

## Trauma-Informed Care Self Assessment Scale

from Creating Cultures of Trauma-Informed Care (CCTIC) a Self-Assessment and Planning Protocol (Fallot and Harris, 2009)

(Adapted inpatient version for Northeast Florida State Hospital December 2010)

Trauma Informed Indicators	Frequency of Occurrence
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<b>Safety</b>	Rarely	Occasionally	Often	Consistently
To what extent do the hospital's activities and settings ensure the physical safety of individuals?				
To what extent do the hospital's activities and settings ensure the emotional safety of individuals?				
Are staff sensitive to signs of an individuals discomfort and do they understand these signs in a trauma informed way?				
Is there sensitivity to potentially unsafe situations?				
Are individuals provided with clearly defined expectations that are consistent and fair?				
Are individuals provided with explanations and rationale for expectations?				

<b>Trustworthiness</b>	Rarely	Occasionally	Often	Consistently
To what extent do the staff maximize trustworthiness by providing honesty and transparency regarding service delivery?				
To what extent do the staff maximize trustworthiness by maintaining boundaries of respectful professional interactions?				
To what extent do the hospital's activities and settings maximize trustworthiness by providing consistency in service delivery?				

<b>Choice</b>	Rarely	Occasionally	Often	Consistently
To what extent do the hospital's activities and settings maximize individuals experiences of choice and control?				
Are individuals informed about available services and given a choice concerning the services they receive?				
Does the hospital provide opportunities for small choices to be made by the individual as a way to recognize and experience some control over life's circumstances?				
Does the hospital avoid imposing arbitrary negative consequences for individuals exercising choice?				

<b>Collaboration</b>	Rarely	Occasionally	Often	Consistently
To what extent do the hospital's activities and settings maximize collaboration and sharing of power between staff and individuals?				
Are trauma survivors involved in advisory board functions serving as advocates and trauma educators?				
In service planning are the individuals preferences and concerns given substantial weight?				
Do providers communicate respect for the individuals life experiences?				

<b>Empowerment</b>	Rarely	Occasionally	Often	Consistently
To what extent do the hospital's activities and settings prioritize the individuals empowerment and skill building?				
Are the individuals strengths and skills recognized?				
Does the hospital emphasize the individuals growth more than maintenance or stability?				
In interactions do individuals feel valued, validated, and affirmed?				

<b>Safety for Staff</b>	Rarely	Occasionally	Often	Consistently
To what extent do the hospital's activities and settings ensure the physical safety of staff?				
To what extent do the hospital's activities and settings ensure the emotional safety of staff?				
Do staff members feel comfortable bringing clinical concerns to treatment teams and supervisors?				
Do staff members feel comfortable discussing the emotional effect of situations with treatment teams and supervisors?				

<b>Trustworthiness for Staff</b>	Rarely	Occasionally	Often	Consistently
To what extent do administrators and supervisors maximize trustworthiness by providing honesty and transparency in interactions with staff?				
Are staff provided with clearly defined expectations that are consistent and fair?				
Do staff receive clinical supervision separate from administrative supervision?				

<b>Choice for Staff</b>	Rarely	Occasionally	Often	Consistently
To what extent does the hospital maximize staff's experiences of choice and control in performing job duties?				
Are staff provided opportunities to make choices concerning how they meet job requirements?				
Are staff provided opportunities to have meaningful input into factors affecting their work?				

<b>Collaboration for Staff</b>	Rarely	Occasionally	Often	Consistently
To what extent does the hospital maximize collaboration and sharing of power between administrators, supervisors, staff and individuals?				
Are staff members encouraged to provide suggestions and feedback?				
Are staff members suggestions acted upon?				

<b>Empowerment for Staff</b>	Rarely	Occasionally	Often	Consistently
To what extent do administrators and supervisors prioritize the staffs empowerment and skill building?				
Are the staff provided with annual training related to trauma?				
Do administrators and supervisors have a positive, affirming, and encouraging attitude?				

<b>Formal Service Policies</b>	Rarely	Occasionally	Often	Consistently
To what extent do the formal policies of the hospital reflect an understanding of trauma survivors needs, strengths and challenges?				
The hospital avoids involuntary or potentially coercive aspects of treatment whenever possible.				
The hospital has developed a de-escalation policy that attempts to minimize the possibility of retraumatization				
The hospitals policies address issues related to staff safety.				

<b>Trauma Screening, Assessment, Service Planning, and Trauma Specific services</b>	Rarely	Occasionally	Often	Consistently
To what extent does the hospital have a consistent way to identify individuals who have been exposed to trauma, to conduct appropriate follow-up assessments and to include trauma related information in service planning?				
At least minimal questions addressing physical and sexual abuse are included in trauma screening				
Screening avoids over complication, unnecessary detail, and unnecessary repetition so as to minimize stress for individuals				
Screening is followed as appropriate by a more extensive assessment of trauma history and trauma related sequelae.				
The hospital offers individual and group approaches to trauma recovery.				

<b>Administrative Support for Hospital-Wide Trauma Informed Services</b>	Rarely	Occasionally	Often	Consistently
To what extent do hospital administrators support the integration of knowledge about violence and abuse into hospital practices?				
Is there a policy statement that refers to the importance of trauma and the need to account for consumer experiences of trauma in service delivery?				
Administrators are willing to attend trauma related trainings themselves				
Administrators support the existence of a trauma initiative (workgroup, specialists).				

<b>Staff Trauma Training and Education</b>	Rarely	Occasionally	Often	Consistently
To what extent have all staff members received appropriate training in trauma and it's implications for their work?				
General education has been offered for all employees with a primary goal of sensitization to trauma related dynamics and the avoidance of retraumatization.				
Staff members have received education in trauma informed understanding of unusual or difficult behaviors.				
Staff members have received training in basic coping skills for trauma survivors.				
Staff members offering trauma specific services are provided adequate support via supervision and/or consultation.				

<b>Human Resources Practices</b>	Rarely	Occasionally	Often	Consistently
To what extent are trauma related concerns part of the hiring and performance review process?				
Interviews with applicants include questions concerning knowledge about the impact of trauma and abuse.				
The hospital seeks to hire or identifies among current staff "Trauma Champions" who are knowledgeable about trauma, prioritize trauma sensitivity, communicate the significance of trauma and, support trauma informed changes.				