KLASEY CONSULTING ORGANIZATIONAL CAPACITY & PRACTICE TOOL

Trauma-Informed Organizational Readiness Assessment

Evaluating Agency Culture, Governance, Supervision, and Psychological Safety Prior to Integrating Staff & Partners with Lived Experience

Organization / Program: _____	**Assessment Date:** _____
Review Team / Roles: _____	**Target Lived-Experience Role(s):** _____

Purpose & Administration Guide: Integrating individuals with lived experience—such as peer support specialists, survivor advocates, family navigators, and lived-experience consultants—strengthens service authenticity and trust **(SAMHSA, 2014; HHS/ASPE, 2022)**. However, placing individuals with lived trauma histories into unprepared systems risks re-traumatization, tokenism, role ambiguity, and high turnover. Leadership, HR, supervisors, and existing lived-experience advisors should complete this tool collaboratively before recruiting or expanding lived-experience positions.

Scoring Scale (Rate Current Observable Practice, Not Aspirations): 0 = Not in place / Not yet discussed | **1** = Informal or inconsistent | **2** = Documented in policy, partially practiced | **3** = Embedded, funded, and consistently practiced

Domain 1: Organizational Culture, Power & Non-Tokenism

Item	Readiness Indicator	Score (0–3)
1.1	Leadership articulates a clear strategic purpose for lived-experience roles beyond compliance, grant requirements, or public optics.	0 1 2 3
1.2	Existing clinical and administrative staff have received training on the distinct value of peer/lived-experience expertise to prevent hierarchy or stigma.	0 1 2 3
1.3	Individuals with lived experience hold meaningful decision-making voice in program design, policies, and evaluation—not solely public storytelling.	0 1 2 3
1.4	Organizational culture normalizes human vulnerability and boundaries without framing lived-experience staff as fragile or needing to be "rescued."	0 1 2 3
	Domain 1 Subtotal	_____ / 12

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Domain 2: Role Clarity, Equity & HR Infrastructure

Item	Readiness Indicator	Score (0–3)
2.1	Written job descriptions clearly define scope of practice, ethical boundaries, and distinctions from clinical, case management, or administrative roles.	0 1 2 3
2.2	Compensation, benefits, paid time off, and advancement pathways reflect equitable living wages commensurate with the emotional labor required.	0 1 2 3
2.3	Hiring practices remove unnecessary barriers (e.g., rigid degree mandates or blanket background exclusions) while maintaining transparent safety standards.	0 1 2 3
2.4	Disclosure expectations are explicit and voluntary: staff are never pressured to share graphic personal trauma details during interviews, fundraising, or client sessions.	0 1 2 3
	Domain 2 Subtotal	**_____ / 12**

Domain 3: Trauma-Informed Supervision & Dual-Awareness Support

Item	Readiness Indicator	Score (0–3)
3.1	Supervisors are trained in trauma-informed, reflective supervision that balances accountability with psychological safety—without turning supervision into therapy.	0 1 2 3
3.2	Clear, non-punitive protocols exist when a staff member's personal trauma history is triggered by client crises, court settings, or systemic barriers.	0 1 2 3
3.3	The organization provides dedicated peer-to-peer consultation or external lived-experience mentorship so staff are not isolated as the "only one" on a team.	0 1 2 3
3.4	Workload caps, crisis-rotation schedules, and protected transition buffers between high-distress encounters are built into daily operations.	0 1 2 3
	Domain 3 Subtotal	**_____ / 12**

Domain 4: Workplace Safety, Accommodations & Wellness Benefits

Item	Readiness Indicator	Score (0–3)
4.1	Physical and sensory workspace design offers predictable, calming decompression spaces and clear safety protocols for escalations.	0 1 2 3
4.2	Health benefits and Employee Assistance Programs (EAP) include accessible, trauma-competent mental health care and flexible mental health leave.	0 1 2 3
4.3	Reasonable accommodations and confidential HR processes are proactively communicated during onboarding without requiring invasive medical or trauma disclosures.	0 1 2 3

Item	Readiness Indicator	Score (0–3)
4.4	Structured feedback loops allow lived-experience staff to report organizational harm, microaggressions, or policy gaps safely without retaliation.	0 1 2 3
	Domain 4 Subtotal	_____ / 12

Readiness Score Summary & Interpretation

Total Score Range	Readiness Stage	Recommended Next Step Before Hiring / Expanding
0–15 Points	**Stage 1: Foundational Preparation**	Pause external recruitment for lived-experience roles. Focus first on leadership alignment, staff anti-stigma training, role definitions, and supervisor preparation.
16–31 Points	**Stage 2: Emerging Infrastructure**	Address domain gaps (especially any item scored 0 or 1 in Supervision, Equity, or Trigger Protocols) and formalize written policies prior to onboarding.
32–42 Points	**Stage 3: Ready with Targeted Safeguards**	Proceed with recruitment alongside a 30-60-90 day onboarding, peer mentorship, and feedback check-in schedule to close remaining gaps.
43–48 Points	**Stage 4: Trauma-Informed Integration**	Maintain active feedback loops, equity audits, and career advancement pathways to sustain long-term retention and shared leadership.
Total Score: _____ / 48	**Current Readiness Stage:** _____	

Priority Gap-Closure & Accountability Plan

Identify the lowest-scoring indicators across Domains 1–4 and assign concrete corrective actions before onboarding or expanding lived-experience roles.

Priority Gap (Item # & Issue)	Concrete Policy or Practice Change	Lead Owner	Target Date

Leadership & Team Reflection Notes

What non-negotiable safeguards must be active on Day 1 so individuals with lived experience are supported rather than harmed by our system?

Practice Standards & References

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884).
2. U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE). (2022). *Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice*.

Originality & Usage Notice: *All readiness indicators, scoring rubrics, and accountability matrices in this document are original organizational self-audit tools informed by public federal trauma-informed and lived-experience integration guidance (SAMHSA, 2014; HHS/ASPE, 2022). No copyrighted third-party instruments are reproduced herein. © 2026 Klasey Consulting. All rights reserved.*

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