

Trauma-Informed Care Organizational Survey

Purpose of the Survey

Becoming a more trauma-informed (TI) organization has become a priority focus for your agency. The purpose of this survey is to assess how well your agency is carrying out this priority of becoming more trauma-informed.

Why You are Being Asked to Participate

You are being asked to complete this survey because we believe you have a very important perspective regarding the presence or absence of trauma-informed care within your agency.

What You Need to Know Before Completing this Survey

- All of your responses to the items on this survey will be kept confidential and you will only be identified by your role in your agency.
- The estimated time to complete this survey is between 10-15 minutes.
- Results from this survey will aid in the determination of existing components of TI care that need further assessment, planning, data collection, and implementation.
- Results will also be used to highlight components of TI care where progress has been made and assist in planning the next steps toward furthering TI care within your agency.

Note: The term "trauma-informed (TI) care" is used repeatedly throughout this survey. As you complete the survey, please consider the following description of trauma-informed (TI) care: TI care includes specific policies and practices that identify, incorporate and remain sensitive to an individual and/or family's trauma history, symptoms, strengths and coping with overwhelming emotion. The goal of TI care is to avoid re-traumatizing the individual while creating an environment of safety, healing and empowerment that ultimately helps the individual make meaning of their trauma. TI care requires changes at every level of the organization in order to achieve full implementation.

Section A: Background Information

Although you will never be personally identified within reports or publications, it would be helpful to know your position within your agency and some basic information about you.

1.) I work for:	Identify your agency				
2.) My current primary role in my agency is:	Identify your role				
3.) I have been in my current role in my agency for:	Less than 1 year	1-3 years	4-6 years	7-9 years	10 years +
4.) I have worked for my agency (in any capacity) for:	Less than 1 year	1-3 years	4-6 years	7-9 years	10 years +
5.) I would rate my level of familiarity with the principles of trauma-informed (TI) care as:	Very familiar	Moderately familiar	Somewhat familiar	Slightly familiar	Not at all familiar

For each of the items in each section, please indicate your level of agreement with the statement based in your observations and experiences within your agency. A response of "Don't Know" means you do not feel you have the experience or information necessary to indicate your level of agreement with the statement. Key terms are provided below.

Domain 1: Competent Trauma-Informed Organizational, Clinical, and Milieu Practices

Items in this domain address your agency’s organizational and program practice standards for implementation of TI care.

Items	Response Options					
My agency promotes the practice of TI care improvement based on qualitative and quantitative data.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
My agency has one or more methods for de-briefing incidents that may have posed a physical or psychological safety threat to clients or family members.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
My agency has one or more methods for de-briefing incidents that may have posed a physical or psychological safety threat to staff.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
Formal policies and procedures within my agency reflect language and practice of TI care.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
My agency has a process for systematic review of the physical and social environment as it may be perceived by those who have experienced trauma.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
All staff who interact with children and families are part of a team that allows for integrated training, supervision, and peer review in TI care practices.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
There are opportunities for staff to recognize, acknowledge, and address their vicarious traumatization.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
My agency offers trauma-specific, evidence-based practices.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know

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University of South Florida, College of Behavioral and Community Sciences, Department of Child and Family Studies. 13301 Bruce B. Downs Blvd. Tampa, FL 33612

sphodges@usf.edu

Treatment planning and interventions are individualized, and developmentally suited to each child/family.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
Each client has a safety or crisis management plan with individualized choices for calming and de-escalation.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
The physical environment (e.g., agency facilities) is attuned to safety, calming, and de-escalation.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
Staff members use a strengths-based, person-centered approach in their interactions with clients and their families.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
Supervisors provide staff systematic opportunities (e.g., peer support groups, team meetings, peer training/mentoring) to seek support or assistance from their peers.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know

Key Terms:

Qualitative data: Information that can be captured that is not numerical, such as data through interviews, observation or review of policies or records.

Quantitative data: Information that is numerical in nature, such as frequencies and outcomes, which can then be analyzed through a variety of research methods.

De-briefing: Systematic and in-depth discussion of a critical or "unsafe" incident with those involved directly, and often at many levels of the organization, for example open door or immediate supervisory response, safe zones, or reflective supervision.

Systematic review: A pre-defined process of reviewing a practice, policy, or process.

Vicarious traumatization: A shift in worldview and core beliefs in the helping professional as a result of repeated exposure to traumatic imagery and empathic engagement with trauma victims/survivors.

Trauma-specific practices: Interventions/actions designed to specifically address individual trauma symptoms.

Evidence-based practices: Practices well-supported by research and identified as field standards and interventions.

Strengths-based, person-centered: Practices in which expression and use of the client's effective qualities, attitudes and behaviors are maximized to implement positive change.

Domain 2: Client and Family Engagement in Trauma-Informed Care

Items in this domain address client and family engagement in TI care practices and empowerment to take an active role in your agency.

Items	Response Options					
My agency provides opportunities for staff to receive training on how to engage families and monitors the extent of client and family engagement.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
Clients and their families are actively involved in treatment and discharge planning and decisions regarding transition to the next placement.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
There are systematic opportunities (beyond satisfaction surveys) for clients and families to give feedback regarding TI care values (safety, trustworthiness, choice, collaboration, and empowerment).	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
Clients and families serve in a planning and advisory capacity in my agency.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know

Key Terms:

Engagement (engage): Strategies and practices that are successful in involving families as partners and active participants in services.

Discharge planning: Planning for discharge that begins anywhere from admission to one month prior to a planned discharge that involves the client, family, and systems representatives within the organization and community.

Safety (as a TI care principle): Involves the establishment of physical, psychological, and emotional safety within the person's environment.

Trustworthiness (as a TI care principle): Refers to the client and family's ability to trust and experience safety with staff and program based on clear, positive and consistent guidelines, interactions, and practices.

Choice (as a TI care principle): Refers to clients and their families being offered choices in key decisions.

Collaboration (as a TI care principle): Refers to clients and staff making treatment decisions together through planning and discussion.

Empowerment (as a TI care principle): Actively engaging individual clients, clients as a group, and their families to express and mobilize their strengths, values, and priorities in order to impact their own treatment as well as program policies and practices.

Domain 3: Organizational Readiness for Trauma-Informed Care

Items in this domain address your agency’s readiness to implement TI care, including the provision of support and infrastructure to monitor and evaluate practices and outcomes on a continuous bases.

Items	Response Options					
Leadership and staff at all levels in my agency express commitment to implementing TI care.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don’t Know
Leadership in my agency has addressed cultural and policy barriers, externally and internally, that may impede implementation of TI care.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don’t Know
My agency has standardized and systematic approaches for monitoring data and outcomes about TI care.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don’t Know
Incentives (e.g., gift cards, paid half day off) are in place in my agency to support staff as changes are made to implement TI care.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don’t Know
Agency leadership in my agency supports changes in time allotted for TI care initiative.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don’t Know
My agency provides the resources (technology, staffing, training) for implementation of TI care and monitoring of data and outcomes.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don’t Know
<p>Key Terms: <i>Data: Information gathered regarding consumer demographics, treatment, and outcomes, or organizational programming, trends, outcomes, and consumer/family satisfaction for purposes of planning, implementation and quality improvement.</i></p>						

Domain 4: Demonstration of Focus on Trauma-Informed Care

Items in this domain address your perceptions of how your agency demonstrates a priority focus on trauma-informed care at the corporate level.

Items	Response Options					
My agency at the corporate level has a "trauma-informed care initiative" (e.g., workgroup/task force, trauma specialist) endorsed by the chief administrator.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
My agency at the corporate level identifies and monitors TI care values (safety, trustworthiness, choice, collaboration, and empowerment).	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
My agency at the corporate level demonstrates in philosophy and practice intent toward increasing comfort, involvement, and collaboration of clients and families.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't Know
<p>Key Terms:</p> <p>Safety (as a TI care principle): Involves the establishment of physical, psychological, and emotional safety within the person's environment.</p> <p>Trustworthiness (as a TI care principle): Refers to the client and family's ability to trust and experience safety with staff and program based on clear, positive and consistent guidelines, interactions, and practices.</p> <p>Choice (as a TI care principle): Refers to clients and their families being offered choices in key decisions.</p> <p>Collaboration (as a TI care principle): Refers to clients and staff making treatment decisions together through planning and discussion.</p> <p>Empowerment (as a TI care principle): Actively engaging individual clients, clients as a group, and their families to express and mobilize their strengths, values and priorities in order to impact their own treatment as well as program policies and practices.</p>						

Domain 5: Trauma-Informed Care in the Community

Items in this domain address your perceptions of your community's involvement and demonstration of strengthening and promoting trauma-informed care within your community.

Items	Response Options					
My community is well informed about the effects of trauma on the lives of children and families who have experienced trauma.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
Trauma-informed services and supports are available in my community for children and families impacted by trauma.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
Trauma-informed evidence-based practices are accessible to children and families in my community.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
My community empowers those affected by trauma by embracing consumer-driven trauma services and supports (e.g., peer support groups, family or community advocacy organizations).	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
My community has resources readily available (e.g., crisis housing/safe houses, crisis hotline, trauma center, trauma services) to support community members in the event of a community emergency and/or crisis (e.g., natural disasters, mass casualties).	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
My community supports cross-agency collaborative efforts (e.g., trainings and workgroups) to build our capacity as a trauma-informed community.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
There are multi-agency collaborative teams (e.g., faith-based partners, healthcare providers, mental health/behavioral health providers) involved in the planning and implementation of trauma responsiveness in my community.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know

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sphodges@usf.edu

My community is committed to developing a trauma-informed workforce.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
My community offers services and resources that address secondary traumatic stress in service providers.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
There are safety and security standards enacted in my community to ensure community members live and work in a physically safe environment and community.	Completely Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Completely Disagree	Don't know
<p>Key Term: <i>Community: Refers to a diverse social group sharing common perspectives, interests, values, and engage in joint efforts within specific geographical locations and/or settings.</i></p>						

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For more information about this survey, see: Hummer, V.L., Dollard, N., Robst, J., & Armstrong, M. I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: A curriculum for organizational change. *Child Welfare, 89*(2):79-95.