Our House - Trauma-Informed Organizational Self-Assessment

Name: _____ **Date:** _____

1. **Supporting Staff Development**

Trauma Informed Questionnaire	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**Do Not Know**	**Not Applicable to my role**
1. Supporting Staff Development **A. Training and Education** ***Staff at all levels of the program receive training and education on the following topics:***						
1. What traumatic stress is?						
2. How traumatic stress affects the brain and body						
3. The relationship between mental health and trauma.						
4. The relationship between substance use and trauma.						
5. The relationship between homelessness and trauma.						
6. How trauma affects a child's development.						
7. How trauma affect a child's attachment to his/her caregivers.						
8. The relationship between childhood trauma and adult re-victimization (e.g. different cultural practices, beliefs, rituals).						

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9. Different cultures (e.g. different cultural practices, beliefs, rituals).						
10. Cultural differences in how people understand and respond to trauma.						
11. How working with trauma survivors impact staff.						
12. How to help consumers identify triggers (i.e. reminders of dangerous or frightening things that have happened in the past).						
13. How to help consumers manage their feeling (e.g. helplessness, rage, sadness, terror, etc.).						
14. De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis).						
15. How to develop safety and crisis prevention plans.						
16. What is asked in the intake assessment?						
17. How to establish and maintain healthy professional boundaries.						

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B. Staff Supervision, Support and Self -Care						
18. Staff members have regular team meetings						
19. Topics related to trauma are addressed in team meetings.						
20. Topics related to self-care are addressed in team meetings.						
21. Staff members have a regularly scheduled time for individual supervision.						
22. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.						
23. Part of supervision time is used to help staff members understand their own stress reactions.						
24. Part of supervision time is used to help staff members understand how their stress						

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reactions impact their work with consumers.						
25. The program helps staff members debrief after a crisis.						
26. The program has a formal system for reviewing staff performance.						
27. The program provides opportunities for on-going staff evaluation of the program.						
28. The program provides opportunities for staff input into program practices.						
29. Outside consultants with expertise in trauma provide on-going education and consultation.						
II. Creating a Safe and Physical Environment **A. Establishing a Safe Physical Environment**						
1. The program facility has a security system (i.e. alarm system).						
2. Program staff monitors who is coming in and out of the program.						
3. Staff members ask consumers for their definitions of physical safety.						
4. The environment outside the program is well						

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lit.						
5. The common areas within the program are well lit.						
6. Bathroom are well lit.						
7. Consumer can lock bathroom doors.						
8. Consumers have access to private, locked spaces for their belongings.						
9. The programs incorporates child-friendly decorations and materials.						
10. The program provides a space for children to play.						
11. The program provides consumers with opportunities to make suggestions about ways to improve/change the physical spaces.						
B. Establishing a Supportive Environment		**INFORMATION SHARING**				
12. The program reviews rules, rights and grievance procedures with consumers regularly.						

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13. Consumers are informed about how the program responds to personal crises (e. g. suicidal statement, violent behavior).						
14. Consumers are informed about who will be checking on them and their spaces (e.g. how often and why it is important).						
15. Expectations about room/apartment checks are closely written and vernalized to consumers.						
16. Consumer rights are posted in places that are visible.						
17. Material is posted about traumatic stress (e.g. what it is, how it impacts people, and available trauma-specified resources).						
C. Cultural Competences						
18. Program information is available in different languages.						
19. Consumers are allowed to speak their native language within the program.						
20. Consumers are allowed to prepare or have ethnic-specific foods.						

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21. Staff shows acceptance for personal religious or spiritual practices.						
22. The program provides on-going opportunities for consumers to share their cultures with each other (e.g. potlucks, culture nights, incorporating different types of art and music, etc.).						
23. Outside agencies with expertise in cultural competence provide on-going training and consultation.						
D. Privacy and Confidentiality						
24. The program informs consumers 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).						
25. Consumers are asked about the least intrusive ways for staff to check on them and their spaces.						
26. The program gives notice prior to doing room/apartment checks.						

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27. The program gets permission from consumers prior to giving a tour to their room/apartment.						
28. If permission is given, the consumer is notified of the date, time and who will see their room/apartment.						
29. Staff dos not talk about consumers in common spaces.						
30. Staff does not talk about consumers outside of the program.						
31. Staff does not discuss the personal issues of one consumer with another consumer.						
32. Consumers who have violated rules are approached in private.						
33. There are private spaces for staff and consumers to discuss personal issues.						
E. Safety and Crisis Prevention Planning ***For the following items, the term "safety plan" is defined as a plan for what a consumer and staff members will do if the consumer feels threatened by another person outside of the program.***						
34. Consumers work with staff to create written, individualized safety plans for their family.						
35. Written safety plans are incorporated into						

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consumers' individual goals and plans.						
36. Every adult in the program has a written crisis-prevention plan.						
37. Every child in the program has a written crisis-prevention plan.						
F. Written crisis prevention plans include the following:						
38. A list of triggers (i.e., situations that are stressful or overwhelming and remind the consumer of past traumatic experiences).						
39. A list of ways that the consumer shows that they are stressed or overwhelmed (e.g. types of behaviors, ways of responding, etc.).						
40. Specific strategies and responses that are helpful when the consumer is feeling upset or overwhelmed.						
41. Specific strategies and responses that are not helpful when the consumer is feeling upset or overwhelmed.						
42. A list of people that the consumer feels safe around and can go to for support.						
G. Open and Respectful Communication						

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43. Staff members ask consumers for their definitions of emotional safety.						
44. Staff members practice motivational interviewing techniques with consumers (e. g. open-ended questions, affirmations, and reflective listening).						
45. The program uses "people-first" language rather than characterizing						
46. Staff uses descriptive language rather than characterizing terms to describe consumers (e.g., describing a person as "having a hard time getting her needs met" rather than "attention-seeking").						
H. Consistency and Predictability						
47. The program has regularly scheduled community meeting for consumers.						
48. The program provides advanced notice of any changes in daily or weekly schedule.						
49. Program staff responds consistently to consumers (e.g., consistency across shifts and roles).						
50. There are structures in place to support staff consistency with consumers (e.g., training,						

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staff meetings, shift change meetings, and peer supervision).						
51. The program is flexible with rules if needed, based on individual circumstances.						
III. Assessing and Planning Services **A. Conducting Intake Assessments** ***The intake assessment includes question about:***						
1. Personal strengths.						
2. Cultural Background.						
3. Cultural strengths (e. g, world view, role of spirituality, cultural connections).						
4. Social Support in the family						
5. Current level of danger from other people (e.g., restraining order, history of domestic violence, threats from others).						
6. History of trauma (e.g. physical, emotional, or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness).						
7. Previous head injury.						
8. Quality of relationship with child or children						

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(i.e., caregiver/child attachment).						
9. Children's trauma exposure (e.g., neglect, abuse, exposure to violence).						
10. Children's achievement of developmental tasks.						
11. Children's history of mental health issues.						
12. Children's history of physical health issues.						
B. Intake Assessment Process						
13. Children's history of prior experiences of homelessness.						
14. There are private, confidential spaces available to conduct intake assessments.						
15. The program informs consumers about why questions are being asked.						
16. The program informs consumers about what will be shared with others and why.						
17. Throughout the assessment process, the program checks in with consumers about how they are doing (e.g., asking if they would like a break, water, etc.).						

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18. The program provides an adult translator (not another consumer in the program) for the assessment process if needed.						
C. Intake Assessment Follow-up						
19. Based on the intake assessment, **adults** are referred for specific services as necessary.						
20. Based on the intake assessment, **children** are referred for further assessment and services as needed.						
21. The intake assessment is updated on an on-going basis.						
22. The program updates releases and consent forms whenever it is necessary to speak with a new provider.						
D. Developing Goals and Plans						
23. Staff supports consumers in setting their own goals.						
24. Consumer goals are reviewed and updated regularly.						
25. Consumers work with staff to identify a plan to address their children's needs.						

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26. Before leaving the program, consumers and staff develop a plan to address potential safety issues.						
27. Before leaving the program, consumers and staff develop a plan that address future service needs related to trauma.						
28. Before leaving the program, consumers and staff develop a plan that addresses their children's services needs related to trauma.						
E. Offering Services and Trauma-Specific Intervention						
29. The program provides opportunities for consumers to receive a variety of services (e.g., housing, employment, legal and educational advocacy, and health, mental health, and substance abuse services).						
30. When mental health services are needed (e.g., individual therapy, group therapy and/or family therapy), the program refers **adults** to agencies with expertise in trauma.						
31. When mental health services are needed (e.g., individual therapy, group therapy and/or family therapy), the program refers **children** to agencies with expertise in trauma.						

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32. The program coordinates on-going communication between mental health and substance abuse providers.						
33. The program coordinates on-going communication between early intervention mental health providers.						
34. The program educates consumers about traumatic stress and triggers.						
35. The program provides opportunities for consumers to express themselves in creative and nonverbal ways (e.g., art, theater, dance, movement, music).						
36. The program has access to a clinician with expertise in trauma and trauma-related interventions (on-staff or available for regular consultation).						
IV. Involving Consumers **A. Involving Current and Former Consumers**		**CURRENT CONSUMERS**				
1. The needs and concerns of current programs consumers are addressed in community meeting						
2. The program provides opportunities for consumers to lead community meetings.						

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3. Current consumers are involved in the development of program activities.						
4. Current consumers 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, meeting focused on necessary improvements, etc).						
FORMER CONSUMERS ***(refers to anyone who has experienced domestic violence and sexual assault)***						
5. Former consumers are hired at all levels of the program.						
6. The program recruits former consumers for their board of directors.						
7. Former consumers are involved in program development.						
8. Former consumers are in providing services (e.g. peer-run support groups, educational, and therapist groups).						
9. Former consumers are invited to share their thoughts, ideas, and experiences with the program.						

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V. Adapting Policies **A. Creating Written Policies**						
1. The program has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.						
2. Written policies are established based on an understanding of the impact of trauma on consumers.						
3. The program has a written commitment to demonstrating respect for cultural differences and practices.						
4. The program has a written commitment to hire staff who have experienced domestic violence and sexual assault.						
5. The program has a written policy to address potential threats to consumers from persons outside of the program.						
6. The program has a written policy outlining program responses to consumer crises (e.g., self-harm, suicidal thinking, aggression towards others).						
7. The program has written policies outlining professional conduct for staff (e.g., boundaries, responses to consumers, etc.).						

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B. Reviewing Policies						
8. The program reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.						
9. The program involves staff in its review of policies.						
10. The program involves consumers in its review of policies.						