

## **ORGANIZATIONAL SELF-ASSESSMENT: ADOPTION OF TRAUMA-INFORMED CARE PRACTICE**

The Organizational Self-Assessment is designed for organizations interested in improving their policies, procedures, practices and social and physical environment to reflect the core principles and values of a trauma-informed care organization. It is designed primarily as a performance improvement resource to increase an organization’s awareness of the key components of a trauma-informed care organization and to engage in a self-reflective process that assists them in identifying what they need to: 1) **keep** doing and reinforcing, 2) **stop** doing and, 3) **start** doing, in order to advance their efforts to become a continually improving trauma-informed care organization.

The Organizational Self-Assessment instrument consists of six (6) trauma-informed care domains, characteristic of a trauma-informed care organization, along with a set of performance standards for each. These domains and standards reflect a compilation of commonly recognized aspects of a trauma-informed care organization, influenced by the work of leaders in the field. A seventh domain was added to assist an organization in assessing its readiness to measure and evaluate performance improvement. It is recommended that the Organizational Self-Assessment be independently completed by a range of stakeholders including; leadership, supervisors, practitioners, consumers, and support staff. This will ensure a comprehensive assessment of the organization from a broad perspective.

The domains and standards were designed to reflect the following core values and principles of trauma informed care:

**A Trauma-Informed Care Organization Includes:**

***Safe, calm and secure environment with supportive care***

***System wide understanding of trauma prevalence, impact and trauma informed care***

***Cultural Competence***

***Consumer voice, choice and self-advocacy***

***Recovery, consumer-driven and trauma specific services***

***Healing, hopeful, honest and trusting relationships***

Indicate, as best you can, the degree to which the following standards describe your organization on a five point scale, ranging from 0 to 4:

0 = we don’t meet this standard at all

1 = we minimally meet this standard

2 = we partially meet this standard

3 = we mostly meet this standard

4= we are exemplary in meeting this standard (we have much to offer other grantees)

\*A score of 4 means you meet this standard very well and have expertise in this area that may be of help to other grantees interested in improving their performance around this standard.

# ORGANIZATIONAL SELF-ASSESSMENT: ADOPTION OF TRAUMA-INFORMED CARE

## 1. Early Screening and Comprehensive Assessment of Trauma

Performance Standards:

A. The initial (first encounter with the agency) intake, assessment and documentation process includes questions designed to sensitively and respectfully explore prior (including early childhood) and current trauma related experiences. The information gathering process enables a person to reveal personal histories and experiences at their own pace and in their own way. Exploration of trauma related experiences is done within a calm, safe, secure, and supportive setting by caring, interested, and skilled practitioners; it is never confrontational, coercive or demanding.

0 1 2 3 4

B. The organization recognizes that some consumers may not be able or willing to reveal traumatic life experiences early on in the intake/assessment process, given the sensitive nature of the topic. Procedures are in place to re-engage consumers and re-assess the issues related to trauma, for example during service plan review meetings, when new information is shared by other sources, when the consumer self-reports such information, or when warning signs are observed that are typically associated with trauma.

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C. The screening and assessment process is sufficiently thorough and focused on trauma related issues to allow for the determination of a diagnosis associated with trauma (e.g. PTSD). The ongoing assessment process allows for the gathering of new trauma related information leading to potential changes in diagnosis as well as appropriate treatment objectives, goals, and services.

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D. Early screening and assessment process is designed to promote shared decision-making between the consumer and the provider related to the selection of optimal services. The process involves identifying trauma related needs, strengths, and available services.

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Comments on Domain 1: \_\_\_\_\_  
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**2. Consumer Driven Care and Services**

Performance Standards:

A. There is consumer representation throughout the organization and consumers play an influential role on the full range of policy related and decision making entities such as: Policies and procedures committees, key standing committees, task forces, workgroups, new staff interviewing and hiring panels, councils, and advisory and agency boards.

0 1 2 3 4

B. Consumers are employed in various positions within the organization that directly influence the provision of services. Consumers are hired to provide: Direct services such as leading and co-leading groups; advocacy such as participating in service planning at the request of the consumer; welcoming and orienting new consumers to the organization; and involvement in orientation and training of all new and existing staff in trauma-informed care and services.

0 1 2 3 4

C. The organization has a formal system in place to continuously gather consumer feedback, identify problem areas, and make improvements as needed. A high priority is placed on assessing consumers' perception of safety, choice, collaboration, trust, and empowerment through methods such as consumer advisory councils, consumer surveys and discharge interviews.

0 1 2 3 4

D. The consumer's voice and choice are respected and encouraged. Consumers' receive information about their rights and program opportunities, education about the impact of trauma, and exploration of options to ensure that they participate fully in making informed decisions about every aspect of their care. The program avoids direct or subtle coercion or punitive actions when consumer choices/preferences are inconsistent with program recommendations.

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**Comments on Domain 2:** \_\_\_\_\_

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### 3. Trauma-Informed, Educated and Responsive Workforce

Performance Standards:

- A. The organization’s leadership communicates a clear and direct message that the organization is committed to creating a trauma-informed system of care and that every employee is critically important in accomplishing this mission. This message is communicated through all of the following: Job advertisements, orientation process, job descriptions, employee handbook, supervision, staff development, and the organization’s website.

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- B. The organization places a high emphasis on the active participation and buy-in of senior clinical leadership in all trauma-informed care efforts.

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- C. All staff (administrators/supervisors, practitioners, employed consumers, and support staff) in the organization are educated about what it means to be a trauma-informed care organization, why it’s important and how every person in the organization plays a role in creating a safe and trusting “healing” environment.

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- D. Hiring practices (advertisements for new staff, job descriptions, and consumer involvement in hiring decisions) indicate that candidates who have training and experience in trauma related interventions and services, are highly valued and preferred.

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- E. Job performance evaluations clearly describe staff expectations and behaviors that are aligned with trauma-informed care principles.

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- F. Supervisors and practitioners receive training in trauma specific evidence-based and emerging best practices on an ongoing basis. The organization ensures that supervisors and practitioners are supported in further developing their trauma-informed care competencies; including having access to tools and resources such as curriculum based materials and practice guidelines.

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G. Support staff receives ongoing training, performance evaluations, and supervisory assistance in integrating trauma-informed care principles in their work. Supervisors clearly demonstrate and reinforce that all staff have a role in creating a trauma-informed care environment.

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H. The organization recognizes that staff success and satisfaction with their work might be affected by their personal trauma histories, compassion fatigue, secondary trauma also known as vicarious trauma, and the lack of organizational supports. The organization creates an environment that is safe and comfortable for staff to share personal and work related stressors and receive support through supervision; an Employee Assistance Program (EAP) or other professional services; training to increase confidence and competence in one’s job performance; and education to increase awareness about the impact of stress on work performance and develop personally meaningful and useful stress management strategies.

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**Comments on Domain 3:** \_\_\_\_\_  
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**4. Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices**

Performance Standards:

A. The organization emphasizes the role of traumatic life experiences as key contributing factors in the development of many mental health, substance use and physical health problems rather than placing an emphasis on personal deficits, weaknesses and disorders. This may be reflected in the degree to which exploration focuses on “What happened to you” rather than “What’s wrong with you”. Staff training, clinical documentation, individual and group educational materials, informational materials (e.g. websites, brochures, surveys, newsletters) all reinforce this point.

0 1 2 3 4

B. In accordance with the consumer’s preferences, the organization’s service planning process is designed to include key members of the consumer’s support network, (e.g. relatives, caregivers, residential staff, probation officer) in order to support the consumer, their service plan and promote positive treatment outcomes. These partners in care receive education, information, resources, and guidance to increase their knowledge about the consumer’s trauma related challenges and improve their ability to relate to and support the individual.

0 1 2 3 4

C. Consumers are fully involved in decisions related to service planning; the selection of services and methods and review of progress and changes to their service plan including; medication changes and choice of practitioners and number and types of services. Service plans are designed to ensure that consumers identify their personal strengths, goals, and express agreement with their service plan.

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D. The organization routinely assists consumers to develop a wellness plan that is designed to prevent and manage a crisis. The crisis prevention part of the plan includes daily health promoting activities, identification of stressful triggers, early warning signs, and problem solving strategies. The crisis management part identifies who the consumer wants involved, preferred treatments and how the consumer wants the crisis to be managed. All staff directly involved in the consumer’s treatment is informed about the consumer’s wellness plan and how they can support it.

0 1 2 3 4

E. The organization offers an array of trauma specific services; those that are recognized as evidence based, evidence informed and/or emerging best practices. The array of trauma specific services is sufficiently broad to meet consumer preferences and needs (e.g., preferences for gender or sexual orientation specific services).

0 1 2 3 4

F. In accordance with the consumer’s expressed preferences, the organization promotes collaboration, continuity and coordination of care with other service providers and organizations involved in supporting and treating the consumer (e.g. primary care, inpatient general/psychiatric hospitals, residential services). The organization engages consumers in making informed decisions regarding the kind of information shared, especially with respect to trauma related experiences, and how sharing this information with other providers will benefit the consumer. The organization provides trauma related information that will assist other service providers to develop a service plan that will promote effective care and reduce the likelihood of retraumatization.

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Comments on Domain 4: \_\_\_\_\_  
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**5. Create Safe and Secure Environments**

Performance Standards:

A. The organization has a system in place to identify and implement policies, procedures, environmental conditions, activities, social climate, documentation and treatment practices that promote a safe and secure environment in order to avoid retraumatization or revictimization. The organization maintains a “safe and secure environment team” that includes representatives from leadership, practitioners, support staff, and consumers to continually assess and correct areas requiring improvement. Examples of environmental elements that may affect safety, security, comfort and respect include: signage, separate or reserved spaces, dress code, layout of group therapy rooms, pictures on walls and staff offices, lighting in the surrounding area at night, furniture, bathrooms and shared areas with other organizations/businesses.

0 1 2 3 4

B. The organization ensures that all administrators, staff and consumers recognize that they each contribute to creating a safe, secure, and recovery oriented environment. This may include the following: The establishment of safety promoting ground rules for groups that are developed and agreed to by consumers, community established agreements for the use of common areas, strategies to resolve conflicts and address aggression, prevention and promotion of alternatives to seclusion and restraints and expectations about how staff relate to one another and consumers, particularly with respect to coercion, power and control issues.

0 1 2 3 4

C. The organization has a system in place for consumers and staff to “safely” let the organization know when practices, interpersonal interactions and/or the environment are unsafe and inconsistent with trauma-informed care without fear of reprisal (e.g. consumer advisory council, quality assessment interviews, surveys, inquiries by staff as part of routine individual and/ or group meetings).

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D. The organization has a system in place to review and follow up on incidences that involve threats, self-harm, altercations, invasion of privacy, harassment; those events that compromise a safe environment. This system supports consumers and staff directly and indirectly affected by the incident, offering opportunities in individual and/or group meetings to address concerns, answer questions, and learn about action taken to address the incident and reduce the potential for recurrence.

0 1 2 3 4

E. The organization ensures that staff is educated and trained in using trauma-informed care approaches to prevent and manage incidences that create serious emotional distress for both staff and consumers.

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F. The organization recognizes that seclusion and restraint, including the premature use or overuse of medication to control a person's behavior, is not treatment nor a problem limited to inpatient or residential settings and that the impact these practices have on consumers has profound consequences and can result in retraumatization and revictimization. The organization has a system in place to utilize alternative, non-coercive approaches; ones that promote empowerment, choice, and involvement of consumers through trauma-informed policies and procedures, staff training, and consumer education and involvement.

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**Comments on Domain 5:** \_\_\_\_\_

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**6. Engage in Community Outreach and Partnership Building**

Performance Standards:

A. The organization assumes a leadership role in engaging and educating community partners (e.g., courts, police, emergency services, primary care, hospitals, residences, mental health and substance use programs, the general public, etc.) about trauma-informed care. This may include organizing community workgroups, community wide educational conferences/forums, and town hall meetings that focus on promoting awareness of trauma prevalence, its impact on people’s lives, and the importance of providing trauma-informed care. The organization ensures involvement of consumers in the planning and implementation of these efforts.

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B. The organization engages external partners in the care of individual consumers, with their permission and involvement, to promote and ensure system wide trauma-informed care. These external partners such as primary care facilities, substance use treatment programs, criminal justice system, residential programs and emergency departments are invited to participate in service planning and coordination of care meetings.

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C. The organization engages in trauma-informed care awareness building through multiple messaging. The organization reaches out to family members, consumers, local organizations, and the general public through social media, websites, newsletters, posters, billboards, marketing, letters, and brochures to educate and inform them about the prevalence and impact of trauma and how to promote healing, recovery and resiliency.

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**Comments on Domain 6:** \_\_\_\_\_

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**7. Ongoing Performance Improvement and Evaluation**

Performance Standards

- A. The organization has a system in place to regularly measure performance on each of the core trauma-informed care domains. Data related to each domain is tracked, analyzed and used to address challenges and/or reinforce progress.

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- B. The organization has the personnel and system in place to analyze trauma-informed care performance data and share outcomes with leadership, agency board, staff and consumers in a manner that is clear and easy to understand (e.g., simple graphs that illustrate whether the program is staying level, improving or declining in a particular domain).

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- C. The organization has a standing work group of key stakeholders empowered to sustain a continuous organizational focus on trauma-informed care. The group includes high level leadership with authority to address barriers, secure resources and influence the commitment of the workforce to uphold the principles and goals of trauma-informed care. This team utilizes the data and develops action plans that contribute to positive performance outcomes.

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**Comments on Domain 7:** \_\_\_\_\_

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