



UNIVERSITY OF
SOUTH FLORIDA
COLLEGE OF BEHAVIORAL
& COMMUNITY SCIENCES

Creating Trauma-Informed Care Environments Organizational Self-Assessment

This assessment is intended to help your agency identify components of trauma-informed care practice that may be selected as targets for the Learning Collaborative. Please circle the number that corresponds to how true each statement is with respect to current conditions and practices at your agency. In addition, in the next column add the code that corresponds to the source of information.

	A=Staff interviews B=Youth/Caregiver Interviews C=Review of Policies /Procedures D=Client Record Review E=Treatment Team or De-briefing F= Observation	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
Organizational Readiness for TI Care Change						
1. Demonstrate a minimum threshold of organizational readiness and build the capacity to implement a new practice model.						
A. Agency Leadership and staff at all levels express commitment to implementing TI Care.		0	1	2	3	4
B. Agency Leadership has addressed cultural and policy barriers, externally and internally, that may impede implementation.		0	1	2	3	4
2. Provide support and infrastructure to monitor and evaluate practices and outcomes on an ongoing and continuous basis.						
A. The agency has standardized and systematic approaches for compiling and monitoring data and outcomes.		0	1	2	3	4
B. Organizational incentives are in place to support staff as changes are made.		0	1	2	3	4
C. Agency Leadership supports changes in time allotted for TI Care initiative.		0	1	2	3	4
D. The agency provides the resources (technology, staffing, training) for implementation of TI Care and the monitoring of data and outcomes.		0	1	2	3	4

Competent Trauma-Informed Organizational, Clinical, and Milieu Practices

	A=Staff interviews B=Youth/Caregiver Interviews C=Review of Policies /Procedures D=Client Record Review E=Treatment Team F=Observation	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
3. Demonstrate organizational practice standards for implementation of trauma-informed care.						
A. The agency has a “trauma-informed care initiative” (e.g., workgroup/ taskforce, trauma specialist) endorsed by the chief administrator		0	1	2	3	4
B. The agency identifies and monitors TI Care values (i.e., safety, trustworthiness, choice, collaboration, and empowerment).		0	1	2	3	4
C. The organization promotes the practice of program improvement based on quantitative and qualitative data.		0	1	2	3	4
D. The agency has one or more methods of de-briefing seclusion & restraint, and other incidents, which include involved youth and staff, at minimum.		0	1	2	3	4
E. Formal policies and procedures reflect language and practice of trauma-informed care.		0	1	2	3	4
4. Demonstrate program practice standards for implementation of trauma-informed care.						
A. Clinical and milieu staff is integrated into treatment teams that allow for integrated training and supervision.		0	1	2	3	4

B. There are opportunities for staff to recognize, acknowledge, and address their vicarious traumatization.		0	1	2	3	4
C. The program offers trauma-specific, evidenced-based practices.		0	1	2	3	4
D. Treatment planning and interventions are individualized, and developmentally suited to each youth.		0	1	2	3	4
E. Each youth has a safety or crisis management plan with individualized choices for calming and de-escalation.		0	1	2	3	4
F. The physical environment is attuned to safety, calming, and de-escalation.		0	1	2	3	4
G. Milieu staff uses a strengths-based, person-centered approach in all their interactions with youth.		0	1	2	3	4
H. Staff has systematic opportunities to seek support, or assistance from their peers.		0	1	2	3	4
Youth and Family Engagement in Trauma-Informed Care						
5. Staff is effective in engaging youth and families in trauma-informed care practices.						
A. The agency demonstrates in philosophy and practice intent toward increasing comfort, involvement, and collaboration of youth & families.		0	1	2	3	4
B. The agency regularly trains all staff on how to engage families and monitors extent of engagement.		0	1	2	3	4
C. Youth and their families are actively involved in treatment and discharge planning and decisions regarding the transition to the next placement.		0	1	2	3	4
6. Youth and families are empowered to take an active role in the organization						
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).		0	1	2	3	4
B. Youth and families serve in an advisory capacity with the agency.		0	1	2	3	4

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).