Trauma-Informed Program Self-Assessment Scale *(Version 1.4, 5-06 / Fallot & Harris, 2009)*

DOMAIN 1: PROGRAM PROCEDURES AND SETTINGS
"To what extent are program activities and settings consistent with these five guiding principles of trauma-informed practice?"

DOMAIN 1-A: SAFETY – ensuring physical and emotional safety
"To what extent do the program's activities and settings ensure the physical and emotional safety of consumers and staff?"

Criterion	1	2	3	4	5
1. Program Review: The program has conducted a specific and systematic review of its physical setting and its activities in order to evaluate its physical and emotional safety and to make changes necessary to ensure consumer and staff safety.	No specific systematic review has been conducted.	A systematic program-wide review has been conducted, including both consumer-survivor and line staff input.	In addition to (2), an action plan to maximize safety has been developed.	In addition to (3), the action plan has been partially implemented.	In addition to (4), all steps of the action plan have been implemented.
2. Incident Review: The program systematically reviews those incidents that indicate a lack of safety (e.g., verbal and physical confrontations, assaults) and makes changes to prevent their recurrence.	No incident reviews have occurred.	A plan has been developed for identifying and reporting incidents that indicate a lack of safety (incl. both consumer and staff reports).	In addition to (2), a plan has been developed for clinical and administrative review of incidents that indicate a lack of safety.	In addition to (3), the plan has been implemented.	In addition to (4), the incident reviews are used to modify potentially unsafe practices or settings.
3. Consumer Ratings of Safety: In program satisfaction surveys, consumers rate program safety at the "agree" (or comparable, better than neutral) point on the rating scale or higher	No consumers rate program safety at the "agree" or higher point.	Fewer than 40% of consumers rate program safety at the "agree" or higher point.	40-70% of consumers rate program safety at the "agree" or higher point.	71-90% of consumers rate program safety at the "agree" or higher point.	More than 90% of consumers rate program safety at the "agree" or higher point.
4. Staff Ratings of Safety: In staff surveys, staff rate program safety at the "agree" or comparable point on the rating scale or higher.	No staff members rate program safety at the "agree" or higher point.	Fewer than 40% of staff members rate program safety at the "agree" or higher point.	40-70% of staff members rate program safety at the "agree" or higher point.	71-90% of staff members rate program safety at the "agree" or higher point.	More than 90% of staff members rate program safety at the "agree" or higher point.

Trauma-Informed Program Self-Assessment Scale *(Version 1.4, 5-06 / Fallot & Harris, 2009)*

DOMAIN 1-B: TRUSTWORTHINESS – maximizing trustworthiness through task clarity, consistency, and interpersonal boundaries
"To what extent do the program's activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program?"

Criterion	1	2	3	4	5
1. Program Review: The program has conducted a specific and systematic review of its physical setting and activities in order to evaluate factors related to program trustworthiness (esp. clear tasks, consistent practices, and staff-consumer boundaries) and to make changes necessary to ensure that trustworthiness is maximized. (Peer-run programs usually have different boundary concerns than those with professional staffs; they need to adjust the understanding of trustworthiness accordingly. See Self-Assessment and Planning Protocol.)	No specific, systematic review has been conducted.	A systematic program-wide review has been conducted, including consumer-survivor input.	In addition to (2) an action plan to maximize program trustworthiness has been developed.	In addition to (3), the action plan has been partially implemented.	In addition to (4), all steps of the action plan have been implemented
2. Informed Consent: The program reviews its services with each prospective consumer, based on clear statements of the goals, risks, and benefits of program participation, and obtains informed consent from each consumer.	No consumers have provided informed consent for service participation	Fewer than 30% of consumers have provided informed consent.	30-60% of consumers have provided informed consent.	61-90% of consumers have provided informed consent.	More than 90% of consumers have provided informed consent.
3. Review of Alleged Boundary Violation: The program has a clear procedure for the review of any allegations of boundary violations, including sexual harassment and inappropriate social contacts.	No policy exists regarding review of alleged boundary violations.	A plan has been developed for identifying and reporting incidents than indicate possible boundary violations.	In addition to (2), a plan has been developed for clinical and administrative review of alleged boundary violations.	In addition to (3), the plan has been implemented.	In addition to (4), the incident reviews are used to modify practices that may lead to boundary violations.
4. Consumer Ratings of Trust and Clarity of Tasks and Boundaries: Consumers rate the program and its staff as trustworthy – offering clear information and maintaining appropriate professional relationships – at the "agree" (or comparable, better than neutral) point on the rating scale or higher.	No consumers rate program trustworthiness at the "agree" or higher point.	Fewer than 40% of consumers rate program trustworthiness at the "agree" or higher point.	40-70% of consumers rate program trustworthiness at the "agree" or higher point.	71-90% of consumers rate program trustworthy-ness at the "agree" or higher point.	More than 90% of consumers rate program trustworthiness at the "agree" or higher point.

Trauma-Informed Program Self-Assessment Scale *(Version 1.4, 5-06 / Fallot & Harris, 2009)*

DOMAIN 1-C: CHOICE – maximizing consumer choice and control
"To what extent do the program's activities and settings maximize consumer experiences of choice and control?"

Criterion	1	2	3	4	5
1. Program Review: The program has conducted a specific and systematic review of its physical setting and its activities in order to evaluate consumer choice and control and to make changes necessary to maximize consumer choice.	No specific systematic review has been conducted.	A systematic program-wide review has been conducted, including consumer-survivor input.	In addition to (2), an action plan to maximize consumer choice has been developed.	In addition to (3), the action plan has been partially implemented.	In addition to (4), all steps of the action plan have been implemented.
2. Program Options: Staff review the program's service options (e.g., types of services offered, locations, housing possibilities, choices regarding clinicians) with each consumer prior to the development of an initial service plan.	Service options have been reviewed with consumers.	Fewer than 30% of consumers have reviewed the program's service options with staff.	30-60% of consumers have reviewed the program's service options with staff.	61-90% of consumers have reviewed the program's service options with staff.	More than 90% of consumers have reviewed the program's service options with staff.
3. Consumer Ratings of Choice and Control: In program satisfaction surveys, consumers rate their experience of choice and control in the program at the "agree" (or comparable, better than neutral) point on the rating scale or higher.	No consumers rate consumer choice at the "agree" or higher point.	Fewer than 40% of consumers rate consumer choice at the "agree" or higher point.	40-70% of consumers rate consumer choice at the "agree" or higher point.	71-90% of consumers rate consumer choice at the "agree" or higher point.	More than 90% of consumers rate consumer choice at the "agree" or higher point.

DOMAIN 1-D: **COLLABORATION – maximizing collaboration and sharing power**
"To what extent do the program's activities and settings maximize collaboration and sharing of power between staff and consumers?"

Criterion	1	2	3	4	5
1. Program Review: The program has conducted a specific and systematic review of its activities in order to assess the quality of collaboration in staff-consumer relationships and to identify opportunities for enhancing this collaboration.	No specific, systematic review has been conducted.	A systematic program-wide review has been conducted, including consumer-survivor input.	In addition to (2), an action plan to maximize consumer-staff collaboration has been developed.	In addition to (3), the action plan has been partially implemented.	In addition to (4), all steps of the action plan have been implemented.
2. Consumer Ratings of Collaboration: Consumers rate the program and its staff as collaborative – sharing power and respecting consumer perspectives – at the "agree" (or comparable, better than neutral) point on the rating scale or higher.	No consumers rate program collaboration at the "agree" or higher point.	Fewer than 40% of consumers rate program collaboration at the "agree" or higher point.	40-70% of consumers rate program collaboration at the "agree" or higher point.	71-90% of consumers rate program collaboration at the "agree" or higher point.	More than 90% of consumers rate program collaboration at the "agree" or higher point.

Trauma-Informed Program Self-Assessment Scale *(Version 1.4, 5-06 / Fallot & Harris, 2009)*

DOMAIN 1-E: **EMPOWERMENT – prioritizing empowerment and skill-building**
"To what extent do the program's activities and settings prioritize consumer empowerment and growth?"

Criterion	1	2	3	4	5
1. Program Review: The program has conducted a specific and systematic review of its activities in order to assess the extent to which the program facilitates consumer empowerment and skill-building and to identify opportunities for enhancing this priority.	No specific, systematic review has been conducted.	A systematic program-wide review has been conducted, including consumer-survivor input.	In addition to (2), an action plan to maximize consumer empowerment and skill-building has been developed.	In addition to (3), the action plan has been partially implemented.	In addition to (4), all steps of the action plan have been implemented.
2. Identifying Consumer Strengths: The program identifies each consumer's strengths and resources as part of routine assessment.	No consumer's assessment has identified strengths and weaknesses.	Fewer than 30% of consumers' assessments have identified strengths and weaknesses.	30-60% of consumers' assessments have identified strengths and weaknesses.	61-90% of consumers' assessments have identified strengths and weaknesses.	More than 90% of consumers' assessments have identified strengths and weaknesses.
3. Consumer Ratings of Empowerment: Consumers rate the program and its staff as facilitating empowerment and skill-building at the "agree" (or comparable, better than neutral) point on the rating scale or higher.	No consumers rate consumer empowerment and skill-building at the "agree" or higher point.	Fewer than 40% of consumers rate consumer empowerment and skill-building at the "agree" or higher point.	40-70% of consumers rate consumer empowerment and skill-building at the "agree" or higher point.	71-90% of consumers rate consumer empowerment and skill-building at the "agree" or higher point.	More than 90% of consumers rate consumer empowerment and skill-building at the "agree" or higher point.

Trauma-Informed Program Self-Assessment Scale *(Version 1.4, 5-06 / Fallot & Harris, 2009)*

DOMAIN 2: FORMAL SERVICE POLICIES
"To what extent do the formal policies and procedures of the program reflect an understanding of trauma and recovery?"

Criterion	1	2	3	4	5
1. Eliminating Involuntary Treatment: The program has developed written policies that seek to eliminate involuntary or coercive practices (seclusion and restraint, involuntary hospitalization or medication, outpatient commitment).	No relevant policies have been developed.	Policies designed to eliminate involuntary treatment have been developed.	In addition to (2), policies are consistently implemented.	In addition to (3), instances of involuntary treatment are regularly reviewed in order to improve practice.	In addition to (4), survivor-consumers are routinely involved in this review of both policy and practice.
2. Consumer Crisis Preferences (A): The program has a written policy and formal procedure for inquiring about and respecting consumer preferences for responding in crisis situations.	No policy or procedure has been developed.	A relevant policy, specifying a procedure (e.g., a standard form) for inquiring about consumer crisis preferences, has been developed	In addition to (2), this procedure includes steps to ensure the staff's awareness of and attention to these preferences.	In addition to (3), instances of crisis response are regularly reviewed in order to ensure consideration of consumer preferences.	In addition to (4), crisis response procedures are adjusted as necessary to maximize attention to consumer preferences.
3. Consumer Crisis Preferences (B): Each consumer has been asked about crisis preferences and their responses are available to all appropriate direct service staff.	No consumer is asked about crisis preferences.	Fewer than 30% of consumers are asked OR their preferences are not known by all relevant staff.	30-60% of consumers are asked OR 30-60% of consumer preferences are not known by all relevant staff.	61-90% of consumers are asked OR 61-90% of consumer preferences are not known by all relevant staff.	More than 90% of consumers are asked AND more than 90% of consumer preferences are not known by all relevant staff.
4. De-escalation Policy: The program has a written de-escalation policy that minimizes possibility of retraumatization; the policy includes reference to a consumer's statement of preference for crisis response.	No written de-escalation policy exists.	The program has a written de-escalation policy that minimizes retraumatization and includes consumer crisis preferences.	In addition to (2), this policy is regularly implemented.	In addition to (3), de-escalation situations are regularly reviewed in order to ensure attention to consumer preferences.	In addition to (4), the de-escalation policy is adjusted as necessary to maximize attention to consumer preferences.

5. Confidentiality (A): Policies regarding confidentiality (including limits) and access to information are clearly written and maximize legal protection of consumer privacy.	No written confidentiality policy exists OR it is written in a way difficult for consumers to understand.	A written confidentiality policy exists and is clearly written.	In addition to (2), the policy maximizes the legal protection of consumer privacy.	In addition to (3), instances that reflect limits of confidentiality are routinely reviewed.	In addition to (4), confidentiality policy is adjusted to maximize clarity and consumers' privacy within legal limits.
6. Confidentiality (B): Program confidentiality policies, including limits of confidentiality, are communicated to each consumer.	No consumer has been given information about confidentiality and its limits.	Fewer than 30% of consumers have been given information about confidentiality and its limits.	30-60% of consumers have been given information about confidentiality and its limits.	61-90% of consumers have been given information about confidentiality and its limits.	More than 90% of consumers have been given information about confidentiality and its limits.
7. Consumer Rights and Responsibilities (A): The program has a clearly written and easily accessible policy outlining consumer rights and responsibilities.	No written consumer rights and responsibilities policy exists OR it is written in a way difficult for consumers to understand.	A written statement of consumer rights and responsibilities exists and is clearly written.	In addition to (2), the statement is readily available for consumers.	In addition to (3), the statement is reviewed for possible revision on at least an annual basis.	In addition to (4), consumer-survivors are involved in the writing of the statement.
8. Consumer Rights and Responsibilities (B): The program's policy regarding consumer rights and responsibilities has been communicated to each consumer.	No consumer has been given the statement of rights and responsibilities.	Fewer than 30% of consumers have been given the statement.	30-60% of consumers have been given the statement.	61-90% of consumers have been given the statement.	More than 90% of consumers have been given the statement.

DOMAIN 3: **TRAUMA SCREENING, ASSESSMENT, AND SERVICE PLANNING**
"To what extent does the program have a consistent way to identify individuals who have been exposed to trauma, and to include trauma-related information in planning services with the consumer?"

Criterion	1	2	3	4	5
1. Universal Trauma Screening: Within the first month of service participation, every consumer has been asked about exposure to trauma.	No consumer has been asked about trauma exposure.	Fewer than 30% of consumers have been asked, within the first month of service participation, about trauma exposure.	30-60% of consumers have been asked about trauma exposure.	61-90% of consumers have been asked about trauma exposure.	More than 90% of consumers have been asked about trauma exposure.
2. Trauma Screening Content: The trauma screening includes questions about lifetime exposure to sexual and physical abuse.	No standardized trauma screening approach exists.	A standardized screening for trauma has been approved but not implemented.	A standardized screening approach has been implemented but does not include questions about sexual or physical abuse.	The screening includes questions about EITHER sexual OR physical abuse OR about abuse in general OR about a specific time period.	The standardized screening includes questions about lifetime exposure to both physical and sexual abuse.
3. Trauma Screening Process: The trauma screening is implemented in ways that minimize consumer stress; it reflects considerations given to timing, setting, relationship to interviewer, consumer choice about answering, and unnecessary repetition.	No discussion of the screening process has occurred.	A plan for minimizing stress in screening has been developed.	A screening plan that includes flexible responses to consumers has been implemented.	The screening process is routinely reviewed to ensure that it minimizes consumer and staff distress.	Consumers and staff report satisfaction with the screening process.

4. Trauma Assessment: Unless specifically contraindicated due to consumer distress, the program conducts a more extensive assessment of trauma history and needs and preferences for trauma-specific services for those consumers who report trauma exposure.	The program has conducted no trauma assessments.	A plan for conducting trauma assessments has been developed.	An assessment plan that includes both trauma history and service needs and preferences has been implemented.	The assessment process is routinely reviewed to ensure that it minimizes consumer and staff distress.	Consumers and staff report satisfaction with the assessment process.
5. Trauma and Service Planning: The program ensures that those individuals who report the need and/or desire for trauma-specific services are referred for appropriately matched services.	No referrals for trauma-specific services are made.	A plan for referrals, including the accessibility of trauma-specific services, has been developed.	In addition to (2), fewer than 30% of those needing or requesting trauma-specific services are referred for accessible services.	In addition to (2), 30-80% of those needing or requesting trauma-specific services are referred for accessible services.	In addition to (2), more than 80% of those needing or requesting trauma-specific services are referred for accessible services.
6. Trauma-Specific Services: The program offers, or has identified other programs that offer, trauma-specific services with four "criterion" characteristics: effective, accessible, affordable and responsive to the preferences of the program's consumers.	No trauma-specific services are offered or identified.	Offered or identified trauma-specific services have one of the four criterion characteristics.	Offered or identified trauma-specific services have two of the four criterion characteristics.	Offered or identified trauma-specific services have three of the four criterion characteristics.	Offered or identified trauma-specific services have all four of the four criterion characteristics.

Trauma-Informed Program Self-Assessment Scale *(Version 1.4, 5-06 / Fallot & Harris, 2009)*

DOMAIN 4: ADMINISTRATIVE SUPPORT FOR PROGRAM-WIDE TRAUMA-INFORMED SERVICES
"To what extent do agency administrators support the integration of knowledge about trauma and recovery into all program practices?"

Criterion	1	2	3	4	5
1. Written Policy Statement: The program has adopted a formal policy statement that refers to the importance of trauma and the need to account for consumer experiences of trauma in all aspects of program operation.	No senior level discussion has occurred.	Senior level administrators have participated in discussion of statement.	In addition to (2), administrators have reviewed draft statement.	In addition to (3), administrators have approved adoption of statement.	In addition to (4), statement is prominently displayed in program description.
2. Support for Trauma-Informed Leadership: The program has named a trauma specialist or workgroup(s) to lead agency activities in trauma-related areas and provides needed support for trauma initiatives.	No trauma specialist or workgroup has been identified.	Specialist or workgroup has been identified and given a clear mission.	In addition to (2), resources (staff, time, budget) have been allocated.	In addition to (3), action plan has been adopted and initial steps taken.	In addition to (4), initial action plan has been substantially completed.
3. Administrative Participation in and Oversight of Trauma-Informed Approaches: Program administrators monitor and participate actively in responding to the recommendations and activities of the trauma leadership.	No reporting or monitoring of trauma-related activities occurs.	Administrators are informed of trauma specialist or workgroup activities.	In addition to (2), administrators meet periodically with trauma specialist or workgroup.	In addition to (3), administrators routinely monitor implementation of trauma activities.	In addition to (4), administrators include trauma initiatives in formal reports and publications.

4. Trauma Survivor-Consumer Involvement (A): Administrators work with a Consumer Advisory Board (CAB) that includes consumers who have had lived experiences of trauma.	No Consumer Advisory Board exists.	Consumer Advisory Board exists but has no self-identified trauma survivor-consumers.	Consumer Advisory Board has one member who self-identifies as a survivor-consumer.	Consumer Advisory Board has at least two members who self-identify as survivor-consumers.	In addition to (4), administrators ensure that trauma initiatives are addressed in meetings with the CAB.
5. Trauma Survivor-Consumer Involvement (B): Consumers who have lived experiences of trauma are actively involved in all aspects of program planning and oversight.	No survivor-consumers are involved in program or agency planning.	Survivor-consumer workgroup has been formed.	In addition to (2), this workgroup makes recommendations to administrators regarding trauma initiatives.	In addition to (3), survivor-consumers are represented on major agency standing committees.	In addition to (4), survivor-consumers have paid positions in the agency; positions draw explicitly on lived experience.
6. Needs Assessment and Program Evaluation: Program gathers data addressing the needs and strengths of consumers who are trauma survivors and evaluates the effectiveness of the program and trauma-specific services.	No data are gathered.	The program has gathered data regarding the prevalence of trauma and needs of survivors.	In addition to (2), the program has developed a plan to monitor the process (including consumer satisfaction) and outcomes of trauma services.	In addition to (3), the program regularly monitors process and outcomes.	In addition to (4), the program incorporates program evaluation results in its planning for trauma-related services.
7. Trauma and Consumer Satisfaction: Administrators include at least five key principles of trauma-informed services in consumer satisfaction surveys: safety, trustworthiness, choice, collaboration, and empowerment (see Domain 1)	None of the five areas is included in surveys (or surveys are not standardized).	One of the five areas is included in surveys.	Two or three of the five areas are included in surveys.	Four of the five areas are included in surveys	All five of the areas are included in surveys.

DOMAIN 5: **STAFF TRAUMA TRAINING AND EDUCATION**
"To what extent have all staff members received appropriate training in trauma and its implications for their work?"

Criterion	1	2	3	4	5
1. General Trauma Education for All Staff (A): All staff (including administrative and support personnel) have participated in at least three hours of "basic" trauma education that addresses at least the following: (a) trauma prevalence, impact and recovery; (b) ensuring safety and avoiding retraumatization; (c) maximizing trustworthiness (clear tasks and boundaries); (d) enhancing consumer choice; (e) maximizing collaboration; and (f) emphasizing empowerment.	No trauma education designed for all staff has been offered.	Fewer than 30% of staff have participated in basic trauma education OR more than 50% of staff have received trauma education that includes only one of the content areas.	30-60% of staff have participated in basic trauma education OR more than 50% of staff have received trauma education that includes two or three of the content areas.	61-90% of staff have participated in basic trauma education OR more than 50% of staff have received trauma education that includes four or five of the content areas.	More than 90% of staff have participated in basic trauma education that includes all six content areas.
2. General Trauma Education for All Staff (B): All new staff receive at least one hour of trauma education as part of orientation.	No new staff have received trauma education in orientation.	Fewer than 30% of staff have received trauma education in orientation.	30-60% of staff have received trauma education in orientation.	61-90% of staff have received trauma education in orientation.	More than 90% of staff have received trauma education in orientation.
3. Education for Direct Services Staff (A): Direct service staff have received at least three hours of education involving trauma-informed modifications in their content areas (e.g., care coordination, housing, substance use).	No direct services staff have received this education.	Fewer than 30% of direct services staff have received this education.	30-60% of direct services staff have received this education.	61-90% of direct services staff have received this education.	More than 90% of direct services staff have received this education.
4. Education for Direct Services Staff (B): Direct services staff have received at least three hours of education involving trauma-specific techniques (e.g., grounding, teaching trauma-recovery skills).	No direct services staff have received this education.	Fewer than 30% of these staff have received this education.	30-60% of direct services staff have received this education.	61-90% of direct services staff have received this education.	More than 90% of staff have received this education.

Trauma-Informed Program Self-Assessment Scale (Version 1.4, 5-06 / Fallot & Harris, 2009)

5. Support for Direct Services Staff: Direct service staff offering trauma-specific services are provided adequate resources for self-care, including supervision, consultation, and/or peer support that addresses secondary traumatization.	No specific support for direct services staff is offered.	Administrators have developed a plan for offering support.	General support is offered but does not address secondary traumatization.	Trauma-focused support is offered and made accessible for staff.	Staff report that trauma-focused support is adequate to meet their needs.

DOMAIN 6: **HUMAN RESOURCES PRACTICES**
"To what extent are trauma-related concerns part of the hiring and performance review process?"

Criterion	1	2	3	4	5
1. Prospective Staff Interviews: Interviews include trauma-related questions. (What do applicants know about trauma, including sexual and physical abuse? About its impact? About recovery and healing? Is there a "blaming the victim" bias? Is there potential to be a trauma "champion?")	Interviews do not address trauma.	Fewer than 30% of interviews address trauma.	30-60% of interviews address trauma.	61-90% of interviews address trauma.	More than 90% of interviews address trauma.
2. Staff Performance Reviews: Staff performance reviews include trauma-informed skills and tasks, including the development of safe, trustworthy, collaborative, and empowering relationships with consumers that maximize consumer choice.	Performance reviews do not address trauma-informed skills.	Fewer than 30% of performance reviews address trauma-informed skills.	30-60% of performance reviews address trauma-informed skills.	61-90% of performance reviews address trauma-informed skills.	More than 90% of performance reviews address trauma-informed skills.