Strand² Squared

A Paradigm Shift Solution

This is draft number one.

It is currently being edited and vetted for content.

Please forgive any typos or spelling errors. We will post draft number two in August 2019.

If you are interested in providing feedback, we value your voice in this process. That is why we are posting early in hopes that we are able to grow our knowledge base.

-Thank you

HUMAN-CENTRIC RESPONSE AND CARE
AGENCY SELF-ASSESSMENT TOOL

Based on several trauma informed care models/ toolkits

Russell and Myra Strand | Strand Squared LLC | www.strandsquared.com

➢This draft is currently being vetted by several practitioners who work with trauma. In August 2019, we will post an updated tool and send it out for a second round of vetting.

➢We choose to use the words "***Human-centric response and care***" because we seek to take trauma informed care to another level, we seek to place an emphasis on the inherent "humanity" of the work that we are doing and because there is more than trauma and trauma response to consider.

➢We don't use the term "***victim-centric***" because we believe that respect, dignity and compassion should be offered to all clients in a neutral non-judgmental manner to include suspects and offenders.

➢We use the word "***client***" over consumer, victim, survivor or thriver because it is a simply stated and honest word. The humans we serve are at many phases of their healing and may start as a victim and end as thriver.

The purpose of this tool is to help you assess your organization's readiness to implement a human-centric approach to service delivery that is trauma informed, neurobased and rooted in a "growing knowledge base" meaning that we understand that this tool (and all services) will need to be updated regularly as our knowledge base is in a constant state of growing. Honest and candid responses can benefit your agency by helping to identify opportunities for change, assist in strategic planning, and can be used to inform policy, protocol and practice changes.

These are the foundational values according to SAMSHA and the Sanctuary Model:

Safety
Trustworthiness and Transparency
Peer Support
Collaboration and Mutuality
Empowerment, Voice and Choice
Intersectionality (Cultural, Historical and issues of Gender)
Shared Knowledge
Shared Values
Shared Language
Shared Practice

How to utilize this Self-Assessment tool:

➢**Agency volunteers, staff, leadership and clients* (referred to as survey participants from here on out)** completing the *Self-Assessment* are asked to read through each item and use the scale ranging from "strongly disagree" to "strongly agree" to evaluate the extent to which they agree that their agency incorporates each practice into daily programming. Survey participants are asked to answer based on their experience in the program over the past twelve months.
**Clients in current crisis or in high states of trauma should not be asked to participate until they are further along the path of healing.*

➢**Responses to the *Self-Assessment* items should remain totally anonymous** and survey participants should be encouraged to answer with their initial impression of the question as honestly and accurately as possible. Remember, they are not evaluating their individual performance, but rather, the practice of the agency as a whole.

Survey Participants should complete the *Self-Assessment* when they have ample time to consider their responses; this may be completed in one sitting or section-by-section if time does not allow. Agencies may distribute the tool in either Word or Excel format. Some agencies may prefer to use an electronic method (such as Survey Monkey) to assist with data collection and analysis.

➢**How to Compile and Examine Self-Assessment Results**
It is helpful for the agency to have a designated point person to collect completed assessments and compile the results. The results should provide a starting point in the agency evolution towards more human-centric services. Feel free to email us or go to our website for additional resources and help (www.strandsquared.com).

To identify potential areas for change, look for statements where staff responses are mostly "strongly disagree" and "disagree"; these are the practices that could be strengthened. In addition, pay attention to those responding with "do not know" as this could indicate that the practice is lacking, or perhaps there is a need for additional information or clarification.

Finally, it is helpful to examine items where the range of responses is extremely varied. This lack of consistency among staff responses may be due to a lack of understanding about an item itself, a difference of perspective based on a person's role in the agency, or a misunderstanding on the part of some staff members about what is actually done on a daily basis.

HUMAN-CENTRIC RESPONSE AND CARE AGENCY SELF-ASSESSMENT TOOL						
Section One: Accountability						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. Internal Audits: regular internal audits are done with fidelity to find gaps in systems.						
2. External Audits: annual audits are done by external bodies who have no vested interest in order to find gaps in the systems.						
3. Audit findings are shared with staff and leadership.						
4. Audit findings are implemented to improve service delivery.						
5. Agency is transparent with audit process, findings and implementation process with staff, leadership, community and clients.						
6. Agency staff, leadership, clients served, and volunteers all participate in annual strategic planning.						
7. The strategic plan is broken down into milestones and there is a process in place to share progress on a regular basis with volunteers, staff, leadership and clients served.						
8. There is transparency with partners and community on the strategic direction of the agency.						
9. Staff health is priority that is institutionalized, and the agency strives achieve a healthy, experienced, well trained and professional staff.						
10. Volunteers, staff and leadership are held to high standards of professionalism to include the use of empathy and compassion.						

Section Two: Striving to achieve a healthy, experienced, well trained and professional staff						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. All volunteers are properly trained.						
2. All staff are properly trained.						
3. All leaders are properly trained.						

4. Volunteers have regular team meetings.						
5. Staff members have regular team meetings						
6. Topics related to trauma are addressed in team meetings.						
7. Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, demoralization, depression, anxiety...).						
8. Volunteers and staff who work with people who have experienced trauma are on a "vicarious trauma mitigation plan" to ensure their health.						
9. Volunteers and staff have regularly scheduled time for individual supervision.						
10. All leaders and supervisors are trauma responsive and human-centric.						
11. A percentage of supervision time is used to help volunteers and staff mitigate vicarious trauma by understanding their own stress reactions.						
12. A percentage of supervision time is used to explore how their stress reactions impact work with the clients.						
12. A percentage of supervision time is used to check-in with their vicarious trauma mitigation plans.						
13. The agency provides **meaningful** ways to debrief after crisis (e.g. crisis incident stress debriefing, free counseling services and/or time during supervision)						
14. The agency places an emphasis on the difference between "debriefing/ venting" and "gossiping".						
15. The agency has plans in place to recognize and adjust when the agency culture goes toxic (e.g. mobbing behavior, slut shaming, gossiping, workplace bullying)						

16. The agency has a **meaningful** way to evaluate volunteers, staff and all leadership performance regularly.						
17. The agency provides on-going opportunities for volunteer and staff to provide program/agency evaluation.						
18. The agency provides opportunities for volunteers and staff input into program practices.						
19. The agency values a "growing knowledge base" by through a valued culture of continuous learning.						
20. Outside consultants with "growing knowledge base" in human-centric, trauma informed provide regular education, consultation and auditing services.						
21. Staff are receiving competitive salaries.						
22. The agency provides time-off options to assist with vicarious trauma mitigation (e.g. comp time, flex time, and personal time off).						
23. The agency provides discounted or free gym membership.						
24. The agency provides a quiet and safe space to decompress after traumatic experiences.						
25. The agency provides competitive benefits.						
26. The agency volunteer/ staff performance expectations are clearly communicated.						
27. Grievance procedures are clearly communicated.						
28. Agency leadership respects personal time off and practices boundaries unless there is an emergency.						
29. Agency leaders' model effective vicarious trauma mitigation by following their own plans and limiting work hours.						
30. Agency provides ample back-up and support for 24/7 crisis workers.						
31. The agency takes staff self-care and health extremely seriously.						

32. The agency supports professional development outside of client care to prepare staff for "next step" (e.g. grant writing, systems work, fund raising, admin, leadership)						
33. The agency has zero tolerance for gossiping.						

Section Three: Training in Action

Training in action: There is a system in place to encourage a "**growing knowledge base**" for the entire agency by providing opportunity and agency for volunteers, staff and leadership to use knowledge and skillsets newly acquired from trainings and education to improve practice, update policies and/or protocols. Volunteers, staff and leadership at all levels receive training and education on the following topics:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. What is traumatic stress.						
2. How traumatic stress affects the brain and the body.						
3. The relationship between mental, emotional and physical health and trauma.						
4. The relationship between substance use, self- medication, addiction and trauma.						
5. The relationship between substance use, self-medication, addiction and victimization.						
6. The relationship between homelessness and trauma.						
7. How to work with someone who has complex trauma effectively.						
8. How trauma affects a child's development.						
9. How trauma affects a child's ability to attach to caregivers and other people.						
10. The relationship between childhood trauma and adult re-victimization.						
11. Applied Intersectionality (understanding relationship between intersecting identities: race, class, gender, orientation, nation status, history, religion…etc.)						
12. Cultural differences in how people respond to trauma.						

13. How working with trauma impacts volunteers and staff.						
14. How to apply effective coping mechanisms for clients, volunteers, staff and leadership.						
15. How to help clients identify their individual triggers or trauma echoes.						
16. How to help clients manage complicated feelings (e.g. helplessness, rage, humiliation, terror, sadness…).						
17. How to self-regulate during high stress moments in order to remain professional and compassion based.						
18. Mirror neurons and de-escalation strategies (e.g. ways to help people to calm down, reground or to remain calm).						
19. How to develop individualized safety plans.						
20. How to develop individualized crisis prevention plans.						
21. How to develop an individualized case management plan that is tailored to the client's specific needs and provides outside resources to specific services (e.g. rather than giving a client a long phone list of services that are complicated and daunting to approach).						
22. How to provide human-centric services rather than allowing paperwork to drive human interaction.						
23. How to establish and maintain healthy and professional boundaries.						
24. If in criminal justice: Dynamics of crime (e.g. domestic violence, human trafficking, sexual violence, child abuse, assault, homicide, cross-over research)						
25. If in crisis field: Dynamics of crisis (e.g. death, death notification, car accidents and suicide)						
26. Specific training necessary to provide professional services (e.g. title IX and college age, military and military specific needs, courts, jails, medical systems…)						

27. How to advocate for systems change.						
28. How to remain human-centric and mission focused during decision making.						
29. How to work with children effectively (e.g. beyond handing them a stuffed animal and some crayons)						
30. Laws that impact their client base.						
31. How to use person-first and orienting language.						
32. How to slow down to ensure client with complex trauma is able to understand.						

Section Four: Establishing a safe physical environment						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. There is a way to monitor who is coming in and out of the program, building, agency.						
2. Clients are asked for their definitions of physical safety.						
3. The environment both outside and inside is well lit.						
4. The common areas are inviting, clean, soothing and without clutter.						
5. The bathrooms are accessible, lockable (if able) and well lit.						
6. Everything is ADA compliant.						
7. The agency is child and youth friendly in a meaningful way (e.g. there is a clean child specific soft room, there are child and teen decorations and materials)						
8. The organization provides a place for children to play.						
9. The organization provides clients with opportunities to make suggestions about ways to improve/change physical space.						
10. The agency has sufficient soft room availability to ensure privacy and confidentiality.						
11. Soft rooms have filming options in order to truly capture a client's experience and to avoid re-traumatization by asking client to repeat experience several times.						

12. The agency/organization is able to transcribe film if needed.						
14. The décor is soft and inviting.						
15. The space smells neutral and is warm.						
16. Art is beautiful and client inspiring.						
17. The physical building and decor says: "you are worth this much effort and this much beauty" to the client.						
18. There are orienting signage so clients don't feel lost or unsure of what will happen next.						

Section Five: Establishing a supportive environment						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. The agency/ organization reviews rules, rights and grievance procedures with all clients regularly.						
2. Clients are informed about "how" the program responds to personal crisis through informed consent (e.g. suicidal ideation/statements, child abuse, violent behavior or threats and all mandatory reporting)						
3. Clients rights are posted in places that are visible (e.g. grievance policies, confidentiality practices, mandatory reporting, victims' rights…)						
4. Materials on: trauma, complex trauma, how trauma impacts humans, coping mechanisms and tools, trauma healing, etc. are readily available for volunteers, staff and clients.						
5. Staff strives to ensure a continuum of care by coordinating services with outside agencies.						
6. Program services and information is available in different languages, to the deaf and hard of hearing community and to the blind community.						
7. Volunteers, staff and/or clients are allowed to speak their native languages within the agency.						

8. There is a culture of acceptance to diverse religions, spiritual practices, gender expression, sex, sexual orientation, HIV status, nation status, mental or physical health, hygiene practices and/or ages…						
9. Outside consultants with "growing knowledge base" in applied intersectionality provide regular education, consultation and auditing services.						
10. The agency/organization informs clients about the extent and limits of privacy and confidentiality (kinds of records kept, where/who has access, when obligated to make report to police/ child welfare)						
11. Staff and other professionals do not talk about clients in common spaces.						
12. When staff and other professionals do talk about clients, it is to debrief or to coordinate care- not to gossip.						
13. Staff do not talk about clients outside of the agency unless at appropriate meetings.						
14. Staff do not discuss the personal issues of one client with another client.						
15. Volunteers, staff or clients who have violated the rules are approached in private.						
16. Written individualized safety plans are incorporated into client's goals and plans.						
17. Each client has a written crisis prevention plan which includes a list of triggers, strategies and response which are helpful and those that are not helpful and a list of persons the consumer can go to for support.						
18. Staff ask clients for their definitions of emotional safety.						
19. Staff practice trauma informed, neuro-based interview and communication methods (e.g. forensic experiential trauma interview)						

20. The agency uses "person first" language.						
21. The agency uses orienting language.						
22. The agency use descriptive language rather than characterizing terms to describe clients (e.g. describing a person as "having a response to the trauma" rather than "attention seeking"						
23. The organization has regularly scheduled procedures/opportunities for clients to provide input.						
24. The agency is child supportive (e.g. there is a plan to avoid parents having to tell case worker about violence in front of child, there are staff members able to connect with children beyond handing them a crayon and paper, there are clean and sanitized toys available that children like, there are healthy snacks available for them…)						
25. The organization has regularly scheduled procedures/ opportunities for consumers to provide input.						
26. The organization has policy in place to handle any changes in schedule.						
27. The program is flexible with procedures if needed, based on individual circumstances.						
28. The client should have a voice in the process and should be encouraged to have agency and power over own path.						
29. Leadership is held to high standards of professionalism.						
30. Leadership models healthy behaviors.						
31. There are **meaningful** ways to evaluate leadership.						
32. Leadership acts with transparency.						
33. Leadership maintains a client focus.						
34. Leadership understands that healthy staff decrease secondary victimization.						

35. Leadership understands that volunteer/staff self-care is an ethical practice.						

Section Six: Human-centric intake process- not driven by paperwork						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. The intake process allows for a sleep cycle or two when possible directly after trauma before diving into a big paper work based interview (while still asking the most basic and necessary questions).						
2. The intake assessment is done in a soft room that is private and confidential.						
3. The intake will capture personal strengths of the client.						
4. The intake will include questions about cultural strengths (e.g. world view, role of spirituality, cultural connections).						
5. The intake will capture social supports: friends and family.						
6. The intake will have questions about "current level of danger" from other people (e.g. orders of protection, fear, threats, history of violence, gossip, slut shaming…).						
7. The intake will ask questions about history of trauma (e.g. physical, emotional or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness…).						
8. The intake will ask about any/ all previous head injury.						
9. The intake will ask questions about the quality of relationship with child or children (e.g. caregiver/ child attachment)						
10. The intake will have questions about the children's exposure to trauma (e.g. neglect, abuse, exposure to violence)						
11. The intake will ask questions surrounding achievement of developmental tasks.						

12. The intake will have questions surrounding the children's history of mental health issues.						
13. The intake will have questions surrounding the children's history of physical health issues.						
14. The intake process includes orienting language explaining why questions are being asked.						
15. The program informs consumers about what will be shared with others and why.						
16. Throughout the assessment process, the program staff observes clients on how they are doing and responds appropriately.						
17. Based on the intake assessment, adults and/or children are referred for specific services as necessary.						
18. The referral process is individualized (e.g. rather than giving them a document full of phone numbers)						
19. Re-assessments and check-ins are done on an on-going and consistent basis.						
20. The program updates releases and consent forms whenever it is necessary to speak with a new provider.						
21. Staff collaborates with clients in setting their goals.						
22. Clients goals are reviewed and updated regularly.						
23. Before leaving the program, clients and staff develop a plan to address future needs.						
24. The program provides opportunities for care coordination for services not provided within the agency/ organization.						
25. The program educates clients about traumatic stress and triggers.						
26. The program has access to counselor or psychologist who has a "growing knowledge base" in the area of trauma and trauma related interventions on staff or readily available to help.						

Section Seven: Policies, protocols, practice						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. The agency embraces transparency and posts their polices, protocols and practices publicly.						
2. Written policies are established based on understanding of the impact of trauma on volunteers, staff, leadership and clients.						
3. Their agency has a written commitment to applied intersectionality to demonstrate a respect for differences and practices.						
4. The agency has written policy to address potential threats to volunteers, staff, clients and leadership from natural and/or man-made threats (e.g. fire, tornado, bomb, late-night response, hostile clients…)						
5. The agency has written policy to address potential threats to volunteers, staff, clients and leadership from toxic behavior (e.g. mobbing, gossip, slut shaming, isolating, triangulation, ingrouping/outgrouping...)						
6. The agency has writing protocol outlining staff responses to volunteer, staff, client, leadership crisis (e.g. self-harm, suicidal thinking, and aggression towards others)						
7. The agency has written policies outlining professional conduct for staff (e.g. boundaries, mindfulness/grounding, empathy, compassionate base, responses to clients, engaging in healthy culture building...)						
8. The agency has protocols that are rooted in neuroscience (e.g. allow for a sleep cycle or two before asking a client to recount a traumatic experience in detail, utilize trauma informed methods, allowing client to choose if they need an advocate in the room during forensic exam)						
9. The agency seeks to reduce silos (e.g. cross-over research indicates						

domestic violence, sexual assault and child abuse are often co-occuring, but have different responders/ responses in silos- it is a better response not be siloed)						
10. The agency creates regular opportunity for accountability (see section one)						
11. Policies, protocols and practices are reviewed and updated annually as they are on a "growing knowledge base"						
12. Volunteers, staff, clients and leaders all have meaningful opportunity to participate in the updating process of the policies, protocols and practices.						

Section Eight: The voices that inform the foundation						
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Don't Know**	**N/A**
1. Current clients are given **meaningful** opportunities to evaluate the program and offer suggestions for improvement in anonymous and/or confidential ways (e.g. focus groups with outside auditors, open ended qualitative evaluation tools, phone surveys, anonymous surveys via social media, email surveys, client leadership group, peer to peer leadership)						
2. Past clients are given **meaningful** opportunities to evaluate the program and offer suggestions for improvement in anonymous and/or confidential ways (e.g. focus groups with outside auditors, open ended qualitative evaluation tools, phone surveys, anonymous surveys via social media, email surveys, client leadership group, peer to peer leadership)						
3. The agency/ organization utilizes qualitative methods to get a more meaningful and deeper evaluation response.						
4. The agency/ organization embraces vulnerability in order to be						

able to hear constructive critique and act to improve.						
5. The agency/ organization actively seeks former clients to serve on board of directors or some other meaningful advisory role.						

➢*This agency assessment was meant to be a "general assessment tool" that can be broadly utilized. There may be some important aspects missing because of the unique quality of your agency/organization or some of these strategies may not apply specifically to you.*

➢*This instrument was adapted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma Informed Care: A Self-assessment and Planning Protocol" article by Roger D. Fallot, Ph.D and Maxine Harris Ph.D.*

➢*Myra and Russell Strand (Strand² Squared LLC) evolved the tool further and are currently seeking guidance and suggestions from others in the field for improvement.*

➢*Currently we have former victims, coalition leads, community based advocates, systems based advocates, mental health experts, law enforcement and prosecutors reviewing the document for the version two (Aug. 2019). All reviewers will be credited here.*