Trauma-Informed Agency Self-Assessment
Purpose

The purpose of the Trauma-Informed Agency Self-Assessment is to provide a starting place for agencies and systems from a variety of fields, including child welfare, behavioral health, public health, juvenile justice, education, early childhood development, housing, and victim advocacy, to assess where they fall in a continuum of trauma-informed care and to engage them in a process of setting agency improvement goals. 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 agencies and systems can increase their collective resolve and systematically engage in on-going advancement of trauma-informed care and practice.

How to Administer the Agency Self-Assessment

The framework is organized into ten domains drawn from a variety of disciplines, including health care, behavioral health, child welfare, housing, and advocacy.1 Within each domain are various operational criteria about which agencies can 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 agencies to identify strengths, weaknesses, and opportunities for further development.

The five steps for completing the self-assessment are 1) agency staff 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 training needs. (An Action Planning Tool for agencies to guide this process is included in Appendix A.)
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.

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 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.
A. Governance and Leadership

Instructions: Please indicate the level of agency adoption for each TI attribute statement below.

A1. Agency guiding principles and strategic plans (vision, mission and goals) reflect a commitment to providing trauma-informed services and supports.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

A2. Agency leaders discuss trauma-informed care in internal agency meetings and in public forums.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

A3. Agency 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

A4. Members of the agency 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

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

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

________________________________________________________________________

________________________________________________________________________
### B. Policy

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

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

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B3. There are written policies outlining program responses to children, youth, family members and staff crisis (i.e. self-harm, suicidal thinking, aggression).

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

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

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B6. The agency involves children, youth and family members in its review of policies.

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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 children, youth, and family members.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

C2. Waiting/reception areas are designed and furnished to promote dignity and safety, have child-friendly features, and solicit youth voice in their design.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

C3. Physical environment promotes a sense of safety, calming, and de-escalation for staff.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

C4. Policies and procedures are in place outlining how the agency will address potential threats to children, youth, family members, and staff from natural or man-made threats (fire, tornado, hostile intruder).

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

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

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

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

__________________________________________________________________________

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__________________________________________________________________________
D. Accessibility

D1. The agency has an approved Accessibility Plan to address the agency’s response to service requests from children, youth and family members regardless of language, ability, sexual orientation, gender identity and expression, and/or religion.

[Not at all, minimally, moderately, significantly, fully, n/a]

D2. The agency provides services that engage and are accessible to linguistically, ethnically, racially, and culturally diverse groups.

[Not at all, minimally, moderately, significantly, fully, n/a]

D3. The agency provides services that engage and are accessible and affirming to LGBTQI+ children, youth, and family members.

[Not at all, minimally, moderately, significantly, fully, n/a]

D4. The agency 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]

D5. The agency provides services that engage and are accessible for hard to reach populations (e.g. homeless, people with disabilities, refugee families).

[Not at all, minimally, moderately, significantly, fully, n/a]

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

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
E. Youth Engagement

E1. The agency provides children and youth systematic opportunities to voice needs, concerns, and experiences.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

E2. The agency specifies how children and youth will be prepared for service meetings and other case planning meetings.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

E3. The agency specifies how meetings and/or information prepared for children and youth will be age and developmentally appropriate.

- not at all
- minimally
- moderately
- significantly
- fully
- n/a

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
F. Family Engagement

F1. The agency includes all forms of family to help identify connections, recognizing that some people who play the most supportive roles in a child or youth’s life may not be related.

not at all  minimally  moderately  significantly  fully  n/a

F2. The agency provides family members systematic opportunities for family members to voice needs, concerns, and experiences.

not at all  minimally  moderately  significantly  fully  n/a

F3. The agency specifies how family members will be prepared for service meetings and other planning meetings.

not at all  minimally  moderately  significantly  fully  n/a

F4. The agency specifies how efforts will be made to schedule meetings with family members at a time, location, and setting that will accommodate their needs.

not at all  minimally  moderately  significantly  fully  n/a

F5. The agency specifies how input from family members will be collected and incorporated.

not at all  minimally  moderately  significantly  fully  n/a

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
G. Cross-System Collaboration

G1. The agency has a system of communication in place to develop/sustain common trauma informed goals with other agencies working with the children, youth and families.

not at all  minimally  moderately  significantly  fully  n/a

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

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

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

not at all  minimally  moderately  significantly  fully  n/a

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

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

________________________________________________________________________________

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________________________________________________________________________________
H. Screening, Assessment, and Treatment Services

H1. Timely and trauma-informed screening and assessment is available and accessible to children, youth, and family members.

not at all  minimally  moderately  significantly  fully  n/a

H2. Screening and assessment includes/acknowledges historical trauma.

not at all  minimally  moderately  significantly  fully  n/a

H3. The agency has the capacity to provide or make a timely referral to a continuum of trauma informed interventions for children, youth, and family members.

not at all  minimally  moderately  significantly  fully  n/a

H4. An individual’s own definition of emotional safety is included in treatment plans.

not at all  minimally  moderately  significantly  fully  n/a

H5. Staff members practice motivational interviewing techniques with children, youth, and family members (e.g. open-ended questions, reflective listening).

not at all  minimally  moderately  significantly  fully  n/a

H6. A continuum of trauma informed interventions are available for children, youth and family members at/within the agency.

not at all  minimally  moderately  significantly  fully  n/a

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

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________________________________________________________________________
I. Training and Workforce Development

I1. The agency supports training and workforce development for staff to understand and increase their trauma knowledge and interventions.

not at all minimally moderately significantly fully n/a

I2. The agency provides services that engage and are accessible to linguistically, ethnically, racially, and culturally diverse groups.

not at all minimally moderately significantly fully n/a

I3. The agency ensures that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping, and maintenance) receives basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions.

not at all minimally moderately significantly fully n/a

I4. 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

I5. Part of supervision at the agency is used to help staff members understand vicarious trauma and how they may impact their work with children, youth, and family members and includes ways to manage personal and professional stress.

not at all minimally moderately significantly fully n/a

I6. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.

not at all minimally moderately significantly fully n/a

Comments (examples of successes and/or opportunities for change):
J. Evaluation and Quality Assurance

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

not at all  minimally  moderately  significantly  fully  n/a

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

not at all  minimally  moderately  significantly  fully  n/a

J3. Children, youth, 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

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

not at all  minimally  moderately  significantly  fully  n/a

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

not at all  minimally  moderately  significantly  fully  n/a

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

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<tr>
<th>Domain</th>
<th>Criteria</th>
<th>Current Rating</th>
<th>Activities for Improvement</th>
<th>Person Responsible</th>
<th>Target Completion Date</th>
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Appendix B: System-Specific Resources

**Advocacy**

Building Cultures of Care: A Guide for Sexual Assault Services Programs (Sexual Assault Demonstration Initiative)

Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma Informed Organizations

**Behavioral Health**

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach (Substance Abuse and Mental Health Services Administration)

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)

**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
Appendix B:
System-Specific Resources

**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)

**Health Care**

Becoming a Trauma-Informed Practice (American Academy of Pediatrics)

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)
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
This document utilizes, adapts, and expands upon 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" and Virginia HEALS' Policy Review Tool and RFA/RFA Checklist.

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