

Applying the Parallel Values of Trauma-Informed Practices: Organizational Self-Assessment

Organization: _____ Date: _____

“Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.”
- Sandra Bloom, M.D.

1. Safety: Throughout the organization, staff and the people they serve feel physically and psychologically safe.		
<i>Trauma-Informed Practices</i>	<i>Currently doing well</i>	<i>Areas for growth</i>
<p><u>For Organizational Leadership</u></p> <ul style="list-style-type: none"> ➤ Leaders encourage staff to create wellness plans that protect against vicarious trauma and empathy fatigue. ➤ Leaders work to make the physical space a sanctuary for everyone who enters the space. ➤ Leaders continually assess their leadership style. ➤ Leaders tell staff what they plan to do before they do it. ➤ Leaders provide clear trauma-sensitive communication. 		
<p><u>For Staff</u></p> <ul style="list-style-type: none"> ➤ Staff encourage and assist those working on recovery to create wellness plans that protect against crisis and recovery setbacks. ➤ Staff create a welcoming and inviting space for those engaged in services to relax and be comfortable. ➤ Staff continually monitor their treatment style. ➤ Staff provide clear trauma-sensitive communication. 		
2. Trustworthiness and transparency: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.		
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<p><u>For Organizational Leadership</u></p> <ul style="list-style-type: none"> ➤ Leaders commit to the well-being and success of their employees. ➤ Leaders are respectful, clear, and consistent with expectations and interactions with staff. 		

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<ul style="list-style-type: none"> ➤ Leaders speak about staff with respect and acceptance. ➤ Leaders listen without judgment. ➤ Leaders provide noncritical feedback. 		
<p><u>For Staff</u></p> <ul style="list-style-type: none"> ➤ Staff are committed to the well-being and success of the people they serve. ➤ Staff are respectful, clear, and consistent with expectations and interactions with those seeking or engaged in services. ➤ Staff speak about those involved in services with respect and acceptance. ➤ Staff listen without judgment. ➤ Staff provide noncritical feedback. 		
<p>3. Collaboration and mutuality: There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.</p>		
<p><i>Trauma-Informed Practices</i></p>	<p><i>Currently doing well</i></p>	<p><i>Areas for growth</i></p>
<p><u>For Organizational Leadership</u></p> <ul style="list-style-type: none"> ➤ Leaders provide systematic ways for staff to offer feedback on trauma-informed values. ➤ A leader’s knowledge is not valued more highly than a staff members’ knowledge. ➤ Leaders acknowledge staff expertise. ➤ Leaders allow staff to play an active role in their own development. 		
<p><u>For Staff</u></p> <ul style="list-style-type: none"> ➤ Staff provide systematic ways for people engaged in services to offer feedback on trauma-informed values. ➤ Staff acknowledge that people working on their own recovery have specific expertise regarding their life. ➤ Staff allow those involved in services to play an active role in their treatment. 		

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4. Peer support and mutual self-help: These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

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<p><u>For Organizational Leadership</u></p> <ul style="list-style-type: none"> ➤ Leaders understand the importance of peer support for people in recovery and supervise peer support staff effectively. ➤ Leaders know the Wisconsin Certified Peer Specialist Core Competencies, Wisconsin Certified Peer Specialist Code of Ethics, and the Wisconsin Certified Peer Specialist Scope of Practice. ➤ Leaders support culture change that improves service delivery across the entire organization by embedding peer support services into the treatment setting. ➤ Leaders recognize that the inclusion of peer support shifts the focus and nature of treatment services themselves, agency-wide, and across systems. As a result, the administrative contexts in which staff deliver those services (e.g., organizational policies, budgets, and evaluation practices) must align to support recovery-oriented services. ➤ Leaders articulate a clear vision of where the agency is headed, address the inevitable barriers to achieving that vision, and institutionalize culture changes so that they endure. 		
<p><u>For Staff</u></p> <p><i>Non-Peer Support Staff:</i></p> <ul style="list-style-type: none"> ➤ Respect and understand the scope and role of peer support providers. ➤ Communicate openly any questions or concerns regarding peer support providers. 		

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<p><i>Peer Support Staff:</i></p> <ul style="list-style-type: none"> ➤ Cultivate empowering and supportive relationships. ➤ Use self-disclosure and their own lived experience as a valuable tool with those engaged in services. ➤ Provide information about community and recovery-oriented resources upon request. ➤ Assist in supporting their peers, even in crisis. ➤ Value self-determination as a guiding ethical principle. ➤ Facilitate person-centered goal setting. ➤ Communicate effectively with their peers, other team members, and clinicians. ➤ Create an environment of respect for their peers and those with lived experience. ➤ Seek to understand the roles culture, community, and identity play in their peers' lives. ➤ Practice trauma-informed approaches in their peer relationships and work places. ➤ Affect positive change in systems. ➤ Inspire hope for recovery and wellness. 		
<p>5. Empowerment, voice, and choice: Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.</p>		
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<p><u>For Organizational Leadership</u></p> <ul style="list-style-type: none"> ➤ Leaders involve all staff in planning and evaluation. ➤ Leaders work with staff to develop career goals and promote opportunities for job development. 		

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<ul style="list-style-type: none"> ➤ Leaders ensure staff have access to the resources and training necessary to implement trauma-informed care. ➤ Leaders thoughtfully look at staff workloads. ➤ Leaders support the time commitment necessary for staff to change long-held habits. ➤ Leaders recognize when staff do good work. 		
<p><u>For Staff</u></p> <ul style="list-style-type: none"> ➤ Staff provide referrals, resources, and opportunities for skill-building to promote recovery. ➤ Staff work with those seeking recovery to create individualized treatment goals. ➤ Staff allow those engaged in services enough time to establish rapport and feel safe so that they can work on their recovery at their own pace. ➤ Staff supports the time commitment necessary for those engaged in services to change long-held habits and coping strategies. 		
<p>6. Cultural, historical, and gender issues: The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.</p>		
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<p><u>For Organizational Leadership</u></p> <ul style="list-style-type: none"> ➤ Leaders model and support behaviors that move past cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, and more. ➤ Leaders are aware of their own implicit biases and privilege. 		

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<ul style="list-style-type: none"> ➤ Leaders ensure access to gender responsive services and leverage the healing value of traditional cultural connections. ➤ Leaders incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served. ➤ Leaders recognize and address historical trauma among staff. 		
Trauma-Informed Practices	Currently doing well	Areas for growth
<p><u>For Staff</u></p> <ul style="list-style-type: none"> ➤ Staff model and support behaviors that move past cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, and more. ➤ Staff are aware of their own implicit biases and privilege. ➤ Staff provide access to gender responsive services and leverage the healing value of traditional cultural connections. ➤ Staff provide services that are responsive to the racial, ethnic, and cultural needs of individuals served. ➤ Staff recognize and address historical trauma. 		