Instructions:

The *Trauma-Informed Organizational Self-Assessment* is a tool that organizations can use to examine their current practices and take specific steps to become trauma-informed.* The *Self-Assessment* should be completed by all staff within an organization, including direct care staff (full time, part time and relief), supervisors, case managers, clinicians, administrators (e.g., program managers, directors, executive directors, etc.) and support staff (e.g., office support, maintenance, kitchen staff, etc.).

In the *Self-Assessment*, the term "consumer" refers to adults who are being served by the program. There are also items that refer specifically to a consumer's child or children. The term "staff" refers to paid and voluntary individuals providing services, which include but are not limited to: those working directly with consumers and children, administrators, policymakers, groundskeepers, maintenance, and transportation specialists.

The *Self-Assessment* can be completed in one sitting or in sections. It takes approximately 30-40 minutes to complete the entire *Self-Assessment* at once. When responding to *Self-Assessment* items, please answer based on your experience in the program over the past 6 months. For each item, please consider the extent to which you agree that the program incorporates this practice using the following scale:

Strongly Disagree
Disagree
Agree
Strongly Agree
Do not know
Not applicable to my role

For example:

> *"Consumers are asked about the least intrusive ways for staff to check on them and their spaces."* Staff respond *"Strongly Disagree, Disagree, Agree, Strongly Agree, Do not know, or Not applicable to my role."*

Please answer as honestly and accurately as possible. Remember that you are not evaluating your individual performance, but rather, the practices of the program as a whole. If you have questions or are confused about the items, instructions, etc., please contact the person or persons that your organization has identified to help with the completion of the *Self-Assessment*. Please return your copy of the *Self-Assessment* to the designated person or drop-off location.

* See *User's Guide* for additional information about the *Self-Assessment* and what it means to provide trauma-informed care.

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 cultures (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, etc.).						
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 program helps staff members debrief after a crisis.						
26. The program has a formal system for reviewing staff performance.						
27. The program provides opportunities for on-going staff evaluation of the program.						
28. The program 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. The program facility has a security system (i.e., alarm system).						
2. Program staff monitors who is coming in and out of the program.						
3. Staff members ask consumers for their definitions of physical safety.						
4. The environment outside the program is well lit.						
5. The common areas within the program are well lit.						
6. Bathrooms are well lit.						
7. Consumers can lock bathroom doors.						
8. Consumers have access to private, locked spaces for their belongings.						
9. The program incorporates child-friendly decorations and materials.						
10. The program provides a space for children to play.						
11. The program provides consumers with opportunities to make suggestions about ways to improve/change the physical space.						
B. Establishing a Supportive Environment						
Information Sharing						
12. The program reviews rules, rights and grievance procedures with consumers regularly.						
13. Consumers are informed about how the program responds to personal crises (e.g., suicidal statements, violent behavior).						
14. Consumers are informed about who will be checking on them and their spaces (e.g., how often and why it is important).						

Information Sharing, cont...	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
15. Expectations about room/apartment checks are clearly written and verbalized to consumers.						
16. Consumer rights are posted in places that are visible.						
17. Material is posted about traumatic stress (e.g., what it is, how it impacts people, and available trauma-specific resources).						
Cultural Competence						
18. Program information is available in different languages.						
19. Consumers are allowed to speak their native language within the program.						
20. Consumers are allowed to prepare or have ethnic-specific foods.						
21. Staff shows acceptance for personal religious or spiritual practices.						
22. The program provides on-going opportunities for consumers to share their cultures with each other (e.g., potlucks, culture nights, incorporating different types of art and music, etc.).						
23. Outside agencies with expertise in cultural competence provide on-going training and consultation.						
Privacy and Confidentiality						
24. The program informs consumers about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police).						

Privacy and Confidentiality, cont...	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
25. Consumers are asked about the least intrusive ways for staff to check on them and their spaces.						
26. The program gives notice prior to doing room/apartment checks.						
27. The program gets permission from consumers prior to giving a tour of their room/apartment.						
28. If permission is given, the consumer is notified of the date, time and who will see their room/apartment.						
29. Staff does not talk about consumers in common spaces.						
30. Staff does not talk about consumers outside of the program.						
31. Staff does not discuss the personal issues of one consumer with another consumer.						
32. Consumers who have violated rules are approached in private.						
33. There are private spaces for staff and consumers to discuss personal issues.						
Safety and Crisis Prevention Planning						
For the following items, 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.						
34. Consumers work with staff to create written, individualized safety plans for their family.						
35. Written safety plans are incorporated into consumers' individual goals and plans.						

Safety and Crisis Prevention Planning, cont...	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
For the following items, the term "crisis-prevention plan" is defined as an individualized plan for how to help each consumer manage stress and feel supported.						
36. Every **adult** in the program has a written crisis-prevention plan.						
37. Every **child** in the program has a written crisis-prevention plan.						
Written crisis prevention plans include the following:						
38. A list of triggers (i.e., situations that are stressful or overwhelming and remind the consumer of past traumatic experiences).						
39. A list of ways that the consumer shows that they are stressed or overwhelmed (e.g., types of behaviors, ways of responding, etc.).						
40. Specific strategies and responses that are **helpful** when the consumer is feeling upset or overwhelmed.						
41. Specific strategies and responses that are **not helpful** when the consumer is feeling upset or overwhelmed.						
42. A list of people that the consumer feels safe around and can go to for support.						

Open and Respectful Communication	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
43. Staff members ask consumers for their definitions of emotional safety.						
44. Staff members practice motivational interviewing techniques with consumers (e.g., open-ended questions, affirmations, and reflective listening).						
45. The program uses "people-first" language rather than labels (e.g., "people who are experiencing homelessness" rather than "homeless people").						
46. 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						
47. The program has regularly scheduled community meetings for consumers.						
48. The program provides advanced notice of any changes in the daily or weekly schedule.						
49. Program staff responds consistently to consumers (e.g., consistency across shifts and roles).						
50. There are structures in place to support staff consistency with consumers (e.g., trainings, staff meetings, shift change meetings, and peer supervision).						
51. The program is flexible with rules if needed, based on individual circumstances.						