



STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE IN EDUCATIONAL SETTINGS

The following guidelines have been adapted for educational settings from the Standards of Practice for Trauma Informed Care developed by Trauma Informed Oregon and collected information from educational communities across the state provided by the Defending Childhood Initiative. These guidelines are intended to provide benchmarks for planning and monitoring progress and a means to highlight accomplishments. **We recommend use of this tool by multilevel teams within educational settings.**

Please keep the following in mind when using the tool:

- 1) The guidelines are intended to help schools communicate to their constituencies (students, families, community partners, contracting or funding entities, etc.) how and to what extent they are working to build Trauma Informed Care (TIC) within their organization. **This is a voluntary process.**
- 2) Moreover, there is no assumption that these guidelines will be equally useful across all school systems. **Culturally specific programs, for example, may describe how they effectively provide care for trauma survivors in quite different ways** than what appears in this document.
- 3) **There is no expectation that a school or educational program will be able to respond affirmatively to every item listed.** We hope these guidelines will support planning and ongoing quality improvement. Furthermore, **schools may be doing any number of other things to create TIC** that we have not captured here.
- 4) Finally, **we recognize that the experience of individuals in educational settings (and of the workforce as well) often comes down to personal interactions that reflect (or don't) sensitivity, respect, caring, transparency, an understanding of trauma, etc.** We are not able to capture the quality of those individual interactions in a set of agency-level Standards. We hope that procedures for inviting and using feedback, commitment to training, supervision, and the involvement of individuals from diverse backgrounds in the school system(s) will help fill in those gaps. And, again, we encourage the use of this tool to stimulate discussion that includes multiple perspectives and experiences.

We welcome your feedback on the Standards and we are especially interested in learning more about how they are administered and used for planning and monitoring of implementation efforts. Please send your comments to info@traumainformedoregon.org. If you need to reference the Standards, we recommend the following citation: Trauma Informed Oregon. (2017). Standards of practice for trauma informed care in educational settings. Retrieved from

<https://traumainformedoregon.org/resource/education-standards-practice-trauma-informed-care/>

- I. Leadership Commitment and Endorsement.** School district, school boards, and school leadership acknowledge that an understanding of the impact of trauma is central to effective service delivery and make operational decisions accordingly.

<p>la. The district and school board are aware and committed to TIC. <i>How is this assessed?</i></p>
<p>lb. The words “trauma informed” appear in district policies, school improvement plans, and staff/student handbooks. This may also be stated as “trauma informed practice,” or “trauma informed schools.” <i>Describe or provide examples.</i></p>
<p>lc. The school has made a commitment to diversity and equity with students and families. <i>How is this reflected in policy and practice?</i></p>
<p>ld. Students at the school who come from a diversity of backgrounds have leadership roles (e.g., student body, etc.). <i>What roles? How is diversity defined?</i></p>
<p>le. There is a process in place for regular feedback and suggestions from staff, students, caregivers, and community members or partners related to TIC (e.g., perceived safety, welcoming environment, transparency, shared decision making, helpful/supportive staff, etc.). <i>Describe process. Provide examples of feedback and change(s) that resulted.</i></p>
<p>lf. All budgets reflect a commitment to TIC, including ongoing district budgets and one-year school budgets (e.g., resources for specialized training, flexible funding for staff wellness, staff time to coordinate or serve on workgroup, etc.). <i>How is this commitment reflected in the budget?</i></p>
<p>lg. School has a workforce wellness program. <i>What activities are included? How many staff participate?</i></p>

II. Systems Change & Progress Monitoring. There is demonstrated commitment to planning, implementation, quality assurance, and continuous improvement.

<p>Ila. School has a structure/process in place to further develop and sustain TIC (e.g., a multilevel/cross program workgroup that meets regularly). <i>What does this structure/process look like? Who participates?</i></p>
<p>Ilb. School uses an ongoing assessment process to inform a TIC plan. <i>What assessment process is used? What priorities have been established as a result?</i></p>
<p>Ilc. The TIC plan incorporates available academic and health/wellness data to establish priorities and measure impact (e.g., staff retention, absenteeism, engagement and retention of service recipients, etc.). <i>Examples of how data have informed decisions? What changes have been made as a result of the data? How is leadership communicating these data back to schools and staff?</i></p>
<p>Ild. The perspective of staff, students, and caregivers from diverse backgrounds is included in the school's assessment process. <i>How?</i></p>
<p>Ile. There is a regular mechanism for communicating out to staff and stakeholders about emerging TIC practices and the school's efforts to promote and sustain TIC. <i>How does this happen? How often? Who is missed?</i></p>
<p>Ilf. District Leadership receives regular updates on progress and priorities for systems change to ensure TIC (e.g., through the use of a distributive leadership model). <i>Describe the process? How often does it occur?</i></p>
<p>Ilg. District and school initiatives take into consideration the impact of adversity and trauma and are looked at through a lens of TIC. <i>How is this done?</i></p>

III. Policy, Practice, and Procedures. School policies and procedures reflect TIC principles and a commitment to equity.

IIIa. Policies, practices, and procedures are reviewed and modified using a trauma lens in order to reflect an understanding of trauma and its impact
How is this done? What has changed as a result?

IIIb. Personnel and disciplinary policies and practices reflect principles of TIC such as transparency, predictability, and inclusiveness insofar as possible, given legal or contractual considerations.
Describe the policies in place. Are administrators and staff able to explain the policies? What is the process to hear staff, student, or caregiver grievances about policies that affect them? How are staff, students, and caregivers made aware of this process?

IIIc. Decisions about policy, practices, procedures, and personnel are made in a way that minimizes negative impact on the workforce, students, and caregivers (e.g., dress code, phone usage, absenteeism, expulsion, etc.).
How is this done? What has changed as a result?

III d. Protocols and relationships exist for supporting transitions into school from other placements, locations, or systems.
Provide examples of the supports in place.

IIIe. Student forms and processes have been reviewed and modified to reduce unnecessary detail that might be activating to students and caregivers.
How were they reviewed? Who was involved? What changes have been made to these forms?

III f. The perspective and voice of staff, students, and caregivers is included in the policy, practice, and procedure review process.
How does this happen? What existing groups, such as student council, parent teacher association, and teacher advisory groups are available to provide feedback?

IIIg. Administrators and teachers incorporate the perspectives of students and families in designing disciplinary responses to behavior such as suspensions or expulsions.
Describe the process and results.

IIIh. Information about policies, practice, and procedures is easy to access and communicated to students, staff, and caregivers. For example, school has an easy to read handbook that explains daily and monthly schedules, key student agreements and policies, and processes for concerns and complaints.
How is the information accessed? Do people have the information they need? Is it provided in all languages represented at the school?

IIIi. Students and caregivers understand the process and have the opportunity to grieve policies that affect them (e.g., if a teacher uses profane language in the classroom).
Provide examples of the way this is done. How are students and caregivers made aware of this process?

IV. Workforce Development. Human Resource policies and practices reflect a commitment to TIC for staff and the population served.

Training

IVa. Employees have received core training in TIC and are offered periodic refreshers that cover the following topics:

- **What is Trauma Informed Care?**
 - Definition of trauma and stress (including systemic oppression)
 - Definition of TIC (emphasizing the prevention of re-traumatization)
 - Principles of TIC
- **The Impact of Trauma and Stress**
 - Prevalence
 - The N.E.A.R. Science (neurobiology, epigenetics, adverse childhood experiences, and resilience)
- **The Role of Education in Causing Trauma but also in Promoting Resilience**
 - Understanding how trauma affects the way people engage—using TIC as an engagement tool
 - Understanding trauma, including secondary trauma, in the workforce and promoting workforce wellness
- **De-escalation and Incident Response**

Who has received training? Who has not received training? Which modules? How often and in what ways is training offered and to whom? How many staff have participated?

IVb. There is internal capacity to ensure that ongoing training and education for staff on TIC is available, including alternative methods of learning (e.g., webinars or videos, community events).

How? What is the current status? What methods are being used? How many staff have utilized?

Hiring and Onboarding Practices

IVc. Applicant’s understanding and prior experience/training regarding the prevalence and impact of trauma and the nature of TIC is considered in the hiring practices.

How are applicants being screened for TIC awareness? How is this competency addressed in the interview? What questions are asked during the interview process? How do you gauge an applicant’s ability to respond in a trauma-sensitive way to students, families, and staff?

IVd. New educator orientation and training includes the core principles of TIC and affirms the school’s commitment to ongoing trauma awareness and education for staff.

Describe how this is done.

IVe. Students and families of diverse backgrounds participate in the educator hiring process.

How? How is their feedback utilized?

Staff Support

IVf. Staff regularly has access to support through structures such as mentorship and coaching and includes learning and application of knowledge about trauma and TIC.

Which staff? Provide example of how this happens. How often does this process happen?

IVg. Staff are regularly engaged in dialogue about staff care and wellness.

Describe how this occurs.

IVh. Those in supervisory roles have had training/consultation on supervising for TIC, and have the skills to help staff apply TIC.

When and how does this occur?

IVi. Teacher and staff evaluations expect increased awareness, understanding, and practice skills related to TIC and include TIC related goals.

Describe. Is the staff perspective reflected?

IVj. Educators and staff have practiced strategies to prevent reactivity and promote regulation.

Describe these strategies? Have the outcomes to classroom incidents changed?

V. Environment and Safety. There is demonstrated commitment to creating a welcoming environment and minimizing and/or responding to perceived challenges to safety.

Va. Classrooms and commons areas (e.g., external environment, exits and entrances, lunch room, library, offices, halls, restrooms, etc.) have been reviewed, with feedback from staff, students, and families, for actual and perceived safety concerns that may affect students and staff.

What was the process? Who was involved? When did this last occur? What changes were made as a result? How is the information conveyed to the rest of the staff and school?

Vb. Classrooms and common areas have been reviewed for “welcoming” quality (e.g., culturally and linguistically appropriate, cleanliness, odor, noise level, privacy, etc.).

What characteristics create a “welcoming” feel at your school? What changes have been implemented?

Vc. The front office staff at the school is respectful and engaging to students and families (e.g., reducing distress related to enrollment, student records issues, student pick up/drop off, families calling about discipline-related issues).

How is front office staff provided coaching, support, and feedback?

Vd. Students are provided the time and access to objects, activities, and/or spaces for regulation.

Describe what is available for an immediate need for regulation. Describe what is available for ongoing need. How is this communicated to students?

Ve. Staff are provided the time and access to objects, activities, and/or spaces for regulation.

Describe what is available for an immediate need for regulation. How is the immediate need supported (e.g., use of roaming subs)? Describe what is available for ongoing need. How is this communicated to staff?

Vf. Schools have physical safety and crisis protocols that are practiced by staff and students addressing a variety of situations.

What are the protocols? How do you ensure information is available when needed? How often are protocols practiced? How is staff comfort or ease with protocol assessed?

Vg. Schools have recovery/postvention plans to use following critical incidents.

Describe.

Vh. Students, staff, and community have helped develop and/or have reviewed decisions about physical environment and/or safety protocols.

What was the process?

Vi. There is a process in place to hear and respond to safety concerns that arise.

Describe the process and how it is trauma informed (e.g., protects anonymity).

Vj. The handling of student information prioritizes student safety.

Describe how this happens. Do people have the information they need? How do community partnerships support information handling protocols?

VI. Behavior Response and Supports. Service delivery reflects a commitment to trauma-informed responses and support.

<p>Vla. System wide, there is a functioning and widely ascribed to approach for behavioral support for students that incorporates a trauma-informed and equity lens (e.g., PBIS). <i>In what ways does the approach identify student's "emotional experience" (attunement)? In what ways does the approach provide student instruction in non-verbal self-regulation skill building, and opportunities to practice during neutral times? How is collaboration created with students in order to create informal and formal safety plans? How is student voice heard? Describe strategies and who is trained to provide these.</i></p>
<p>Vlb. Educators are able to explain and regularly dialogue with students about the multitiered system, providing clear expectations and predictability. <i>How does this look in action? Do educators understand the expectations? Can staff talk with each other?</i></p>
<p>Vlc. Staff have needed support to provide trauma-informed responses to student or coworker behavior through coaching, classroom observation, and opportunities for team consultation. <i>Describe examples of these supports.</i></p>
<p>Vld. The school regularly engages in dialogue around its disciplinary data (referrals and suspensions/expulsions) to identify disparities based on race and strategies to reduce or eliminate those disparities. <i>Describe the process. Is there a multitiered support team? How is race and disproportionality of response addressed? Do the data inform this process?</i></p>
<p>Vle. School or community-based health supports related to trauma are identified and available, including physical, behavioral, and nutritional. <i>How does this happen?</i></p>
<p>Vlf. Trauma specific services, including alcohol and drug, behavioral health, and suicide planning, from partner agencies are trauma informed and are adapted for a school setting. <i>How? What types?</i></p>
<p>Vlg. All staff understand trauma specific services, and the school has a protocol for referring students and staff. <i>Describe available trauma specific services. Describe referral protocol.</i></p>

Vlh. Service providers from partner agencies are knowledgeable and trained in trauma-competent services for prevention and early intervention treatment.
How is this ensured?

Vli. School prioritizes contracted mental health services that are linguistically appropriate, culturally responsive, and trauma informed.
Describe.

Vlj. Educators can describe the role that trauma may be playing in learning difficulties, behavior, and attendance at school.
When do these conversations happen?

Vlk. Daily and monthly school schedules protect time for physical health.
How does this happen? How is physical activity, not including recess, addressed? How are nutritional needs, including snacks, addressed?

Vll. Educators understand the heightened risk of suicide, coping behaviors, and other health risks for trauma survivors and are able to respond appropriately and get appropriate help.
Are there ways to access staff understanding?

Vlm. Students have opportunities to develop positive identify and leadership.
Describe.

Vln. Information is presented and learning is assessed using multiple modes.
Describe.

Vlo. Educators incorporate daily, weekly, and monthly classroom rituals and routines with a particular focus on supporting student transitions (e.g., back from lunch, recess and, school breaks).
Describe strategies.

VII. Community Engagement. There is demonstrated commitment to including families, community partners, parent teacher associations, and other relevant groups in efforts to develop a trauma informed school.

VIIa. School district is working with community partners and other systems to develop common trauma-informed protocols and procedures.

Describe the protocols and procedures in place.

VIIb. Community partners who provide out of instruction support (before school and extended day programming) are included in initiatives to promote trauma-informed practices.

When do these meetings take place?

VIIc. Culturally and linguistically specific community based organizations are partners in the school community and are able to provide input.

Describe these partnerships.

VIIId. Parents and caregivers are involved in efforts to become a trauma informed school.

What are some ways the community has been included in the process?

VIIe. Parents, caregivers, and community members are provided access to information and resources about trauma and adversity.

Where do these resources exist?