

## TRAUMA INFORMED SYSTEM CHANGE INSTRUMENT

As part of the evaluation of this project, we are tracking system change at a service provider level, at an agency level, and at the county system level. Please complete the following to help us understand your perception of change needed in these areas.

### Organizational Change Self-Evaluation – The Current System

Rate the following statements regarding **your agency** as it currently operates.

Item Number		Not at All True for My Agency	A Little True for My Agency	Somewhat True for My Agency	Mostly True for My Agency	Completely True for My Agency
1.	Written policy is established committing to trauma informed practices	1	2	3	4	5
2.	The agency has a formal system for reviewing whether staff are using trauma informed practice	1	2	3	4	5
3.	There is system of communication in place with other agencies working with the child for making trauma informed decisions about the child or family	1	2	3	4	5
4.	There are structures in place to support consistent trauma informed responses to children and families across roles within the agency	1	2	3	4	5
5.	Families and children are given systematic opportunities to voice needs, concerns, and experiences	1	2	3	4	5
6.	The agency has a system in place to develop/sustain common trauma informed goals with other agencies	1	2	3	4	5
7.	Understanding of impact of trauma is incorporated into daily decision-making practice at my agency	1	2	3	4	5
8.	Supervision at my agency includes ways to manage personal and professional stress	1	2	3	4	5
9.	Trauma informed safety plans are written/available for each child (i.e., triggers, behaviors when over-stressed, strategies to lower stress, support people for child)	1	2	3	4	5
10.	Staff receive supervision from trauma informed supervisor	1	2	3	4	5
11.	Timely trauma informed assessment is available and accessible to children served by my agency	1	2	3	4	5
12.	A continuum of trauma informed intervention is available for children served by my agency.	1	2	3	4	5
13.	A child's definition of emotional safety is included in treatment plans at my agency.	1	2	3	4	5

Rate the following regarding your current **individual practice** from a trauma informed perspective.

		Not at all True for Me	A Little True for Me	Somewhat True for Me	Mostly True for Me	Completely True for Me
14.	I have a clear understanding of what trauma informed practice means in my professional role	1	2	3	4	5
15.	I feel favorable in trying a new trauma informed intervention with children and families.	1	2	3	4	5
16.	I feel equipped to help children make meaning of their trauma history and current experiences from a trauma perspective.	1	2	3	4	5
17.	In practice, I am utilizing what I believe to be trauma informed interactions with children and families.	1	2	3	4	5
18.	I am willing to try a new form of intervention even if I have to follow a manual or protocol.	1	2	3	4	5
19.	I am willing to use trauma informed interventions that researchers say are effective.	1	2	3	4	5

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**Name**

**Agency Affiliation/Role**

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**Email Address**

**Phone Number**

**Thank you for your time and participation.**

If you would like to participate in continued evaluation of the training project, we may wish to contact you regarding your opinion on trauma informed change in our community. If you do **not** wish to be contacted again to complete this instrument, please initial below. Thank you for your help with this project.

\_\_\_\_\_ **No thank you, I prefer to not be contacted again to complete this instrument.**