

Trauma-Informed Organizational Self-Assessment: Long-term Services & Supports

Purpose

The purpose of the Trauma-Informed Organizational Self-Assessment: Long-term Services & Supports is to provide a starting place for health and human services organizations, agencies, and systems serving older adults and adults with disabilities, and to assess where they fall in a continuum of trauma-informed care and to engage them in a process of setting organizational improvement goals. This tool builds on previous work from a variety of fields, including aging services, behavioral health, child welfare, early childhood development, education, housing, juvenile justice, public health and victim advocacy. The self-assessment identifies organizational milestones and priority areas for inspiring active planning and is *not* intended as a measure of individual performance or data collection tool. The goal is to stimulate intra-organization dialogue on how organizations and systems can increase their collective resolve and systematically engage in on-going advancement of trauma-informed care and practice.

How to Administer the Organizational Self-Assessment

The framework is organized into ten domains drawn from a variety of disciplines.¹ Within each domain are various operational criteria about which organizations may self-determine their level of proficiency. Recognizing that the process of becoming trauma-informed is a continuous one, the self-assessment is solely intended as a tool for organizations to identify strengths, weaknesses, and opportunities for further development.

The five steps for completing the self-assessment are 1) organization staff (such as through a dedicated trauma-informed change team) completes the assessment instrument; 2) staff review the results and, where warranted, facilitate a discussion about why they scored each domain/criteria as they did and any individual variance between the ratings; 3) the vetted results are synthesized for review by a trauma-informed workgroup, management team, or other appropriate staff; 4) staff select and prioritize which domain(s) should be the focus for improvement for a given time period; 5) staff discussions are facilitated to help identify the need for potential discipline-specific assessments and to prioritize resource allocation and

¹ This document utilizes and adapts a compilation of definitions, domains and items from the Substance Abuse Mental Health Services Administration's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (2014), Southwest Michigan Children's Trauma Assessment Center's *Trauma Informed Systems Change Instrument* (2010), the National Center on Family Homelessness' *Trauma-Informed Organizational Self-Assessment* and "Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol", Virginia's : Linking Systems of Care for Children and Youth State Demonstration Project's *Policy Review Tool* and *RFA/RFA Checklist*, and the Administration for Community Living's Guidance to the Aging Services Network.

training needs. (An Action Planning Tool for organizations to guide this process is included in Appendix A.)

Definitions

Trauma: Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

A trauma-informed program, organization, or system is one that:

- 1) **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- 2) **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- 3) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4) Seeks to actively resist **re-traumatization**.

Vicarious trauma, also referred to as secondary trauma, is the exposure to the trauma experiences of others and is an occupational challenge for those who have experienced violence and/or trauma. Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of negative consequences. A **vicarious trauma-informed organization, agency or system** recognizes these challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and programs.

Historical trauma is often described as multigenerational trauma experienced by a specific racial, ethnic, cultural, or marginalized group. Historical trauma can be experienced by anyone living in families at one time marked by severe levels of trauma, poverty, dislocation, war, etc., and who are still suffering as a result.

Resources

Recognizing that the process of becoming trauma-informed is a continuous one, a list of system-specific resources is provided in an appendix at the end of the self-assessment (Appendix B). This resource list is not exhaustive but is offered as a starting point to take a more comprehensive approach to the on-going work of advancing trauma-informed care and practice in your organization or system.

A. Governance and Leadership

Instructions: Please indicate the level of organizational adoption for each trauma-informed attribute statement below.

A1. Organization's guiding principles and strategic plans (vision, mission and goals) reflect the core principles of trauma-informed approaches (safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; cultural, historical and gender issues).

not at all minimally moderately significantly fully n/a

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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A2. Organization leaders discuss trauma-informed care in internal meetings and in public forums.

not at all minimally moderately significantly fully n/a

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A3. Organization leaders actively solicit internal input concerning trauma and how policies and practices (services) can promote healing.

not at all minimally moderately significantly fully n/a

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A4. Members of the organization's governing bodies (e.g. leadership teams and governing boards) are recruited to have specific training or background in trauma-informed care.

not at all minimally moderately significantly fully n/a

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A5. Leadership actively solicits the voice and participation of people using their services that have lived experience and/or trauma histories and are healing.

not at all minimally moderately significantly fully n/a

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Comments (examples of successes and/or opportunities for change):

B. Policy

B1. Written policies demonstrate a commitment to cultural differences and practices.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2. The organization's non-discrimination policies are inclusive of sexual orientation and gender identity and expression.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B3. There are written policies outlining program responses to crisis (i.e. self-harm, suicidal thinking, aggression) among people who are being served (older adults, people with disabilities, residents, family members) and staff.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B4. The organization reviews its policies on an ongoing basis to identify whether they are sensitive to the needs of trauma survivors.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B5. The organization involves staff in its review of policies.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B6. The organization involves older adults, people with disabilities, family members, and people receiving services in its review of policies.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (examples of successes and/or opportunities for change):

C. Physical Environment

C1. Physical environment promotes a sense of safety, calming, and de-escalation for older adults, people with disabilities, family members, residents, or participants.

not at all minimally moderately significantly fully n/a

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C2. Waiting/reception areas are designed and furnished to promote dignity and safety, have family-friendly features, and solicit community voice in their design (i.e. older adults, people with disabilities).

not at all minimally moderately significantly fully n/a

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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C3. Physical environment promotes a sense of safety, calming, and de-escalation for staff.

not at all minimally moderately significantly fully n/a

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C4. Policies and procedures are in place outlining how the organization will address potential threats to people utilizing the physical environment (older adults, people with disabilities, residents, family members, participants) from natural or man-made threats (fire, tornado, hostile intruder).

not at all minimally moderately significantly fully n/a

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C5. Crisis intervention scenarios are practiced during drills and/or ongoing de-escalation strategy trainings.

not at all minimally moderately significantly fully n/a

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Comments (examples of successes and/or opportunities for change):

D. Accessibility

D1. The organization has an approved Accessibility Plan to address its response to service requests from older adults, adults with disabilities, residents, participants, and family members regardless of race, ethnicity, language, ability, sexual orientation, gender identity and expression, and/or religion.

not at all minimally moderately significantly fully n/a

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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D2. The organization provides services that engage and are accessible to linguistically, ethnically, racially, and culturally diverse groups.

not at all minimally moderately significantly fully n/a

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D3. The organization provides services that engage and are accessible and affirming to LGBTQI+ older adults, adults with disabilities, and family members.

not at all minimally moderately significantly fully n/a

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D4. The organization has mechanisms to address physical and emotional barriers to services based on gender identity and expression.

not at all minimally moderately significantly fully n/a

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Comments (examples of successes and/or opportunities for change):

E. Engagement

E1. The organization creates systematic opportunities to include the voices, needs, concerns, and experiences of people receiving services.

not at all minimally moderately significantly fully n/a

☐ ☐ ☐ ☐ ☐ ☐

E2. The organization specifies people receiving services and their chosen support team members (family, partners, friends) will be prepared for service meetings and other planning meetings.

not at all minimally moderately significantly fully n/a

☐ ☐ ☐ ☐ ☐ ☐

E3. The organization recognizes the importance of maintaining supportive relationships and provides various means for reducing social isolation and increasing positive social connectedness (gatherings in a safe environment, affinity-based social activities, companionship programs, friendly volunteers).

not at all minimally moderately significantly fully n/a

☐ ☐ ☐ ☐ ☐ ☐

E4. The organization assists people receiving services in adjusting to new environments and trains its staff on the risks of transfer trauma and opportunities for support during transitions (giving control over changes, preparing for change, assisting with adjustments during transition).

not at all minimally moderately significantly

☐ ☐ ☐ ☐ ☐ ☐

E5. As guided by the preferences or direction of people receiving services, the organization includes all forms of family to help identify connections, recognizing that some people who play the most supportive roles in a person's life may not be related.

not at all minimally moderately significantly fully n/a

☐ ☐ ☐ ☐ ☐ ☐

Comments (examples of successes and/or opportunities for change):

G. Cross-System Collaboration

G1. The organization has a system of communication in place to develop/sustain common trauma-informed goals with other organizations working with the older adults, adults with disabilities, and families.

not at all minimally moderately significantly fully n/a

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G2. Strategies are in place to identify and work with community providers and referral agencies that have experience delivering evidence-based trauma services.

not at all minimally moderately significantly fully n/a

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G3. Mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches.

not at all minimally moderately significantly fully n/a

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G4. The organization develops strategies that promote cross-system training with out of network, non-traditional, community-based, and/or grass-roots organizations.

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G5. When possible, cross-system training is organized in a neutral and fair location that is comfortable to all participants.

not at all minimally moderately significantly fully n/a

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Comments (examples of successes and/or opportunities for change):

H. Screening, Assessment, and Treatment Services

H1. Timely and trauma-informed screening and assessment is available and accessible to residents and/or participants.

not at all minimally moderately significantly fully n/a

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H2. Screening and assessment includes/acknowledges historical trauma.

not at all minimally moderately significantly fully n/a

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H3. The organization has the capacity to provide or make a timely referral to a continuum of trauma-informed interventions for older adults, people with disabilities, and family members.

not at all minimally moderately significantly fully n/a

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H4. An individual's own definition of emotional safety is included in treatment, service, and care plans.

not at all minimally moderately significantly fully n/a

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H5. Staff members practice strength-based techniques with people receiving services and family members (e.g. motivational interviewing open-ended questions, reflective listening).

not at all minimally moderately significantly fully n/a

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H6. A continuum of trauma-informed interventions is available for people receiving services and family members.

not at all minimally moderately significantly fully n/a

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Comments (examples of successes and/or opportunities for change):

I. Training and Workforce Development

11. The organization supports training and workforce development for staff to understand and increase their knowledge of trauma, resilience, and strengths-based strategies.

not at all minimally moderately significantly fully n/a

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12. The organization provides services that engage and are accessible to linguistically, ethnically, racially, and culturally diverse groups.

not at all minimally moderately significantly fully n/a

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13. The organization ensures that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping, transportation, and maintenance) receive basic training on trauma and its impact, resilience, and strategies for trauma-informed approaches across the organization and across personnel functions.

not at all minimally moderately significantly fully n/a

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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14. Training and resources are provided to supervisors on incorporating trauma-informed practice and supervision in their work.

not at all minimally moderately significantly fully n/a

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15. Part of supervision at the organization is used to help staff members understand vicarious trauma and how they may impact their work and includes ways to manage personal and professional stress.

not at all minimally moderately significantly fully n/a

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16. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.

not at all minimally moderately significantly fully n/a

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Comments (examples of successes and/or opportunities for change):

J. Evaluation and Quality Assurance

J1. There is a system in place that measures the organization's performance (e.g. an organizational assessment) in being trauma-informed.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J2. The organization uses strategies and processes to evaluate whether staff members feel safe and valued at the organization.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J3. People receiving services and family members 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, etc.).

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J4. People with lived experience are invited to share their thoughts, ideas and experiences with the organization.

not at all	minimally	moderately	significantly	fully	n/a
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J5. The organization recruits former individuals with lived experience to serve in an advisory capacity.

not at all	minimally	moderately	significantly	fully	n/a
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Comments (examples of successes and/or opportunities for change):

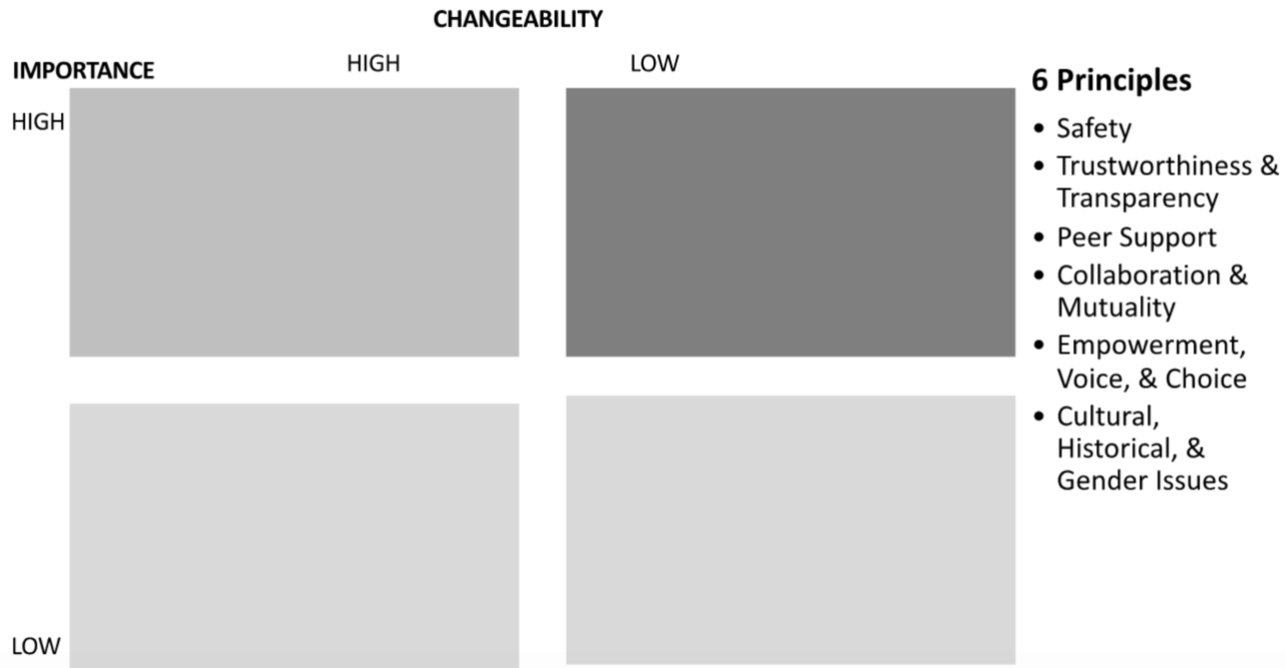
Appendix A
Action Planning Tool

Domain	Criteria	Current Rating	Activities for Improvement	Person Responsible	Target Completion Date

APPENDIX B

Prioritization Matrix

PRIORITIZATION MATRIX



Appendix C

System-Specific Resources

Advocacy

- Building Cultures of Care: A Guide for Sexual Assault Services Programs (Sexual Assault Demonstration Initiative)
https://www.nsvrc.org/sites/default/files/2017-10/publications_nsvrc_building-cultures-of-care.pdf
- Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma Informed Organizations
http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/04/NCDVTMH_2018_ToolsforTransformation_WarshawTinno nCave.pdf

Behavioral Health

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (Substance Abuse and Mental Health Services Administration)
<https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf>
- Trauma-Informed Care in Behavioral Health Services (Substance Abuse and Mental Health Services Administration)
<https://www.ncbi.nlm.nih.gov/books/NBK207201/>

Child Welfare

- Child Welfare Trauma Training Toolkit (National Child Traumatic Stress Network)
<https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>
- Trauma-Informed Child Welfare Practice Toolkit (Chadwick Trauma-Informed Systems Dissemination and Implementation Project)
<https://ctisp.org/trauma-informed-child-welfare-practice-toolkit/>

Courts/Justice

- Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases (National Council of Juvenile and Family Court Judges)
http://www.ncjfcj.org/sites/default/files/resguide_0.pdf
- Preparing for a Trauma Consultation in Your Juvenile and Family Court
https://www.ncjfcj.org/sites/default/files/NCJFCJ_Trauma_Manual_04.03.15.pdf

Education

- Child Trauma Toolkit for Educators (National Child Traumatic Stress Network)
<https://www.nctsn.org/resources/child-trauma-toolkit-educators>
- Issue Brief: Trauma-Informed Schools (Family & Children's Trust Fund of Virginia)
<http://www.fact.virginia.gov/wp-content/uploads/2017/04/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-SCHOOLS-final1.pdf>

Health Care

- Becoming a Trauma-Informed Practice (American Academy of Pediatrics)
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Becoming-a-Trauma-Informed-Practice.aspx>
- Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation (Center for Health Care Strategies)
http://www.chcs.org/media/ATC_whitepaper_040616.pdf

Housing

- Trauma-Informed Organizational Toolkit for Homeless Services (National Center on Family Homelessness)
https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf
- Issue Brief: Trauma-Informed Practices in Homeless Intervention Services (Family & Children's Trust Fund of Virginia) <http://www.fact.virginia.gov/wp-content/uploads/2017/11/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-Homeless-Intervention-FINAL.pdf>

Juvenile Justice

- Think Trauma: A Training for Staff in Juvenile Justice Residential Settings (National Child Traumatic Stress Network) <https://www.nctsn.org/resources/think-trauma-training-staff-juvenile-justice-residential-settings>
- A Trauma Primer for Juvenile Probation and Juvenile Detention Staff (National Council on Juvenile and Family Court Judges)
<http://www.ncjfcj.org/sites/default/files/NCJFCJ-Trauma-Primer-Final-10.08.15.pdf>

Long-term Services and Supports

- ACL Guidance to the Aging Services Network: Outreach and Service Provision to Holocaust Survivors <https://ltcombudsman.org/uploads/files/issues/acl-guidance-holocaust-survivor-services.pdf>

- Center for Advancing Holocaust Survivor Care
<https://www.holocaustsurvivorcare.org/>
- Resources to support Trauma-Informed Care for Persons in Post-Acute Care and Long Care Settings <https://www.lsqa.org/wp-content/uploads/2018/09/Trauma-Informed-Care-Resources.pdf>
- Trauma-Informed Approaches to Elder Abuse <http://www.fact.virginia.gov/wp-content/uploads/2019/01/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-elder-abuse-BRIEF-SUMMARY.pdf>

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