

Trauma-Informed Care Organizational Self- Assessment for Consumer-Run Recovery Organizations

This Trauma-Informed Care (TIC) Organizational Self- Assessment is designed to help consumer-run mental health recovery organizations begin to develop trauma-informed care in their environment, programs and services. It is one tool among many in the TIC toolbox. And of course, TIC and recovery tool-kits have a lot in common; both are transformative processes that require patience and ongoing commitment.

Dialogue is an important companion tool that we want to highlight here. Many consumer leaders have had some training on TIC, and as a result have been inspired to create a safe, healing and trauma-free environment that can support everyone's recovery—staff, board and members. A maxim of TIC is that “healing happens in relationship.” Relationships start and grow through dialogue: conversations based on mutual respect, honesty and open sharing. One of the most important ways to bring trauma-informed care into your organization may be to initiate an ongoing community-wide conversation about trauma and trauma-informed care.

If your organization commits to implementing Trauma-Informed Care (TIC), you may be asking: Where do we start? A basic understanding of TIC is a first step, and many consumer run organizations (CROs) begin that process with an introductory presentation for staff, board and members. Using this assessment may be a follow-up step for your organization. If it is, consider working with one small section of the assessment at a time.

This assessment was adapted from the Trauma-Informed Organizational Toolkit, developed at the National Center on Family Homelessness; citations and links to the original document are provided at the end of this document. As a follow-up to a TIC conference for leaders of Consumer-Run Organizations funded through Wisconsin's Community Mental Health Block Grant, a workgroup of consumers from these organizations was convened to work on adapting the Trauma informed Organizational Toolkit for use at consumer-run mental health organizations. The resulting assessment is a work in process. Please feel free to direct questions or comments to samgrassroots@gmail.org.

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The assessment is divided into these categories and sub-categories:

I. Supporting Staff Development

A. Training and Education

B. Staff Supervision, Support and Self-Care

II. Creating a Safe and Supportive Environment

A. Establishing a Safe Physical Environment

B. Establishing a Supportive Environment

Information Sharing

Cultural Competence

Privacy & Confidentiality

Safety and Crisis Prevention Planning

Open & Respectful Communication

Consistency and Predictability

Your organization may choose to initially focus on one sub-category within the assessment. If so, you may begin with the most challenging and pressing area, or instead, you might with the most easily accomplished. Any where you start is fine! We applaud your decision to start developing trauma-informed care in your organization. Please feel free to contact us for help with conducting the assessment, planning further follow-up, or for resources, training or technical assistance related to TIC.

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I. SUPPORTING STAFF DEVELOPMENT (NOTE: for this assessment, “staff” applies equally to paid or volunteer staff)

A. Training and Education	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
I have received training 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. The relationship between childhood trauma and adult re-victimization (e.g., domestic violence, sexual assault).						
7. Cultural differences in how people understand and respond to trauma.						
8. How working with trauma survivors impacts staff.						

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A. Training and Education (continued)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
9. How to help consumers identify triggers (i.e., reminders of dangerous or frightening things that have happened in the past).						
10. How to help consumers manage their feelings (e.g., helplessness, rage, sadness, terror, etc.).						
11. De-escalation strategies (i.e., ways to help people to calm down before reaching the point of crisis).						
12. How to develop safety and crisis prevention plans.						
13. How to establish and maintain healthy boundaries.						
B. Staff Supervision, Support and Self-Care	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
1. Staff has regular team meetings.						
2. Topics related to trauma are addressed in team meetings.						

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B. Staff Supervision, Support and Self-Care (continued)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
3. Topics related to self-care are addressed in team meetings (e.g., vicarious trauma, burn-out, stress-reducing strategies).						
4. Staff members have a regularly scheduled time for supervision or mentoring.						
5. Staff members receive individual supervision or mentoring from a supervisor or mentor who is trained in understanding trauma.						
6. Part of supervision or individual mentoring time is used to help staff members understand their own stress reactions.						
7. Part of supervision or individual mentoring time is used to help staff members understand how their stress reactions impact their work with consumers.						
8. Our organization helps staff members debrief after a crisis.						
9. Our organization has a formal system for reviewing staff performance.						
10. Our organization provides opportunities for on-going staff evaluation of the program.						

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B. Staff Supervision, Support and Self-Care (continued)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
11. Our organization provides opportunities for staff input into program practices.						
12. Outside consultants with expertise in trauma provide on-going education or regular consultation.						

II. CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

A. Establishing a Safe Physical Environment	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
1. Our facility has a security system (i.e., alarm system).						
2. Staff monitors who is coming in and out of the center.						
3. Staff members ask consumers for their definitions of physical safety.						
4. The environment outside the center is well lit.						
5. The common areas within the center are well lit.						
6. Bathrooms are well lit.						
7. Consumers can lock bathroom doors.						

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A. Establishing a Safe Physical Environment (continued)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
8. Consumers have access to private, locked spaces for their belongings.						
9. The center has a physical environment that feels safe and comfortable.						
10. The center provides consumers with opportunities to make suggestions about ways to improve/change the physical space.						
B. Establishing a Supportive Environment Information Sharing:						
1. The program reviews rules, rights and grievance procedures with consumers regularly.						
2. Consumers are informed about how the program responds to personal crises (e.g., suicidal statements, violent behavior).						
3. Consumer rights are posted in places that are visible.						
4. Material is posted about traumatic stress (e.g., what it is, how it impacts people and available trauma-specific resources).						

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B. Establishing a Supportive Environment (continued)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
Cultural Competence:						
1. Information for consumers is available in different languages.						
2. Staff shows acceptance for personal religious or spiritual practices						
3. Our organization 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.).						
4. Outside agencies with expertise in cultural competence provide on-going training or regular consultation.						
Privacy and Confidentiality:						
1. Our organization informs consumers about the extent and limits of confidentiality						
2. Staff does not talk about consumers who are not present.						
3. Staff does not talk about consumers outside of the center.						

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B. Establishing a Supportive Environment (continued) Privacy and Confidentiality (continued):	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
4. Staff does not discuss the personal issues of one consumer with another consumer.						
5. Consumers who have violated rules are approached in private.						
6. There are private spaces for staff and consumers to discuss personal issues.						
Safety and Crisis Prevention Planning:						
1. Consumers are offered an opportunity to work with staff on a plan such as WRAP (Wellness Recovery Action Plan)						
2. Work with consumers on plans includes: A list of triggers (i.e., situations that are stressful or overwhelming and remind the consumer of past traumatic experiences).						
3. A list of ways that the consumer shows that they are stressed or overwhelmed (e.g., types of behaviors, ways of responding, etc.).						
4. Specific strategies and responses that are helpful when the consumer is feeling upset or overwhelmed.						

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B. Establishing a Supportive Environment (continued)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
Safety and Crisis Prevention Planning (continued):						
5. Specific strategies and responses that are not helpful when the consumer is feeling upset or overwhelmed.						
6. A list of people that the consumer feels safe around and can go to for support.						
7. Consumers may be encouraged but are never required to write a plan.						
8. Consumers may be invited but are never pressured to share their plan with staff.						
9. Consumers who develop a plan have absolute control and choice over how their plan is shared.						

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B. Establishing a Supportive Environment (continued) Open and Respectful Communication:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
1. Staff members ask consumers for their definitions of emotional safety						
2. Staff members use positive communication techniques with consumers (e.g., open- ended questions, affirmations, and reflective listening).						
3. The center uses “people-first” language rather than labels (e.g., “a person diagnosed with bi-polar disorder” rather than “bi-polar, or people experiencing homelessness” rather than “homeless people” or “the homeless”).						
4. 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”).						

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B. Establishing a Supportive Environment	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable to my role	Not Sure
Consistency and Predictability:						
1. The center has regularly scheduled community meetings for consumers.						
2. The center provides advanced notice of any changes in the daily or weekly schedule.						
3. Center staff responds in a consistent way to consumers (e.g., consistency across shifts and roles).						
4. There are structures in place to support staff consistency with consumers (e.g., trainings, staff meetings, shift change meetings, and peer supervision).						
5. The program is flexible with rules if needed, based on individual circumstances.						

Acknowledgements:

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 and www.familyhomelessness.org.