



**Virginia
HEALS**

*Caring Collaboration,
Empowering Families*

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 and healing-centered 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 and healing-centered care and practice.

How to Administer the Agency Self-Assessment

The framework is structured around ten key areas, or domains, based on best practice from fields such as health care, mental health, child welfare, housing, and advocacy. Each domain contains specific criteria that allow organizations to evaluate their current level of performance. Because becoming trauma-informed is an ongoing process, the self-assessment is designed to help organizations identify their strengths, recognize areas for improvement, and find opportunities for continued growth.

The steps for completing a trauma-informed agency self-assessment are:

- 1) Prepare the organization by building the buy-in, knowledge, and skills needed to carry out a trauma-informed, healing-centered assessment.
- 2) Have staff members complete the assessment.
- 3) Review the results with staff and, if needed, lead a discussion about how and why they rated each area the way they did, including any differences in scores.
- 4) Use the staff feedback to guide a strategic planning process led by a trauma-informed workgroup, leadership team, or other appropriate staff.
- 5) Carry out the goals of the strategic plan and continue the work over time. (An Action Planning Tool for agencies to guide this process is included in Appendix A.)

Resources

Because becoming a trauma-informed organization is an ongoing process, a list of system-specific resources is included at the end of the self-assessment (Appendix B). This list is not complete, but it is meant to help get you started in taking a more thorough and long-term approach to improving trauma-informed care and practices 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 is a negative reaction that occurs when a person is exposed to the trauma of another. As a result, the person's worldview may shift, and they may experience symptoms that can negatively impact their life and their work..

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. Leadership and Mission

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

A1. The agency's 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. The agency's leadership actively solicit input in internal meetings concerning trauma and how policies and practices (services) can promote healing.

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

A3. The agency's leadership intentionally and consistently engage with and solicit input from individuals with lived experience.

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

A4. The agency's leadership model a healthy life/work balance.

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

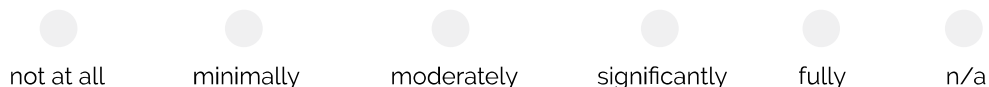
A5. The agency's leadership are aware of the importance of cultural humility and responsiveness and incorporate this awareness into daily practice and organizational operations.

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

A6. Members of the agency's governing bodies (e.g., leadership teams and governing board/committee) reflect the diverse identities of the communities that are served.

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

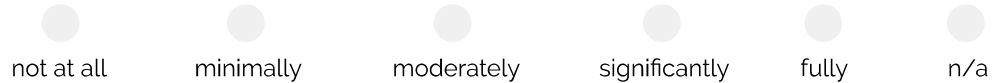
A7. Members of the agency's governing bodies (e.g., leadership teams and governing board/committee) have knowledge of trauma-informed care.



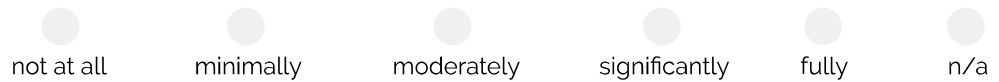
Comments (examples of successes and/or opportunities for change):

B. Management and Supervision

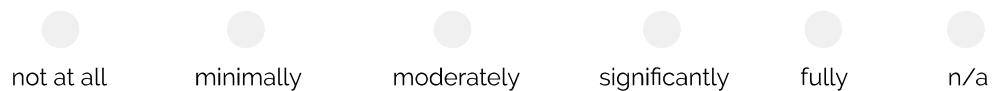
B1. The agency's decisions are made in collaboration with all staff and conducted with transparency.



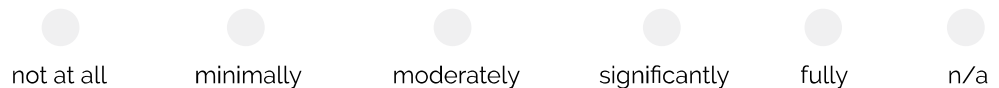
B2. The agency's decisions are made in ways that build trust, and invite and maintain shared power among staff, clients, and family members of those receiving services.



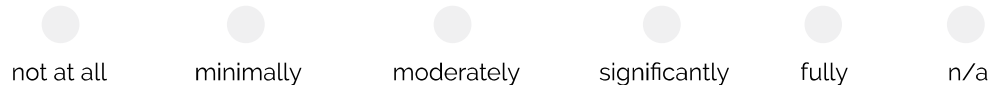
B3. The agency has regularly scheduled individual and/or group check-ins to discuss specific cases, projects, and the impact of the work on staff and volunteers.



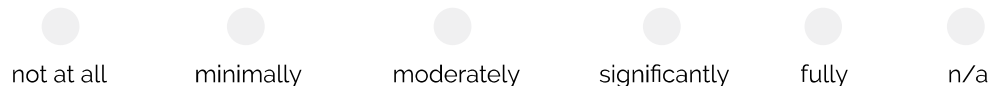
B4. Supervision time is used to help staff members and volunteers understand vicarious trauma and how it may impact their work with children, families, and individuals..



B5. Support is readily available and accessible to staff and volunteers following a challenging, and/or critical incident.



B6. The agency engages in recruitment and hiring strategies to develop a staff and volunteer force that reflects the diversity of the children, families, and individuals being served.



B7. The agency engages in active and on-going support of staff and volunteers that reflect the diversity of the children, families, and individuals being served.



C. Policy

- C1. The agency's written policies, procedures, and forms clearly demonstrate a commitment to diverse identities and cultural and linguistic differences.

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

- C2. The agency's written policies, procedures, and forms clearly demonstrate support of both the mental and physical health and wellness of staff and volunteers.

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

- C3. The agency has written policies and procedures outlining emergency responses to crisis situations (e.g., self-harm, suicidal thinking, aggression) involving both staff and the children, families, and individuals being served.

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

- C4. When reviewing and updating policies, procedures, and forms, the agency includes and incorporates input from children, youth, and individuals with lived experience.

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

- C5. The agency routinely reviews and updates its policies, procedures, and forms to determine whether they are sensitive to the needs of trauma survivors and use current trauma-informed language.

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

- C6. When reviewing and updating policies, procedures, and forms, the agency involves front-line staff, including those providing direct services and administrative professionals.

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

9

n/a

D. Environment

D1. The agency's environment promotes a sense of safety and calm for children, youth, and individuals being served.

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

D2. The agency's environment promotes a sense of safety and calm for staff.

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

D3. The agency's waiting/reception areas are designed and furnished to promote dignity and inclusion, have child-friendly features, and solicit youth voice in their design.

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

D4. The agency's environment reflects and incorporates different cultural perspectives through artwork, diverse reading material, etc.

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

D5. There are written policies and procedures in place outlining how the agency will address potential threats to children, youth, individuals, and staff from natural or human-made threats (e.g., fire, tornado, hostile intruder).

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

D6. The agency demonstrates appreciation for employee efforts in meaningful ways (e.g., public recognition, notes in personnel files, promotions).

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

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

E. Accessibility

- E1. The agency has a detailed accessibility plan to address the agency's response to service requests from children, families, and individuals being served, regardless of language, ability, sexual orientation, gender identity and expression, and/or religion.

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

- E2. There are written policies and procedures on interpretation and translation services and training on these language access policies occurs routinely.

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

- E3. The agency provides services that engage and are accessible and affirming to linguistically, ethnically, racially, and culturally diverse groups.

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

- E4. The agency provides services that engage and are accessible and affirming to LGBTQ+ children, youth, and individuals.

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

- E5. The agency provides services that engage and are accessible to frequently underserved populations (e.g., people experiencing homelessness, people with disabilities, refugee families).

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

- E6. The agency's staff feel safe coming forward to discuss issues related to age, gender, gender identity, sexual orientation, race, religion, ability, etc.

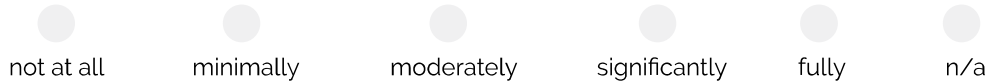
☐ not at all
 ☐ minimally
 ☐ moderately
 ☐ significantly
 ☐ fully
 ☐ n/a

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

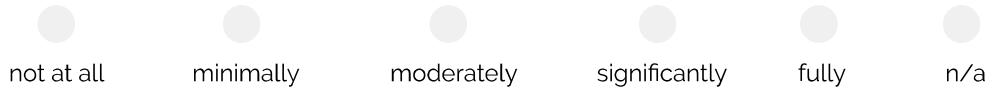
F. Engagement

Youth Engagement

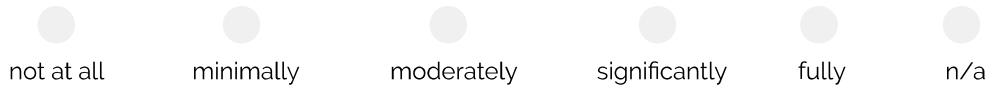
F1. The agency provides children and youth routine opportunities to voice needs, concerns, and feedback.



F2. The agency specifies how children and youth will be prepared for service meetings and other case planning meetings.

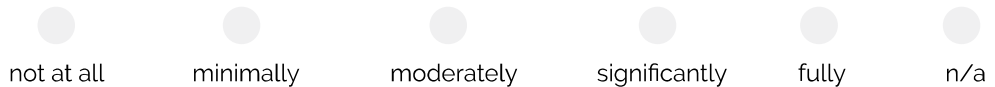


F3. The agency specifies how meetings and/or information developed for children and youth will be age and developmentally appropriate.

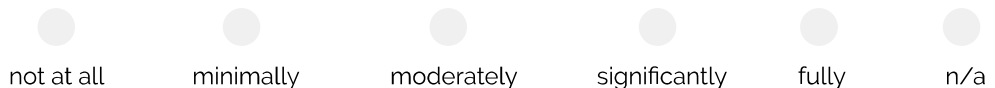


Family Engagement

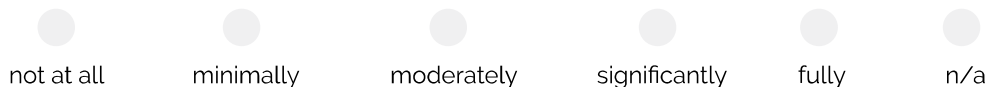
F4. The agency includes all forms of family to help identify connections, recognizing that some people who play the most supportive roles in a child or youth's life may not be legally related.



F5. The agency provides family members routine opportunities to voice needs, concerns, and feedback.



F6. The agency specifies how efforts will be made to schedule meetings with family members at a time, location, and setting that will be accessible and accommodate their needs.



F7. The agency specifies how family members will be prepared for service meetings and other planning meetings.

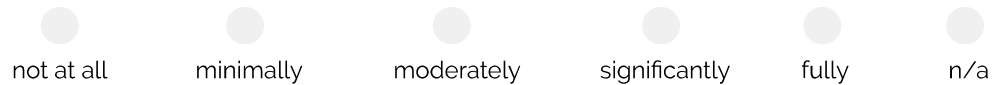
F8. The agency clearly communicates to families how family input and feedback will be collected and incorporated.

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

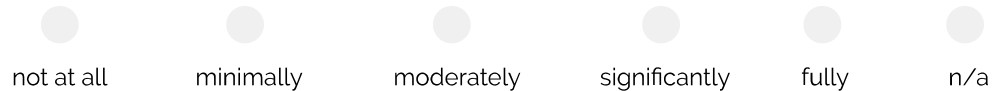
Comments (examples of successes and/or opportunities for change):

G. Cross-System Collaboration

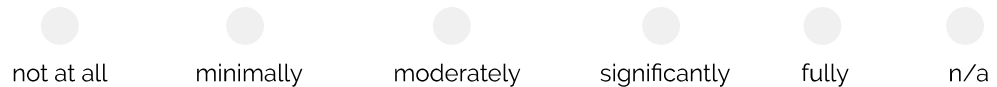
G1. Strategies are in place to identify, communicate, and work with community partners and referral agencies that have proven experience delivering evidence and trauma-informed services.



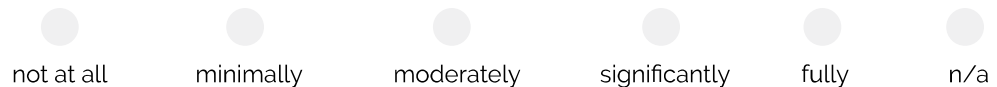
G2. The agency informs clients about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police).



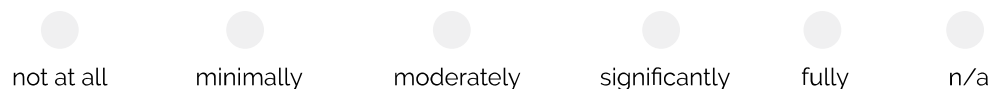
G3. Mechanisms are in place to promote cross-system training on trauma and trauma-informed approaches.



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



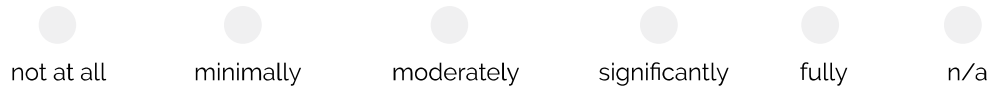
G5. Cross-system training is organized in a neutral location that is comfortable to all participants.



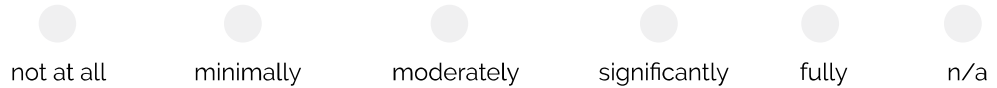
Comments (examples of successes and/or opportunities for change):

H. Screening, Assessment, and Treatment Services

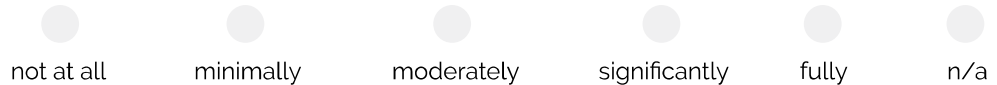
H1. Timely and universal (is administered to everyone) trauma-informed screening and assessment is available and accessible to children, youth, and individuals being served.



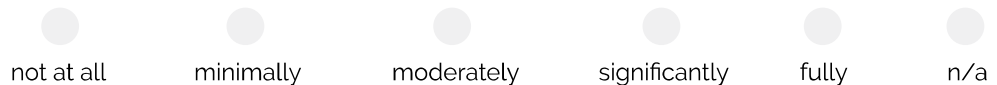
H2. The screening/assessment tools used by the agency include/acknowledge historical trauma.



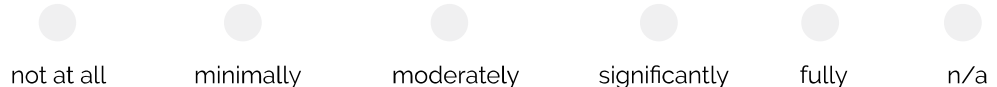
H3. The agency has the capacity to provide or make timely referrals to a continuum of trauma-informed interventions for children, youth, and individuals being served.



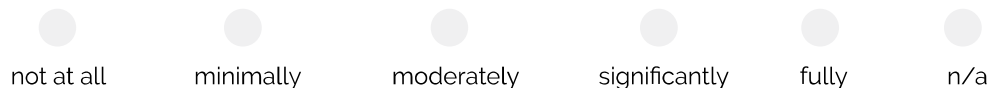
H4. An individual's own definition of emotional safety is included in treatment and safety plans.



H5. Staff members incorporate motivational interviewing techniques with children, youth, and individuals being served (e.g., open-ended questions, reflective listening).



H6. A continuum of trauma-informed interventions is available within the agency to support children, youth, and individuals being served.



I. Training and Workforce Development

11. The agency provides orientation for new staff and volunteers on their job role and tasks.

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

12. 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

13. 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

14. The agency provides training and education for staff and volunteers on vicarious trauma and supports strategies to address work related stress and vicarious traumatization.

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

15. The agency provides training and education for staff and volunteers that enhance cultural humility and responsiveness.

☐ 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 routine practice in place of measuring the agency's performance in being trauma-informed (e.g., an organizational assessment).

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

J2. There is a routine practice in place to evaluate whether staff members feel safe and valued at the agency.

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

J3. Children, families, and individuals being served 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 and ideas about their experiences with the agency.

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

J5. There are mechanisms in place for feedback and other information collected to be incorporated into the agency's quality assurance processes.

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

J6. The agency incorporates attention to culture and trauma in agency operations and quality improvement processes.

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

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

Appendix A

Action Planning Tool

[illegible]

Appendix B:

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_WarshawTinnonCave.pdf

Behavioral Health

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

<https://www.samhsa.gov/resource/dbhis/samhsas-concept-trauma-guidance-trauma-informed-approach>

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>

Creating Trauma-Informed Child Welfare Systems

<https://www.chadwickcenter.org/wp-content/uploads/2023/09/TICWAdminGuide2ndEdMarch2013electronic.pdf>

Courts/Justice

Assessing Trauma for Juvenile and Family Court Judges: From Development to Implementation, 2013-2017

<https://www.ncjfcj.org/publications/assessing-trauma-for-juvenile-and-family-court-judges-from-development-to-implementation-2013-2017/>

Preparing for a Trauma Consultation in Your Juvenile and Family Court

https://www.ncjfcj.org/wp-content/uploads/2015/03/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)

<http://www.fact.virginia.gov/wp-content/uploads/2017/04/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-SCHOOLS-final1.pdf>

Health Care

Trauma Informed Care in Child Health Systems (American Academy of Pediatrics)

<https://publications.aap.org/pediatrics/article/148/2/e2021052579/179781/Trauma-In-formed-Care-in-Child-Health-Systems>

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_o.pdf

Issue Brief: Trauma-Informed Practices in Homeless Intervention Services (Family & Children's Trust Fund of Virginia)

<https://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-working-justice-involved-youth-2nd-edition>

A Trauma Primer for Juvenile Probation and Juvenile Detention Staff (National Council on Juvenile and Family Court Judges)

<https://www.ncjfcj.org/wp-content/uploads/2015/08/NCJFCJ-Trauma-Primer-Final-10.08.15.pdf>

Appendix C: Additional Resources

A Guide to Trauma Informed Supervision

https://pcar.org/sites/default/files/resource-pdfs/trauma_informed_supervision_guide_508.pdf

Trauma-Informed Leadership: The Balance of Compassion & Accountability

https://www.youtube.com/watch?v=sx59SZ_qql4

Notes:

[illegible]

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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