T S R T

Trauma System Readiness Tool

C T I S P

Chadwick Trauma-Informed Systems Project

Rady Children's San Diego | Chadwick Center for Children & Families

A PARTNER IN NCTSN The National Child Traumatic Stress Network

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TRAUMA SYSTEM READINESS TOOL (TSRT)

The Trauma System Readiness Tool (TSRT) was developed by the Chadwick Trauma-Informed Systems Project (CTISP) as part of the National Child Traumatic Stress Network, with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). The TSRT is part of the larger *Trauma-Informed Child Welfare Practice Toolkit* that includes a number of resources that can be utilized by child welfare systems as they move towards becoming more trauma-informed. These include:

- *Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators*
- *Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model*
- *Desk Guide on Trauma-Informed Mental Health for Child Welfare*
- *Desk Guide on Trauma-Informed Child Welfare for Mental Health*

Purpose of the TSRT

The TSRT is a self-report measure that was designed for child welfare systems to use as they assess the trauma-informed nature of their own system. The TSRT was designed to be administered to multiple informants across all levels of the organization, including caseworkers, supervisors, managers and administrators. It can be completed across regions within a state or county. Results from the TSRT provide cross-informant data to each system detailing how front-line case workers' responses from the survey are similar to or different from those of supervisors and administrators. The TSRT was designed to align with the Essential Elements of a Trauma-Informed Child Welfare System developed by the Child Welfare Committee of the National Child Traumatic Stress Network (NCTSN). These include:

1) Maximize physical and psychological safety for children and families
2) Identify trauma-related needs of children and families
3) Enhance child well-being and resilience
4) Enhance family well-being and resilience
5) Enhance the well-being and resilience of those working in the system
6) Partner with youth and families
7) Partner with agencies and systems that interact with children and families

Development of the TSRT

The TSRT was developed by the Chadwick Trauma-Informed Systems Project (CTISP) with consultation and support from the CTISP National Advisory Committee, which includes experts in the fields of child welfare, child trauma, child development, resilience, and family engagement. The original TSRT contained 150 questions and was pilot tested within the State of New Hampshire, the State of Oklahoma, and in the County of San Diego in 2011. A follow-up administration of the TSRT was conducted in late 2013/early 2013 in order to determine the TSRT's ability to measure change over time as these systems moved towards becoming more trauma-informed. Statistical analysis of these data provided guidance on revising items and was used to create the final tool that is included here. For more information on the development of this tool, please refer to Hendricks, Conradi and Wilson (2011).

Domains Measured

The following four domains are measured in the TSRT:

1) Child Welfare Agency's Understanding of the Impact of Child Traumatic Stress on Children Being Serviced
    - Training and Education Practices
    - Screening and Referral Practices
    - Knowledge Regarding Trauma-Focused Treatment/Interventions
    - Availability and Accessibility of Trauma-Focused Treatment
2) Child Welfare Agency's Understanding of Parent/Adult Trauma History and Its Impact on Parenting and Parents' Response to Services
    - Parent/Caregiver Trauma and Its Impact
    - Child Welfare System's Ability to Assess Parent Trauma and Its Impact
    - Child Welfare System's Ability/Capacity to Address Parent Trauma and Its Impact
3) Trauma and the Child Welfare System
    - Child Welfare System's Understanding of Its Role in Mitigating Impact of Trauma
    - Psychological Safety for Children and Families
    - Promoting Positive and Stable Connections in the Lives of Children
    - Child Welfare System's Provision of Education and Support to Caregivers
4) Vicarious Trauma (also known as Secondary Traumatic Stress) in Professionals Working in Child Welfare Systems
    - Agency's Understanding of the Impact of Vicarious Trauma on Professionals in Child Welfare
    - Agency's Efforts to Reduce the Impact of Vicarious Trauma in Workers
5) Systems Integration/Service Coordination with Other Child-Serving Agencies

Administration and Scoring of the TSRT

For each item, participants respond on a six-point Likert scale (from Strongly Disagree to Strongly Agree). Child Welfare jurisdictions can easily convert the TSRT into a computerized survey for ease of administration across the system using an online survey system. It is recommended that jurisdictions add or adapt demographic questions that accurately reflect their own staffing structure or their own state or county organization. For example, questions can be added so that respondents can indicate the region in which they work and their role within the system. Results can then be statistically analyzed using Crosstabs or other applicable functions using statistical software such as SPSS. It is highly recommended that jurisdictions work with a skilled researcher with a solid understanding of statistical software in order to determine which analyses would be most relevant and applicable for their current system.

Using and Adapting the TSRT

The TSRT is free for use. However, in order to gain permission to use or adapt the TSRT for use across different service systems, please contact Cambria Walsh at cwalsh@rchsd.org.

References

Hendricks, A., Conradi, L., & Wilson, C. (2011). Creating trauma-informed child welfare systems using a community assessment process. *Child Welfare, 90(6),* 187-206

Demographics Information

Your name: _____

Program You Work For: _____

District Office: _____

State Where Your Agency is Located: _____

Years Working in Child Welfare: _____ **(round to closest whole year):**

Number of Families on Current Caseload (if applicable): _____

Jurisdiction/Scope of Job Responsibilities (i.e., local office, district, county, region, state):

_____

What is your role in the Child Welfare Agency?

___ **Line Worker**

___ **Supervisor**

___ **Administrator**

___ **Other** (Please specify) _____

Child Welfare Agency's Understanding of the Impact of Childhood Traumatic Stress on Children Being Served

TRAINING AND EDUCATION

Please indicate how much you agree with the following statements about training and education in your child welfare agency:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
1. I have received recent training and education in...						
a. The prevalence of childhood trauma	1	2	3	4	5	6
b. The types of trauma that a child may experience	1	2	3	4	5	6
c. Short-term and long-term effects of trauma on children	1	2	3	4	5	6
d. How trauma affects the brain and body	1	2	3	4	5	6
e. How trauma affects a child's development and impacts a child differently depending on his/her development stage (e.g., infants, preschoolers, latency-aged children, and adolescents)	1	2	3	4	5	6
f. The externalizing symptoms of trauma (e.g., aggression, rule-breaking, etc.) and the internalizing symptoms (e.g., depression, anxiety, etc.) of trauma	1	2	3	4	5	6
g. Cultural differences in how children and families understand and respond to trauma	1	2	3	4	5	6
h. Trauma triggers/reminders and their impact on a child's behavior	1	2	3	4	5	6
2. Workers have access to a mental health specialist with expertise in childhood trauma and trauma-informed interventions (on staff or available for regular consultation)	1	2	3	4	5	6

SCREENING AND REFERRAL PRACTICES

Screening *is a process where a brief, focused survey is used to find out about the traumatic events a child has experienced and/or the effects of trauma. Screening is usually used to figure out which children need further mental health assessment and treatment. Screening is different from assessment because it is a quick process that is usually done by front-line workers for most or all of the children in the system/agency.*

Please indicate how much you agree with the following statements about the screening and referral practices in your child welfare agency:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
3. We use a formal mental health screening process or tool at our agency	1	2	3	4	5	6
4. Children are screened for mental health services using case consultation, coaching, or supervision	1	2	3	4	5	6
5. Children are screened for mental health services using Structured Decision Making (SDM)	1	2	3	4	5	6
6. Children are screened for mental health services with a standardized tool (please specify: _____ _____)	1	2	3	4	5	6
7. Child welfare workers decide who receives mental health services (usually without a formal process or tool)	1	2	3	4	5	6
8. *The mental health screening process or tool we use includes:*						
a. Assessing the child for danger to self or others	1	2	3	4	5	6
b. Determining the child's mental health symptoms (e.g., depression, anxiety, attention/concentration, disruptive behaviors, social interactions, etc.)	1	2	3	4	5	6
c. Obtaining a trauma history for the child	1	2	3	4	5	6
d. Determining the child's trauma symptoms (e.g., nightmares, hypervigilance, upsetting memories, not wanting to talk about the trauma, etc.)	1	2	3	4	5	6

9. At what point(s) is the screening process conducted or the tool usually administered? (*Please check all that apply*)

- ❑ Intake (within 72 hours)
- ❑ Within the first 30 days
- ❑ When a new trauma occurs or is disclosed
- ❑ When problematic reactions/behaviors are reported
- ❑ When there is a court report
- ❑ Set time period (Please specify: _____)
- ❑ When there is a change in placement
- ❑ Other (Please specify: _____)

10. How is the mental health screening process or tool administered? (*Please check all that apply*)
    - ❑ Self-administered (Completed by the youth and/or caregiver)
    - ❑ Interview format (Staff member asks the child/youth and/or his/her caregiver questions and completes the screening)
    - ❑ Information integration tool (Completed by the staff member after interview with the youth/ caregiver, collateral contact, and review of case files or other relevant documents)
    - ❑ Other (Please describe: _____)

11. In general, what is the education level of the staff member(s) who conduct or administer the mental health screening process or tool? (*Please check all that apply*)
    - ❑ High school
    - ❑ Some College
    - ❑ 2-year College Degree
    - ❑ Bachelor's Degree
    - ❑ Master's Degree
    - ❑ PhD/Post-Doctoral
    - ❑ MD
    - ❑ Do not know

12. How much training on mental health screening process or tool do individuals receive who conduct the screenings? (*Please check all that apply*)
    - ❑ None
    - ❑ Brief training by a co-worker/supervisor
    - ❑ Thorough training by a co-worker/supervisor
    - ❑ Formal training focusing on general screening
    - ❑ Formal training on specific screening tools
    - ❑ Ongoing training and supervision
    - ❑ Other (Please describe: _____)

13. Based on the information gathered during the screening, how is it used in practice? (*Please check all that apply*)
    - ❑ Referral for a more detailed assessment
    - ❑ Referral to general mental health services
    - ❑ Referral for trauma-specific mental health services
    - ❑ Recommendations for future treatment plan(s)
    - ❑ Other (Please describe: _____)

KNOWLEDGE REGARDING TRAUMA-FOCUSED TREATMENT/INTERVENTIONS

Please indicate how much you agree with the following statements about trauma-focused treatment/interventions:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
14. *To the best of your knowledge, child welfare workers in your agency*:						
a. Are knowledgeable about the core components of high-quality trauma-focused treatment	1	2	3	4	5	6
b. Are knowledgeable about evidence-based trauma-focused treatment models that are relevant for children and families in the child welfare system Please specify which models you are knowledgeable about, if any: _____ _____	1	2	3	4	5	6
c. Encourage involvement of non-offending birth parent(s) in a child's treatment process when appropriate (i.e., when reunification is likely)	1	2	3	4	5	6
d. Promote active participation of resource parents (kin, foster, or adoptive) in a child's treatment process	1	2	3	4	5	6

AVAILABILITY AND ACCESSIBILITY OF TRAUMA-FOCUSED TREATMENT

Please indicate how much you agree with the following statements about availability and accessibility of trauma-focused treatment:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
15. Trauma-focused treatment for children and families is widely available and easily accessible in your jurisdiction	1	2	3	4	5	6
16. A child who would benefit from trauma-focused treatment is able to start therapy in a timely manner (i.e., no long waitlists)	1	2	3	4	5	6

17. Which trauma-focused evidence-based treatments are currently available in your **jurisdiction?**

_____

_____

_____

Child Welfare Agency's Understanding of Parent/Adult Trauma History and Its Impact on Parenting and Parents' Response to Services

PARENT/CAREGIVER TRAUMA AND ITS IMPACT

Please indicate how much you agree with the following statements about parent/caregiver trauma and its impact:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
18. Child welfare staff members at all levels are:						
a. Aware that many birth parents have trauma histories	1	2	3	4	5	6
b. Knowledgeable about intergenerational cycles of abuse	1	2	3	4	5	6
c. Familiar with cultural issues that may impact disclosure of parent trauma and seeking treatment	1	2	3	4	5	6
d. Knowledgeable about the impact of past or current trauma on a parent's ability to care for his/her children, potentially manifesting itself in mental health or substance abuse problems	1	2	3	4	5	6
e. Aware of how domestic violence affects parenting behaviors	1	2	3	4	5	6
f. Aware of how the child welfare system's activities can trigger a parent's own trauma history and affect a parent's response to child welfare workers and system activities/mandates	1	2	3	4	5	6

CHILD WELFARE SYSTEM'S ABILITY TO ASSESS PARENT TRAUMA AND ITS IMPACT

Please indicate how much you agree with the following statements about system's ability to <u>assess</u> parent trauma and its impact:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
19. Birth parents are routinely asked about their own trauma histories If you agree or strongly agree that birth parents are routinely asked about their own trauma histories, by whom are they asked? _____	1	2	3	4	5	6
20. Parents' trauma histories are assessed using a standardized measure or set of questions	1	2	3	4	5	6
21. Parents are asked about their current trauma symptoms (e.g., nightmares, intrusive thoughts, anxiety, emotional numbing, etc.) If you agree or strongly agree that birth parents are asked about their current trauma symptoms, by whom are they asked? _____	1	2	3	4	5	6
22. Parents complete standardized measures or questionnaires about their own current trauma symptoms	1	2	3	4	5	6

23. Please specify which (if any) standardized measures are used:

_____

_____

_____

24. At what point in the life of the case are parents asked about their own trauma issues?

- ❑ Intake/Baseline only
- ❑ Intake and throughout the life of the case
- ❑ Other (please specify): _____

CHILD WELFARE SYSTEM'S ABILITY/CAPACITY TO ADDRESS PARENT TRAUMA AND ITS IMPACT

Please indicate how much you agree with the following statements about system's ability to address parent trauma and its impact:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
25. *Parents with their own trauma histories are:*						
a. Referred for general mental health treatment	1	2	3	4	5	6
b. Referred to their own trauma-focused treatment	1	2	3	4	5	6
c. Easily able to access trauma-focused treatment and able to start the treatment in a timely manner (no long waitlists) in your community	1	2	3	4	5	6
26. *Child welfare workers are:*	1	2	3	4	5	6
a. Able to identify which parents may need their own trauma-focused treatment as compared to general mental health treatment	1	2	3	4	5	6
b. Knowledgeable about treatment models that address trauma and co-occurring disorders (e.g., substance abuse, mental health disorders, etc.)	1	2	3	4	5	6
27. Service plans address parent trauma when appropriate.	1	2	3	4	5	6

28. Which trauma-focused evidence-based treatments for adults are currently available in your **jurisdiction?**

_____

_____

_____

CHILD WELFARE SYSTEM'S UNDERSTANDING OF ITS ROLE IN MITIGATING IMPACT OF TRAUMA

Please indicate how much you agree with the following statements about the system's understanding of its role in mitigating impact of trauma:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
29. *Child welfare staff members at all levels:*						
a. Understand how child welfare system activities (e.g., removal from parents, multiple placement changes, changes in caseworkers) can worsen the impact of trauma on a child	1	2	3	4	5	6
b. Understand their role in helping reduce the impact of trauma on children involved in the child welfare system	1	2	3	4	5	6
c. Can identify specific ways to help reduce the impact of trauma on children involved in the child welfare system	1	2	3	4	5	6
d. Work as a team with each family, empowering them to make decisions about their services	1	2	3	4	5	6
e. Adhere to specific casework practice models that are strengths-based (e.g., Family Group Decision Making)	1	2	3	4	5	6

PSYCHOLOGICAL SAFETY FOR CHILDREN AND THEIR FAMILIES

__Psychological safety__ is the sense of feeling safe and secure in your environment on an emotional and mental level. When an individual feels psychologically safe, he/she feels able to express himself/herself freely without fear of repercussion or increased threat. Psychological safety is often a challenge for children who have experienced trauma **even after threats to their physical safety have been removed.*

Please indicate how much you agree with the following statement about the agency's ability to address psychological safety for children and their families:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
30. Child welfare staff members at all levels understand the importance of **psychological** safety and makes it a priority when making case decisions	1	2	3	4	5	6

Please indicate how much you agree with the following statements about the agency's ability to address psychological safety for children and their families:	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
31. *Child welfare workers:*						
a. Routinely assess for **psychological** safety in current living situations for a child and his/her parents	1	2	3	4	5	6
b. Address **psychological** safety in a formal way when removing a child from a home	1	2	3	4	5	6
c. Address psychological safety in a formal way when moving a child from one foster care placement to another	1	2	3	4	5	6
d. Address psychological safety in a formal way when reunifying a child with his/her birth family	1	2	3	4	5	6
e. Help the child and his/her parents identify factors that make them feel safe and protected	1	2	3	4	5	6

PROMOTING POSITIVE AND STABLE CONNECTIONS IN LIVES OF CHILDREN

Please indicate how much you agree with the following statements about the child welfare agency's endorsement of positive and stable connections in the lives of children being served:	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
32. *Child welfare staff members at all levels:*						
a. Promote frequent contact between a child and his/her parents (except in cases where contact is harmful to the child)	1	2	3	4	5	6
b. Promote frequent contact between a child and his/her siblings (except in cases where contact is harmful to the child)	1	2	3	4	5	6
c. Support frequent communication and partnership between birth parents and resource parents (kin, foster, or adoptive)	1	2	3	4	5	6
d. Make diligent efforts to minimize placement changes for youth in out-of-home care	1	2	3	4	5	6
e. Help each child maintain connections to school, community, and culture	1	2	3	4	5	6
f. Make repeated efforts to understand each child's and his/her family's unique cultural perspectives	1	2	3	4	5	6
33. Caseworkers are able to provide consistent and stable support to each family	1	2	3	4	5	6

CHILD WELFARE SYSTEM'S PROVISION OF EDUCATION AND SUPPORT TO CAREGIVERS

Please indicate how much you agree with the following statements about the child welfare system's provision of education and support to caregivers:	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
34. *Birth parents are:*						
a. Provided with education and training on trauma and its impact	1	2	3	4	5	6
b. Taught to reframe their child's behavior problems as possible trauma reactions when appropriate	1	2	3	4	5	6
35. *Resource parents (kin, foster, or adoptive):*	1	2	3	4	5	6
a. Are provided with education and training on trauma and its impact	1	2	3	4	5	6
b. Are informed about the trauma histories and related problems of the children in their care and taught to reframe the child's behavior problems as possible trauma reactions when appropriate	1	2	3	4	5	6
c. Have access to crisis intervention services at all times	1	2	3	4	5	6
d. Are provided with education and support related to secondary traumatic stress (i.e., how caring for traumatized children can impact them as caregivers)	1	2	3	4	5	6
36. Child welfare workers address personal or cultural issues that may impact the resource parent's ability to deal with a child's trauma and trauma reactions (e.g., resource parent's own trauma history, religious beliefs)	1	2	3	4	5	6

Vicarious Trauma (also known as Secondary Traumatic Stress) in Professionals Working in Child Welfare Systems

AGENCY'S UNDERSTANDING OF THE IMPACT OF VICARIOUS TRAUMA ON PROFESSIONALS IN CHILD WELFARE

Please indicate how much you agree with the following statements about the child welfare agency's understanding of the impact of vicarious trauma on professionals:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
37. *The child welfare agency recognizes:*						
a. The definition of vicarious trauma and the importance of training and supervision to reduce the impact of it and its risk factors	1	2	3	4	5	6
b. How working with trauma survivors can potentially trigger a worker's own trauma history and impede a worker's ability to do his/her job effectively	1	2	3	4	5	6

AGENCY'S EFFORTS TO REDUCE THE IMPACT OF VICARIOUS TRAUMA IN WORKERS

Please indicate how much you agree with the following statements about the agency's efforts to reduce the impact of vicarious trauma in workers:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
38. Child welfare staff members at all levels receive training on vicarious trauma , including managing difficult feelings or reactions that may arise when working with a child and family who have experienced trauma.	1	2	3	4	5	6
39. Part of supervision time is used to help the staff member understand his/her own stress reactions and how these reactions can negatively impact his/her work.	1	2	3	4	5	6
40. Topics related to vicarious trauma and support for workers are addressed in administrative and team meetings.	1	2	3	4	5	6
41. Staff development and staff retention are priorities in your agency.	1	2	3	4	5	6

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System Integration/Service Coordination with Other Child-Serving Entities

Please indicate how much you agree with the following statements about systems integration/ service coordination with other child-serving entities:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
42. Direct care providers are encouraged to have regular contact (with proper consent) with other service providers working with the same child/ family	1	2	3	4	5	6
43. Service programs work together to provide integrated care for each child and family	1	2	3	4	5	6
44. Workers receive cross-training with other child-serving systems (e.g., courts, mental health, schools, etc.)	1	2	3	4	5	6
45. Child welfare staff participates in joint meetings or case consultation with other providers	1	2	3	4	5	6
46. Staff members from other agencies are invited to meetings to determine needs for families (e.g., Team Decision-Making)	1	2	3	4	5	6

Thank you for taking our survey. Your input is very important to us.