

Creating Cultures of Trauma-Informed Care: Program Fidelity Scale Version 1.3 (1-14)
Community Connections, Washington, D.C. (Draft; not for distribution without the written permission of the authors.)

Overview of the Fidelity Scale

Please note: Full, detailed instructions are available in the Fidelity Scale Instruction Guide. It is essential that the full guide be reviewed prior to beginning this process.

- 1) The intent of this instrument is to gauge the extent to which a program or agency has developed a culture of trauma-informed care. By trauma-informed, we mean a culture that incorporates knowledge about trauma—its prevalence, impact, and the complex paths to recovery and healing—into every aspect of the program’s contacts, activities, relationships, and physical settings. Safety, trustworthiness, choice, collaboration, and empowerment are the core values of that culture. (See Harris, M. & Fallot, R.D. *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass, 2001 for a fuller description of this concept.)
- 2) When scoring a program, we recommend being conservative in deciding whether or not a specific indicator is met. For instance, in #1.d., if some of the signage is missing or unclear or unwelcoming, then the score should indicate that the standard has not been met (even if some of the signs are welcoming and hospitable). This may mean that, especially the first time the fidelity scale is administered, the scores may be quite low. That is fine. It simply means there is more room for growth in the program’s culture.
- 3) The Source of Evidence column should indicate the specific sources of information used to arrive at a decision about a score. More than one source of evidence may be used to score a particular item. For example, item #2.b. may call for input not only from the staff (STINT), but from the Executive Director or CEO (CEOINT), from clients (CLINT), via in-person observation (IPOBS), and possibly from consumer or staff surveys (SURR).
- 4) In the row below the scoring, there is space for documenting findings, both strengths and challenges. Notes under “challenges” should be used to guide your plans for changes and enhancements. These should also be noted in your Implementation Plans, to ensure action steps are taken to remedy the issues.
- 5) Scoring should be done on a program-specific basis, acknowledging that there are many items that may apply to the larger, multi-program agency or organization. Programs may then be combined to arrive at an organization-wide score. Simply put an “X” in the column indicating your score and fill in the scoring summary on last page of this document.

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Domain 1B. Trustworthiness for Consumers and Staff—Maximizing Trustworthiness through Task Clarity, Consistency, Transparency, and Interpersonal Boundaries: *“To what extent do the program’s activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency and transparency in practice, and by maintaining boundaries that are appropriate to the program?”*

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five indicators are present.	Source of Evidence
<p>a) The program makes it clear who will do what, when and with what goals in mind; it is clear which actions will be taken and who is responsible for these actions—this is true in all aspects of the program’s functioning, for both clients and staff.</p> <p>b) The program is transparent in the way it operates; administration and managers share information openly with staff and clients (without violating their own responsibilities regarding confidentiality)</p> <p>c) The program reviews its services with each prospective consumer, based on clear statements of the goals, risks, and benefits of program participation, and obtains informed consent from each consumer; new staff go through a parallel process in which expectations are clarified and responsibilities made clear.</p> <p>d) The program has a clear procedure for the review of any allegations of boundary violations, including sexual harassment and inappropriate social contacts.</p> <p>e) Administrators and supervisors consistently validate the importance of staff support.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
	<p>Findings</p> <p><i>Strengths:</i></p> <p><i>Challenges:</i></p>					

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<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2	3 One indicator is present.	4	5 Both indicators are present.	Source of Evidence
<p><u>Crisis Preferences:</u> a) The consumer collaborates in developing a plan (e.g., Wellness Recovery Action Plan and/or a crisis/safety plan) that indicates the consumer’s preferred options, including responses from staff, in crisis situations. b) The program consistently takes into account these preferences in responding to client crises, including preferences regarding gender of supportive others.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
	<u>Findings</u>					
	<i>Strengths:</i>					
	<i>Challenges:</i>					

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Domain 1D. Collaboration for Consumers and Staff—Maximizing Collaboration and Sharing Power: “To what extent do the program’s activities and settings maximize collaboration and sharing of power between staff and consumers? Between staff and supervisors and administrators?”

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two indicators are present.	4 Three indicators are present.	5 Four indicators are present.	Source of Evidence
<p>a) The program has a routine and effective way of gathering <u>consumer</u> opinions about the program’s direction and operations; weighs consumers’ opinions in their decision-making; and communicates clearly with consumers the process of decision-making. Alternatives include a Consumer Advisory Board, regularly used focus groups, suggestion boxes, etc.</p> <p>b) The program has a routine and effective way of gathering <u>staff</u> opinions about the program’s direction and operations; weighs staff opinions in their decision-making; and communicates clearly with staff the process of decision-making. All staff are included in any change process, including support staff.</p> <p>c) The program cultivates a model of doing things “with” rather than “to” or “for” consumers.</p> <p>d) The program creates ways to engage consumers as <u>partners</u> in plans for the recovery support services they need and want.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
	<p>Findings</p> <p><i>Strengths:</i></p> <p><i>Challenges:</i></p>					

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Domain 1E. Empowerment for Consumers and Staff—Prioritizing Empowerment and Skill-Building: “To what extent do the program’s activities and settings prioritize consumer and staff empowerment and growth? For women and men?”

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five or six indicators are present.	Source of Evidence
<p>a) The program routine recognizes <u>consumer</u> strengths and skills in the planning, implementation, and evaluation of its services.</p> <p>b) The program routine recognizes <u>all staff members’</u> strengths and skills in the planning, implementation, and evaluation of its services.</p> <p>c) In each formal activity, the program helps to develop or enhance consumer skills explicitly.</p> <p>d) In each contact, the consumer feels validated and affirmed.</p> <p>e) The program offers training designed to strengthen or develop specific skills needed by staff in order to perform their jobs well.</p> <p>f) The program emphasizes shared accountability and responsibility throughout its hierarchy (in contrast to blaming the person with the least power).</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
	<u>Findings</u>					
<i>Strengths:</i>						
<i>Challenges:</i>						

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Domain 2. Formal Service Policies: “To what extent do the formal policies and procedures of the program reflect an understanding of trauma and recovery?”

<u>Criterion/Indicators</u>	1 None of the indicators are present.	2 One or two indicators are present.	3 Three or four indicators are present.	4 Five or six indicators are present.	5 Seven or eight indicators are present.	Source of Evidence
<p>a) The program has developed written policies that seek to eliminate involuntary or coercive practices (seclusion and restraint, involuntary hospitalization or medication, outpatient commitment). For those programs whose clients are “mandated” to treatment, efforts are made to maximize the realistic choices enrollees have. These efforts are part of the program’s written policies.</p> <p>b) The program has a written de-escalation policy that minimizes possibility of re-traumatization; the policy includes reference to a consumer’s statement of preference for crisis response, including preferences regarding gender of those involved as supports.</p> <p>c) The program’s policies regarding confidentiality (incl. limits and mandated reporting) and access to information are clearly written, maximize legal protection of privacy, and are communicated to each consumer.</p> <p>e) The program has clearly written and easily accessible policies outlining <u>consumer</u> and <u>staff</u> rights and responsibilities as well as a grievance policy.</p> <p>f) The program’s policies address issues related to staff safety, e.g., community visits, being alone in an area of the building, incident reviews reduce staff vulnerability</p> <p>g) The program’s policies address the need for debriefing after critical incidents, Both staff and clients involved in the incident are also engaged in the debriefing, which has as its goal an understanding and preventive approach (in contrast to a blaming one)..</p> <p>h) All services are based on trauma-informed values and the curricula and materials used are trauma-informed.</p>						CEO Interview (CEOINT)
	<u>Findings</u>					
	<i>Strengths:</i>					Client Interview (CLINT)
	<i>Challenges:</i>					Staff Interview (STINT)
						Clinical Record Review (CRR)
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Domain 3. Trauma Screening, Assessment, Service Planning and Trauma-Specific, Gender-Specific Services: “To what extent does the program have a consistent way to identify individuals who have been exposed to trauma and to include trauma-related information in planning services with the consumer? To what extent are trauma-specific services readily available?”

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five or six indicators are present.	Source of Evidence	
<p><u>1. Screening, Assessment, and Service Planning:</u></p> <p>a) Universal Trauma Screening. Within the first month of service participation, every consumer has been asked about exposure to trauma.</p> <p>b) The trauma screening includes questions about lifetime exposure to sexual, physical, and emotional abuse.</p> <p>c) The trauma screening is implemented in ways that minimize consumer stress; it reflects considerations given to gender of interviewer, timing, setting, relationship to interviewer, consumer choice about answering, and unnecessary repetition.</p> <p>d) Unless specifically contraindicated due to consumer distress, the program conducts a more extensive assessment of trauma history and needs and preferences for trauma-specific services for those consumers who report trauma exposure.</p> <p>e) The program conducts gender-specific assessments for women and men, and for girls and boys, if applicable. These assessments are based on knowledge of gender differences in <u>socialization</u> as well as biology.</p> <p>f) Recovery planning is conducted in an individualized, person-centered way that is based on trauma theory and knowledge.</p>						CEO Interview (CEOINT)	
	<u>Findings</u>						Client Interview (CLINT)
	<i>Strengths:</i>						Staff Interview (STINT)
	<i>Challenges:</i>						Clinical Record Review (CRR)
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<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five indicators are present.	Source of Evidence
<p>2. <u>Trauma-Specific Services:</u></p> <p>a) The program ensures that those individuals who report the need and/or desire for trauma-specific services are either offered them on-site or referred for appropriately matched services.</p> <p>b) Trauma-specific services are <u>effective</u>; they have an evidence base for the population being served.</p> <p>c) Trauma-specific services are <u>accessible</u>. People can get to them easily and they are offered at times that meet the members’ needs.</p> <p>d) Trauma-specific services are <u>affordable</u> for the members.</p> <p>e) Trauma-specific services, in style and content, are responsive to the <u>preferences</u> of the program’s consumers.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
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	<i>Strengths:</i>					
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<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2	3 One indicator is present.	4	5 Both indicators are present.	Source of Evidence
<p>3. Trauma Survivor/Person in Recovery Involvement:</p> <p>a) Administrators actively solicit the opinions of people in recovery who have had experiences of trauma. By membership on a Consumer Advisory Board (CAB), by focus groups, by individual interviews, and/or by suggestion boxes, people in recovery can have their voices heard. Both male and female survivors are represented.</p> <p>b) People in recovery who have had lived experiences of trauma are actively involved in all aspects of program planning and oversight. Both female and male survivors are represented.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
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Domain 5. Staff Trauma Training, Education, and Support: “To what extent have all staff members received appropriate training in trauma and its implications for their work?”

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two or three indicators are present.	4 Four indicators are present.	5 Five indicators are present.	Source of Evidence
<p>a) All staff (including administrative and support personnel) have participated in at least 2.5 hours of “basic” trauma education that addresses at least the following: 1) trauma prevalence, impact, and recovery; 2) ensuring safety and avoiding re-traumatization; 3) maximizing trustworthiness (clear tasks and boundaries); 4) enhancing consumer choice; 5) maximizing collaboration; 6) emphasizing empowerment;</p> <p>b) All staff have participated in at least 2.5 hours of education addressing the necessity of staff support and care in a trauma-informed context.</p> <p>c) All new staff receive at least one hour of trauma education as part of orientation.</p> <p>d) Direct service staff have received at least three hours of education involving trauma-specific techniques (e.g., grounding, teaching trauma recovery skills).</p> <p>e) All staff are provided adequate resources for self-care, including supervision, consultation, and/or peer support that addresses secondary traumatization.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
	<u>Findings</u>					
	Strengths:					
	Challenges:					

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Domain 6. Human Resources Practices: “To what extent are trauma-related considerations part of the hiring and performance review process?”

<u>Criterion/Indicators</u>	1 None of the possible indicators is present.	2 One indicator is present.	3 Two indicators are present.	4 Three indicators are present.	5 Four indicators are present.	Source of Evidence
<p>a) Prospective staff interviews include trauma-related questions. (What do applicants know about trauma, including sexual, physical, and emotional abuse? About its impact? About recovery and healing? Is there a “blaming the victim” bias? Is there potential to be a trauma “champion?”)</p> <p>b) Staff performance reviews include trauma-informed skills and tasks, including the development of safe, trustworthy, collaborative, and empowering relationships with consumers that maximize consumer choice.</p> <p>c) The program routinely assesses staff members’ knowledge of trauma relevant for the program’s goals (see content in Domain 5). This may be done following educational events <u>or</u> as part of performance reviews <u>or</u> in ongoing supervision.</p> <p>d) The program has a consistent way to recognize outstanding performance among staff.</p>						<p>CEO Interview (CEOINT)</p> <p>Client Interview (CLINT)</p> <p>Staff Interview (STINT)</p> <p>Clinical Record Review (CRR)</p> <p>Policy Document Review (PDR)</p> <p>In-Person Observation (IPOBS)</p> <p>Survey Review (SURR)</p>
	<p><u>Findings</u></p> <p><i>Strengths:</i></p> <p><i>Challenges:</i></p>					

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Agency/Program _____ Date _____

Person(s) Completing Scale: _____

Domain 1. Program Procedures and Settings

- 1A.1. # of indicators _____ Rating. _____
- 1A.2. # of indicators _____ Rating. _____
- 1B. # of indicators _____ Rating. _____
- 1C.1. # of indicators _____ Rating. _____
- 1C.2. # of indicators _____ Rating. _____
- 1D. # of indicators _____ Rating. _____
- 1E. # of indicators _____ Rating. _____

Domain 1 Subtotal # of indicators _____ Rating (average of the first seven ratings): _____

Domain 2. Formal Services Policies

Domain 2 Subtotal # of indicators _____ Rating: _____

Domain 3: Trauma Screening, Assessment, and Service Planning

- 1. # of indicators _____ Rating. _____
- 2. # of indicators _____ Rating. _____

Domain 3 Subtotal # of indicators _____ Rating (average of the two ratings): _____

Domain 4: Administrative Support for Program-Wide Trauma-Informed Services

- 1. # of indicators _____ Rating. _____
- 2. # of indicators _____ Rating. _____
- 3. # of indicators _____ Rating. _____
- 4. # of indicators _____ Rating. _____

Domain 4 Subtotal # of indicators _____ Rating (average of the four ratings): _____

Domain 5: Staff Trauma Training and Education

Domain 5 Subtotal # of indicators _____ Rating. _____

Domain 6: Human Resources Practices

Domain 6 Subtotal # of indicators _____ Rating. _____

Grand Total of Ratings (from right column) _____ ÷ 6 = **Overall Mean** of _____

Interpretive ranges for overall mean: 1.00-2.00 = Beginning the trauma-informed process; 2.00-3.00 = Not very trauma-informed; 3.00-4.00 = Somewhat trauma-informed; 4.00-5.00 = Very trauma-informed; 5.00 = Fully trauma-informed.

Grand Total of Indicators _____