

# Trauma-Informed Organizational Self-Assessment for Child Abuse Prevention Agencies

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This document is intended to serve as a guide for implementing service and systems-level change for child abuse and neglect prevention agencies that would like to become more trauma-informed. It's designed as a companion tool to be used with the Guiding Principles of Practice for Creating Trauma-Informed and Developmentally Appropriate Services in Child Abuse Prevention Agencies. All staff at every level of the agency should complete the self-assessment. Staff should not evaluate individual performance on the items but the practices of the agency overall. A self-assessment for participants utilizing agency services should also be conducted.

This self-assessment is derived from the Trauma-Informed Care Toolkit developed by the National Center on Family Homelessness<sup>1</sup> and adapted to more specifically address the child abuse prevention agency environment and service delivery system. Though this assessment was created for the child maltreatment prevention field, it is our hope and intent that it will be used widely throughout the state in a variety of fields that serve Wisconsin citizens. We encourage all agencies and organizations to take advantage of our work and adapt this document to your field of service.

**The components of the assessment are organized in the following categories:**

## **1. Supporting Staff Development**

- A. Training and Education
- B. Staff Supervision, Support and Self-Care

## **2. Creating a Safe and Supportive Environment**

- A. Establishing a Safe Physical Environment
- B. Establishing a Supportive and Trusting Environment
  - Information Sharing/Privacy & Confidentiality
  - Cultural Competence
  - Safety and Crisis Prevention Planning
  - Open and Respectful Communication
  - Consistency & Predictability

## **3. Assessing and Planning Services**

- A. Conducting Intake Assessments
- B. Developing Goals and Plans
- C. Offering Services and Referring to Community Resources

## **4. Involving Participants**

## **5. Adapting Policies**

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<sup>1</sup> Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network and the W.K. Kellogg Foundation. Available at [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov)

For each item, answer based on your experience over the past 6 months. Consider the extent to which you agree that the agency incorporates this practice using the identified scale: (4) strongly agree, (3) agree, (2) disagree, (1) strongly disagree; if you are unsure, please answer do not know, or not applicable to my role.

## 1. Supporting Staff Development

<b>A. Training and Education</b> <i>(Staff at all levels of the program receive training and education on the following topics)</i>	(4) Strongly Agree	(3) Agree	(2) Disagree	(1) Strongly Disagree	Do Not Know	Not Applicable to My Role
1. What is traumatic stress.						
2. How traumatic stress affects the brain and body.						
3. The relationship between mental health, substance abuse, physical health and trauma.						
4. How trauma affects a child's development.						
5. How trauma affects a child's attachment to his/her caregivers.						
6. The relationship between childhood trauma and adult re-victimization (domestic violence, sexual assault).						
7. Cultural differences in how people understand and respond to trauma.						
8. How working with trauma survivors impacts staff.						
9. How to help participants identify triggers (reminders of dangerous or frightening things that have happened in their past).						
10. How to help participants manage their feelings (helplessness, rage, sadness, terror).						
11. De-escalation strategies (ways to help participants calm down before reaching the point of crisis).						
12. How to develop safety and crisis prevention plans.						
13. What to ask in the intake assessment and how to ask in a sensitive and understanding way.						
14. How to establish and maintain healthy professional boundaries.						

<b>B. Staff Supervision, Support and Self-Care</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
15. Staff members have at least bi-weekly team meetings.						
16. Topics related to trauma are addressed in team meetings.						
17. Topics related to self-care are addressed in team meetings (vicarious trauma, burn-out, stress-reducing strategies).						
18. Staff members have a regularly scheduled time for reflective supervision.						
19. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.						
20. Part of supervision time is used to help staff members understand their own stress reactions and how it might impact their work with participants.						
21. The agency helps staff members debrief after a crisis.						
22. The agency has a formal system for reviewing staff performance.						
23. The agency provides opportunities for ongoing staff evaluation of the agency.						
24. The agency provides opportunities for staff input into program practices.						
25. Outside consultants with expertise in trauma provide ongoing education and consultation.						

## 2. Creating a Safe and Supportive Environment

<b>A. Establishing a Safe Physical Environment</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
1. Program staff monitors who is coming in and out of the building.						
2. Staff members ask participants for their definitions of safety.						
3. All areas of the agency are well lit, including the common areas, bathrooms, and outside of the building.						
4. Gender neutral bathrooms are available.						

<b>A. Establishing a Safe Physical Environment (Continued)</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
5. Participants can lock bathroom doors.						
6. The agency incorporates child-friendly decorations and materials.						
7. The agency provides a place for children to play.						
8. The agency provides participants with opportunities to make suggestions about ways to improve/change the physical space.						

<b>B. Establishing a Supportive Environment</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
<b>Information Sharing/Privacy/Confidentiality</b>						
9. The agency reviews rules, rights and grievance procedures with participants regularly.						
10. Participants are informed about how the program responds to personal crisis (suicidal statements, violent behavior).						
11. Participant rights are posted in places that are visible.						
12. Material is posted about traumatic stress (what it is, how it impacts people and available trauma-specific resources).						
13. The agency informs participants about the extent and limits of privacy and confidentiality (the kinds of records that are kept, where they are kept, who has access to the information, and when the agency is obligated to report information to child welfare or the police).						
14. Staff does not talk about participants in common spaces.						
15. Staff does not talk about participants outside of the program.						
16. Staff does not discuss the personal issues of one participant with another participant.						
17. Participants who have violated rules are approached in private.						
18. There are private spaces for staff and participants to discuss personal issues.						

<b>B. Establishing a Supportive Environment (Continued)</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
<b>Cultural Competence</b>						
19. Program information is available in different languages, including sign language.						
20. Participants are allowed to speak their native language within the program and agency.						
21. Staff shows acceptance for personal religious or spiritual practices.						
22. The agency provides ongoing opportunities for participants to share their cultures with each other (potlucks, culture nights, incorporating different types of art and music).						
23. Outside agencies with expertise in cultural competence provide ongoing training and consultation.						
24. Training is provided to staff on cultural practices, beliefs, non-traditional family structures, and parenting styles.						
25. Staff shows acceptance for non-traditional family structures, including lesbian, gay, bisexual and transgender families.						
<b>Safety and Crisis Planning</b> ( <i>Safety plan is defined as a plan for what a participant and staff members will do if the participant feels threatened by another person in or outside of the agency. Crisis prevention plan is defined as an individualized plan for how to help each participant manage stress and feel supported.</i> )						
25. Participants work with staff to create written, individualized safety plans for their family.						
26. Written safety plans are incorporated into participants' individual goals and plans.						
27. Every adult and child in the program has a written crisis prevention plan.						
<b>Written Crisis Prevention Plans include the following:</b>						
28. A list of triggers (situations that are stressful or overwhelming and remind the participant of past traumatic experiences).						
29. A list of ways the participant shows that they are stressed or overwhelmed (types of behaviors, ways of responding).						
30. Specific strategies and responses that are helpful when the participant is feeling upset or overwhelmed.						
31. Specific strategies and responses that are not helpful when the participant is feeling upset or overwhelmed.						
32. A list of people the participant feels safe around and can go to for support.						

<b>B. Establishing a Supportive Environment (Continued)</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
<b>Open and Respectful Communication</b>						
33. Staff members ask participants for their definitions of emotional safety.						
34. Staff members practice motivational interviewing techniques with participants (open-ended questions, affirmations, and reflective listening).						
35. The agency uses “people-first” language rather than labels (people with disabilities rather than disabled people).						
36. Staff uses descriptive language rather than characterizing terms to describe participants (describing a person as “having a hard time getting her needs met,” rather than “attention-seeking”).						
<b>Consistency and Predictability</b>						
37. The agency provides advanced notice of any changes in the daily or weekly schedule.						
38. Program staff responds consistently to participants as changes are made in staffing and roles.						
39. The agency is flexible with rules if needed, based on individual circumstances.						

### 3. Assessing and Planning Services

<b>A. Conducting Intake Assessments</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
<b>The intake assessment includes questions about:</b>						
1. Personal strengths.						
2. Cultural background.						
3. Cultural strengths (world view, role of spirituality, cultural connections).						
4. Social supports in the family and the community.						

A. Conducting Intake Assessments ( <i>Continued</i> )	(4) Strongly Agree	(3) Agree	(2) Disagree	(1) Strongly Disagree	Do Not Know	Not Applicable to My Role
5. Current level of danger from other people (restraining orders, history of domestic violence, threats from others).						
6. History of trauma (physical, emotional or sexual abuse, neglect, loss, domestic/community violence, combat, homelessness).						
7. Previous head injury.						
8. Quality of relationship with child or children (caregiver/child attachment).						
9. Children's trauma exposure (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</b>						
13. Participants are informed they can choose to opt out of answering any part of the intake.						
14. There are private, confidential spaces available to conduct intake assessments.						
15. The agency informs participants about why questions are being asked.						
16. The agency informs participants about what will be shared with others and why.						
17. Throughout the assessment process, the agency checks in with participants about how they are doing (asking if they would like a break or water).						
18. The agency provides an adult translator (not another participant in the program) for the assessment process if needed.						
<b>Intake Assessment Follow-up</b>						
19. Based on the intake assessment, adults and children are referred for further assessments and/or specific services as necessary.						
20. The intake assessment is updated on an ongoing basis.						
21. The agency updates releases and consent forms whenever it is necessary to speak with a new provider.						

<b>B. Developing Goals and Plans</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
22. Staff supports participants in setting their own goals.						
23. Participant goals are reviewed and updated regularly.						
24. Participants work with staff to identify a plan to address their children's needs.						
25. Before exiting the program, participants and staff develop a plan to address potential safety issues.						
26. Before exiting the program, participants and staff develop a plan to address future service needs related to trauma.						

<b>C. Offering Services and Trauma-Specific Interventions</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
27. When mental health services are needed, the agency refers participants to agencies with expertise in trauma.						
28. Participants learn about traumatic stress and triggers.						
29. The agency provides opportunities for participants to express themselves in creative and nonverbal ways (art, theater, dance, music).						
30. The agency has access to a clinician with expertise in trauma and trauma-related interventions.						

## 4. Involving Consumers

<b>A. Involving Current and Former Participants</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
<b>The intake assessment includes questions about:</b>						
1. Current and former participants are involved in the development of program activities.						



<b>A. Involving Current and Former Participants (Continued)</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
2. Current participants are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements).						
3. Former program participants are hired at all levels of the agency.						
4. The agency recruits former participants for their board of directors.						
5. Former participants are involved in providing services (peer run support groups).						
6. Former participants are invited to share their thoughts, ideas and experiences with the agency.						

## 5. Adapting Policies

<b>A. Creating Written Policies</b>	<b>(4) Strongly Agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
1. The agency 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 participants.						
3. The agency has a written commitment to demonstrating respect for cultural differences and practices.						
4. The agency has a written policy to address potential threats to participants from persons inside and outside of the agency.						
5. The agency has a written policy outlining agency responses to participant crises (self-harm, suicidal thinking, aggression towards others).						
6. The agency has written policies outlining professional conduct for staff (boundaries, responses to participants).						

<b>B. Reviewing Policies</b>	<b>(4) Strongly agree</b>	<b>(3) Agree</b>	<b>(2) Disagree</b>	<b>(1) Strongly Disagree</b>	<b>Do Not Know</b>	<b>Not Applicable to My Role</b>
7. The agency reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.						
8. The agency involves staff in its review of policies.						
9. The agency involves participants in its review of policies.						