauma at some point in their lives, including both childhood and adult trauma (Lortye et al., 2021). This high prevalence underscores the need for integrating trauma screening into SUD treatment to address underlying issues contributing to substance use.

Short-term and Long-term Effects of Trauma: In the short term, trauma can lead to symptoms such as anxiety, hypervigilance, and acute stress reactions. Long-term effects may include chronic mental health conditions like PTSD, depression, substance use disorders, and various physical health issues, emphasizing the importance of early detection and intervention

Slide 6

What is the BTQ

It is a concise self-report tool to assess an individual's exposure to traumatic events (*Brief Trauma Questionnaire (BTQ) - PTSD: National Center for PTSD*, n.d.). Developed for ease of use in clinical settings, it quickly identifies various types of trauma, including physical, emotional, and sexual abuse, as well as other significant life-threatening experiences. It helps clinicians understand a patient's trauma history to better tailor treatment plans and interventions.

Slide 7

Structure and Content of the BTQ

- The BTQ consists of a series of 10 questions designed to elicit information about the patient's exposure to various traumatic events. Each question addresses a specific type of trauma, such as physical assault, sexual violence, and life-threatening accidents (*Brief Trauma Questionnaire (BTQ) - PTSD: National Center for PTSD*, n.d.). The straightforward structure allows for quick administration and easy interpretation by healthcare providers. The content of the BTQ is comprehensive yet concise, covering the most common traumatic experiences while being sensitive to the patient's emotional state. This structured approach ensures that critical information is gathered efficiently, facilitating effective clinical decision-making.

Slide 8

Preparation for Administration

- Create a safe and private environment.
- Build rapport with the patient.
- Review the BTQ before administration.

Step-by-Step Administration:

- Introduce the BTQ to the patient.
- Reading and explaining each question clearly.
- Allowing time for patient responses.
- Clarifying any patient doubts.

Slide 9

Documenting Responses

- Ensure accurate recording of answers.
- Pay attention to non-verbal cues.
- Record any relatable additional patient information.

Follow-Up Actions:

- Discussing results with the patient.
- Providing referrals and resources.
- Ongoing support and care plans

Slide 10

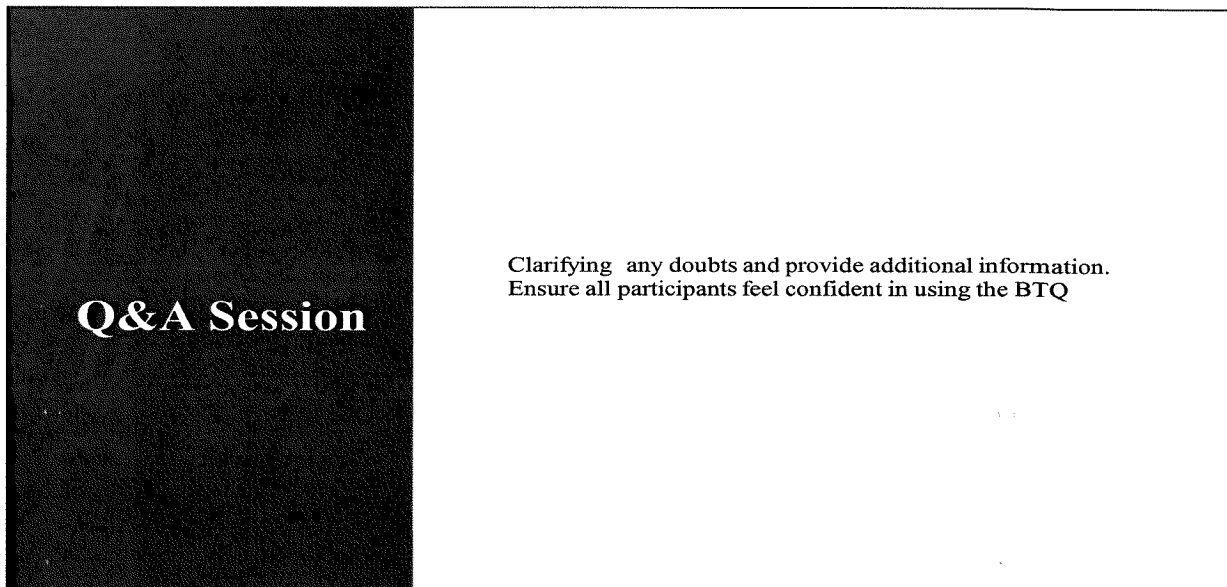
Scoring and Interpretation

- • Interpreting the results: Analyze the scores to identify significant trauma exposure.
- • Identifying key trauma indicators: Highlight areas that may require further attention or intervention.

• Practical Session

- Role-playing exercises with staff volunteers
- Distribute copies of Blank BTQ to the group
- Discuss experience and feedback

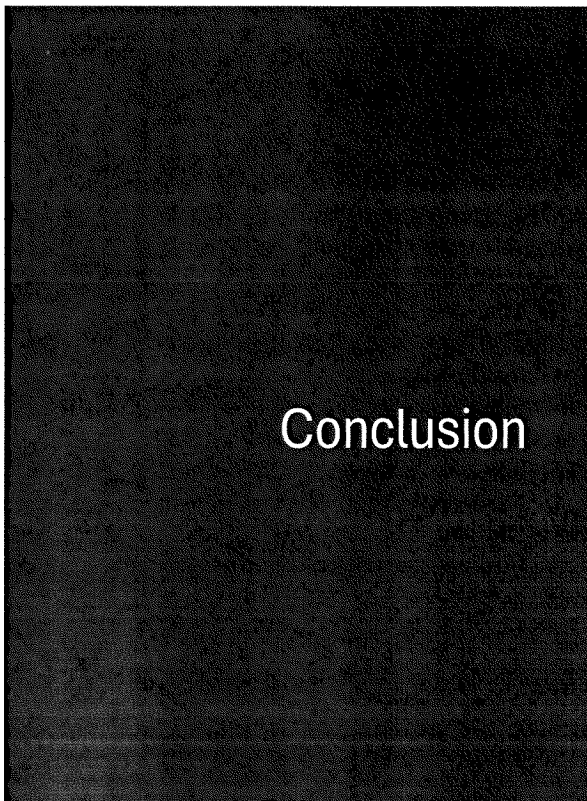
Slide 11

A slide with a black textured background on the left side containing the text "Q&A Session" in white. The right side is white with black text.

Q&A Session

Clarifying any doubts and provide additional information.
Ensure all participants feel confident in using the BTQ

Slide 12

A slide with a black textured background containing the text "Conclusion" in white.

Conclusion

- Since trauma affects many patients with substance use disorders, providing trauma-informed care is essential to their successful recovery. By recognizing and treating trauma, the Brief Trauma Questionnaire (BTQ) can help patients achieve better results, lower relapse rates, and enhance mental health. It should be a regular part of clinical treatment. To gather data regarding people's exposure to potentially traumatic events, the BTQ is a proven screening tool that offers crucial insights for creating all-encompassing treatment plans.

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Appendix B: Pre/Post Educational Survey

To preserve the integrity of this research project, please answer the following questions as honestly as possible.

1. Does mental or physical trauma significantly influence a patient seeking care for substance use disorder, so screening is necessary?
 - A. Yes *
 - B. No
 - C. Not sure

2. Do you know what the BTQ stands for?
 - A. Best Trauma Questionnaire
 - B. Brief Trauma Questionnaire*
 - C. Brilliant Technique Questionnaire

3. Do you know how to administer the BTQ?
 - A. Yes *
 - B. No
 - C. Not sure

4. Which among the following evidence-based instruments is more appropriate for trauma screening?
 - A. PHQP
 - B. Best Trauma Questionnaire*
 - C. None of the above

5. Have you used or been introduced to any Trauma Screening tool at the FBCS?
 - A. No *
 - B. Yes
 - C. Not sure

6. Which among the list below would likely be recommended for trauma screening in a care setting?
 - A. Columbia Suicide Rating Severity Scale (CSRS-S)
 - B. Best Trauma Questionnaire (BTQ)
 - C. Brief Trauma Questionnaire (BTQ)*

7. How can staff education on administering BTQ impact the patient with substance use disorder?
 - A. It will help provide a cure for their trauma
 - B. It will help to identify those that are at risk and connect them to appropriate services*
 - C. It has no impact on patient care.

8. Which among the following will most likely align with the Trauma-Informed care philosophy for patients with a history of substance use disorder?

- A. Turning them away because trauma has no cure
- B. Using an appropriate screening tool to screen so that they can be cured
- C. Implementing evidence-based tools for screening. *

9. Training in administering the BTQ is not necessary for healthcare professionals

True/False*

10. Among the following listed below, which is most likely could cause relapse or a return to the use of illicit substances?

- A. Access to appropriate treatment
- B. Screening for present or past exposure to traumatic events*
- C. None of the above.

Appendix C: Pre- and Postsurvey Results

No.	Description	Presurvey number of correct answers (n)	Presurvey percent of correct answers (%)	Postsurvey number of correct answers (n)	Postsurvey percent of correct answers (%)	% Change
1	Does mental or physical trauma significantly influence a patient seeking care for substance use disorder?	6	60	10	100	40
2	Do you know what the BTQ stands for?	7	70	9	90	20
3	Do you know how to administer the BTQ?	5	50	8	80	30
4	Which among the following evidence-based instrument are more appropriate for trauma screening?	7	70	10	100	30
5	How many items are typically included in the Brief Trauma Questionnaire?	4	40	8	80	40
6	Which among the list below would you likely recommend the screening of trauma in a care setting?	6	60	9	90	30

7	How can staff education on administering BTQ impact a patient with substance use disorder?	6	60	9	90	30
8	Which among the following will most likely align with the Trauma-Informed care philosophy for patients with a history of substance use disorder?	5	50	9	90	40
9	True or False: Training in administering the BTQ is not necessary for healthcare professionals.	6	60	10	100	40
10	Among the following, which most likely could cause relapse or a return to use of illicit substances?	6	60	9	90	30
<i>M</i> (<i>SD</i>)		5.8	58%	9.1	91%	33%