

Trauma-Informed Organizational Self-Assessment
 As adapted from the work of Lisa Guarino, LMHC et al. of
 The National Center on Family Homelessness

Safety and Crisis Prevention Planning	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
21. Staff works with foster parent(s) to create written, individualized safety plans for the home.						
22. Foster care staff have done an assessment of "Home Alone Time" and what to do in case of emergency.						
23. Any family with one or more indicated safety risks has a written crisis-prevention plan.						
24. 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 child is having a stress reaction, (d) specific strategies that are <i>not</i> helpful if the child is stressed or overwhelmed (e) a list of approved people.						
Open and Respectful Communication						
25. Foster care staff ask children about whether they feel safe and how the home environment can be set up to feel safer.						
26. Foster care staff practice reflective listening techniques with children and families.						
27. Foster care staff use "people-first" language rather than labels (e.g. "people experiencing trauma" versus "victims")						
28. Foster care staff use descriptive language rather than labels to describe children (e.g. "having a hard time getting his needs met" not "attention-seeking" or "incurable").						
Consistency and Predictability						
29. The program has regularly scheduled meetings.						
30. The program provides advanced notice of schedule changes.						
31. Staff responds consistently to children and foster parents.						
32. Trainings and meetings support staff's consistency with children.						
33. The program is flexible with rules if needed, based on individual circumstances.						

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Assessments	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
Clinical Assessments address the child'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. Previous head injury and any related medical/cognitive harm.						
8. History of mental health issues.						
9. History of physical health issues.						
10. Substance abuse history.						
11. Treatment history.						
12. Quality of relationships with parents.						
13. Quality of relationships with peers.						
14. Achievement of developmental tasks.						
Developing Goals and Plans						
15. Children actively participate in establishing their own goals.						
16. Children's goals are reviewed and updated regularly.						
Offering Services and Trauma-Specific Interventions						
17. Foster care staff advocate for children to obtain needed services including trauma specific interventions.						
18. The program provides or refers children to agencies with clinician expertise in trauma work with children.						
19. The staff maintains on-going communication with counseling agencies/providers that work with their children.						
20. Are foster parents educated about adjunctive competency based activities and supported in accessing resources in this area.						

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Writing, Reviewing and Adapting Policies	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
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.						
3. The program has a written commitment to demonstrating respect for cultural differences/practices.						
4. The program has a written policy to address violence and/or discrimination against a child.						
5. The program has a written policy outlining safety planning.						
6. The program has a written policy outlining professional conduct for staff						
7. The program reviews its policies regularly to identify whether they are sensitive to the needs of trauma survivors.						
8. The program involves staff in its review of policies.						
9. The program involves consumers and providers in review of policies.						