# Program Readiness Assessment for Trauma-Informed Approaches

## Purpose

The Program Readiness Assessment for Trauma-Informed Approaches (TIA) is intended to be a tool that will help you assess your HIV program's readiness to implement a trauma-informed approach. Staff responses can benefit your program by helping to identify opportunities for program and environmental change, assist in professional development planning, and can be used to inform programmatic and organizational policy change. This assessment was adapted from Orchard Place/Child Guidance Center's Trauma-Informed Care Project Agency Self-Assessment for Trauma-Informed Care.

For the purposes of this assessment, the term *program* refers to your Ryan White HIV/AIDS Program (RWHAP) Part, HIV prevention program, community-based or AIDS services organization, or otherwise. The term *participant* refers to the people participating in your RWHAP, HIV prevention program, etc. to receive services.

### INSTRUCTIONS

Each staff member of the program should take this assessment. Once all staff have taken the assessment, the staff average for each section should be calculated. Once the average for each section is calculated, please total up those averages and scroll to the bottom of this document for the interpretation of the program's readiness level. <u>Please be mindful that some of the items may not apply to your setting.</u> This assessment was created with the understanding that all programs have strengths and areas for growth.

Demographics are optional for all respondents. However, we do encourage that individuals complete this section to gain a better understanding of the program's progress and how experiences of staff may differ across race, gender identity, sexual orientation, and age. This will help to assess what kind of progress your program has made towards becoming a more inclusive and racially equitable entity.

| DEMOGRAPHICS | |
|---|---|
| Race | |
| Ethnicity (e.g., Cuban, Nigerian, Korean etc.) | |
| Gender Identity | |
| Sexual Orientation | |
| Age | |

**NASTAD**

**Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:**

**1** Strongly Disagree     **2** Disagree     **3** Neutral     **4** Agree     **5** Strongly Agree

**D/K** I am not sure I understand this goal     **D/M** I do not know if we meet this goal

**N/A** This goal does not apply to our organization/department/work area

| Section I: Creating Safe and Supportive Environment | SCORE |
|---|---|

**ESTABLISH A SUPPORTIVE ENVIRONMENT**

1. Our program ensures that staff at all levels are engaged in efforts to improve the safety and physical environment of the organization.

2. Staff turnover is rare.

3. There are flexible policies for staff scheduling.

4. There are flexible policies if a participant is late.

5. There are yearly racial equity and anti-bias trainings required of all staff.

6. There are staff available to de-escalate conflicts.

7. There are staff available to warmly greet participants (in-person or telephonically).

8. Our program ensures that participants are engaged in efforts to improve the safety and physical environment (e.g., provide input for renovation design or re-decoration).

9. Our program has a system in place to evaluate the psychosocial experiences (i.e., describing the intersection and interaction of social, cultural, and environmental influences on the mind and behavior) of staff.

10. Our program has trauma-informed supervision (e.g., standing supervisory check-ins, helping supervisee manage workload, and nurturing a professional and personal time balance) for staff.

11. Our program has a way to respond when concerns are raised about burnout and/or vicarious trauma (i.e., profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma).

12. Our program has practices in place to address burnout and vicarious trauma.

13. Our program has a policy in place for moving concerns "up the ladder" to those who can make changes.

14. Our program has written policies and procedures that include a focus on aspects of trauma, healing, or well-being.

15. The environment inside and outside our space, common areas, and bathrooms are well lit.

16. Onsite bathrooms have safety precaution measures (e.g., Individuals can lock doors, doors that open outwards vs inwards, and have motion detector sensors).

17. There are gender-inclusive bathrooms available for both participants and staff.

18. The program provides staff with opportunities to make suggestions about ways to improve/change the physical space.

| | SECTION TOTAL | |
|---|---|---|

| Section II: Involving Participants | SCORE |
|---|---|

1. Participants can easily access support services (referrals to employment, housing, food, legal, etc.).

2. There is a formal process for soliciting and integrating feedback from participants.

3. Participants are made aware that discriminatory (e.g., racist, anti-gay, anti-trans, etc.) language or behavior is not tolerated within our program and have a way to share feedback if they experience it.

4. The process for obtaining feedback from participants happens on a regular basis.

**Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:**

**1** Strongly Disagree     **2** Disagree     **3** Neutral     **4** Agree     **5** Strongly Agree

**D/K** I am not sure I understand this goal     **D/M** I do not know if we meet this goal

**N/A** This goal does not apply to our organization/department/work area

5. There is an advisory committee comprised of participants, service agencies, and other community stakeholders.

6. There is funding to support the advisory committee (e.g., meals, transportation, administrative support, etc.).

7. The advisory committee is facilitated by an external facilitator.

8. The advisory committee has a clear understanding of its responsibilities and decision-making role.

9. Participants are referred to providers who meet their needs.

10. Participants' experience and input is utilized when determining who (sub-recipients) will receive funding (e.g., incorporated into proposal review process).

11. Participants are considered for employment by the program.

12. Participants have easy access to provide feedback regarding their experience with the program.

**SECTION TOTAL**

## Section III: Conducting Program Intake and Psychosocial Assessments    SCORE

**THE INTAKE/PSYCHOSOCIAL ASSESSMENT INCLUDES QUESTIONS ABOUT:**

1. Social support in the community, biological family, and chosen family.

2. Personal strengths and goals.

3. History of familial relationships, education, housing, employment, romantic relationships, friendships, and health, when appropriate.

**INTAKE AND PSYCHOSOCIAL ASSESSMENT PROCESS**

1. Staff are trained on how to perform healing-centered programmatic intakes and psychosocial assessments.

2. Participants are informed of why they will be asked the questions and what the information will be used for.

3. Participants are only asked questions once (i.e., no redundancy in forms).

4. Intakes and psychosocial assessments are performed in private.

5. Intakes and psychosocial assessments are performed in the participant's preferred language.

6. Participants are provided a blank copy of intakes and psychosocial assessments in their preferred language.

7. Interpretation services are made available.

**CONFIDENTIALITY**

1. The program informs individuals about the policies around privacy and confidentiality (e.g., kinds of records kept, where/who has access, when obligated to make a report to police/child welfare).

2. Staff do not talk about participants as if they are not there, instead staff address participants directly.

3. There are private spaces for staff and participants to discuss personal issues, whether in-person or virtually/by phone.

**SECTION TOTAL**

Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:

**1** Strongly Disagree　　　**2** Disagree　　　**3** Neutral　　　**4** Agree　　　**5** Strongly Agree

**D/K** I am not sure I understand this goal　　　**D/M** I do not know if we meet this goal

**N/A** This goal does not apply to our organization/department/work area

## Section IV: Staff Training and Development　　　SCORE

1. Our program provides all staff with basic education on NEAR Science and trauma-informed approaches.

2. Our program provides training to staff on how to discuss adverse life events with participants.

3. Staff members have received training on anti-racism or racial equity.

4. Staff members have regular team meetings.

5. Staff members receive individual supervision.

6. Part of supervision time is used to help staff members understand their own stress reactions.

7. Supervisors provide trauma-informed supervision.

8. Part of supervision time is used to help staff members understand how their stress reactions impact their work with participants.

9. The program helps staff members debrief after a crisis.

10. The program provides opportunities for on-going staff evaluation of the program.

11. The program provides opportunities for staff input into program policies and practices.

12. Staff program input is integrated into policies and procedures.

13. Topics related to trauma are addressed in program-wide meetings.

### SAFETY AND CRISIS PREVENTION PLANNING

1. Staff are taught de-escalation tactics should a crisis arise.

2. Staff can utilize de-escalation tactics when the need arises.

### OPEN COMMUNICATION

1. Staff members practice motivational interviewing techniques with individuals (e.g., open-ended questions, affirmations, reflective listening, and summary reflecting (OARS)).

2. The agency uses "people first" language rather than labels (e.g., 'people who are unhoused,' rather than 'homeless people').

3. Staff members use descriptive language rather than characterizing terms to describe individuals (e.g., describing a person as 'having a hard time getting their needs met,' rather than 'attention seeking' or 'hard to reach').

**SECTION TOTAL**

## Section V: Human Resources　　　SCORE

1. Job advertisements include a preference for experience with or knowledge of healing-centered and trauma-informed approaches.

2. Job descriptions include expectations related to healing-centered and trauma-informed approaches.

3. The program ensures that all processes related to workforce development (i.e., including hiring, orientation, training) and/or on-going professional development are culturally and linguistically sensitive.

**SECTION TOTAL**

**Using the five-point scale, indicate the degree to which you agree that your program meets the following standards:**

**1** Strongly Disagree       **2** Disagree       **3** Neutral       **4** Agree       **5** Strongly Agree

**D/K** I am not sure I understand this goal       **D/M** I do not know if we meet this goal

**N/A** This goal does not apply to our organization/department/work area

| Section VI: Program Buy-In | SCORE |
|---|---|
| 1. The program budget includes funding support for resources specific to the comprehensive integration of healing-centered and trauma-informed approaches. | |
| 2. The program budget includes funding support for improvements to create a safe physical environment. | |
| 3. The program has adequate emotional support services for staff. | |
| 4. The program provides opportunities to see participants as a collaborative team (e.g., physician and social worker meet with the participant together). | |
| 5. The time allotted for each participant's visit is adequate to provide healing-centered and trauma-informed assessment and care. | |
| 6. There is flexibility in work schedule. | |
| 7. Case managers and social workers are given manageable caseloads. *What is considered "manageable" varies across programs and should be decided collectively by the respective program staff.* | |
| 8. There is a commitment to racial equity and healing-centered and trauma-informed approaches as evidenced by vision/mission statement, policy, or other documentation. | |
| 9. The program celebrates, affirms, and rewards staff. | |
| 10. Leadership acknowledges and addresses organizational trauma. | |
| **SECTION TOTAL** | |
| **TOTAL** | |

| Score | | Meaning |
|---|---|---|
| **74 – 217** | Mostly strongly disagree or disagree. | **LOW READINESS**<br>The program has room for growth. If your organization is scoring in this section, then that means that the TIA Toolkit will be a useful resource. Utilizing the resources available in the toolkit to begin holding conversations with your team is a great place to start. Look through the toolkit and determine one area that you want to begin focusing on. You can do this by utilizing the questions in this assessment to determine your area of focus. Build from there and revisit the assessment with your team in 3- 6 months to see how far you've grown. |
| **218 – 268** | Combination of mostly strongly disagree, disagree, or neutral. | **MINIMAL READINESS**<br>There are some areas where healing-centered work may be starting to emerge but hasn't quite permeated throughout the program. A way to get things moving on your team could be to go back to the TIA Toolkit microsite and have individuals utilize the reflection questions as brainstorming. Come back together and discuss what came up and select an area of focus to move forward. |
| **269 – 319** | Combination of disagree, neutral, agree, strongly agree. | **READINESS IN NEED OF SUPPORT**<br>You've got the ball rolling; some areas of your work are already utilizing healing-centered and trauma-informed approaches and other areas need a little tending to. Walk through this assessment as a team and decide which areas will be your focus and build from there. This could be a great way to flush out a strategic plan for the next year or two as a team. |
| **320 – 370** | Mostly agree and strongly agree. | **OPTIMAL READINESS**<br>Currently, your program is actively practicing healing-centered and trauma-informed approaches throughout the organization. This would be a wonderful time to check in regarding growing this work beyond your bureau/division or to meet with your team to determine if there are areas for improvement. Use this as an opportunity to brainstorm new ways of implementing TIA moving forward. Additionally, consider ways to maintain the current practices to sustain the program's progress. Look back through the TIA Toolkit microsite and have your team pick a section that most stands out as an area of improvement. |