

ARC Informed Trauma Focused Organizational Assessment:

Adapted from 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/youth Traumatic Stress Network, and the W.K. Kellogg Foundation

ATTACHMENT: Supporting Staff Development						
Increasing attunement to trauma and it's impact on child/ youth and caregivers.	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
<i>Staff at all levels of the program receive training and education on the following topics:</i>						
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 abuse and trauma.						
5. How trauma affects a child/youth's development.						
6. How trauma affects a child/youth's ability to learn and participate in school activities.						
7. How Trauma affects a child/youth's behavior						
8. Cultural differences in how children/youth understand and respond to trauma.						
9. How working with trauma survivors impacts the caregiver (staff, foster parent, parent, etc)						
10. How to help child/ youth identify triggers from past trauma.						
11. How to help a child/youth manage his/her feelings.						
12. De-escalation strategies to calm when (or before) they become upset or angry, to avoid crises.						
13. How to develop safety and crisis prevention plans.						
14. How to respond to a child/youth's attempts to talk about past trauma						
15. How to establish and maintain healthy professional boundaries.						
Attachment: Caregiver Affect Management						
16. Staff have regular team meetings.						
17. Topics related to trauma are addressed in team meetings.						

18. Topics related to self-care are addressed in team meetings						
19. Staff members have regular individual supervision.						
20. Staff supervisors and/or administrators are trained in understanding trauma.						
21. Part of supervision and/or team meetings is used to help staff to understand their own stress reactions.						
22. Part of supervision time is used to help staff understand how their stress reactions impact their work						
23. The program helps staff members debrief after a crisis.						
24. The program helps kids debrief after a crisis						
25. Outside consultants with expertise in trauma provide on-going education and consultation.						
ATTACHMENT: Creating a Safe and Supportive Environment						
<i>Establishing a Safe Physical Environment</i>						
1. The program or home has a security system. (locks)						
2. Staff or parent monitors who is coming in and out of the residence.						
3. The program staff ask child/youth about physical safety needs and concerns upon intake and throughout their stay.						
5. The common areas of buildings are well monitored.						
6. Bathrooms are well monitored or supervised.						
9. The program or home is child/youth-friendly (decorations and materials for child/children/youth).						
11. Child/children/youth have an opportunity to make suggestions to change the physical environment to enhance physical safety/address safety concerns.						

Creating a Safe and Supportive Environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
Routines/Rituals & Consistent Response						
12. Daily rules and expectations are clearly written and verbalized to children/youth.						
13. The program and or family reviews rules, rights and grievance procedures with children/youth						
14. Staff members consistently implement programming						
15. There is a basic daily structure in place.						
16. There are plans in place to support children/youth with known triggers such as transitions, visits, holidays, phone calls, etc.						

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
Creating a Safe and Supportive Environment						
Attachment: Buidling attunement through open and respectful communication.						
17. Staff/parent ask children /youth about whether they feel safe and how the environment can be set up to feel safer.						
18. Staff/parents practice empowerment based communication strategies with children/youth (e.g. reflective listening).						
. Staff/parents use "people-first" language rather than labels (e.g. "people experiencing trauma" versus "victims")						
19. Staff/parents use descriptive language rather than labels to describe children/youth (e.g. "having a hard time getting his needs met" not "attention-seeking" or "manipulative".)						
20. There are clear procedures outlined and support strategies in place about how children/youth can communicate their needs to staff/parent.						
21. Staff/parents are taught about and use reflective listening strategies.						
Supporting Self Regulation: Identification, Modulation, Expression						
22. Children/youth work with staff/parent to create written, individualized safety plans for known or potential risk behavior.						
23. Written safety plans are incorporated into consumer's individual goals and plans.						
24. Any child/youth with one or more indicated safety risks has a written crisis-prevention plan.						
25. Every crisis prevention plan includes: (a) a list of triggers, (b) a list of behaviors indicating stress reactions, (c) specific strategies/responses that are helpful when the client is having a stress reaction, (d) specific strategies that are <i>not</i> helpful if the child/youth is stressed or overwhelmed						
26. Material about traumatic stress is posted in buildings.						
27. There are visual cues in the environment to support affect identification (i.e. . feelings faces; feelings language)						
28. There is an identified "safe zone" or comfort zone that children/youth can use to reduce environmental stimuli and to practice coping strategies. (i.e. room, break room/Time out						

room)						
29. There are fun resources available to kids to help them to modulate and cope with their distress (i.e. stress balls, weighted blankets, coloring tools, puzzles, etc.)						
30. The program/home provides opportunities for creative self expression.						
Supporting Competencies: Problem Solving, Identity Development, Experience Integration						
31. The program (when applicable) has an organized approach to problem solving and/or conflict resolution (i.e. DBT's 3 way)						
32. The parent has access to resources to support active problem solving. (i.e. training, meetings with worker, etc.)						
32. There are opportunities for children/youth to explore their unique talents and to celebrate their accomplishments.						
34. There are opportunities for children/youth to explore their history and to link their past, present and future (i.e. life book process)						
35. There are opportunities to identify future goals and to carry out tasks that are clearly related to these goals.						
Trauma Focused Assessment:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
The intake assessment address the student's:						
1. Personal strengths.						
2. Cultural background.						
3. Cultural strengths (world view, spirituality, cultural connections)						
4. Social supports in family and community.						
5. Current level of danger from other people (e.g. restraining orders, history of domestic violence, threats).						
6. History of trauma (e.g. physical, emotional or sexual abuse, neglect, traumatic separations or loss, domestic/community violence, combat, past homelessness, history of impaired caregiver due to mental illness, substance abuse, etc.)						
7. Problems related to self regulation including impulsivity, behavioral dyscontrol, explosivity and/or extreme withdrawal, poor attention and concentration, etc.						
8. All domains of impact shown to be related to developmental trauma:						
9. History of physical health issues including any head trauma						
10. Substance abuse and mental health history.						

11. Treatment history.						
12. Quality of relationships with parents.						
13. Quality of relationships with peers.						
14. Achievement of developmental tasks and developmental competencies.						
15. There are private, confidential spaces to conduct intakes.						
16. The rules and limits to confidentiality are explained.						
Developing Goals and Plans						
17. Staff/parent supports children/youth in setting their own goals.						
18. Goals are reviewed and updated regularly.						
19. Goals include home/program/treatment needs that directly relate to trauma.						
20. Goals identified address attachment						
21. Goals identified address self regulation						
Offering Services and Trauma-Specific Interventions						
20. The program provides opportunities for children/youth to receive a variety of counseling services.						
21. The program provides or refers children/youth to agencies with clinician expertise in trauma work with children/youth.						
22. Program staff and clinicians have training in trauma focused or informed interventions.						
23. Clinicians educate children/youth about trauma and triggers.						
Empowerment: Involving Clients						
<i>Involving Current and Former Clients</i>						
Current Clients						
1. The needs and concerns of current inpatient or group clients are addressed in community meetings.						
2. The program provides opportunities for current inpatient or group clients to lead community meetings.						

Involving Clients	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
<i>Involving Current and Former Clients</i>						
Current Clients						
3. Current clients are involved in the development of program activities.						
4. Current clients are given opportunities to evaluate the program and offer anonymous suggestions for improvement.						
Former Clients						
5. Former clients are recruited for program development.						
6. Former clients are involved in providing services (e.g. peer-run support groups, educational & therapeutic groups).						
7. Former clients are invited to share their thoughts, ideas, and experiences with the program.						
8. Former clients are recruited to participate in evaluative or advisory capacity to the program (e.g. focus groups, consumer forums, advisory board, youth council, etc.)						
Writing, Reviewing and Adapting 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 children/youth and families						
3. The program has a written commitment to demonstrating respect for cultural differences/practices.						
5. The program has a written policy to address threats to child/children/youth from persons outside of the program or home.						
6. The program has a written policy outlining responses to crises (e.g. self-harm, suicidal thinking, aggression)						
7. The program has a written policy outlining professional conduct for staff/parent.						
8. The program reviews its policies regularly to identify whether they are sensitive to the needs of trauma survivors.						
9. Program paperwork reflects trauma informed practice						