Guide to Completing the Agency Self-Assessment

Purpose

The Agency Self-Assessment for Trauma-Informed Care is intended to be a tool that will help you assess your organization's readiness to implement a trauma-informed approach. Honest and candid staff responses can benefit your agency by helping to identify opportunities for program and environmental change, assist in professional development planning, and can be used to inform organizational policy change.

How to Complete the Agency Self-Assessment

The *Self-Assessment* is organized into five main "domains" or areas of programming to be examined:

- Supporting Staff Development
- Creating a Safe and Supportive Environment
- Assessing and Planning Services
- Involving Consumers
- Adapting Policies

Agency staff completing the *Self-Assessment* are asked to read through each item and use the scale ranging from "strongly disagree" to "strongly agree" to evaluate the extent to which they agree that their agency incorporates each practice into daily programming. Staff members are asked to answer based on their experience in the program over the past twelve months.

Responses to the *Self-Assessment* items should remain anonymous and staff should be encouraged to answer with their initial impression of the question as honestly and accurately as possible. Remember, staff members are not evaluating their individual performance, but rather, the practice of the agency as a whole. Staff should complete the *Self-Assessment* when they have ample time to consider their responses; this may be completed in one sitting or section-by-section if time does not allow.

Agencies may distribute the tool in either Word or Excel format. Some agencies may prefer to use an electronic method (such as Survey Monkey) to assist with data collection and analysis.

How to Compile and Examine Self-Assessment Results

It is helpful for the agency to have a designated point person to collect completed assessments and compile the results. Detailed suggestions and The "Toolkit" are on the Trauma Informed Care Website http://www.traumainformedcareproject.org/

To identify potential areas for change, look for statements where staff responses are mostly "strongly disagree" and "disagree"; these are the practices that could be strengthened. In addition, pay attention to those responding with "do not know" as this could indicate that the practice is lacking, or perhaps there is a need for additional information or clarification. Finally, it is helpful to examine items where the range of responses is extremely varied. This lack of consistency among staff responses may be due to a lack of understanding about an item itself, a difference of perspective based on a person's role in the agency, or a misunderstanding on the part of some staff members about what is actually done on a daily basis.

This instrument was adapted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma- Informed Care: A Self Assessment and Planning Protocol" article by Roger D. Fallot, Ph.D. & Maxine Harris, Ph.D.

Trauma-Informed Organizational Self-Assessment

Please complete the assessment, reading each item and rating from strongly disagree to strongly agree based on your experience in the organization over the last year. Use your initial impression: **Remember you are evaluating the agency not your individual performance.**

Agency/Program: _____ Today's' Date: _____

Name of Staff (optional): _____

I. Supporting Staff Development

A. Training and Education		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
Staff at all levels of the program receive training and education on the following topics:							
1	What traumatic stress is.						
2	How traumatic stress affects the brain and body.						
3	The relationship between mental health and trauma.						
4	The relationship between substance use and trauma.						
5	The relationship between homelessness and trauma.						
6	How trauma affects a child's development.						
7	How trauma affects a child's attachment to his/her caregivers.						
8	The relationship between childhood trauma and adult re-victimization (e.g. domestic violence, sexual assault).						
9	Different cultural issues (e.g. different cultural practices, beliefs, rituals).						
10	Cultural differences in how people understand and respond to trauma.						
11	How working with trauma survivors impacts staff.						
12	How to help consumers identify triggers (i.e. reminders of dangerous or frightening things that have happened in the past)						
13	How to help consumers manage their feelings (e.g. helplessness, rage, sadness, terror)						
14	De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis)						
15	How to develop safety and crisis prevention plans.						
16	What is asked in the intake assessment.						
17	How to establish and maintain healthy professional boundaries.						

B. Staff Supervision, Support and Self-Care		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
18	Staff members have regular team meetings.						
19	Topics related to trauma are addressed in team meetings.						
20	Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies).						
21	Staff members have a regularly scheduled time for individual supervision.						
22	Staff members receive individual supervision from a supervisor who is trained in understanding trauma.						
23	Part of supervision time is used to help staff members understand their own stress reactions.						
24	Part of supervision time is used to help staff members understand how their stress reactions impact their work with consumers.						
25	The agency helps staff members debrief after a crisis.						
26	The agency has a formal system for reviewing staff performance.						
27	The agency provides opportunities for on-going staff evaluation of the program/agency.						
28	The agency provides opportunities for staff input into program practices.						
29	Outside consultants with expertise in trauma provide on-going education and consultation.						

II. Creating a Safe and Supportive Environment

A. Establishing a Safe Physical Environment		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
1	Agency staff monitors who is coming in and out of the program/agency.						
2	Staff members ask consumers for their definitions of physical safety.						
3	The environment outside the organization is well lit.						
4	The common areas within the organization are well lit.						
5	Bathrooms are well lit.						
6	Consumers can lock bathroom doors.						

	A. Establishing a Safe Physical Environment Continued	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
7	The organization incorporates child-friendly decorations and materials.						
8	The organization provides a space for children to play.						
9	The organization provides consumers with opportunities to make suggestions about ways to improve/change the physical space.						

	B. Establishing a Supportive Environment	Strongly Disagree	Disagree	Agreee	Strongly Agree	Do Not Know	Not applicable to my role
	Information Sharing						
10	The organization reviews rules, rights and grievance procedures with consumers regularly.						
11	Consumers are informed about how the program responds to personal crises (e.g. suicidal statements, violent behavior and mandatory reports).						
12	Consumer rights are posted in places that are visible (e.g. room checks, grievance policies, mandatory reporting rules).						
13	Materials are posted about traumatic stress (e.g. what it is, how it impacts people, and available trauma-specifics resources).						
	Cultural Competence						
14	Program information is available in different languages.						
15	Staff &/or consumers are allowed to speak their native languages within the agency.						
16	Staff &/or consumers are allowed to prepare or have ethnic-specific foods.						
17	Staff shows acceptance for personal religious or spiritual practices.						
18	Outside agencies with expertise in cultural competence provide on-going training and consultation.						
	Privacy and Confidentiality						
19	The agency informs consumers about the extent and limits of privacy and confidentiality (kinds of records kept, where/who has access, when obligated to make report to police/child welfare).						
20	Staff and other professionals do not talk about consumers in common spaces.						

		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
Privacy and Confidentiality Continued							
21	Staff does not talk about consumers outside of the agency unless at appropriate meetings.						
22	Staff does not discuss the personal issues of one consumer with another consumer.						
23	Consumers who have violated rules are approached in private.						
24	There are private spaces for staff and consumers to discuss personal issues.						
Safety and Crisis Prevention Planning							
For the following item, the term "safety plan" is defined as a plan for what a consumer and staff members will do if the consumer feels threatened by another person outside of the program.							
25	Written safety plans are incorporated into consumers' individual goals and plans.						
For the following item, the term "crisis-prevention plan" is defined as an individualized plan for how to help each consumer manage stress and feel supported.							
26	Each consumer has a written crisis prevention plan which includes a list of triggers, strategies and responses which are helpful and those that are not helpful and a list of persons the consumer can go to for support.						
Open and Respectful Communication							
27	Staff members ask consumers for their definitions of emotional safety.						
28	Staff members practice motivational interviewing techniques with consumers (e.g. open-ended questions, affirmations, and reflective listening).						
29	The agency uses "people first" language rather than labels (e.g. 'people who are experiencing homelessness' rather than 'homeless people').						
30	Staff uses descriptive language rather than characterizing terms to describe consumers (e.g. describing a person as 'having a hard time getting her needs met' rather than 'attention seeking').						
Consistency and Predictability							
31	The organization has regularly scheduled procedures/opportunities for consumers to provide input.						
32	The organization has policy in place to handle any changes in schedules.						
33	The program is flexible with procedures if needed, based on individual circumstances.						

III. Assessing and Planning Services

A. Conducting Intake Assessments		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
The intake assessment includes questions about:							
1	Personal strengths.						
2	Cultural background.						
3	Cultural strengths (e.g. world view, role of spirituality, cultural connections).						
4	Social supports in the family and the community.						
5	Current level of danger from other people (e.g. restraining orders, history of domestic violence, threats from others).						
6	History of trauma (e.g. physical, emotional or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness).						
7	Previous head injury.						
8	Quality of relationship with child or children (i.e. caregiver/child attachment)						
9	Children's trauma exposure (e.g. neglect, abuse, exposure to violence)						
10	Children's achievement of developmental tasks.						
11	Children's history of mental health issues.						
12	Children's history of physical health issues.						
Intake Assessment Process							
13	There are private, confidential spaces available to conduct intake assessments.						
14	The program informs consumers about why questions are being asked.						
15	The program informs consumers about what will be shared with others and why.						
16	Throughout the assessment process, the program staff observes consumers on how they are doing and responds appropriately.						
17	The program provides an adult translator for the assessment process if needed.						

Intake Assessment Follow-Up							
18	Based on the intake assessment, adults &/or children are referred for specific services as necessary.						
19	Re-assessments are done on an on-going and consistent basis.						
20	The program updates releases and consent forms whenever it is necessary to speak with a new provider.						
B. Developing Goals and Plans							
21	Staff collaborates with consumers in setting their goals.						
22	Consumer goals are reviewed and updated regularly.						
23	Before leaving the program, consumers and staff develop a plan to address any future needs.						
C. Offering Services and Trauma-Specific Interventions							
24	The program provides opportunities for care coordination for services not provided within that organization.						
25	The program educates consumers about traumatic stress and triggers.						
26	The program has access to a clinician with expertise in trauma and trauma-related interventions (on-staff or available for regular consultation).						

IV. Involving Consumers

	A. Involving Current and Former Consumers	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**Do Not Know**	**Not applicable to my role**
1	Current consumers are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g. suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc)						
2	The program recruits former consumers to serve in an advisory capacity.						
3	Former consumers are invited to share their thoughts, ideas and experiences with the program.						

V. Adapting Policies

	A. Creating Written Policies	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable to my role
1	The program has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.						
2	Written policies are established based on an understanding of the impact of trauma on consumers and providers.						
3	The program has a written commitment to demonstrating respect for cultural differences and practices.						
4	The program has written policy to address potential threats to consumers and staff from natural or man- made threats (fire, tornado, bomb threat, and hostile intruder).						
5	The program has a written policy outlining program responses to consumer crisis/staff crisis (i.e. Self harm, suicidal thinking, and aggression towards others).						
6	The program has written policies outlining professional conduct for staff (e.g. boundaries, responses to consumers, etc).						
	B. Reviewing Policies						
1	The program reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.						
2	The program involves staff in its review of policies.						
3	The program involves consumers in its review of policies.						

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