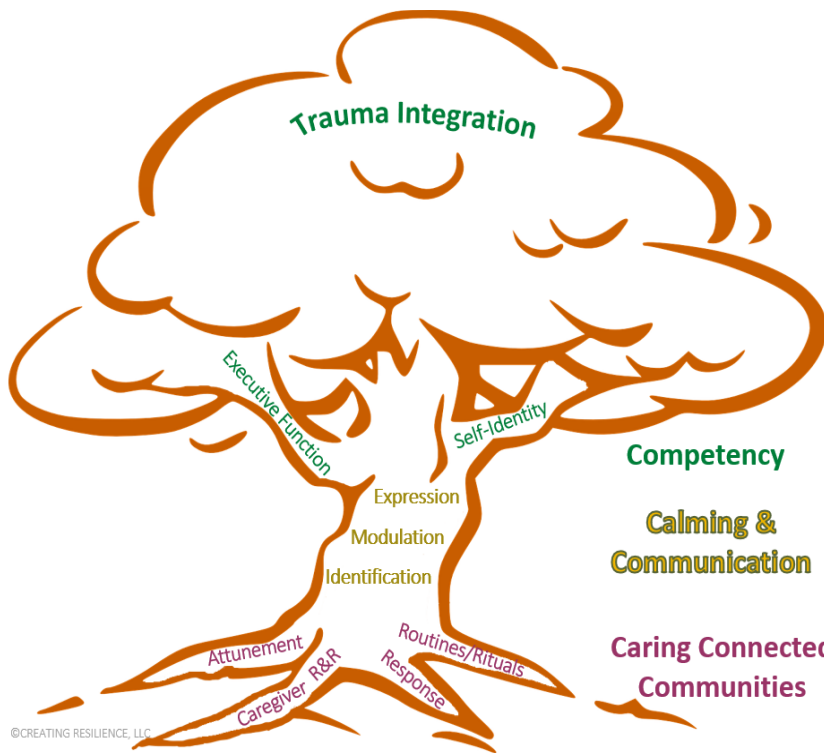
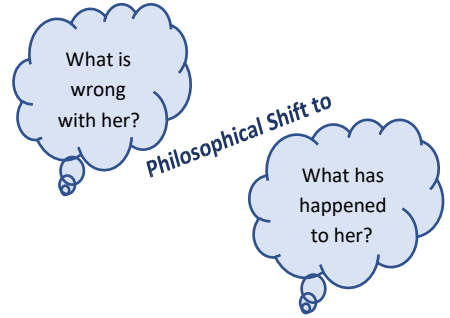


## Components Necessary for Comprehensive Trauma Training

**A.C.E.s**

1. Knowledge of the Adverse Childhood Experiences study
2. “Universal precautions” and the philosophical shift that must occur to bring about change
3. Trauma’s impact on developing brains including the creation of and the body’s reaction to triggers
4. Strategies and interventions that facilitate **Trauma Integration** and include:  
Building **Caring Connected Communities** with:



- Caregiver Reflection & Regulation** - recognizing our buttons and triggers and implementing thoughtful response strategies rather than reactionary ones
- Attunement** - discovering the emotion or need driving a behavior and validating the emotion or need to build connection
- Response** - creating connection and trust through effective responses that do not re-traumatize.
- Routines and Rituals** - building predictability and fostering feelings of safety.

Increasing **Calming and Communication** through:

- Identification** of emotions
- Modulation** of energy
- Expression** of emotions that builds connection and fulfills needs

Enhancing **Competency** by creating opportunities and strategies to develop **Executive Function** and positive **Self-Identity** in students who have experienced trauma.

*When people feel safe and connected, have good regulation skills, and are continually developing their executive function and self-identity, they will achieve Trauma Integration-- trauma is acknowledged to be a part of life but is no longer at the center of experiences.  
When we foster growth with these concepts, we are Creating Resilience.*



## Trauma Informed Continuum

### The Missouri Model: A Developmental Framework for Trauma-Informed

The implementation of a trauma-informed approach is an ongoing organizational change process. A trauma-informed approach is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time to fundamentally change who staff are as people and as a collective organization.

*“People, not programs, change people.” -Bruce Perry*

**Trauma Aware:** The organization has become aware of how prevalent trauma is and have begun to consider that it might impact their clientele and staff.

**Trauma Sensitive:** The organization values and prioritizes the trauma lens, and a shift in perspective happens. Trauma training for all staff begins, and direct care workers learn skills to respond to trauma.

**Trauma Responsive:** The organization has begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization. Staff are responding to others with new insight.

**Trauma Informed:** The organization has made trauma responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. All staff are skilled in using trauma informed practices, whether they work directly with clients or with other staff.