



Trauma-Responsive Organization Checklist

All organizations, regardless of their primary mission – legal services, foster care, elder care, mental health support, housing, addiction services, etc. – should strive to be trauma-responsive both internally (i.e., policies, procedures and operations) and externally (i.e., service delivery).

How to use the Checklist

This checklist includes 6 primary areas for an organization to consider when adopting a trauma-informed or trauma-responsive approach.

For each practice area and action, use the rating scale below. In the "Now" column, enter the date you are filling out the form and rate where your organization is now. Then, rate your organization again after 6 months, 12 months, and 18 months to see progress and/or identify challenging areas.

RATING SCALE:

0 - I don't know if we do this.

1 - This is not consistent with what we do.

2 - This is somewhat accurate or happens sometimes.

3 - This is accurate and consistent with what we do.

Remember, you don't have to do everything on this list all at once! The process of becoming a trauma-responsive organization takes time. You may want to start by focusing on one practice area. Or, you may want to choose 2-3 items within each category to start with.

1- Mission, Vision and Strategic Planning

What it looks like	Now	+6 mo.	+12 mo.	+18 mo.
A trauma-informed or trauma-responsive approach is embedded in "the work." It is not a separate, time bound initiative or project.				
The organization has a clearly written vision/mission statement or position that includes a commitment to understanding trauma and engaging in trauma-informed principles and practices.				
There is unequivocal leadership buy-in and support for a trauma-responsive approach.				
The organization's strategic plan includes a commitment to trauma-responsiveness.				
Budget allocations include dedicated funds for ongoing training on trauma-responsiveness and other professional development opportunities; wellness activities and incentives; fair pay/living wages; inclusive and comprehensive health care; and client incentives and stipends.				
Staff members from different levels of the organization are meaningfully involved in the creation and ongoing evaluation of initiatives, policies, and protocols (e.g., participating on committees or working groups, attending board meetings, sharing at leadership team meetings, etc.).				

Comments, Notes, or Observations

2 - Centering People and Communities

What it looks like	Now	+6 mo.	+12 mo.	+18 mo.
Former program participants and/or other individuals with lived experience are involved in program planning and delivery of services.				
All interactions with colleagues and program participants are friendly, non-judgmental, supportive, fair, equitable, culturally respectful, person-centered, empowering, and flexible.				
Decorations, signage, and materials are culturally responsive and available in the language(s) spoken by program participants.				
Service models are created with a strengths-based or asset-based view, as opposed to a deficit-based view (e.g., punitive consequences are replaced with supportive or healing next steps).				
At the beginning of a conversation, staff members inform individuals about what types of question will be asked, why they will be asked, what the information will be used for, who the information will be shared with, and why it will be shared.				
Staff members utilize specific techniques that help to promote positive and trusting relationships with participants (e.g., ask open-ended questions, provide affirmation, practice reflective listening).				
Staff consistently use "people-first" language rather than labels (e.g., "person experiencing homelessness" vs. "homeless" or "person with justice system involvement" vs. "offender").				

Comments, Notes, or Observations

3 - Recruitment and Hiring

What it looks like	Now	+6 mo.	+12 mo.	+18 mo.
Personnel policies are people centered. The organization sees staff as people first and provides flexibility to the extent possible to honor staff's personal and professional commitments (e.g., flexible schedules, adequate PTO, etc.)				
The organization has clearly articulated and transparent policies around performance evaluations, promotions, transfers, and leadership opportunities.				
The organization actively and intentionally recruits candidates - and hires staff - that reflect the identities of individuals served by the organization.				
Job descriptions include language around experience/ability to work with people affected by personal, community, and/or systemic trauma.				
Application/interview questions do not perpetuate biases or discriminatory practices (e.g., do not ask for salary history).				
Interview questions are designed to assess cultural sensitivity, biases, attitudes, beliefs, and values.				
Interview questions give space for a candidate to share personal or professional stories, but do not directly ask for sensitive information, make assumptions about a person's identity, or put a candidate "on the spot."				
The interview process for full-time, part-time, and temporary staff is transparent and equitable (e.g., scoring rubrics are used to ensure that all applicants are being asked the same questions and rated on the same scale).				

Comments, Notes, or Observations

6 - Supportive Supervision and Workforce Well-being

What it looks like	Now	+6 mo.	+12 mo.	+18 mo.
Leadership demonstrates an awareness of the impact that personal trauma and/or secondary professional trauma has on its workforce.				
There are organization-wide strategies and supports in place to address the impact of the work on staff well-being, including the experience of compassion fatigue, burnout, and/or vicarious trauma.				
The organization's commitment to trauma-informed practices is evidenced in workload management, work assignments, PTO policies, team meeting agendas, professional development opportunities, etc.				
Staff members receive individual support from a supervisor or other staff member who is equipped to provide resources on self-care, compassion fatigue, vicarious trauma, and/or stress-reducing strategies.				
Opportunities exist for confidential discussion about clients and/or challenging interactions.				
Supervisors' role and performance expectations include providing support to staff around addressing trauma and increasing resilience.				

Comments, Notes, or Observations
