Updated: September 21, 2018

School Guidance for the Missouri Model: Draft for Review

Dear Reviewer,

First, thank you for taking the time to review these documents! To support the Missouri Trauma Roundtable in creating schools-specific guidance on the Missouri Model, the Alive and Well Communities Educational Leader's Workgroup has engaged in an intensive process to identify the needs of educators in understanding and applying the Missouri Model. The Missouri Model: A Developmental Framework for Trauma Informed was created by the Missouri Trauma Roundtable to help guide organizations in a comprehensive organizational change process to better align with the science of trauma, stress, and well-being and to fulfill the principals of safety, trustworthiness, choice, collaboration and empowerment.

The purpose of this document is not to be a comprehensive guide on the implementation of trauma-informed practices or a checklist for creating a trauma-informed school, but rather to give educational leaders a more comprehensive understanding of what trauma informed means in an educational setting. It is our hope that these documents will give educational leaders everywhere a basis upon which to design their trauma-informed journey.

To make sure that this document is as effective as possible, we are engaging in an intensive review process for these documents. The review process will include the following:

1) Initial review by the Missouri Trauma Roundtable: August 2018
2) Review by educational leaders from across Missouri: September 2018
3) Review of changes by Missouri Trauma Roundtable: October 2018

The goal of this review process is to allow the Missouri Trauma Roundtable to officially ratify this document in Fall of 2018. Once approved, Alive and Well Communities will partner with the Missouri Trauma Roundtable, DMH, and DESE to promote this document across the state.

Again, we appreciate you taking the time to lend your expertise to guidance that will hopefully support the expansion of trauma-informed learning environments across Missouri and beyond. There are two ways you may provide feedback on this document during the review process:

1) Written feedback may be provided via this link: tiny.cc/momodelguidance
2) Feedback can also be provided during webinars. Please note participation in these webinars is limited to 30 individuals.
    a. Friday, October 12th at 10 am: https://tinyurl.com/feedbacksession1012
    b. Tuesday, October 16th at 2 pm: tiny.cc/feedbacksession2

If you have any additional questions, please contact Emily Luft at eluft@awcommunities.org or 314-898-4049.

Thank you,

Alive and Well Communities

Missouri Model: School Guidance for Becoming Trauma Informed

Purpose of this Document

The Missouri Model provides guidance at the highest level for organizations within every sector on how to become trauma informed. This document is meant to translate the Missouri Model guidance into language and processes to support schools interested in beginning the journey to become trauma-informed.

Breaking It Down: The Facts of Trauma-Informed Schools

Myth: Trauma-Informed practices excuse behavior and allows kids to act inappropriately because something happened to them.

Fact: Trauma helps us to understand behavior, not excuse it. A trauma-informed school is a safe and supportive school and it's important to have clear expectations about what means and systems exist to repair relationships and culture when behavior challenges it. By using the "lens of trauma" to understand behavior, however, we can better understand how to support students to improve by meeting their underlying need, rather than punishing its symptom. Further, a trauma-informed school never lowers its expectations, behaviorally or otherwise, for students impacted by trauma. Doing so can create a further cycle of lower investment, lower achievement, and poorer life outcomes.

Myth: Trauma only impacts students living in poor, urban environments.

Fact: Trauma is pervasive across all communities. The Adverse Childhood Experience Study was done on a majority white, highly educated, employed, middle-class population and showed a prevalence rate of greater than 60% of trauma. While there are systems of inequity, historical trauma, and systemic oppression that can magnify exposure to or the impact of trauma, trauma affects all communities and populations.

Myth: We have received a training on trauma…we are trauma-informed!

Fact: While receiving a training about trauma is an important early step to the trauma-informed process, it does not make a school trauma informed. Trauma informed is about a universal approach to address practice, program, policy, and culture. It is a multi-year process focused more on the journey than a destination.

Myth: Trauma informed is one more thing for teachers to do.

Fact: Today's educators are asked to fulfill several roles beyond instruction. Beginning the journey to becoming trauma informed will require the buy-in and work of all staff in a building, but it should not feel like another thing to do. Trauma informed should feel like a through-line, improving existing programs and practices, replacing ones that no longer serve the needs of students, and creating an environment in which it is ultimately easier and healthier to educate.

Myth: We can't afford a social worker, so we can't serve our students with trauma.

Fact: While having supports in a school like social workers, counselors, or behavior specialists can be helpful, the lack of that resource is not a hard stop to the trauma-informed process. With the buy-in of leadership and staff, it is still possible to create a fully functioning trauma team that works to address the needs of staff and students.

Myth: Trauma informed is strictly a social-emotional intervention.

Fact: The trauma informed process will impact and encompass all aspects of a school, including staff and student well-being, curriculum design and implementation, and approaches to learning. When the lens of trauma is fully embedded in a school, it will influence every aspect of the organization.

Myth: Trauma-informed practices are just about our students.

Fact: The well-being of staff is just as essential to the trauma-informed process as our interactions with students. Without an intentional focus on staff-well-being, attempts to implement more trauma-informed practices with students will face major barriers.

Understanding the Impact of Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes individual trauma as resulting from "an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." The Adverse Childhood Experience (ACE) Study showed that the prevalence of trauma in the general population is at least 64%, while follow up research has demonstrated that number to be even higher in some communities. Many students and educators are also experiencing trauma at a community level through experiences such as poverty, community violence, racism, sexism, and homophobia. Many of these forms of community trauma are also rooted in historical traumas--those traumas which may be started or taken place far in the past that continue to have far reaching impacts on the present. These community and historical traumas are rooted in systemic oppression which has created ongoing stress in communities through the disempowerment, disinvestment, and discrimination they experience.

The research about trauma is clear: trauma is incredibly prevalent and highly impactful. In schools, trauma not only shows up in the experiences of students, but educators also are impacted by the trauma they experience both outside the school and the vicarious trauma they experience within it. Additionally, for some students, their experiences of trauma are taking place within the school building. This impacts the ability of students to learn, teachers to teach, and members of a school community to form positive, supportive relationships with one another.

The Vision: A Trauma-Informed School Community

Trauma-informed schools are places that provide safe and supportive environments for children to learn and educators to work. They infuse the science about trauma and its impacts into daily practice, program design, policy creation and implementation, and the culture of the school. A trauma-informed school is not simply a school where staff know about trauma, or a school where there is a therapeutic classroom or additional counseling staff. A trauma-informed school fundamentally has changed the way it works to promote healthy, resilient educators and learners capable of disrupting the cycle of trauma in their lives and communities and creating more equitable outcomes.

The Challenge: A School's Choice to Become Trauma Informed

There is growing recognition in the education world that schools cannot simply instruct students any longer. Instead, they must make sure that their students are ready and able to learn, and this requires addressing those students' social and emotional needs. The prevalence of trauma is incredibly high—believed to affect at least two-thirds of the population. The impacts of trauma are pervasive on learning, development, behavior, and emotional regulation. Without addressing these impacts and equipping a healthy staff team to support these students, school communities often struggle to meet their goals, both academically and otherwise. A trauma-informed journey provides a framework to apply the best emerging science about the brain and behavior to systems changes that support all learners.

There is no requirement for schools in the state of Missouri to become trauma informed. SB 638 requires DESE to provide information to schools about what it means to be trauma informed, but this does NOT represent a requirement for any school to provide trauma training to staff or begin the journey to becoming trauma informed. The journey to becoming trauma informed can be a long and hard one, and a school must intentionally make the choice to do so.

Before You Get Started

The buy-in, active participation, and courageous leadership of building principals and district leadership cannot be understated in the trauma-informed journey. Without the buy-in of leadership, it will not be possible to advance through the Missouri Model. While awareness can be built in any school, it takes leadership to guide real practice and policy change. Leadership must actively participate in trauma teams, model a trauma-informed approach in their interactions with staff, and embody the principles of trauma-informed care.

In addition to the importance of courageous leadership, the involvement and leadership of students and parents and caregivers is essential to this process. Students and caregivers should be involved both formally and informally in the trauma-informed process through meaningful opportunities to collaborate, provide input, and participate in decision-making processes. In order to maximize the impact of a school's trauma-informed practices and policies, it is essential that students and caregivers also be given educational opportunities to learn about the impacts of stress and trauma and the importance of self-care and resilience.

A Holistic Approach

A trauma-informed journey is best understood as a "through line" to all other programs, practices, and policies. Trauma-informed should not feel like another program to implement, but rather a fundamental shift in HOW programs are implemented. This applies to not only other social-emotional efforts, but also to instruction, parent engagement, and staff well-being.

A school that only addresses the impact of trauma on students will struggle with staff burnout, turnover, and compassion fatigue. The science around trauma is clear: the most powerful resource for young people is a supportive, unwavering relationship with an adult. Adults in schools must be capable of being unwavering supports for students. This means addressing the vicarious and secondary trauma experienced by staff-not as an afterthought, but as a focal point of the trauma-informed journey.

Discipline, Accountability, and Development

Despite good intentions, externally applied disciplinary rewards and punishments do not necessarily support development, self-regulation and behavior change. A trauma-informed approach to behavior shifts from the mindset of rewards and punishment towards a model of accountability. This model of accountability considers the child, their developmental needs, and the situational factors driving behavior. Accountability requires adults and students to acknowledge the impact of their behavior and reflect upon the underlying needs/perceptions that may drive dysregulation. An accountability model of discipline employs behavioral supports and restorative practices to enable individuals to develop the skills they need to be successful in an educational setting. It's important to note that a trauma-informed approach to discipline does not seek to excuse behavior or to lower expectations for students based on what has happened to them. Instead, a culture of accountability helps to continuously guide students to their next level of achievement and development.

Understanding the Stages of the Missouri Model

The journey to becoming trauma informed is as unique as each school. A checklist to become trauma informed does not exist, but there is a general process that most organizations find best accelerates their work. This process is an ongoing one, and it generally takes 3-5 years for a school to feel as though they have addressed all parts of their practices, policies, and culture.

The following Missouri Model stages have been adapted to the school environment.

1) Trauma Awareness: School staff have been informed about trauma, including historical and community trauma, are able to comfortably speak to its impacts, and have begun to consider how to translate that information into changes within the school.

2) Trauma Sensitive: Schools have started to explore the principles of trauma-informed care (safety, trustworthiness, choice, collaboration, and empowerment) and how they apply to existing practices. Schools designate core leaders to guide the change process. Leadership shows a high level of buy-in. Schools have shared with their community and stakeholders that they have begun this journey and worked with them to develop a shared vision of accountability.

3) Trauma Responsive: Schools have begun to change existing practices and policies and implement new ones to better support staff and students. Schools are starting to integrate a trauma-informed approach throughout all existing programs in a school (i.e. Character Education, Restorative Practices, RTI, PBIS, MTSS, etc.). Individual staff members are beginning to clearly demonstrate changes in their action and behaviors. Community and stakeholders become increasingly involved and integrated into the process.

4) Trauma Informed: Schools begin to see results from the changes they have implemented. A core team continues to look for new opportunities to improve. All staff within the building are bought in and demonstrating practices that reflect the needs of students. Data, including data intentionally disaggregated by race and other demographic factors, is used to drive decision making. Schools are working closely and responsively with parents and community members to meet the ongoing needs of a school. This stage is not one that is meant to ever be "completed." Because school environments, resources, and needs are always changing, there must always be a focused effort on addressing these changes through a trauma-informed lens. Trauma informed is a process, not a destination.

The Missouri Model Principles of Trauma-Informed Care

The Missouri Model is guided by 5 key principles first outlined by Maxine Harris and Roger Fallot of Community Connections: safety, trustworthiness, choice, collaboration, and empowerment. According to the Missouri Model, the principles are defined as the following:

Safety: Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious or sexual identity may impact safety.

Trustworthiness: Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.

Choice: Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.

Collaboration: Honor transparency and self-determination, and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.

Empowerment: Encouraging self-efficacy, identifying strengths and building skills which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

For each of these principals, it is essential to consider the impact of inequity, community and historical trauma, and systemic oppression. These principles should be used to guide every aspect of a school's trauma-informed journey and

when fully realized, lead to more equitable outcomes. Below are examples of how these principles can be used to prompt action and evaluate existing structures within schools.

Safety: How is the physical and emotional safety of staff and students assessed and addressed? How are members of the school community supported when safety is compromised? How does the school address how historic relationships impact perceptions of safety in staff and students? What does the school do to actively cultivate a sense of safety?

Trustworthiness: How does school leadership demonstrate trustworthiness to staff and students? How are breaks in trust addressed? What is done to proactively cultivate trust between members of the school community?

Choice: What amount of choice does staff have regarding instruction, classroom management, or school decision-making? What amount of choice do students have in their education? Are meaningful choices given whenever possible? Are choices presented in a way that people feel safe to act upon them?

Collaboration: How are staff and students involved in decision-making that directly affects them? Are staff involved in settings agendas for meetings, professional development, and school priorities?

Empowerment: How does school leadership proactively empower staff and students? How is power shared and how are power imbalances addressed within the school?

Steps to Become a Trauma-Informed School

The following steps are recommendations for how to engage your school in becoming trauma informed:

Step 1: Universal Trauma Training (Trauma Awareness)

In order to build a common vocabulary, identify champions, and build readiness in the staff for subsequent changes. It is important to provide an introductory training to all staff within the building, including teachers, support staff, and administrators. An introductory training should cover the following information:

1) Defining trauma (Event, Experience, Effects): https://www.samhsa.gov/trauma-violence
2) Community and historical trauma
3) Stress Response System (Fight, Flight, Freeze)
4) Prevalence
5) Adverse Childhood Experience Study
6) Effect of trauma on the developing brain and body
7) Long term of impacts of trauma on health, behavior, and learning
8) Impacts of trauma through the lifespan
9) The potential for healing and power of resilience
10) Changing the question from "what's wrong with you" to "what happened to you."

There are numerous organizations that provide trauma trainings that meet these requirements.

Step 2: Create a Trauma Team (Trauma Sensitive)

Becoming trauma informed requires the buy-in and investment of people throughout the organization. It is recommended that a small, core trauma team be developed to analyze existing practices and policies, create action plans, and implement change. In most schools, the size of this trauma team should be between 5-10 individuals. The team should contain a diverse set of viewpoints. School leadership MUST be a member of the trauma team to allow for ease of connection to administration. A sample makeup of a trauma team would be:

1) Principal
2) Instructional Coordinator
3) School Social Worker or Guidance Counselor
4) Classroom Teacher
5) Other teaching or support staff (including office staff, food service and custodial staff, and other support roles)
6) Parent and/or student representative
7) School nurse
8) Community partner representative

This team should receive additional training and should meet at least 2 times a month to work on the implementation of an action plan. School teams will benefit greatly from consultation on the trauma-informed process from trained, external consultants.

There are several resources that may be valuable to teams engaging in this process, including:

Helping Traumatized Children Learn: https://traumasensitiveschools.org/

Compassionate Schools Framework: http://www.k12.wa.us/CompassionateSchools/

3) Ongoing Program, Practice, and Policy Change (Trauma Responsive – Trauma Informed)

Guided by the priorities of the trauma team, the school must then start to examine all practices and policies within their building through the lens of trauma. This includes school discipline, classroom management, employee well-being, parental involvement, and curriculum and instruction. Using existing data, including disaggregated data, can often reveal opportunities for improvement. Schools often find success by starting with small "easy wins" and building up to harder changes that require more stakeholders or investment.

In almost all schools, it is beneficial to start by first addressing staff well-being. Staff well-being is multi-faceted, and includes not on the physical, mental, and emotional health of the staff, but also includes making sure that staff have the appropriate tools, resources, and preparation to support students. Often, staff members' own trauma and dysregulation may stand in the way of them being able to meet the social emotional needs of their students. By putting a focus on helping staff become well, they can see the benefits of the approach and better prepare themselves to serve their students.

During this stage, it is also critical for schools to engage key community partners. Community partners such as public health departments, behavioral health providers capable of billing Medicaid, and social service agencies can not only provide needed supports and services for students, but can strengthen decision-making processes and keep schools connected to shifts in the external landscape that may impact their work.

Moving to Change

In all change processes, it is important to first understand the starting point of your school. Reflection through both formal and informal processes about current knowledge, practices, and policies is essential to being able to identify where to begin making change. In most cases, it is essential to create widespread buy-in within the school. This can be done through efforts to increase knowledge about the problem and shift underlying beliefs and values. Doing so requires creating environments rooted in the trauma-informed principles that allow individuals to feel safe and brave enough to name and acknowledge beliefs with others. This shift in knowledge and beliefs can then begin to impact practices. Improved practices can shape culture and illuminate the most effective revisions to policy and the role of the system in supporting or hindering progress. While there are times in which changes to policy may come in advance of

practice, it is important to make sure that changes to policy or systems are not made before stakeholders have provided input and staff have the tools and capacity to support those changes.
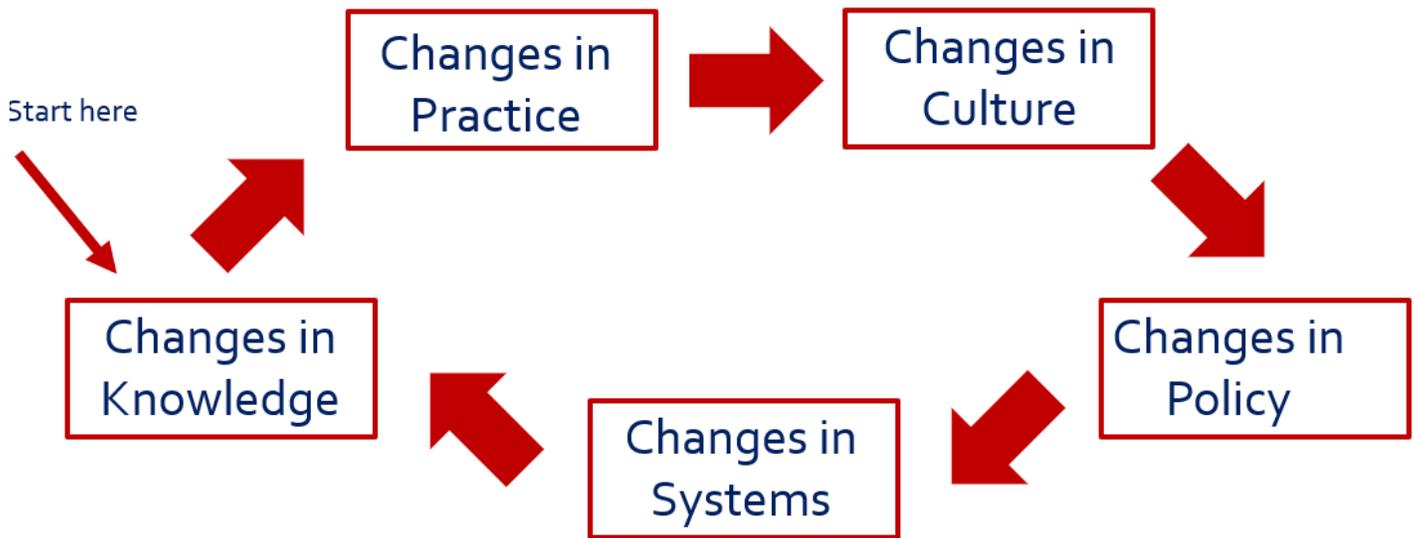
No two schools are alike, so no two trauma-informed journeys will look the same. For examples of practice and policy changes put into place by schools on this journey, see Appendix 2.

Success: A Process, Not a Destination

The journey to becoming trauma informed will not feel like other social-emotional efforts your school has made. There is no single definition or checklist that tells you that you have arrived. It is important that schools develop their own sense of accountability during this journey. The strongest approach to this accountability is to involve a diverse group of stakeholders, including community members, parents, school staff, and students to develop a vision and expectation for what it will mean for your school to be trauma informed. This is the statement that schools should hold themselves accountable to on their journey. Schools must also work to strengthen their relationship with community resources to support their journey, as well as the health and well-being of their students and staff.

To help make sure there is ongoing support for this work, as well as to help attract additional resources, measuring progress is essential. There is not one single evaluative tool or metric that can fully capture the scope of a trauma-informed journey. Each school should ask itself the following questions:

1) If this journey works, what will look different?
2) How will we know?

The answers to these questions should align with your community-driven vision for success and should have specific and measurable metrics associated with them. Often, these metrics may be things you already measure as a school, including attendance, discipline or suspension rates, or employee retention. Identifying the measures that are the most important to your school early in the process is essential to being able to document progress. No matter which metrics you ultimately choose to measure, it is important to disaggregate your data by race and other demographic factors to help make sure your progress is leading to equitable outcomes.

Trauma-Informed School Indicators

How to Use Trauma-Informed School Indicators

The journey to becoming trauma informed is not a linear one, and there is no single roadmap or checklist to complete. The goal of these indicators is to help school leaders understand hallmarks of the trauma-informed process, but they are not exhaustive or comprehensive and most schools will find that they achieve aspects of higher stages before completing indicators at lower stages.

There is no specific order in which these indicators must be addressed. All indicators are designed to support the implementation and success of each other. Schools should consider which indicators align with current priorities in determining where to begin, but should work towards addressing them all during their journey.

1. **School leadership and staff demonstrate an understanding of the impact and prevalence of trauma in daily practice.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Leadership and staff are unable to identify the impact and prevalence of trauma	Staff members are able to articulate basic information about the impact and prevalence of trauma All staff have received a standardized training on trauma and trauma-informed schools	Staff show signs of understanding information about trauma, referencing it informally Staff begin to understand the importance of addressing their own stress and trauma	Staff begin to change their approach to instruction and discipline to better reflect the impact of trauma Staff begin to proactively work to strengthen their own regulation and the regulation of their students	All staff respond to students and one another in a way that reflects the science of trauma Staff members routinely share new information and innovative ideas to meet the changing needs of students Trauma-informed responses are embedded within the organization

2. **An equity lens is applied to all programs and policies to address bias and the impact of historical trauma and systemic oppression.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Bias and inequity are not addressed Conversations about racism and systemic oppression are actively avoided Opportunities to learn and talk about racism and systemic oppression are ignored or missed	Staff demonstrate an understanding of historical trauma and the relationship of systemic oppression to trauma	Anti-bias or anti-racism training is required for all staff Staff begin to understand their role in advancing or perpetuating inequities	Data measuring performance is disaggregated by race and other demographic factors Staff and leadership actively address the role of the school or district in creating trauma and perpetuating inequity Concrete steps are taken to ensure staff and leadership representation reflect the community they serve	All decisions are made using a racial equity lens, with the goal of creating outcomes that are no longer predictable by race or identity factor Language, both informally and formally, reflect an embedded equity and liberation framework

3.   Students are given age-appropriate information about stress, trauma, and emotional/behavioral regulation and opportunities to develop new coping tools.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No instruction is provided to students about stress, trauma, or regulation

No pro-active strategies are in place to support regulation | Some staff use practices that aim to increase the capacity of students to cope and remain regulated

Informal or one-on-one education may be done on the impact of stress and trauma for individual students | Students are given some intentional instruction about stress, trauma, and regulation

There are universal practices in place that teach students healthy, sustainable coping tools and allow them to practice those in the educational environment

Students are given access to materials and spaces that help them increase their regulation capacity | Standardized instruction is provided to all students about stress and trauma and a robust, culturally responsive set of coping tools are routinely referenced

As appropriate, students are engaged as peer educators and help to lead supportive practices | Information about stress, trauma, and regulation is embedded within the curriculum

Both formal and informal practices routinely demonstrate an understanding of the need to and process of increasing regulation

Schools act as leaders to their community stakeholders in education about trauma and the promotion of regulation strategies |

4. **Staff have access to needed supports, including coaching, consultation, and meaningful professional development; benefits that support their health and well-being; necessary materials and resources; and administrative support in prioritizing self-care.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Practices and policies create a culture of burnout Educators are routinely under-resourced in both materials and support	Leadership demonstrates an understanding of the importance of staff well-being Staff are given information about benefits routinely Informal practices exist for all staff to meet their own needs for healing and well-being	Opportunities for peer mentoring or coaching are made available and culture of support is cultivated amongst staff Gaps within employee benefits are identified and articulated to key stakeholders Staff drive agenda setting for professional development opportunities that directly align with their needs	Policies are developed that actively support staff in accessing needed help and a process for support is clearly identified and communicated Resources are allocated to enhance benefits as needed Staff drives policy development that helps to support a healthy work/life balance	Quality, on site and real time coaching and supervision is available to staff Comprehensive benefits for employees and their families are provided. Benefits have full parity for behavioral health services Policies and practices that support well-being are formally adopted and institutionalized

5. **Schools actively, appropriately, and meaningfully engage parents and caregivers in relevant educational opportunities and decision making at all levels.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Little interaction with parents and caregivers beyond discipline Meeting times and communication strategies do not accommodate caregivers with nontraditional schedules and divergent communication resources	Staff and leadership demonstrate an understanding of the impact of trauma on parents and caregivers and how that affects relationships	Staff identify information opportunities to build relationships with parents School identifies meaningful roles for parents and caregivers within the school setting	School programs offer information and tools to parents and caregivers about stress, trauma, and resilience Parents are actively engaged on the trauma team and other leadership groups Schools actively seek and respond to feedback from parents	Parents and caregivers are actively engaged in decision-making Routine, positive, informal and formal communication happens between staff and families

6. **Discipline practices and policies support restoring and repairing community, addressing the unmet, underlying needs driving behavior, exercising compassion, and supporting a culture of accountability.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Punitive discipline practices focus on addressing the presenting behavior Discipline practices routinely disconnect students from instruction Disciplinary actions and policy view standardized rewards and punishments as the means to achieve compliance Before taking action, both parties of an incident are not asked about their ideal disciplinary outcomes or what actions would restore community connection	Consideration for the cause or purpose behind behavior is occasionally considered in discipline conversations Informal or sporadic community building efforts take place in classrooms School staff and leadership demonstrate an understanding that disciplinary practices should aim to increase a student's capacity of regulation and success	Intentional community building practices are routinely used in classrooms and other school spaces Schools identify the supports they need to reduce or eliminate suspensions and other punitive discipline practices Disciplinary action, when necessary seeks to address the social, emotional, cognitive, and relational needs driving behavior	Strong sense of community amongst staff and students Discipline policies are reviewed and adjusted as needed, and parent and student voice are considered in the revision Resources are allocated to support the shift from an incentive-based disciplinary model to one of accountability and responsiveness to developmental needs Students are able to connect consequences with their accountability to their community	Fully restorative model of discipline Suspension is exceedingly rare No discernable discrepancy in suspension or discipline rates by race or ability status Disciplinary action and accountability practices actively support connection to instruction for all students

7. **Students are given meaningful and developmentally appropriate leadership and decision-making opportunities, particularly around issues that directly impact their experiences and education.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Student voice is not included in decision making Extremely limited choices are given to students regarding their education	Some students, on an individual basis, are given choice in how to demonstrate proficiency Student voice is informally acknowledged in decision making, including regarding discipline Administrators seek student input on decisions that impact them	Practices demonstrate a value placed on student voice and leadership in discipline, instruction, and student support activities	Formal student leadership opportunities are established and supported and are given a place in formal decision-making processes Policies are enacted that support student choice in their schooling	Students across all ages and areas of study are able to individualize their learning and assessment to meet their needs Policies and practices embed students in the decision-making process As appropriate, students are included in the highest levels of decision making, including around budgeting and school priorities

8. **Staff have access to meaningful leadership opportunities and are supported in trying new and innovative techniques to support students.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Leadership is strictly "top-down" Little freedom is given to educators in customizing curriculum or classroom practices Staff may be penalized for being "off schedule" while addressing emergent non-academic student needs	Staff input is considered by leadership when requested and only on occasion Staff innovation allowed within specified parameters and with oversight from leadership	Staff leadership groups are formed to amplify their voice in the decision-making process Teachers are routinely asked to share promising practices with one another	Staff leadership groups are supported and given needed resources Policies are written to allow for individualization in instruction Appropriate development opportunities are available to teachers to help them innovate and improve	Diverse representation of staff is included in all decision-making process Practices and policies incentivize and reward innovation Quality professional development is available that works to meet articulated needs from staff

9. **Schools actively, appropriately, and meaningfully partner with community organizations to meet the needs of students and staff.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Uncoordinated community partners working in the school setting

No formalized process

A lack of specific outcomes from partnerships | Schools understand clearly the role of all community partners working in their school

School actively identifies gaps in services and seeks out appropriate partners | School creates specific and data-driven outcome expectations for all community partners

School staff, including teachers, regularly communicate and collaborate with external partners | Community partners are embedded into the school and have clear expectations for communication and success

Community partners regularly share disaggregated data on the impacts of their services | Clearly articulated partnerships with community partners actively support the trauma-informed process

School has a long-term and sustainable plan for maintaining partnerships with and funding for external supports |

10. Curriculum design across grade levels and subject areas supports the trauma-informed process.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No consideration to the trauma-informed process is given within the curriculum design process Curricula actively avoids opportunities to discuss historical trauma and marginalization	Individual teachers, on occasion, include information in the classroom setting Some teachers and leaders reflect upon the current ability to critically teach about all forms of trauma throughout curricula	Information about trauma is provided separately during designated instructional time Specific subject areas begin to embed a trauma-informed approach to methods and content of instruction Teachers routinely infuse social-emotional learning opportunities in all areas of curriculum	All subject areas have written and specific ways to include and support the trauma-informed process Cohesive, shared language about trauma and resilience is used across schools and districts School staff routinely collectively reflect on the ability to teach critically about marginalization and historical trauma throughout curricula	Information about trauma, resilience, well-being, and equity is fully embedded into curriculum, both formally and informally Specific policies are in place for the integration of new curriculum to ensure continued connection to the trauma-informed process

11. **Human resources and supervision practices, including hiring, performance management, and employment transitions reflect the principles of trauma-informed care.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No consideration for the principles of trauma-informed care are present	Informal inclusion of questions about trauma-informed care are present in the hiring process	Collaborative identification of improvement areas during performance review. Standardized interview questions that reflect the principles of trauma-informed care. Performance review standards are improved to better reflect the trauma-informed principles and a focus on relationships and culture	Policies related to hiring, performance management, and transitions are revised to reflect the principles of trauma-informed care Hiring process values a diverse set of decision-makers Exit interviews include standardized questions related to trauma-informed care, with particular attention to the role of the school in supporting staff well-being	Principles of trauma-informed care are embedded in the hiring practice, including in job postings and interview questions Impact of trauma is routinely discussed and addressed in performance management Employee transitions are handled with clear communication, and transition plans are in place. Opportunities are made available to staff and students to discuss and process transitions

12. **Schools have a system in place to continually evaluate and improve practices and policies.**

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No policy is in place to support continuous quality improvement	A team of initial stakeholders is identified to address the policy process A cohesive definition of success is developed in partnership with community Key metrics are identified to measure progress and impact	Policies begin to be revised Additional voices are added to policy conversations, as needed	Nearly all existing policies have been evaluated through the principles of trauma-informed care The policy revision process is formalized, with intentional focus on the inclusion of a diverse group of stakeholders	Comprehensive process is formally adopted to address policies that includes specific standards for time of review and required participants Open data sharing, including disaggregated data, happens routinely Community is continually involved to identify standards of success

Appendix 1: What Does it Look Like?

During the trauma-informed journey, schools will address all of their practices and policies, introduce new supportive practices and policies, and work to measure the efficacy of their work. No two schools' journey's will look the same, but here are examples of things that schools across our state have done to support their trauma-informed work.

- **Universal Trauma Training:** Several school districts have or are in the process of completing baseline training with all staff in the district, including teachers, support staff, transportation, food service, administrators, board, etc.
- **Community Building Practices**: Schools are spending more time on proactively building community through morning meetings, community circles, and intentional culture building. This helps students increase their feelings of safety and belonging.
- **Prioritizing Staff Needs:** Schools are working to create changes big and small to support the health and well-being of staff. Some examples include creating a quiet or cool down space just for staff members; allowing teachers to take a break as needed throughout the day to meet biological needs or cool-down through the help of support staff; and providing education about and referrals to Employee Assistance Programs (EAPs).
- **Changing Discipline:** Schools are trying several things to change their discipline approach to better align with the science of trauma, including the use of restorative practices, reducing suspension, and changing ISS programs to focus on reflection and social and behavioral skill building, rather than punitive responses.
- **Creating Space to Regulate:** Many schools are creating sensory, calming, or cool-down spaces that students can opt into to allow them to regulate their emotions and behaviors and return to the classroom ready to learn.
- **Connecting Community:** Schools on the trauma-informed journey are also working to better engage parents by providing them with education about trauma and self-care, involving them in decision-making processes, and addressing their approaches to parent engagement to create more opportunities for positive relationship building.

Appendix 2

This document was drafted for initial review by the Alive and Well Communities Educational Leader's Workgroup, at the request of the Missouri Trauma Roundtable. Members of the Workgroup include:

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- Bootheel Counseling Services
- Catholic Family Services
- Child Advocacy Services of Greater St. Louis
- Comtrea Community Treatment
- Crittenton Children's Center Disaster and Community Crisis Center at UMC
- Fulton State Hospital
- KVC Hospitals
- Lafayette House
- MO Children's Division
- MO Coalition Against Domestic and Sexual Violence
- MO Dept. of Mental Health MO Division of Youth Services
- Ozark Center
- Pathways Community Behavioral Healthcare
- Resilience Builders
- St. Louis Center of Family Development
- Truman Behavioral Health