

Data Source	Status							
Enter all that Apply A Staff interviews B Consumer/Caregiver Interviews C Review of Policies/Procedures D Client Record Review E Treatment Team or De-briefing F Observation G All of the Above	O No Data, No plan	1 Plan has been developed but not imple- mented	2 Plan has been implemented	Plan has been implemented and data have been gathered regarding implementation	Plan has been implemented and revised based on feedback/data regarding implementation			

Competent Trauma-Informed Organizational, Clinical, and Milieu Practices

Questions	Data Source		Status					
3. Demonstrate organizational practice standards for implementation of trauma-informed care.	Enter all that Apply ABCDEFG	0	1	2	3	4		
A. The organization has a "trauma-informed care initiative" (e.g., workgroup/ taskforce, trauma specialist) endorsed by the chief administrator								
B. The organization identifies and monitors TI Care values (i.e., safety, trustworthiness, choice, collaboration, and empowerment).								
C. The organization promotes the practice of program improvement based on quantitative and qualitative data.								
D. The organization has one or more methods for de-briefing incidents that may have posed a physical or psychological safety threat to consumers or family members.								
 E. Formal policies and procedures reflect language and practice of trauma-informed care. 								
F. The organization has a process for systematic review of the physical and social environment as it may be perceived by those who have experienced trauma.								
4. Demonstrate program practice standards for implementation of trauma-informed care.	Enter all that Apply ABCDEFG	0	1	2	3	4		
A. All staff who interact with consumers are a part of a team that allows for integrated training, supervision and peer review in TI Care practices and principles.								
 B. There are opportunities for staff to recognize, acknowledge, and address their vicarious traumatization. 								
C. The program offers trauma-specific, evidenced-based practices.								
D. Treatment planning and interventions are individualized, and developmentally suited to each consumer.								
E. Each consumer has a safety or crisis management plan with individualized choices for calming and de-escalation.								
F. The physical environment is attuned to safety, calming, and de-escalation.								
G. Staff use a strengths-based, person-centered approach in their interactions with consumers and their families.								
H. Staff has systematic opportunities to seek support, or assistance from their peers.								