

Trauma-Informed Organizational Self-Assessment

GENERAL INFORMATION

Treatment Description

Acronym (abbreviation) for intervention: None at this time

Average length/number of sessions:

Length of implementation will vary from program to program

Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Addresses cultural competence issues organizationally and addresses homeless families' access to services

Trauma type (*primary*): Interpersonal complex traumas (i.e., physical, sexual, and emotional abuse and neglect)

Trauma type (secondary): N/A

Additional descriptors (not included above): The Trauma-Informed Self-Assessment is an instrument that is designed to help agencies increase their ability to create a system that supports consumers and children of all cultures who have been impacted by trauma. The self-assessment is comprised of a list of statements describing various aspects of a program that is fully "trauma-informed." By completing the instrument, an agency can determine the degree to which they are "trauma-informed." Based on their findings, they can then design a strategic plan for increasing their capacity to provide trauma-informed services.

Target Population

Age range: All

Gender: ☐ Males ☐ Females ☒ Both

Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): All

Other cultural characteristics (e.g., SES, religion): All

Language(s): The instrument is currently only in English.

Region (e.g., rural, urban): All

Other characteristics (not included above): This instrument can be used in residential programs for women and children, including emergency shelters, domestic violence shelters, and transitional and supportive housing programs.

Essential Components

Theoretical basis: The self-assessment is based on foundational operating principles developed through examining research and practice within the trauma and homelessness fields. The principles include the following:

- Safety
- Engagement
- Open communication
- Integration
- Consumer control, choice, and autonomy
- Shared power and governance



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Essential Components continued

- Trauma awareness
- Cultural competence
- Healing

Key components: The self-assessment is organized into five critical domains that make up a trauma-informed program: atmosphere and environment; policies; assessment and service planning; consumer representation; and staff development. Each domain has a list of statements describing various practices that would make a program trauma-informed.

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful? ☐ Yes ☒ No ☐ Uncertain

Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time).

There are no published writings at this time.

This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. XI Yes \(\square\) No

Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? Tyes X No

Has this intervention been presented at scientific meetings? ☐ Yes ☒ No

Are there any general writings which describe the components of the intervention or how to administer it? ☐ Yes ☒ No

Has the intervention been replicated anywhere? ☐ Yes ☒ No

Other clinical and/or anecdotal evidence (not included above): Literature in the trauma and homelessness fields support the need for trauma-informed systems in order to successfully implement trauma-informed services.

Research Evidence	Sample Size (N) and Breakdown (by gender, ethnicity, other cultural factors)	Citation
Pilot Trials/Feasibility Trials (w/o control groups)		Pilot testing is projected to begin February 2007
Outcomes	What assessments or measures are used as part of the intervention or for research	

purposes, if any? The usefulness of this instrument for creating trauma-informed organizations will be determined by completing pre-intervention and post-intervention site visits by program evaluators that includes staff and consumer focus groups, interviews, and document review.

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Outcomes continued	If research studies have been conducted, what were the outcomes? There have not been any research studies at this time.	
Implementation Requirements & Readiness	Space, materials or equipment requirements? The Trauma-Informed Organizational Self-Assessment Supervision requirements (e.g., review of taped sessions)? On-going consultation on and off site. To ensure successful implementation, support should be obtained from: The National Center on Family Homelessness	
Training Materials & Requirements	List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. The National Center on Family Homelessness	
	How/where is training obtained? The National Center on Family Homelessness	
	What is the cost of training? There is no cost at this time.	
	Are intervention materials (handouts) available in other languages? ☐ Yes ☒ No	
	Other training materials &/or requirements (not included above): Programs will receive on-site training, technical assistance, and consultation to complete the self-assessment and develop a strategic plan to provide trauma-informed services.	
Pros & Cons/ Qualitative Impressions	What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? Often shelter programs are unable to provide trauma-informed services as the organizational foundation cannot support them. This is a systemic intervention that targets organizational change that supports the creation of trauma-informed environments and will give programs the ability to provide trauma-informed services.	
	What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? This may require a lengthy implementation and may be challenging due to the need to have buy-in from all levels of the organization. This requires a level of organizational readiness and commitment to change in order to implement successfully.	
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