PA Department of Human Services
Office of Children, Youth and Families
Office of Mental Health and Substance Abuse
Bureau of Children's Behavioral Health Services

Creating Trauma-Informed and Healing Centered Agency Environments: An Organizational Assessment Tool for Human Service Providers in Pennsylvania

Agency/Program:_____ Date Completed:_____

Job Title:_____

Introduction and Instructions

In Pennsylvania, the transition of human service organizations to a model of care that responds effectively to the impact of trauma on youth, families, caregivers, and communities, and seeks to prevent further trauma, is expected to occur along a continuum. The first step in this continuum is to become "Trauma Aware." Further along this continuum, are levels of knowledge, skill, agency structure and culture, that represent a level of care meeting the "Trauma Sensitive" standard, and then the "Trauma Informed" standard and finally, the highest level of Trauma-informed Care in which the approach is consistently "Healing Centered." [1] The following assessment form was developed to provide a monitoring tool for use in assessing the progression of Pennsylvania's County Children and Youth, foster care, and adoption agencies along the Trauma Informed PA (TIPA) Continuum. Further, it is designed to help monitoring authorities provide agencies with feedback, technical assistance, support, and guidance as they work to progress along the continuum. This document is a work in process being drafted for review by a range of stakeholders. It is being adapted with permission from similar tools created by authors at the University of South Florida and others cited at the end.

[1] **Trauma Informed Pennsylvania Plan (2020)**

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Administration of Organizational Assessment Form

The Organizational Assessment shown below can be used for agencies just beginning or already practicing principles of Trauma-Informed care. The assessment tracks the potential use of one or more sources of data and the extent to which it is occurring in the agency. This assessment will help the agency evaluate existing components of Trauma Informed Care, determine the need for further assessment, planning, data collection, and implementation while highlighting those components where Agency progress has been made.

Some agencies may choose to use this document in self-assessment efforts, to prepare for an external audit. This tool can be distributed to key staff and informants (e.g., learning collaborative team, TIC workgroup, etc.) for completion and return within a short time period (e.g., one week). The results can be aggregated and used to assist in the planning of next steps toward furthering Trauma-Informed Care within the agency.

A Staff interviews
B Staff/Caregiver Interviews
C Review of Policies/Procedures and Training Programs/Plans
D Record Review
E Multidisciplinary/MDIT meetings
F Observation/Assessment
G Outcome Measure Review
H All the Above

Results

Specific instructions are located within the margins of the tool below. There are three overall domains: (1) Organizational structure, finance, and leadership; (2) Developing a Collaborative, Trauma-Informed and Healing-Centered Workforce; (3) Developing Trauma-informed and Healing-Centered Clinical Programs and Practices. Points are assigned to each item on the assessment using the 0-5 scale shown.

This tool may be used to assess progress along the Trauma-Informed/Healing Centered care continuum, and/or to guide an agency in its efforts to become a Trauma-Informed and Healing Centered. However, this tool should not be the sole determining factor in a licensing process. Scores on this instrument are highly dependent on the amount and type of information on which the ratings are made. The more data on which the ratings are based, the more likely that scores will represent a valid measure of the level at which the Agency functions as a Trauma-informed and Healing Centered entity. Preliminary benchmarks for each level on the HEAL PA continuum are noted for consideration and further discussion.

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Creating Trauma-Informed Child Welfare Agencies: Organizational Assessment

Aggregate Score Benchmarks for Designating RTFs using the DHS/OMHSAS TIC Audit Tool

Item Scoring Benchmark Symbols	Designation	Score:
	"Noticing"	**0-49**
	"Contemplating "	**50-69**
	"Emerging"	**70-89**
✠= Trauma-Aware	**"Trauma- Aware: Recognizing and Planning"**	**90-159 (117= sum of items marked ✠)**
●= Trauma-Sensitive	**"Trauma Sensitive: Planning and Implementing"**	**160-239 (179= sum of items marked ●)**
☒= Trauma-Informed	**"Trauma Informed: Implementing and Evaluating"**	**240-289 (251= sum of items marked ☒)**
☺= Healing-Centered	**"Healing Centered: Evaluating & Revising/Sustaining"**	**290-320 (305=sum of items marked ☺)**

Section 1: Organizational Structure, Finance, and Leadership

Code the source of the data in the first column with the data source (A-G). Check the box in the appropriate column for the corresponding description of your organization's plan as it relates to the item in each row

Data Source	Status

Enter all that Apply **A** Staff interviews **B** Resident/Caregiver Interviews **C** Review of Policies/Procedures and Training Programs/Plans **D** Resident/Client Record Review **E** Treatment Team or De-briefing **F** Observation **G** All of the Above	**0** **Missing:** Little to no Awareness of the need for a plan	1 **Recognizing:** Need for plan is recognized No plan yet developed	2 **Planning:** Plan has been developed but not yet implemented	3 **Implementing**: Plan is being actively implemented	4 **Evaluating**: Plan is in full implementation and data is being gathered to evaluate impact	5 **Revising/Sustaining**: Implementation strategies are revised as necessary based on analyses of outcome data and feedback

Objective	**Data Source**	**Status**					
1. Governance, Leadership, Infrastructure, and Finance	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/ Sustaining**
A. Leaders understand how knowledge about the impact of trauma, gained along the		Leaders seem unaware of the impact	Leaders are aware that the general topic of	Leaders have not yet received training, but there are specific	Most or all agency leaders have been, or are currently	✠ All leaders have been trained and are	Leaders are using what they have learned through training,

TIPA/DHS continuum, can enhance the agency's ability to fulfill its mission, and they seek to implement Trauma Informed approaches relevant to fulfilling the agency's mission.		and importance of trauma awareness, and the potential of TIC	trauma and trauma informed care needs attention, but have not made a plan to get any training for themselves in an effort to lead the agency in the development of Trauma informed care	plans for leaders to become trained and able to lead the agency's efforts to develop trauma informed/healing centered care approaches to the fulfillment of its mission.	being, trained to understand how knowledge about the impact of trauma, gained along the HEAL PA continuum, can enhance the agency's ability to fulfill its mission.	monitoring the growth of trauma knowledge and TIC approaches throughout the agency. They are aware of their own and other's needs for additional training, coaching and collaboration regarding TIC implementation	self-assessment, and feedback to implement a plan to ensure that they remain up to date and engaged in the ongoing process of becoming and sustaining a Trauma informed/healing centered agency.
B. Leadership has identified and addressed external and internal cultural and policy barriers, that may impede implementation of trauma-informed care.			✠				
C. Incentives are in place to support staff as changes in agency policies and expectations are made.			✠				
D. The agency's mission or vision statement and/or written strategic goals express a commitment to providing trauma-informed services and supports in a healing-centered organizational culture.			✠				
E. The agency's formal policies and procedures reflect			✠				

language and principles consistent with trauma-informed care, & demonstrate a commitment to reducing the potential for trauma and re-traumatization.							
F. The agency has incorporated trauma-informed practices into the list of both qualifications and competencies for appropriate levels of staff. These identified trauma-informed practices and competences are evaluated as part of the routine performance review process.			✠				
G. The agency provides the necessary financial and other resources (Training, staff time, etc.) for implementation of Trauma Informed Care				✠			
H. The agency provides financial and other resources (technology, staffing, training) for the collection and assessment of information and data necessary to evaluate the effectiveness of the agency's efforts to implement trauma-informed care.			✠				

I. The agency has developed a formal ready response for crisis/disaster/emergency management that reflects trauma informed values.			✠				
2. Progress Monitoring and Quality Assurance	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/ Sustaining**
A. The agency has a "trauma-informed care initiative" (e.g., workgroup/ taskforce, trauma specialist) endorsed by the chief administrator		Leaders show little or no interest or awareness of the need for an organized approach to ensuring sustained progress towards trauma-informed care.	Leaders acknowledge there is a need to develop a plan for promoting TIC but have not yet acted on this knowledge to develop a formal plan	Leaders have developed a formal plan for how they want to work towards TIC but have not yet initiated a workgroup or endorsed a taskforce to create and carry out any action steps.	✠The chief administrator has endorsed a formal plan or initiative that is currently being championed by at least one leader assigned to initiate a TIC Workgroup or taskforce to facilitate implementation.	A workgroup, taskforce, or team responsible for planning and executing action steps is actively implementing a TIC Initiative and is collecting information about the results of any changes related to the initiative	Information and data collected to assess the effectiveness of the TIC initiative is reviewed and used to modify plans as needed to facilitate further attainment of improved and sustained TIC care.
B. A formal self-assessment has been completed to identify organizational strengths and needs for progress along the HEAL PA continuum.						✠	
C. The agency identifies and monitors core Trauma Informed Care values (i.e., safety, trustworthiness/transparency,			✠				

empowerment/choice, collaboration/mutuality, peer support, and cultural competency).							
D. The agency has standardized and systematic approaches for compiling quantitative and qualitative data and information for monitoring outcomes to improve their level of trauma-informed-care approaches while working with families.			✠				
E. The agency has a policy and procedure in place to address potential trauma impact when foster/kinship care becomes necessary for the child's safety and well-being, i.e. offering resources to include individual and family counseling as appropriate.				✠			
F. The agency solicits anonymous and confidential feedback from families who are involved with the agency or provided a service.					✠		
G. The agency seeks and utilizes the perspectives of trauma-impacted individuals in assessing agency engagement and service delivery			✠				

Section 2: Developing a Collaborative, Trauma-informed, Healing-Centered Workforce

Code the source of the data in the first column with the data source (A-G). Check the box in the appropriate column for the corresponding description of your agency's plan as it relates to the item in each row

Data Source	Status					
Enter all that Apply **A** Staff interviews **B** Staff/Caregiver Interviews **C** Review of Policies/Procedures and Training Programs/Plans **D** Record Review **E** Multidisciplinary/MDIT meetings **F** Observation/Assessments **G** All of the Above	**0** **Missing:** Little to no Awareness of the need for a plan	1 **Recognizing:** Need for plan is recognized No plan yet developed	2 **Planning:** Plan has been developed but not yet implemented	3 **Implementing**: Plan is being actively implemented	4 **Evaluating**: Plan is in full implementation and data is being gathered to evaluate impact	5 **Revising/Sustaining**: Implementation strategies are revised as necessary based on analyses of outcome data and feedback

Objective	Data Source	Status					
3. **Training, Supervision, and Workforce Development**	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/ Sustaining**
A. All staff at all levels of the agency have participated in an initial 2-hour trauma-related training to gain foundational information about trauma, basic brain function, impact of trauma on brain and behavior, and models of trauma-informed and healing centered care. For any staff providing direct care, education or clinical intervention, 4 hours of trauma-related training should be attended.		There is little to no data available regarding the degree to which staff are aware of and informed about trauma and its impact. AND/OR there is little	There is a general recognition of the need for trauma-related training but no identifiable plan for obtaining training resources and providing the training to all staff. Some staff may have some	✠ There is full recognition that a minimum training (depending on position) is necessary for all staff and there is a clear and specific plan for ensuring that each staff member receives at least the minimum hours			

		to no awareness or interest in providing trauma-related training for all staff.	documented training, but there is not yet a plan for making sure staff at all levels of the agency receive required amount of training that meet the criteria for this item.	of training that meets the criteria listed for this item, but the implementation process has not begun or is in the very early stages. Less than 30% of staff have been trained			
B. Staff, including those contracted by the agency, at all levels can explain the basics of what it means to be trauma informed.				✠			
C. Use of the "Trauma lens" has become established and is represented by the availability and use of advanced follow up and refresher trainings, and the requirement that staff at all levels receive at least one hour of refresher training each year.			✠				
D. Agencies who work directly with children and families are expected to complete additional hours of trauma-related training, beyond the			✠				

yearly refreshers, over time to achieve trauma sensitivity and the capacity for trauma-informed and healing centered care.							
E. Agencies who provide clinical intervention and clinical supervision are expected to complete advanced trauma-focused and trauma-specific therapy trainings (e.g., TF-CBT, EMDR, or others) in order to be able to provide effective treatment for trauma related symptoms and disorders.			✠				
F. Leaders and supervisors are provided training and resources for incorporating trauma-informed principles in their interactions with staff members and they regularly incorporate trauma related knowledge and practices into supervisory discussions.					✠		
G. Supervisory support is accessible and readily available to staff						✠	
H. Leaders and supervisors recognize and respond to compassion fatigue and vicarious trauma in staff.			✠				

I. Leaders and supervisors encourage staff members to recognize, acknowledge and find ways to address the personal impact of working with trauma-impacted people.			✠				
J. Staff recognize, acknowledge, and address their own personal life stress and trauma impact, as well as the stress and vicarious or secondary trauma when working with trauma impacted people.			✠				
K. Staff have opportunities to seek support, or assistance from their peers, i.e., other resource parents or others within the agency, to help limit the impact of vicarious trauma, compassion fatigue, burnout, etc.			✠				
L. Staff training regularly includes instruction on the ways that identity, culture, community, and oppression in all its forms- including individual, community-based, racial, ethnic, and gender-based oppression- can affect a person's experience of trauma, access to supports					✠		

and resources, and opportunities for safety.							
M. Staff are regularly trained on how to better engage known trauma survivors, as well as other individuals and families in a trauma sensitive manner, and leadership supports success of that engagement.				✠			
N. There is an agency -wide cultural competency expectation that includes being strengths-based and sensitive in the way language is used, and sensitive also to its meaning, based on both current and historical usage.				✠			
O. All levels of leadership and management model trauma informed approaches and self-care.			✠				
P. Ongoing coaching and consultation in the implementation of trauma-informed care is part of the supervision of all staff and resource parents.			✠				

Q. A process is in place to address unprofessional or trauma-insensitive words or actions by staff members, including racially, culturally, or gender-insensitive words or actions.				✠			
4. Cross Sector Collaboration	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/ Sustaining**
A. The agency identifies resources, community providers, and referral agencies that have experience delivering evidence-based and/or evidence informed trauma-specific interventions and services.		There is little to no information gathered about the trauma informed status of resources and little or no recognition or commitment to developing a plan to gather and use such information.	✠ Agency leaders and/ or a trauma-informed care implementation team expresses awareness of the importance of identifying trauma informed resources but do not yet have a specific plan for collecting and using relevant information				

			about these resources.				
B. The agency promotes and utilizes available cross-sector (public/private, health/education/justice etc.) training opportunities involving trauma and trauma-informed practices			✠				
C. There are collaborations in place with partner agencies for making trauma-informed decisions when working with youth.			✠				
D. There is a process in place to ensure community partners that collaborate with the agency are trauma informed			✠				

Section 3: Developing Trauma-Informed/Healing Centered Programs and Practices

Code the source of the data in the first column with the data source (A-G). Check the box in the appropriate column for the corresponding description of your agency's plan as it relates to the item in each row

Data Source	**Status**					
Enter all that Apply **A** Staff interviews **B** Staff/Caregiver Interviews **C** Review of Policies/Procedures and Training Programs/Plans **D** Record Review **E** Multidisciplinary/MDIT Meetings **F** Observation/Assessment	**0** **Missing:** Little to no Awareness of the need for a plan	1 **Recognizing:** Need for plan is recognized No plan yet developed	2 **Planning:** Plan has been developed but not yet implemented	3 **Implementing**: Plan is being actively implemented	4 **Evaluating**: Plan is in full implementation and data is being gathered to evaluate impact	5 **Revising**: Implementation strategies are revised as necessary based on analyses of outcome data and feedback

G All of the Above							
Objective	**Data Source**	**Status**					
5. Environment	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/Sustaining**
A. The physical and social atmosphere is attuned to safety, calming, and de-escalation (e.g., removing unnecessary emotionally triggering items from physical spaces, posting youth and family "rights" and "trauma awareness" related posters, etc.)		There is little to no awareness of how the physical and social atmosphere can impact how safe staff and others feel, and no evidence from interviews, observation, etc. that the physical and social atmosphere is being monitored or assessed for traumatic content or	Leadership expresses some knowledge or awareness of how the physical and social atmosphere can impact the felt sense of safety of staff and others; There may be some informal attention paid to physical and social atmospheric factors that impact the felt sense of safety, but there is not yet any formal plan for assessing and adjusting features of the physical and social	Those responsible have developed evidence informed plans for assessing and monitoring physical and social atmospheric factors affecting the felt sense of safety in the agency; however, the plan has not been implemented or is in the very early stages; no significant action steps have yet been taken.	✠ There is currently being implemented a formal plan for assessing and changing features of the physical and social atmospheric factors that are potentially triggering, re-traumatizing or unsafe.		

		process and no apparent plans for making such an assessment.	atmosphere to ensure they are trauma-sensitive, free of unnecessary triggers, etc.				
B. There are policies and procedures in place to address gender-identity related concerns, such as, gender specific communication and understanding.			✠				
C. The agency/ resource home has identified a space (e.g., a bedroom, patio, or other space) that individuals may use for self-care and de-escalation.			✠				
D. The agency has a process for review of the physical and social atmosphere as it may be perceived by those who have experienced trauma.			✠				
E. Staff, including resource families, recognize & work to remediate aspects of the physical and social environment that may be re-traumatizing for children and families.				✠			

F. Agency staff and resource families avoid intimidation of and coercive responses to children and families, including threats of punishment and triggering verbal cues (e.g., language) and nonverbal cues such as tone and physical proximity.					✠		
G. Intervention, when necessary for foster children, is always done safely and appropriately. Physical discipline is not endorsed or used as a response to behavior.					✠		
6. Engagement and Involvement	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/Sustaining**
A. All staff who interact with people using services are a part of a team that allows for integrated training, supervision, and peer review in Trauma-informed Care practices and principles		There is little to no evidence to suggest staff are aware of themselves as part of a team in which the intent is to collaborate to promote trauma-informed interactions	Agency leaders and some supervisors clearly understand the need for a collaborative team approach to promote trauma-informed care throughout the agency, and are aware of the importance of	✠A plan has been developed to establish a collaborative team approach that allows integrated training, supervision, and peer review/support in the application of trauma informed practices			

		with children and, families or between staff members, and there is no person or group assigned to begin the process of assessing and developing a plan to improve such collaboration	peer support and agency integration of trauma concepts into supervision, etc. However, there is not yet a formal plan for creating and sustaining such integration and collaboration.	throughout the agency. However, the plan has not been implemented or it is in the very early stages such that no significant action steps have yet occurred.			
B. Staff use a strengths-based, person-centered approach in their interactions with children and their families.					✠		
C. Agency staff demonstrate, in philosophy and practice, the intent to increase the comfort, involvement, and collaboration of children and their families.				✠			
D. Children and families report feeling comfortable and empowered in relationships with agency staff. Agency staff are encouraged to help build relationships with					✠		

children and families that are characterized by trust and transparency							
E. The staff has, and makes use of, one or more methods for assessing and discussing any potential or identified threat to physical or psychological safety or risk of re-traumatization to children and their families.					✠		
F. Children and their families are actively involved in prevention, treatment, and all other case planning decisions regarding the transition, placement, or level of care.						✠	
G. Agency staff keep children and their families fully informed while being mindful that people who are frightened or overwhelmed may have difficulty processing information					✠		
H. Children and families are provided consistent opportunity to discuss core TIC values and their interaction with staff and other leadership. (Safety, Transparency/			✠				

Trustworthiness, Choice, etc.							
I. Individuals and their families are invited to serve in planning and advisory roles within the agency.			✠				
J. People with lived experience of trauma impact provide feedback to the agency on quality improvement processes for better engagement and services for all individuals.			✠				
7. Screening, Assessment, and Treatment Services	**Enter all that Apply A B C D E F G**	**0 Missing**	**1 Recognizing**	**2 Planning**	**3 Implementing**	**4 Evaluating**	**5 Revising/Sustaining**
A. Trauma- screening and trauma-informed assessment of needs are available and accessible in a timely manner to individuals.		There is no discernable or organized effort to screen and assess trauma history and impact for the people receiving services, and no identifiable plan for developing trauma	Leaders express an awareness of the need for and importance of trauma screening and assessment to developing effective plans and making appropriate program referrals for individualized and trauma-	✠ Those tasked with identifying and developing effective trauma screening and assessment procedures are in the process of selecting screening procedures, policies, and tools to be			

		screening and assessment procedures	informed care. However, there is not yet a formal plan in place to identify and implement effective trauma screening and assessment procedures.	implemented. Some piloting of assessment procedures may be taking place; however, the plan is not being formally implemented yet			
B. Treatment (or service) planning and interventions are individualized, safe, and developmentally suited to each child.							✠
C. Adverse Childhood Experiences and subsequent trauma impact are recognized and meaningfully integrated into the construction of a strengths-based service plan to help address the current struggles of individuals from multiple perspectives, including, at a minimum, social, psychological, and biological factors.				✠			
D. Agency staff as well as children and their families have a definition of emotional safety in which individualized choices for				✠			

calming and de-escalation are identified.							
E. Staff acknowledge and discuss a range of trauma reactions and work to minimize feelings of stigma, fear, and shame to increase self-understanding and acceptance			✠				
F. Agencies provide or refer for evidence- informed trauma- specific services. E.g., Trauma-specific therapy, and behavioral supports.				✠			
G. Support programs are integrated into the service delivery approach. E.g., care coordination, SDOH referrals, and peer support.			✠				
H. Gender specific services and supports screenings, assessments, treatments are available and accessible E.g., reproductive/pregnancy gynecological care			✠				
I. All staff and resource parents demonstrate skill and effective use of trauma informed practice			✠				

with children and families, regardless of their assigned job duties							
I. Evidence-informed Trauma-specific programs are incorporated into the agency's ongoing operations. E.g., therapeutic foster care.			✠				

Glossary of Terms

Agency: County, foster care and adoption entities that are responsible to support and provide services for children and families.

Caregiver: Identified family member, relative or non-relative responsible for child's care. Primary contact for the agency.

Choice (as TI Care principle): Children and families are offered opportunities for decision-making, and they actively participate in key decisions.

Collaboration (as TI Care principle): Agency, caregivers, and children (when appropriate) make treatment decisions together through planning and discussion.

Data: Information gathered regarding child demographics, treatment, and outcomes, or organizational programming, trends, outcomes, and child/family satisfaction for purposes of planning, implementation, and quality improvement.

Staff: In the context of the TIC Audit Criteria Tool, staff includes all persons employed by or contracting with an agency, to include resource parents.

Empowerment (as TI Care principle): Allowing individuals and families to generate and participate in ideas, processes, and experiences that affirm their strengths, priorities, self-expression, and self-advocacy.

Evidenced-Based Practices: Practices are well-supported by research and identified as best practices in the field.

Evidence-Informed Practices: Practices are those for which there is a growing base of evidence suggesting a promising practice that may eventually be designated as "evidence-based."

Family Engagement: Strategies and practices that are successful in involving families as partners and active participants in service planning.

Healing-Centered Practices: Practices which incorporate trauma-informed approaches and identify strengths inherent to an individual or community as the foundation for healing. They focus on the fundamental belief that the person who has survived trauma is not broken or needing to be fixed but is already whole and has the capacity to grow from what happened to them.

Plan of Action: A plan created to address a particular outcome, feedback, data, goal, or process.

Qualitative Data: Information that can be captured that is not numerical, such as data through interviews, observation or review of policies or records.

Quantitative Data: Information that is numerical in nature, such as frequencies and outcomes, which can then be analyzed through a variety of research methods.

Safety: First principle of trauma-informed care involving the establishment of physical, psychological, and emotional safety within the person's environment.

Strengths-Based, Person-Centered: The individual and their strengths are the central focus of all policies & practices.

Systematic Review: A pre-defined method of reviewing a practice, policy, or process

Trauma/ Traumatic Event: An event, series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's cognitive functioning and physical, social, emotional, mental, or spiritual well-being. – Trauma responses are individualized Individuals who experience the same event may not have the same trauma related responses.

Trauma-Informed: Specific policies and practices that identify, incorporate, and remain sensitive to an individual and/or family's trauma history, symptoms, strengths and coping with overwhelming emotion, and which promote resilience and healthy functioning.

Trauma-Informed Care is a strengths-based approach to service delivery and agency structure grounded in an understanding of and responsiveness to the widespread impact of trauma, including historical and identity-based trauma, that:

- recognizes the symptoms of trauma and its effects on individuals, families, communities, and those who provide services or work in care settings,
- understands multiple, complex paths to recovery,
- emphasizes physical, psychological, and emotional safety for providers, survivors, and their families.
- creates opportunities for survivors to rebuild a sense of safety, control, and empowerment,
- prioritizes the use of positive relationships to help the survivor regain a sense of safety, control, and empowerment.
- responds by fully integrating knowledge about trauma and recovery into policies, procedures, and practices, and
- seeks to actively prevent re-traumatization.

"Trauma Lens": Perspective in which one considers "what has happened to" a person (or family, or agency) that is having symptoms or problems rather than focusing on "what is wrong with" them.

Trauma-Specific: Refers to interventions designed to focus on individual trauma symptoms and trauma-related diagnoses.

Treatment Plan/Service Plan- Treatment plans outline goals and objectives to be achieved during provision of services. The plan is individualized, based on the unique strengths and challenges, categorized as psychological/behavioral, educational, medical, and so on. The plan includes information about what efforts, assistance, and timelines to meet the goals and objectives. The plan should be reviewed by a multidisciplinary team that includes the child, their family, the agency, and service providers.

Trustworthiness (as a TI Care principle): Child and family's ability to trust and experience safety with the agency and services, based on interactions, guidelines, and practices that are clear, positive, consistent, and honest.

Vicarious Traumatization: The cumulative effect on the helper of working with survivors of traumatic life events, both positive and negative.

Significant aspects of this assessment are based on the following instruments with permission from the authors:

Hummer, V. & Dollard, N. (2010). *Creating Trauma-Informed Care Environments: An Organizational Self-Assessment. Creating Trauma-Informed Care Environments curriculum)* Tampa FL: University of South Florida. The Department of Child & Family Studies within the College of Behavioral and Community Sciences

Additional Credits:

1. Fallot, R. D., & Harris, M. (2006). *Trauma-informed services: A self-assessment and planning protocol, version 1.4*. Community Connections: Washington, D.C. (202-608-4796).
2. Traumatic Stress Institute of Klingberg Family Centers (2008).*Trauma-Informed Care in Youth Serving Settings: Organizational Self Assessment*. 370 Linwood Ave., New Britain, CT. 06052. (860-832-5507).
3. Substance Abuse and Mental Health Services Administration. *SAMSHSA's Concept of Trauma and Guidance fir a Trauma Informed Approach.* HHS Publication No, (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
4. **For more information or** questions about this draft adaptation, please contact: RA-PWOCYFTRAUMA@pa.gov
5.