Greater Richmond
Trauma-Informed Community Network

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SCAN
stop child abuse now

Trauma–Informed Organizational Assessments*

Name of tool	Who is it designed for?	Strengths	Challenges	Contact person/place	Themes
Agency Self-Assessment	Intended to be a tool that will help you assess your organization's readiness to implement a trauma-informed approach	Helps to identify opportunities for program and environmental change, assist in professional development planning, and can be used to inform organizational policy change/survey can be completed online	Because staff is evaluating their own agency they may not answer honestly	**http://www.traumainformedcareproject.org/**	Supporting Staff Development

Creating a Safe and Supportive Environment

Assessing and Planning Services

Involving Consumers

Adapting Policies |
| **ARCTIC: Attitudes Related to Trauma Informed Care** | The ARCTIC Scale is the first psychometrically valid measure of trauma-informed care (TIC) to be published in the literature. It measures an indicator theorized to be important to (TIC), professional and paraprofessional attitudes favorable or unfavorable toward TIC. | There are 3 versions of the ARTIC for human services settings (45 item, 35 item, 10 item short form) and 3 parallel versions for education settings.

The potential uses of the ARTIC: Assess readiness for, and barriers to, TIC implementation; obtain a baseline measure to assess change over time as a result of TIC interventions; monitor the backslide of TIC in schools and organizations that commonly occurs; serve as an "assessment-as-intervention" tool in order to resist | The ARTIC is a measure of attitudes and not of behaviors. Therefore, the ARTIC should be empir-ically linked with important, gold standard metrics, some of which should be gathered using direct assessment of behaviors consistent with TIC. | **Traumatic Stress Institute** Klingberg Family Centers 370 Linwood Street New Britain, CT 06052 (860) 832-5562 | The five main subscales of the ARTIC include (a) underlying causes of problem behavior and symptoms, (b) responses to problem behavior and symptoms, (c) on-the-job behavior, (d) self-efficacy at work, and (e) reactions to the work. The sup-plementary subscales include (f) personal support of TIC and (g) system-wide support for TIC. |

		the backslide of TIC; determine which staff need additional training and supervision related to TIC.			
Creating Cultures of Trauma Informed Care (CCTIC)	Administrators, providers, and survivor-consumers to use in the development, implementation, evaluation, and ongoing monitoring of trauma-informed programs	Provide clear guidelines for developing, implementing, evaluating, and monitoring trauma-informed programs/ domains address both services-level and administrative or systems-level changes.		Roger D. Fallot, Ph.D. Director of Research and Evaluation 202.608.4796 (voice) 202.608.4286 (fax) rfallot@ccdc1.org Rebecca Wolfson Berley, MSW Director of Trauma Education 202.608.4735 (voice) 202.608.4286 (fax) rwolfson@ccdc1.org Community Connections 801 Pennsylvania Avenue, S.E. Suite 201 Washington, DC 20003	Built on five core values of safety, trustworthiness, choice, collaboration, and empowerment
National Council for Behavioral Health: Trauma Informed Care Organizational Self-Assessment **click HERE for a one page summary**	National Council experts can help entities, spanning community behavioral health organizations, government systems, schools, primary care clinics, social services and law enforcement, develop and operationalize plans for becoming trauma-informed.	Designed to increase your awareness and readiness to adopt the key components of a trauma-informed care organization and to identify what you need to keep doing and reinforcing, stop doing, or start doing the right thing.	Costs for consultation services (prices listed on one page summary)	Jody Levison-Johnson at **JodyLJ@thenationalcouncil.org** or calling 202.629.5785, ext 385.	The seven domains of trauma-informed care are early screening and assessment, consumer-driven care and services, nurturing a trauma-informed and responsive workforce, evidence-based and emerging best practices, creating safe environments, community outreach and partnership building, and ongoing performance improvement and evaluation. In each of these areas, the National Council offers a half-day education

					workshop followed by 1-day onsite consulting on the implementation process. We help you set up performance indicators and provide essential tools and resources.
ProQOL Professional Quality of Life	People who work helping others may respond to individual, community, national, and even international crises. They may be health care professionals, social service workers, teachers, attorneys, police officers, firefighters, clergy, transportation staff, disaster responders, and others.	The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue. Can be administered to an individual or group. Free manual for use and easy to interpret with self scoring worksheet. Available in 20 different language versions.	Not all languages are listed in options for use.		
Sanctuary Model S.E.L.F. implementation tool	Human service organizations	Identified the experience of trauma along a wide continuum that includes both discrete events and ongoing cumulative and perhaps intangivle experiences like racism and poverty. Recognizes that just as human		Kamilah Francis 914-965-3700 ext 1293	Promotes safety and recovery from adversity through the active creation of a trauma-informed community.

		beings are susceptible to the misapplication of survival skills, organizations themselves are equally vulnerable.			
TIC-OSAT (Trauma-Informed Care – Organizational Self-Assessment Tool)	The TIC OSAT is designed to measure trauma-informed practices of human service provider agencies, mental and healthcare organizations, and community-based organizations. It is strongly recommended that the survey be sent out to *all staff* in the organization or program including leadership, supervisors, managers, direct service staff, support staff, and office personnel.	**TIC-OSAT (Trauma-Informed Care – Organizational Self-Assessment Tool)** is a strengths-based organizational self-assessment tool that provides organizations with a point in time "snapshot" of where they are in their journey towards becoming trauma-informed.	At this time, only organizations and programs located in New York State can register for an account. Future developments may include roll-outs in other states. Not suggested for the TIC-OSAT survey for 5 or less survey takers since the data may not be reliable. More than 5 surveys will ensure that survey results are robust and reliable.	CCSI 1099 Jay St, Building J, Rochester, NY 14611 585.328.5190	The tool employs the Substance Abuse and Mental Health Services Administration's (SAMHSA) 10 Implementation Domains as a framework for guiding survey participants through a sequence of questions to assess implementation of trauma-informed care practices within their organization.
Trauma Informed Agency Assessment	Intended for use with children's behavioral health agencies that offer clinical and targeted case management services.	Can be adapted for single or multi-agency use and its language modified to suit agency norms. Different programs can be added to the beginning of the survey that reflect the comprehensive service array offered by the state or agency. Developers are willing to modify		info@thriveinitiative.org	Evaluates strengths and areas that need improvement within agencies. Measures physical and emotional safety, youth and family empowerment, trustworthiness, trauma competence, cultural competence, and commitment to trauma-informed philosophy. Purpose of the assessment is to improve the entire system that is dedicated

		the web-based tool to meet your agency's requirements.			to meeting the behavioral health needs of youth and families.
Trauma Informed Organizational Assessment	Residential programs serving homeless populations and organizations including direct care staff, case managers, supervisors, clinicians, and administration.	Organizations can use assessment to examine their current practices and take specific steps to become trauma-informed.	The *Self-Assessment* was initially created for use in programs serving women and children. While it is also applicable in mixed gender settings, its use in these settings may require further refinement of the tool to respond to gender-specific issues that have not been addressed.		Evaluates programming based on the incorporation of self-assessment, identifies areas for organizational growth, and make practical changes.
Trauma Informed System Change Instrument	The Southwest Michigan Children's Trauma Assessment Center's Substance Abuse and Mental Health Services Administration funded initiative	Systems perspective

Three areas of systems were defined for measuring change: Policy, Agency Practice, and Connections (between individuals and between agencies).

Wording of the instrument is purposefully universal so that it has meaning to individuals working in or with the child welfare system regardless of their role or agency affiliation.

Provides a snapshot of the extent to which the current community child welfare system is trauma informed from a cross- | Third latent factor, Tradition, was problematic in the analysis, based on low internal consistency

Defining the child welfare system for each participant is very much context-dependent, and each community's organizational responsibilities and barriers are unique and complex

The catchment area for agencies differs from community to community, and this is not easily defined so to be able to account for introduction of bias and mediating effects in each area. | | Address a gap in evaluation methodology and practice as well as to guide interventions seeking to change child welfare systems in becoming trauma informed.

Measure the impact of system change initiatives

Measurement of trauma informed change in child welfare

Need to measure the extent to which child welfare systems were becoming trauma informed during and after participation in a community-wide training initiative |

		agency perspective It has value as a tool for targeting areas of need in developing an individualized training and consultation intervention to create a more trauma informed system. Finally, it can be used to show change over time regarding the extent to which the child welfare system is becoming trauma informed.			
Trauma Responsive Systems Implementation Advisor (TreSIA)	Help organizations create Trauma Responsive, trauma informed systems and in particular help organizations adopt trauma-informed care	Includes tools for implementing Trauma Informed Care. Trauma Informed Care supports mental health recovery for most mental health diagnoses including PTSD, addiction Explores your readiness for and alignment with specific TIC factors and attributes Provides descriptive information from multiple frames of reference about the concept of Trauma-Responsive Systems Organizational assessment to see where the organization is in terms of readiness to implement		**info@epowerandassociates.com** **or** **epower@epowerandassociates.com**	Trauma-informed care, organizational assessment and organizational change management.

		Trauma-Informed Care.			
Trauma System Readiness Tool	For child welfare systems to use as they asses the trauma-informed nature of their own system To be completed by multiple informants within the CW system, including front-line workers, supervisors, and administrators	Results from the TSRT provide cross-informant data to each system detailing how front-line case workers' responses from the survey are similar to or different from those of supervisors and administrators.	One limitation of the TSRT is the reliance on participants' self-report and the possibility of social desirability affecting their responses.		Determines trauma informed nature of organizations Measures welfare agency's understanding of the impact traumatic experiences on the child, parent/adult, and professionals working in child welfare systems, as well as systems integration/service coordination with other child serving agencies

Many of the assessments listed require permission from the author and some may have cost associated. Please be sure to check with the contact person/place before use. This may be listed in the initial link or in contact person/place column