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Creating Trauma-Informed Care Environments: Organizational Self-Assessment for Trauma-Informed Care Practices in Youth Residential Settings

Program:_____ Date Completed:_____

Job Title:_____

Instructions

Making the transition to a Trauma-Informed Care environment requires the transformation of processes, people and systems throughout the organization. Experience has led to the recommendation that an organization assess, plan, prepare, implement to fidelity, and utilize the technology that will best support its people and efficient workflow and processes for any change selected.

Administration of Organizational Self-Assessment Form

The Organizational Assessment shown below can be used for organizations just beginning or already practicing principles of Trauma-Informed care. The assessment tracks the potential use of one or more sources of data and the extent to which it is occurring in the organization. for the purpose of determining existing components of Trauma-Informed Care that need further assessment, planning, data collection, and implementation while highlighting those components where progress has been made. You may distribute the accompanying form to a task force of staff and key informants (e.g., learning collaborative team) to fill out and return within a short time period (e.g., one week). Aggregate the results for your organization as a whole. Once complete, these results will assist in the planning the next steps toward furthering Trauma-Informed Care within your agency.

A Staff interviews
B Youth/Caregiver Interviews
C Review of Policies/Procedures
D Client Record Review
E Treatment Team or De-briefing
F Observation
G All of the Above

Results

Specific instructions are located within the margins of the tool below. There are three overall domains with numbered items listed: (1) organizational readiness for trauma-informed care change; (2) competent trauma-informed organizational, clinical, and milieu practices; and (3) youth and family engagement.

Points are assigned to each item on the assessment using the 0-4 scale shown. This tool should only be used to guide an organization in its efforts to become a Trauma-Informed Care environment. It should in no way be the sole determining factor and should be used in consideration, along with other facts and information.

0	1	2	3	4
No Data, No plan	Plan has been developed but not implemented	Plan has been implemented	Plan has been implemented and data have been gathered regarding implementation	Plan has been implemented and revised based on feedback/ data regarding implementation

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Creating Trauma-Informed Care Environments Organizational Self-Assessment

Code the source of the data in the first column with the data source (A-G). Check the box in the appropriate column for the corresponding description of your agency's plan as it relates to the item in each row.

Data Source	Status				
Enter all that Apply **A** Staff interviews **B** Youth/Caregiver Interviews **C** Review of Policies/Procedures **D** Client Record Review **E** Treatment Team or De-briefing **F** Observation **G** All of the Above	**0** No Data, No plan	**1** Plan has been developed but not implemented	**2** Plan has been implemented	**3** Plan has been implemented and data have been gathered regarding implementation	**4** Plan has been implemented and revised based on feedback/data regarding implementation

Organizational Readiness for TI Care Change

Questions	Data Source	Status				
1. Demonstrate a minimum threshold of organizational readiness and build the capacity to implement a new practice model.	**Enter all that Apply A B C D E F G**	**0**	**1**	**2**	**3**	**4**
A. Agency Leadership and staff at all levels express commitment to implementing TI Care.		☐	☐	☐	☐	☐
B. Agency Leadership has addressed cultural and policy barriers, externally and internally, that may impede implementation.		☐	☐	☐	☐	☐
2. Provide support and infrastructure to monitor and evaluate practices and outcomes on an ongoing and continuous basis.	**Enter all that Apply A B C D E F G**	**0**	**1**	**2**	**3**	**4**
A. The agency has standardized and systematic approaches for compiling and monitoring data and outcomes.		☐	☐	☐	☐	☐
B. Organizational incentives are in place to support staff as changes are made.		☐	☐	☐	☐	☐
C. Agency Leadership supports changes in time allotted for TI Care initiative.		☐	☐	☐	☐	☐
D. The agency provides the resources (technology, staffing, training) for implementation of TI Care and the monitoring of data and outcomes		☐	☐	☐	☐	☐

Data Source	Status				
Enter all that Apply **A** Staff interviews **B** Youth/Caregiver Interviews **C** Review of Policies/Procedures **D** Client Record Review **E** Treatment Team or De-briefing **F** Observation **G** All of the Above	**0** No Data, No plan	**1** Plan has been developed but not imple-mented	**2** Plan has been implemented	**3** Plan has been implemented and data have been gathered regarding implementation	**4** Plan has been implemented and revised based on feedback/data regarding imple-mentation

Competent Trauma-Informed Organizational, Clinical, and Milieu Practices

Questions	Data Source	Status				
3. Demonstrate organizational practice standards for implementation of trauma-informed care.	**Enter all that Apply A B C D E F G**	**0**	**1**	**2**	**3**	**4**
A. The agency has a "trauma-informed care initiative" (e.g., workgroup/ taskforce, trauma specialist) endorsed by the chief administrator		☐	☐	☐	☐	☐
B. The agency identifies and monitors TI Care values (i.e., safety, trustworthiness, choice, collaboration, and empowerment).		☐	☐	☐	☐	☐
C. The organization promotes the practice of program improvement based on quantitative and qualitative data.		☐	☐	☐	☐	☐
D. The agency has one or more methods of de-briefing seclusion & restraint, and other incidents, which include involved youth and staff, at minimum.		☐	☐	☐	☐	☐
E. Formal policies and procedures reflect language and practice of trauma-informed care.		☐	☐	☐	☐	☐
4. Demonstrate program practice standards for implementation of trauma-informed care.	**Enter all that Apply A B C D E F G**	**0**	**1**	**2**	**3**	**4**
A. Clinical and milieu staff is integrated into treatment teams that allow for integrated training and supervision.		☐	☐	☐	☐	☐
B. There are opportunities for staff to recognize, acknowledge, and address their vicarious traumatization.		☐	☐	☐	☐	☐
C. The program offers trauma-specific, evidenced-based practices.		☐	☐	☐	☐	☐
D. Treatment planning and interventions are individualized, and developmentally suited to each youth.		☐	☐	☐	☐	☐
E. Each youth has a safety or crisis management plan with individualized choices for calming and de-escalation.		☐	☐	☐	☐	☐
F. The physical environment is attuned to safety, calming, and de-escalation.		☐	☐	☐	☐	☐
G. Milieu staff uses a strengths-based, person-centered approach in all their interactions with youth.		☐	☐	☐	☐	☐
H. Staff has systematic opportunities to seek support, or assistance from their peers.		☐	☐	☐	☐	☐

Data Source	Status				
Enter all that Apply **A** Staff interviews **B** Youth/Caregiver Interviews **C** Review of Policies/Procedures **D** Client Record Review **E** Treatment Team or De-briefing **F** Observation **G** All of the Above	**0** No Data, No plan	**1** Plan has been developed but not imple-mented	**2** Plan has been implemented	**3** Plan has been implemented and data have been gathered regarding implementation	**4** Plan has been implemented and revised based on feedback/data regarding imple-mentation

Youth and Family Engagement in Trauma-Informed Care

Questions	Data Source	Status				
5. Staff is effective in engaging youth and families in trauma informed care practices.	**Enter all that Apply A B C D E F G**	**0**	**1**	**2**	**3**	**4**
A. The agency demonstrates in philosophy and practice intent toward increasing comfort, involvement, and collaboration of youth & families.		☐	☐	☐	☐	☐
B. The agency regularly trains all staff on how to engage families and monitors extent of engagement.		☐	☐	☐	☐	☐
C. Youth and their families are actively involved in treatment and discharge planning and decisions regarding the transition to the next placement.		☐	☐	☐	☐	☐
6. Youth and families are empowered to take an active role in the organization	**Enter all that Apply A B C D E F G**	**0**	**1**	**2**	**3**	**4**
A. There are systematic opportunities for youth and families to give feedback to the agency regarding TI Care values (safety trustworthiness, choice, collaboration and empowerment).		☐	☐	☐	☐	☐
B. Youth and families serve in an advisory capacity with the agency.		☐	☐	☐	☐	☐

Significant aspects of this assessment are based on the following two instruments with permission from the authors:

Fallot, R. D., & Harris, M. (2006). *Trauma-informed services: A self-assessment and planning protocol, version 1.4*. Community Connections:Washington, D.C. (202-608-4796).

Traumatic Stress Institute of Klingberg Family Centers (2008).*Trauma-Informed Care in Youth Serving Settings: Organizational Self Assessment*. 370 Linwood Ave., New Britain, CT. 06052. (860-832-5507).

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Glossary of Terms

For Use with Florida Trauma-Informed Organizational Assessment Tool for Residential Youth Settings

Caregiver: Identified family member, relative or non-relative responsible for youth's care while in the community. Primary contact for residential treatment facility.

Choice (as TI Care principle): Youth are offered choices in key decisions.

Collaboration (as TI Care principle): Youth and staff make day to day and treatment decisions together through planning and discussion.

Consumer: The youth recipient of treatment services.

Data: Information gathered regarding consumer demographics, treatment, and outcomes, or organizational programming, trends, outcomes, and consumer/family satisfaction for purposes of planning, implementation and quality improvement.

De-briefing: Systematic and in-depth discussion of a critical or "unsafe" incident with those involved directly, and often at many levels of the organization for purpose of improving an individual's treatment and organizational quality improvement.

Discharge Planning: Planning for discharge that begins anywhere from admission to one month prior to a planned discharge that involves the consumer, family, and systems representatives within the organization and community.

Empowerment (as TI Care principle): Allowing individual youth and youth as a group to generate and participate in ideas, processes, and experiences that accent their strengths and priorities.

Evidenced-Based Practices: Practices well-supported by research and identified as field standards and interventions.

Family Engagement: Strategies and practices that are successful in involving families as partners and active participants in treatment.

Milieu Staff: Staff who work directly with youth within the group setting of the program. Often referred to as frontline staff, direct care staff, mental health technicians, or unit staff; and typically are not trained to provide clinical trauma-specific treatment.

Plan of Action: A plan created to address a particular outcome, feedback, data, goal, or process.

Qualitative Data: Information that can be captured that is not numerical, such as data through interviews, observation or review of policies or records.

Quantitative Data: Information that is numerical in nature, such as frequencies and outcomes, which can then be analyzed through a variety of research methods.

Safety (as TI Care principle): First principle of trauma-informed care involving the establishment of physical, psychological, and emotional safety within the person's environment.

Strengths-based, person-centered: The individual and their strengths are the central focus of all policies & practices.

Systematic Review: A pre-defined process of reviewing a practice, policy, or process

Targeted Case Management: Service provided whereby someone assigned from the youth's home community coordinates services within the community.

Transitional Services: Services that assist with transition from the facility and transition planning such as Targeted Case Management, information and referral, and suitability assessments.

Trauma Champion: A consumer, family/caregiver, staff, or board member that wholly understands, endorses, and practices standards of trauma-specific and trauma-informed care.

Trauma-informed: Specific policies and practices that identify, incorporate and remain sensitive to an individual and/or family's trauma history, symptoms, strengths and coping with overwhelming emotion. The goal is of TI Care is to avoid re-traumatizing the individual while creating an environment of safety, healing and empowerment that ultimately helps the individual make meaning of their trauma. TI Care requires changes at every level of the organization in order to achieve full implementation.

Trauma-specific: Clinical interventions designed to address individual trauma symptoms.

Trustworthiness (as a TI Care principle): Consumer and family's ability to trust and feel experience safety with staff and program based on clear, positive and consistent guidelines, interactions, and practices.

Vicarious traumatization: A shift in our worldview and core beliefs in the therapist as a result of repeated exposure to traumatic imagery and empathic engagement with trauma victims/ survivors