Survey and Focus Group Findings
November 2017

Prepared by: University of Missouri-St. Louis Missouri Institute of Mental Health
**EXECUTIVE SUMMARY**

**Background.** This report summarizes an evaluation conducted by the Missouri Institute of Mental Health (MIMH) for the Alive and Well St. Louis (AWSTL) initiative. Findings are based on surveys administered to individual and organizational AWSTL trainees and were completed during June-August 2017 as well as qualitative results from ambassador focus groups conducted in September 2017. The surveys and focus groups assessed the perceptions of individuals, organizations, and ambassadors regarding various aspects of the AWSTL initiative.

**Methods.** Three hundred and fifty-one (351) participants completed the surveys. Frequencies and percentages were calculated to analyze and summarize responses to multiple choice and Likert-scale questions. Additionally, 3 focus groups were conducted with 14 AWSTL ambassadors. Focus groups were audio-recorded and transcribed. Transcripts were coded and analyzed to identify consistent findings and themes.

**Results.** Survey results suggested participants benefitted from the training, endorsed and/or adopted trauma-informed practices, and have made changes or taken action as a result of the AWSTL training. Participants recommended AWSTL trainings increase in frequency, provide more in-depth content, and include specific strategies for how to effectively address trauma-related difficulties in their populations. Participants mentioned a few barriers to implementing changes or taking action, which included the need for more concrete implementation strategies, lack of time, and low buy-in from staff. Most of the participants were interested in future trainings and collaborations with AWSTL. Qualitative data analysis from focus groups revealed a few overarching themes: 1.) strengths of the initiative, 2.) positive individual and community level outcomes including improved self-care and decreased stigma surrounding trauma, and 3.) ideas for further growth such as increased branding and continued community outreach.

**Individual Survey.** Participants felt they benefitted from training topics, particularly those surrounding the issues of how trauma impacts the brain and how changing the question from “What’s wrong with you?” to “What happened to you?”. Some had suggestions for improving the trainings, providing more trainings, making the training more in-depth, and providing tangible tools and supports. Most participants indicated that they endorsed and/or adopted trauma-informed practices and had made changes or taken action as a result of the AWSTL training. For example, some mentioned an increase in their own self-care, a better understanding of individuals who experienced trauma, and more trainings for staff around trauma-informed principles. Although most of the respondents indicated they have not been involved with AWSTL since their training, the majority were interested in participating in future collaborations or trainings with AWSTL.

**Organizational Survey.** Members from several organizations reported being involved with the AWSTL initiative and having communicated with AWSTL since their training. Representatives from organizations felt the most beneficial training topics were how trauma impacts the brain, body, and behavior as well as changing the question from “What’s wrong with you?” to “What happened to you?”. When asked how the training could be enhanced, some recommended additional training opportunities, and concrete directions and steps to address the effects of trauma in the populations served by their organization. Almost all of the organization representatives reported changes or adoption of new polices since being trained including increased self-care, training more staff in trauma-informed practices, and changing discipline policies to become more trauma-informed. As a
result of the work with AWSTL, many organization representatives felt their agency had reached becoming trauma-sensitive or trauma-responsive on trauma-informed continuum. Lastly, organization representatives agreed they were interested in participating in future training or collaborations with AWSTL.

Focus Groups.
Overall, feedback from ambassadors was very positive. Participants shared some examples of changes and positive outcomes related to their participation in AWSTL on both individual and community levels. Commonly mentioned impacts included increased awareness of trauma, decreased stigma of those who have experienced trauma, improved self-care, and organization-level change. Ambassadors also noted many strengths of the initiative which included credibility, accessibility, diversity, and sustainability of the program. Ambassadors discussed a few challenges as well as ideas for improving the initiative. The primary challenge mentioned was difficulty attending ambassador or AWSTL events due to scheduling and timing issues. Some ideas for enhancement of AWSTL were presented including increased community engagement of professionals such as teachers, law enforcement, and mental health, as well as expanding the media campaign to improve branding and visibility of AWSTL to the general public.
BACKGROUND

Communities are increasingly beginning to work together to recognize and prevent the effects of trauma and toxic stress. Exposure to traumatic events is very common and most individuals will be exposed to at least one traumatic event during the course of their lives (APA, 2013). Ongoing experience of neglect, abuse, poverty, and other environmental trauma may lead to adverse long-term physical and mental health conditions (e.g. diabetes, heart disease, cancer, depression, and substance use disorders), making trauma a serious public health concern (Felitti et al., 1998). Consequently, increasing awareness of trauma and facilitating the development of trauma-informed communities is paramount and may help to combat the negative effects associated with trauma exposure.

Alive and Well St. Louis (AWSTL) is a multi-sector and broad community-based initiative of the Regional Health Commission (RHC) focused on reducing the impact of toxic stress and trauma. Since 2013, the RHC has been leading local efforts to bring together key community partners with an interest in responding to toxic stress and promoting healthy development in the St. Louis region.

The Missouri Institute of Mental Health (MIMH) has served as the evaluator for the AWSTL initiative, conducting a process and outcome evaluation to assess participating individuals’, organizations’, and ambassadors’ perceptions of the program. This report summarizes the quantitative and qualitative findings from these evaluation activities, specifically, individual and organizational surveys and ambassador focus groups. To gain a better understanding of the perceptions and benefits of the AWSTL initiative, individual and organizational surveys were administered from June to August 2017 and the ambassador focus groups were conducted in the St. Louis area in September 2017.
**INDIVIDUAL AND ORGANIZATIONAL SURVEY METHODS**

**Methods.** An online survey platform (i.e., Qualtrics) was used to quantitatively assess the participants’ perceptions of and experiences with the AWSTL program. The surveys utilized multiple choice, Likert-scale, and open-ended questions. Demographic information for participants was also collected. Participants were not compensated for their participation and were free to exit the survey at any time.

**Participants and Procedures.** With input from AWSTL staff, two surveys were developed that inquired about the participants’ experiences with the AWSTL program at the individual and organizational level: a 21-question survey for individual level participants, and a 19-question survey for participants representing their organizations. AWSTL then provided a list of AWSTL participants for MIMH to contact. Individual level participants were St. Louis City and County residents who had attended at least one AWSTL training. Organizational level participants were administrators and staff from health centers, mental health centers, social services, local schools, and other area organizations that had participated in an AWSTL training. MIMH sent approximately 1900 individual level surveys and 313 responded (16% response rate). Eighty organizational level surveys were sent out and 38 participants responded (47% response rate). This response rate is expected as individuals were not compensated for their time. Surveys were administered from June to August 2017 and reminder emails were sent out weekly to those who had not responded to the survey. Survey questions can be found in Appendices A and B.

**Data Analysis.** To be included in analysis, an individual’s survey responses needed to be at least 30% complete. Thirty-two individual surveys and 5 organizational surveys were excluded due to missing data which resulted in 281 individual surveys and 33 organizational surveys included in the data analysis. Quantitative survey data were analyzed using IBM Statistical Package for the Social Sciences (SPSS) 24 software. Frequencies and percentages were calculated to analyze and summarize responses to multiple choice and Likert-scale questions. Qualitative data from open-ended questions were analyzed using ATLAS.ti 8, a qualitative data analysis software. Codes were utilized to identify key themes as they occurred in the survey responses.

**Quote Selection.** The quotes presented in this report are a representation of the various viewpoints and opinions expressed by many or all of the survey participants. These quotes were selected as they best illustrate the perspectives, experiences, and ideas discussed during open-ended questions, and do not necessarily reflect the views of every survey respondent or AWSTL participant.

The data presented in the next section summarizes the demographic characteristics of participants and their responses to the survey questions.
Age, Gender, and Race/Ethnicity. A little over half (54%) of the participants who completed the individual level survey were between the ages 25-44 (see Table 1). Participants ages 18-24 represented 5% of the participants; 17% were 45-55 years old; and 24% were 55 and older. The majority of the participants were White (70%) and 21% were Black or African-American. There were significantly more female (85%) participants than male (15%) participants. More than half (56%) of the participants were residents of St. Louis County and 32% were residents of St. Louis City.

Table 1. Demographics: Age, Gender, and Race/Ethnicity of Individual Level Survey Participants

<table>
<thead>
<tr>
<th>Age (N= 236)</th>
<th>Percentage</th>
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<tr>
<td>18-24</td>
<td>5%</td>
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<tr>
<td>25-34</td>
<td>28%</td>
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<tr>
<td>35-44</td>
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<td>45-54</td>
<td>17%</td>
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<td>55+</td>
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<table>
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<tr>
<th>Gender (N=237)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Male</td>
<td>15%</td>
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<tr>
<td>Female</td>
<td>85%</td>
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<tr>
<th>Race (N=234)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White/Caucasian</td>
<td>70%</td>
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<tr>
<td>African-American/Black</td>
<td>21%</td>
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<tr>
<td>Asian</td>
<td>1%</td>
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<tr>
<td>Multiracial</td>
<td>6%</td>
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<tr>
<td>Other</td>
<td>2%</td>
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<tr>
<th>Ethnicity (N=234)</th>
<th>Percentage</th>
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<tr>
<td>Hispanic or Latino</td>
<td>2%</td>
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<tr>
<td>Not Hispanic or Latino</td>
<td>98%</td>
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<tr>
<th>Residence (N=226)</th>
<th>Percentage</th>
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<tr>
<td>St. Louis City</td>
<td>32%</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>56%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
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**Organization Representation and Experience.** Almost half (47%) of the participants worked in schools, 12% were from the health field, 10% were from the behavioral health field, 13% identified themselves as a community member, and 18% indicated other (e.g., non-profit, wellness, law enforcement, case management). See Figure 1. Most participants have significant experience in their field: 49% have over 10 years of experience; 14% had 6-10 years of experience; and 32% had at least 1-5 years of experience. See Figure 2.

**Figure 1. What type of Organization Do You Represent? (N=281)**

- Schools/School System: 47%
- Health Care: 12%
- Behavioral Health: 10%
- Community Member: 13%
- Other: 18%

**Figure 2. How Long Have You Been in the Field? (N=245)**

- Over 10 years: 49%
- 6-10 years: 14%
- 1-5 years: 32%
- Less than 1 year: 5%
**AWSTL Involvement.** When participants were asked which trainings they had participated in, the majority (93%) indicated they attended the Trauma Awareness Training, while 19% participated in the Trauma Responsive Training. Most participants (76%) have been involved in the AWSTL initiative for one year or less (24% 7-12 months, 17% 4-6 months, 15% 1-3 months, and 20% less than one month). See Figure 3. The majority of participants felt they were “not very involved” (42%) or “not involved at all” (35%) with AWSTL, with only 16% indicating they were moderately involved and 7% very involved since their training. See Figure 4.

**Figure 3. How Long Have You Been Participating in the AWSTL Initiative? (N=277)**

![Bar chart showing involvement duration](chart1.jpg)

**Figure 4. How Involved Have You Been with the AWSTL Initiative since Your Training? (N=276)**

![Pie chart showing involvement levels](chart2.jpg)
Communication. Almost three-fourths (72%) of the participants reported they have not communicated with AWSTL since their training. See Figure 5. Of the participants that have communicated with AWSTL (28%), 67% reported they have communicated 1-3 times; 13% quarterly; 17% monthly; and 3% communicated weekly. See Figure 6. Email was the most frequent means of communication.

Figure 5. Since Your Training Have You Communicated with AWSTL? (N=281)

Figure 6. Since Your Training How Often Have You Communicated with AWSTL? (N=75)
**Trauma-Informed Practices.** When participants were asked to what extent they endorsed or adopted AWSTL’s trauma-informed practices, 25% indicated a “great extent”, 44% to a “much extent”, 27% a “little extent”, and 4% to “no extent”. See Figure 7.

**Figure 7. To What Extent Have You Endorsed or Adopted the Trauma-Informed Practices of the AWSTL Initiative? (N=261)**

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**Action and/or Changes.** Eighty-two percent (82%) of the respondents indicated they have taken action and/or made changes as a result of their involvement in the AWSTL training. When asked specifically what actions or changes occurred, participants (N=164) indicated three major changes as a result of the training: 1.) improved self-care, 2.) better understanding of those who have experienced trauma, and 3.) an increased focus on staff training in trauma-informed practices. Selected quotes are presented below.

“Allow myself time and space to recharge and check in with my wellness at work so that I did not get to irritated or stressed. These small mental breaks helped me through those stressful MAP testing days.”

“All schools are focused on trauma training with staff.”

“Advocating for a ‘What happened TO you?’ model rather than a ‘What’s WRONG with you?’ model. In conjunction with the Youth Mental Health First Aid, this trauma informed session assists me in understanding how to better relate to, assess, and talk to youth who have experienced trauma. I feel better prepared to triage a youth who may come to me for support.”
Participants were also asked what aspects of the AWSTL trainings were most beneficial in making changes. The most frequently selected topics were “how trauma impacts the behavior” (60%), “how trauma impacts the brain and body” (56%), and “changing the question” (56%). See Figure 8.

**Figure 8. Thinking about the Actions and/or Changes You Have Made as a Result of Participating in the AWSTL Training, Which Aspects of the Training Were Most Beneficial in Making Those Changes? (Select All That Apply) (N=201)**

Barriers. Participants were asked what barriers prevented them from implementing changes or taking action. The primary barriers discussed by participants (N=27) were time and staff buy-in. Some also mentioned they wanted more concrete strategies for implementation. Quotes are presented below.

“Our principal didn’t follow through to see that this practice was implemented fully in our school. I always approach students with a trauma informed approach personally, but it hasn’t really caught on school wide.”

“Time and resources required to support staff working with youth to gain specific skills on being trauma informed, not just the awareness of what trauma is and how it impacts young people.”

“I feel like our training was more of an awareness piece, but not so much of strategies or techniques to bring back to the classroom.”
Training Enhancements. Many participants (N=131) had suggestions for improvement of future trainings. Common enhancements included more in-depth training, more case studies and examples, continued learning opportunities, discussions regarding how to help those with trauma, more tools to help support building a trauma-informed environment, and trainings that target specific populations. Representative quotes are presented below.

“When the core information on trauma is great, what we need now is the ‘NOW WHAT.’ How do we really change practices and approaches while teaching?”

“I would like more training. A quick guide to noticing the needs of students. How to let a student know you care. How to initiate listening to student or students and still keep pace with demanded curriculum.”

“I need the ‘what do we do with this information’ as it relates to interacting with children, especially with behavioral problems. Understanding they have been affected by trauma is important, but knowing what to do with that information in order to help them is even more important.”

“More practical approaches to being trauma informed. And examples of how other organizations are being more trauma informed.”

“Providing attendees with resources on how the population they serve can properly cope would be helpful. While the initial training was informative, it kind of left us hanging, in my opinion, as no suggestions on how to deal with these issues was provided.”

“Specific tools for building trauma informed culture in a school setting, and strategies and tactics for managing disruptive student behavior in a trauma-informed way.”

“I think it would be helpful to have trainings specific to age groups (trauma-informed training for elementary/middle/high school students) or have a training specifically for teachers.”
Future Involvement. Lastly, participants were asked about their interest in future trainings and/or collaborations with AWSTL. Most participants were interested in future trainings, with 61% endorsing “strongly agree” and 24% “somewhat agree” that they would be interested in future trainings and/or collaborations. See Figure 9.

Figure 9. I am Interested in Future Trainings and/or Collaborations with AWSTL. (N=236).

Summary
Overall, feedback from AWSTL trainees was positive. Many survey participants reported that they have endorsed and/or adopted the trauma-informed practices from the training in their life. Additionally, many have made changes or taken action as a result of the AWSTL training, with the most frequent changes being increased self-care, a better understanding of individuals who have experienced trauma, and increased training for staff in trauma-informed principles. Trainees reported that the most beneficial training topics were the impact of trauma on the brain, body, and behavior as well as changing the question from “What’s wrong with you?” to “What happened to you?”. Individuals also mentioned various barriers to becoming more trauma-informed. A frequently discussed barrier was the desire for more techniques and strategies for helping someone who has experienced trauma. Other barriers included lack of time and poor staff buy-in. Trainees had some suggestions for improving the trainings, which included making the training more in-depth, providing more trainings and continued learning opportunities, and providing concrete tools and supports. Finally, most of the respondents indicated they have not been involved with AWSTL since they were trained, but the majority indicated they were interested in participating in future collaborations or trainings with AWSTL.
Eighty (80) organizational level surveys were emailed to prospective participants, and of those, 38 participants responded (47% response rate). To be included in analysis, survey responses needed to be at least 30% complete, which resulted in 5 organizational surveys being excluded due to missing data. The following results are based on the 33 surveys that were included in the data analysis.

**Organization Representation and Size.** More than half of the participants represented the educational sector (58%), 18% were from social services, 18% from health, and 6% from mental health. See Figure 10. The size of organizations varied: 30% reported 50 or less people in their organization, another 30% reported between 51-100, and others (24%) indicated there were more than 500 people in their organization. See Figure 11.

**Figure 10.** Organization Sector (N=33).

**Figure 11.** Approximately How Many People are in Your Organization? (N=33)
Organization Experience. Most participants had extensive experience in their field: 64% had over 10 years of experience; 24% had 6-10 years of experience; and 12% had 1-5 years of experience. The length of time participants worked at their organizations varied, with 36% indicating they worked at their organization for over 10 years; 27% for 6-10 years; and 30% 1-5 years. See Figures 12 and 13.
**Organization AWSTL Involvement.** Approximately half of the organizations (48%) have been working with AWSTL over a year (33% more than 1 year and 15% more than 2 years). Level of involvement with AWSTL was significant, with just under half of participants reporting that their organization was “moderately involved” (42%) and 27% reporting their organization was “very involved” with the initiative. See Figures 14 and 15.

**Figure 14. How Long Ago Did Your Organization Begin Working with AWSTL? (N=32).**

**Figure 15. How Involved Has Your Organization Been With the AWSTL Initiative Since Your Training? (N=31)**
Communication. Eight-two percent (82%) of the participants mentioned that their organization had communicated with AWSTL since their training. See Figure 16. The frequency of communication among organizations was fairly evenly distributed, 23% of them communicated 1-3 times; 26% quarterly; 32% monthly; and 19% had no communication. See Figure 17. Email was the most frequent means of communication.

Figure 16. Since Your Training, Has Your Organization Communicated with AWSTL? (N=33)

![Pie chart showing communication status.]

Figure 17. Since Your Training, How Often Has Your Organization Communicated with AWSTL? (N=31)

![Pie chart showing communication frequency.]
Trauma-Informed Practices. When participants were asked to what extent their organization endorsed or adopted AWSTL’s trauma-informed practices, similar to the individual survey responses, the majority of participants indicated that they have made changes: 19% felt to a “great extent”, 52% to “much extent”, and 29% to “little extent”. See Figure 18.

The Missouri Model. Participants were also asked to consider the Missouri Model, a developmental framework for trauma-informed care, and identify where their organization was on the trauma-informed continuum. Forty-two percent (42%) felt their organization was Trauma Aware, 15% Trauma Sensitive, 33% Trauma Responsive, and 3% Trauma Informed. As data was not collected prior to the training, it is unclear if participants perceived that their organization has become more trauma-informed since becoming involved with AWSTL. See Figure 19.
Action and/or Changes. Similar to the individual level survey, 88% of the respondents indicated that they have taken action and/or made changes as a result of their involvement in the AWSTL training. When asked what changes occurred, the responses were distributed evenly: 33% implemented new policies; 39% made changes to existing policies; 33% implemented new programs; 36% made changes to existing programs; and 36% made other changes. See Figure 20.

**Figure 20. What Changes and/or Actions Have Occurred? (N=29).**

Examples of newly implemented policies. A few organizations (N=8) provided examples of policies implemented following the Alive and Well STL training. The policies implemented changed discipline practices within schools, incorporated trauma-informed language, and added behavioral health supports. Selected quotes are provided below.

“Added trauma-informed care to job descriptions.”

“Created a ‘triage’ team to help when children display, or share, trauma behaviors.”

“We are implementing new changes in our missing and vision in regards to helping students. We are also working on having a wellness center in our schools with MOU’s from various healthcare providers.”
Examples of changes to existing policies. The examples provided by organizations (N=10) of changes made to existing policies had to do with adjusting school discipline practices to decrease suspensions and expulsions. Selected quotes are provided below.

“Instead of automatic suspension for many infractions, we work to ensure students have opportunities to learn from their mistakes and have the opportunity to fix them.”

“Suspension is discussed with more critical thinking and restorative justice practices when possible.”

Examples of newly implemented programs. Some organizations (N=10) reported that they implemented new programs after the training. These programs often centered on self-care, restorative practices, yoga, and mindfulness.

“Teacher self-care has become part of our PD.”

“Switch to restorative practices and trauma-informed mindset.”

Examples of changes to existing programs. When asked to provide examples of changes made to existing programs, some participants (N=9) described a variety of modifications to make the organization more trauma-informed. The primary themes discussed included embedding behavioral health services and/or professionals into the organization, training staff in trauma-informed care, and adjusting school curriculums to be more trauma-informed.

“Embedding a psychiatrist on site to help medical providers gain comfort in working with clients who have trauma and other behavioral health issues.”

“Trained volunteers to see from the lens of trauma-informed care. Incorporated counseling services.”

“[In-school suspension] will be more trauma informed.”

Examples of other changes or actions. Some participants (N=12) elaborated on “other” changes that have occurred in their organizations. Many of these changes included promotion of self-care to staff, changes to the organization’s approach to student or patient behaviors, as well as changes in the language and culture surrounding trauma. A selection of quotations is provided below.

“Just started framing things differently—instead of asking, ‘What’s wrong with you?’ We’re asking, ‘What happened to you?’”

“Provide education/training about trauma informed care and how to approach/deescalate tensions with patients.”

“Shift in culture and mindset. Switch to different language. More focus on connections with students and support like counseling.”

“We taught various calming strategies to staff and shared information on topics such as resilience, calming strategies, self-care, impact of trauma on the brain, etc.”
Participants were also asked what aspects of the AWSTL trainings were most beneficial in making changes within their organization. Consistent with the individual survey, the most frequently selected topic was “how trauma impacts the behavior” (88%). The next topics selected were “changing the question” (73%), and “defining trauma” and “how trauma impacts the brain and body (67%). See Figure 21.

**Figure 21. Thinking About the Actions and/or Changes Your Organization Has Made As a Result of Participating in the AWSTL Training, Which Aspects of the Trainings Were Most Beneficial in Making Those Changes? (N=29).**

![Bar chart showing the percentage of participants who found each aspect of the AWSTL training beneficial. The most beneficial aspects are: 88% for “how trauma impacts behavior,” 73% for “changing the question,” and 67% for “defining trauma” and “how trauma impacts the brain and body.” Other aspects include “principles of trauma-informed care” (39%), “other” (9%), and “finding from the ACE study” (48%).]

**Other Impacts.** Other impacts of the training discussed by organizational participants (N=15) included better self-care practices as well as being more sensitive to the needs of the students, patients, and families they serve. Representative quotes are provided below.

“It made us more sensitive to students who experience trauma.”

“[AWSTL is] also a resource to reach out to when need the support or have questions. They are training the community and other partners so the conversations about trauma are becoming more common and there is [an] understanding. It is so great to hear strategic plans, etc. applying the lens of trauma or racial equity.”

“Helping ensure we keep self-care on the forefront.”
Enhancements. When asked how the training could be enhanced, participants (N=17) indicated that they would like more direction and concrete steps on how to address trauma in their populations. Others suggested that they would like more trainings to be offered, and that more staff within the organization should be trained. A few quotes are provided below.

“It leaves participants feeling a bit hopeless, tell us what’s next, how to address the trauma and how to build resilience.”

“Need more guidance/suggestions/training with practical steps rather than just the mindset shift?”

“The Alive and Well should be mandatory before staff is able to see patients in any capacity.”

“Time for facilitated discussion about next steps as an organization.”

Future Involvement. Participants were asked about their organization’s interest in future trainings and/or collaborations with AWSTL and most were willing to be involved in future trainings. Sixty-one percent (76%) “strongly agree” and 15% “somewhat agree” that they would be interested in future trainings and/or collaborations. See Figure 22.

Figure 22. My Organization is Interested in Participating in Future Trainings and/or Collaborations with AWSTL. (N=31).
Summary
Overall, feedback from trained organizations was also positive and consistent with the results from the individual surveys. Nonetheless, the results must be understood in the context of the relatively low response rate as it is very possible the organizations who participated in the survey were a select, not representative, or a random sample. Of those who responded, over two-thirds of responding organizations felt that they were involved with the AWSTL initiative. A majority reported that they have communicated with the AWSTL at least once since their training; over half have communicated quarterly or more often. Almost all organizations reported that they have made changes or adopted new practices or policies since their training; examples of common changes include increased self-care, training staff in trauma-informed practices, as well as changing discipline policies to be more trauma-informed. Organizations reported that the most beneficial training topics were the impact of trauma on the brain, body, and behavior as well as changing the question from “What’s wrong with you?” to “What happened to you?”. When asked where they felt their organization was at on the trauma-informed continuum, over half indicated that they were trauma sensitive or trauma responsive; very few organizations reported that they were trauma informed. When asked how the training could be enhanced, the most common responses included more training opportunities as well as wanting more concrete directions and steps to address trauma when they encounter it in their populations. Finally, almost all organizations agreed that they would be interested in participating in a future training or collaborative with AWSTL.
**AMBASSADOR FOCUS GROUPS**

**Methods.** In-person focus groups were used to assess the AWSTL ambassadors’ perceptions of their experience. Qualitative research emphasizes the subjective experiences of a population, which enables a broader and more nuanced evaluation of the “reach” of a given program as well as its strengths and weaknesses. Grounded Theory was the framework used to guide the qualitative research methods which emphasizes participants’ understanding of events and experiences as well as their underlying meanings (Glaser, Strauss, & Strutzel, 1968). In order to obtain an accurate understanding of the impacts of AWSTL initiative, MIMH researchers conducted structured focus groups with participants to generate an explanatory account of their perceptions and interpretations of the program which helped to guide the conceptualization of the evaluation and key themes.

**Participants and Procedures.** With input from AWSTL staff, a focus group protocol was developed that inquired about the ambassadors’ experiences with and opinions about the AWSTL initiative. AWSTL then provided a list of prospective ambassadors for MIMH to contact. A random sample of eighty ambassadors was selected. Ambassadors were emailed and asked to sign up for one of three focus group dates if they were interested in participating. Fourteen ambassadors responded (17.5% response rate). The focus groups were held at MIMH. Participants were compensated with a $20 gift card for their time and food was provided.

Focus groups were conducted during September 2017. A total of 3 focus groups were conducted. Of those focus groups, one had 8 attendants, one had 2, and the third had 4 participants, for a total of 14 ambassadors. Each focus group was attended by two MIMH researchers: one to conduct the focus group, while the other took notes. Prior to the focus group, participants were read a script that detailed the focus group procedures and obtained verbal consent to participate and to record the session for transcription purposes (see Appendix C for questions and script). All focus groups were audio-recorded. The recording files were transcribed and will be destroyed at the end of the project. On average, focus groups lasted 40-50 minutes.

**Data Analysis.** Focus groups were coded and analyzed using ATLAS.ti 8, qualitative data analysis software. The program facilitates the process of segmenting, categorizing, annotating, and retrieving data within documents, allowing researchers to both analyze and visualize relationships within data. Codes were utilized to identify topics of conversation, themes, and ideas as they occurred during the focus groups. Applying codes allows researchers to search for content, find relationships, and identify themes within data.

A coding structure was designed based upon focus group questions and refined by following line-by-line review of the transcripts. Subsequently, a coding dictionary was constructed, followed by initial coding of one transcript by two coders in order to develop consistency and consensus on the applications of each code. Following refinement of the coding dictionary, all transcripts were reviewed independently by two coders, then compared and discussed until agreement was reached. Transcripts were analyzed both individually and as a whole to identify key findings and themes.
Quote Selection. The quotes presented in this report are a representation of the various viewpoints and opinions expressed by many or all of the focus group participants. These quotes were selected as they best illustrate the perspectives, experiences, and ideas discussed during focus groups, but do not necessarily reflect the views of every AWSTL ambassador.

FOCUS GROUP RESULTS

Theme #1: Outcomes and Impact of AWSTL
Ambassadors shared various examples of positive changes and outcomes related to their participation in AWSTL, on both individual and community levels. Commonly mentioned impacts included increased awareness of trauma, decreased stigma of those who have experienced trauma, improved self-care, and organization-level changes to become more trauma-informed.

Personal and Community Impact
Many participants identified ways in which the AWSTL program may have positively impacted them and their organizations via increased awareness of trauma. The toxic nature of trauma and stress and importance of de-stigmatizing trauma and its impact was emphasized as a beneficial outcome for the community. Several individuals emphasized how the initiative instilled them with increased knowledge regarding trauma, which influenced how they viewed interactions within their organizations, such as schools and community organizations. Other positive outcomes included more frequent discussions regarding trauma and trauma-related difficulties and more trauma-informed ways to engage and interact with individuals who may have experienced toxic stress and/or trauma. Participants also mentioned that the training would be useful for larger audiences given the ubiquitous nature of trauma exposure.

“It’s letting people be aware that trauma and stress are real issues and need to be targeted. It’s giving people a chance to be able to come forth and address some of the issues that have been plaguing them for an extended period of time.”

“With teachers, once they are informed about the program and the training and they can assess themselves, they can approach the children differently. It’s the same with police officers. Once you can understand yourself and what it is that you’re going through, you can translate that into how you approach and deal with people on a different level. I think it can go into all areas of work whether it just be you being an advisor such as a teacher or a police officer but it can be just like in a work place because you can deal with your employees differently because you know you can have a better understanding of their situation.”

“We just know to listen more and to drop our judgements and to just be kind and compassionate and it all really centers on instead of judging someone’s behavior, especially when we’re all tired and we’re all trying to learn something, is to just think what’s happening to this person. How can we make them feel safe and appreciated?”
“You’ve just got to readdress the question and not say what’s wrong with you but what happened to you. I think that’s a huge start when you can approach people that way. I think people are more willing to open up to you. I think that’s one of the biggest things that I’ve learned through AWSTL is that sometimes your approach is definitely the key to people being able to express what’s going on and that’s something they’ve taught me. I appreciate that totally.”

**Improved Self-Care**
The importance of self-care was discussed by several participants in the focus groups. Individuals described beginning to implement self-care practices within their organizations including schools. Participants emphasized the importance of taking care of themselves to allow them to better serve trauma-exposed individuals, however noted the difficulties in prioritizing self-care. Some individuals reflected on how the initiative has impacted them personally. One participant noted that he/she and his/her supervisor had put together a self-care presentation that they presented twice.

“One of the things we’ve been talking a lot about, getting back to the staff well-being piece, is that every time they do a mindful minute it helps that teacher also then not start yelling at a kid in a minute because he’s not on task…toxic stress, which is so real because we talk a lot about how we retrigger behaviors in schools. So if the teachers are taking better care of themselves they’re able to then manage kids in a very different way.”

“If you’re going to talk it you better walk it. I think I went through lots of years of not taking very good care of myself…I wish I would have taken better care of myself. I’m trying to do it now. Again if we can’t do it for ourselves, we can’t be there for all those, the vulnerable populations that we’re working with every day.”

“I think for me it’s impacted me both personally and professionally. Personally because probably like three quarters of the country who either need to be or are I’m in therapy. And so it’s helped that process along but also, and I’ve been able to learn how to take care of myself better and have made lifestyle changes personally where I’ve been able to justify I think that it’s okay to spend X amount of time alone by myself so I can refocus or whatever I need to do. But professionally I’ve noticed…that I’m addressing my students differently… I’m a better teacher because I check in with my students now and I say tell me how you’re feeling. How are you feeling about your understanding of whatever and where is your, I always teach them the first day the flip lid thing…But it’s just made me be better in my profession all around.”

**Reducing Stigma**
Reducing stigma regarding trauma exposure and its aftermath was discussed by several participants. Participants described how stigmatizing trauma exposure and trauma-related clinical symptoms and diagnoses such as PTSD can be and that discussing trauma and its effects can be difficult for many individuals. Respondents positively noted the accessible language regarding trauma within the AWSTL training. By comparison, some participants indicated their wish for the medical community to view individuals less by their diagnoses and more as a person. Participants emphasized having a different perception regarding individuals with whom they encounter, specifically, compared to judging
them or interacting with them with little empathy, instead approaching individuals with a stance of wondering what has happened them.

“I think it definitely helps kind of eliminating some of the or decrease some of the stigma that’s maybe related to people either with mental health diagnoses or just people who maybe have behaviors that are a little shocking to other people and kind of along what you were saying kind of flips the script okay it’s not what’s wrong with you but maybe what happened. There’s a reason for this behavior that’s happening.”

“We are constantly still battling the whole stigma around mental health and mental wellness and so I love that this is sort of a noninvasive way to introduce these things to where you’re meeting people at a level to where you’re not accusatory, you’re diagnosing them, you’re not examining them… So it’s sort of to me breaking down that stigma and barrier to where when you start talking about these things.”

“By having so many people sign on as ambassadors and get trained and the training go to the fairs, etc. we are in fact breaking down stigma and shame because people are more comfortable owning their history and identifying themselves as somebody who has had traumatic experience.”

“It’s given people an outlet to try to address the stigma of mental health. It’s definitely a door that needs to be opened and AWSTL is definitely opening that door… I’m going to be honest. I don’t know a lot of organizations that even address the stigmatism of trauma and stress upon the mind and the body… I think it’s something that’s overlooked continuously but in all reality it’s the core problem for a lot of situations in the streets.”

“I think the language is so important that toxic stress sounds really bad and at the same time is really approachable as compared to like post-traumatic stress disorder… So I don’t know if that is reducing stigma around mental health but definitely making it more approachable as a topic to discuss.”

**Theme #2: Strengths of AWSTL**

Participating ambassadors spoke very highly of AWSTL, mentioning several key strengths of the initiative. These included the credibility, accessibility, diversity, and sustainability of the program.

**Ambassador Involvement**

Participants described several positive aspects of the training and their reasons for becoming involved, including the perceived credibility of AWSTL and the content, the accessibility of the content, and the openness of the trainings to non-mental health professionals. A few individuals noted that the AWSTL newsletters are helpful in terms of planning to attend events in advance.

“For me when I saw that opportunity with AWSTL, I wanted to know more, I wanted to learn … because I had been self-taught and I had been doing the same thing as far as doing some trainings, but feeling pretty uneasy about what my credentials were to do it or any of that. So I just wanted to go get with a group with some expertise and whatever they had, the science behind it, to help support what I was doing at work.”
“I did like that they had an established record of doing the training that was known in the community … I did like the idea of having something that’s already well-established, it was developed, and then you would be able to take that almost like a package and you would feel confident that what you were going to be delivering was something that had been developed with good thought behind it.”

“There’s like always an opportunity for you to be able to sign up. When you actually do take the classes, and the courses and the training, it’s always a fun learning environment. There’s normally a lot of people there who can talk in detail about specific statistical categories within the program as well. I like that they have the statistical numbers and the statistical evidence to back up what it is that they’re saying whether it be through Mental Health First Aid Missouri and their numbers.”

“…I just felt like I really connected with that initial presentation that he gave and then when it came time and they mentioned you could actually get involved and you could actually do those presentations, I just felt it was something I really wanted to do because it’s really important.”

“I really liked the variety of different things you can get involved with… I have to agree that newsletters make a huge difference in terms of just keeping in the loop with what’s going on and just offering opportunities to get involved.”

**Community Accessibility**

Respondents mentioned strengths of the AWSTL initiative including the openness of the initiative to individuals from various backgrounds, including educational level and on the community at large. One individual noted that a strength of AWSTL is that it is focused on the community and is led by the community in the diversity of the ambassadors.

“Because you know some things if you are not a clinician or you’re not a PhD or you’re not this, you sort of don’t feel welcomed or even invited into those rims. So the one thing that I do love like you said the way that the training is formatted, it is also for laymen, for your undereducated or non-formally educated as well as your formally educated. So I can be a janitor or whatever and I can be a PhD research analyst or whatever you may be and I can still go to this training, understand the language, understand the verbiage, grasp the concept and be able to go out there and deliver it with not having all these initials behind my name.”

“I think it’s intimidating especially when you start talking about trauma, toxic stress. These are all clinical terms and so someone who is not educated, who does not maybe have a background or formal certifications are the reason that may off tops become easily intimidated and think that it’s not for me or I’m not smart enough to understand the language that they’re going to be speaking. And so I love that. It’s for everybody regardless of your education background.”

“..It is a community effort by community people and I said that at the beginning is what I really like about AWSTL. But it’s helpful to have reminders about us being invited in the communities that we are in and that that is a way of furthering the movement beyond just the events that are scheduled or the times that it happens. I’ve been thinking how cool and diverse the ambassadors are and who our networks are.”
“With the populations I work with, which is just the general public, I think it’s the first time they’ve ever heard something in the way that AWSTL presents it through all of us. That it is very approachable. It’s really easily digestible.”

**Sustainability and Buy-In**

Some respondents described the importance of sustaining the work from the initiative for the larger community as well as from an economic perspective. One participant noted his/her willingness to continue this work after the initiative is over.

“There is a business case to be made for both business and government to start incorporating trauma-informed principles and it will save money over the long run and it will, not to set aside the needs of people who are traumatized, but there’s the money case that exists.”

“I would say to the leadership of AWSTL is that you’ve already had a large group of individuals and agencies at your beck and call. Use us because we want to continue to be a part of this. I think I can speak for our school, myself individually. I think I speak for all of us when I say my gosh look at the leaders, look at the businesses, look at the agencies, look at everybody who’s a part of this right now. If we all came together, we could build something huge...The more I get involved, personally, the more I get involved the more committed I am to it and I don’t know if anybody else feels that way or not.”

“I think this may be really obvious but just that made me think about how hopefully we’re breaking the cycle because the awareness piece is going to be happening with younger and younger people, more parents who are going to be able to manage things differently. We can maybe put AWSTL out of business in another generation because we won’t need as many people to do this kind of work.”

**Theme #3: Challenges and Enhancements**

While overall feedback was very positive, ambassadors did discuss a few challenges as well as ideas for improving the initiative. The primary challenge discussed was difficulty attending ambassador or AWSTL events due to scheduling and timing issues. Ideas for enhancement of AWSTL included increased community engagement including professionals such as teachers, law enforcement, and mental health, as well as expanding the media campaign to improve branding and visibility of AWSTL to the general public.

**Participation Issues**

A few participants stated that it has been challenging to attend the AWSTL events and activities due to other commitments. Others discussed the challenge that differing organizations are at different stages of becoming trauma aware.

“I feel like a slacker. I have seen a lot of those opportunities and just been unable to... because I still work full time. So they’re usually during the day.”

“There’s an issue I think that people experience because organizations are different levels of becoming trauma-informed and you have those that are still not on board at all for whatever reason. You have those that have been working on it for a few years,”
everything in between. So then when you’re looking at how you coordinate services, how you make referrals, you end up with bottlenecks because you may not want to refer to this organization any longer because of their status because they’re not trauma-informed. And so that really impacts how people are able to access resources and how effective those resources are if that makes sense. It’s evolving and so there are all of these different developmental stages that are represented.”

“I wish I could be more involved but sometimes it’s hard to attend events. I don’t know how to fix that… It’s hard for me to do something weekdays.”

Community Engagement
Participants discussed ways in which the initiative could be enhanced. Specifically, engaging more individuals from the community and from other professional sectors including teachers, law enforcement, and mental health professionals were mentioned. One individual expressed a desire to have access to trauma-focused intervention training. Others discussed ideas for involving community members to engage them in the content. One individual described trying to make connections to involve more individuals in AWSTL. Another respondent discussed ways to involve members of the community.

“The ball is rolling in the education and health care human services sectors. There’s hundreds of ambassadors doing this work from those areas. I’m trying to make people in government business more aware of what’s going on. I had a meeting with someone in the mayor’s office a couple of weeks ago… I really wanted to see was who in the mayor’s office was aware of what was going on with AWSTL and how they might be more engaged.”

“I think it would be nice to have something maybe where we do start to have the community more involved… something where the kids can come and maybe a coloring book or something… just little somethings they can have and have them come in and the parents can kind of listen and the kids can do an activity.”

“I think once you open [AWSTL] up to the public you get more people involved within it. People are more compassionate about getting with the people. I think people are open and would be willing to step up and speak about how learning about the trauma and stress that they have within their own lives has, how they’re able to release and get expression from being able to talk about it.”

“I think counselors deal more with trauma and they’re a big interest. I think some teachers are interested. I would like it spread to police.”

Media Campaign
Some respondents described ways in which the AWSTL media campaign could be improved upon, such as using different mediums to advertise (such as radio, even though AWSTL does have radio advertisements) and having AWSTL branding materials or a slogan or recognizable sign to use on organization’s websites.

“As somebody that probably doesn’t watch as much TV or watch TV a lot I should say, I think I’d like to hear more about AWSTL on the radio, different mediums… I was just thinking gosh I wish I had a sticker or one of those cling on decals to put on my office
door that says ‘I’m alive and I’m trauma trained’ or ‘I’m alive and well’ or something like that just so things to say that as an agency or institution whatever or wherever we’re coming from that we’re connect with AWSTL."

“It would be nice to be able to continue that branding by either decals on cars or on your door or shirts or something that we could continuously be branding so that if you don’t watch a lot of television or radio… it’s a way to be able to continuously- kind of like that Nike symbol. Everybody knows what it is whether they wear them or not.”

“Even though in social services you don’t really think about brands but all of us are a brand that to be able to put on your website. We would love to have that like just smack on our homepage. We are very proudly associated with AWSTL as a trauma-informed organization and to be able to have that when you walk in the door, have something on the wall about that. Then to be able to tap into be able to buy collateral materials like the ones when you become a trauma-informed organization, all of the stuff you get to be able to buy those so that we could use those moving forward, to be able to award like even if it’s just a digital bug to put on something… That kind of stuff that spreads the brand and it spreads awareness and even though someone might say well what’s AWSTL because a lot of people go to our website and be like what’s that mean. So it starts a conversation.”
Surveys administered to individuals and organizational representatives who participated in the AWSTL initiative revealed a high overall level of satisfaction with the program. Of those who participated in the surveys, results indicated that many individuals and organizational representatives reported having taken action or making changes as a result of their AWSTL training. The changes most commonly reported included a better understanding of those who have experienced trauma, greater utilization of self-care practices, and increased training in trauma-awareness. The most beneficial training topics mentioned by both groups included the impact of trauma on the brain and body and changing the question from “What's wrong with you?” to “What happened to you?”. A majority of organizations indicated that they were either trauma-sensitive or trauma-responsive after the training, although it is not clear where the organizations fell on the trauma awareness spectrum prior to their involvement with AWSTL. Both individuals and organizations noted a high degree of willingness to work with the AWSTL in the future through either trainings or collaborations. This finding is further evidence of a positive experience with the campaign. Finally, when asked how the AWSTL training could be improved, both individuals and organizations discussed having more concrete tools and directions for how to address trauma as well as more in-depth training opportunities.

Results from the three focus groups of AWSTL program ambassadors revealed several themes: strengths of the initiative, individual and community level outcomes, as well as ideas for improvement moving forward such as increased branding and continued community outreach. Strengths mentioned included program credibility, accessibility of the content to the general public, the diversity of the program, and its importance to continue. Outcomes of the initiative most commonly discussed included increased knowledge of trauma, decreased stigma toward those with mental illness or trauma history, improved self-care, as well as changes within an individual's respective organization. The positive outcomes identified by focus group members align with the results of the surveys as described above. Ambassadors also discussed a few challenges as well as ideas for improving the initiative. The primary challenge discussed was difficulty attending ambassador or AWSTL events due to scheduling and timing conflicts. Ideas for enhancement of AWSTL included increased community engagement including professionals such as teachers, law enforcement, and mental health, as well as expanding the media campaign to improve branding and visibility of AWSTL to the general public. These recommendations are also consistent with the survey data.

Collectively, the reported impacts of the campaign and the collective desire for more trauma-focused content and trainings signify that the AWSTL goal of increasing awareness of trauma, and assisting individuals and organizations in becoming trauma-responsive has been met. These results, while positive, must be understood in the context of the relatively low response rate for both evaluation methods. It is possible that only a select subsample of individuals chose to participate in these activities, and these individuals have positively skewed the findings. A more representative sample would increase the validity of these results and it is possible the use of this sample would have yielded different findings. Nonetheless, in the absence of this data, the results from these evaluation activities strongly suggest that the AWSTL has positively impacted participants and their organizations.

AWSTL Individual Survey

This survey is designed to measure your perceptions and experiences with Alive and Well STL. It will take approximately 5-10 minutes for you to complete. Your responses will help the initiative identify its strengths and areas for improvement. There are no right or wrong answers. Your participation is completely voluntary and confidential. Your opinion is important and the results of the survey will be shared with Alive and Well STL to allow us to improve the program. Any reports will include only aggregated information and no individual survey respondents will be associated with specific responses.

1. What type of organization do you represent?
   - Health Care
   - Behavioral Health
   - Schools/School System
   - Community Member
   - Other (specify) __________________________

2. How long have you been in the ________________ field?
   - Less than 1 year
   - 1-5 years
   - 6-10 years
   - Over 10 years

3. Which Alive and Well STL training(s) have you participated in? Check all that apply.
   - Trauma Awareness Training (How Trauma Impacts Social, Emotional, and Health Outcomes)
   - Trauma Responsive Training (Responding to Trauma Survivors)
   - Other ____________________________
4. How long have you been participating in the Alive and Well STL initiative?
   - Less than 1 month
   - 1-3 months
   - 4-6 months
   - 7-12 months
   - More than 1 year
   - More than 2 years

5. How involved have you been with the Alive and Well STL initiative since your training?
   - Not involved at all
   - Not very involved
   - Moderately involved
   - Very involved
   - Don't know

6. Since your training, have you communicated with Alive and Well STL?
   - Yes
   - No
     *If yes, go to question 7. If no, skip to question 9.*

7. Since your training, how often have you communicated with Alive and Well STL?
   - 1-3 times
   - Quarterly
   - Monthly
   - Weekly
   - A few times per week
   - Almost daily
   - Don't know
8. What methods have you used to communicate with Alive and Well STL? Select all that apply.

☐ Webinars
☐ In-person training
☐ In-person meeting
☐ Phone calls
☐ Email
☐ Other (specify) ________________________________

9. To what extent have you endorsed or adopted the trauma-informed practices of the Alive and Well STL initiative?

☐ No extent
☐ Little extent
☐ Much extent
☐ Great extent
☐ Don’t know

10. Have you taken action or made changes in response to the Alive and Well STL training?

☐ Yes
☐ No

*If yes, go to question 11. If no, skip to question 12.*

11. What changes or actions have occurred? Please provide examples.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. What barriers have prevented you from implementing changes or taking action?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
13. Thinking about the actions and/or changes you have made as a result of participating in the Alive and Well STL training, which aspects of the training were most beneficial in making those changes? Select all that apply.

☐ Defining trauma
☐ Findings from the ACE study
☐ Prevalence of trauma
☐ How trauma impacts the brain and body
☐ How trauma impacts behavior
☐ Changing how we approach individuals- changing the question (i.e., what has happened to you?)
☐ Principles of trauma-informed care
☐ Other __________________________________________________________

14. Has Alive and Well STL had other impacts on you becoming trauma-informed?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15. How could the Alive and Well STL training be enhanced? What topics or information could help you take action or make changes to become more trauma-informed?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. I am interested in participating in future trainings and/or collaborations with Alive and Well STL.

☐ Strongly agree
☐ Somewhat agree
☐ Neither agree nor disagree
☐ Somewhat disagree
☐ Strongly disagree
17. What is your zip code? ________________________________________________

18. What is your gender?
   ○ Male
   ○ Female
   ○ Other (specify) _____________________________________________________

19. What is your race? Select all that apply.
   □ American Indian or Alaska Native
   □ Asian
   □ Black or African American
   □ Middle Eastern
   □ Native Hawaiian or Other Pacific Islander
   □ White
   □ Other (specify) _____________________________________________________

20. What is your ethnicity?
   ○ Hispanic or Latino
   ○ Not Hispanic or Latino

21. How old are you?
   ○ Under 18
   ○ 18 - 24
   ○ 25 - 34
   ○ 35 - 44
   ○ 45 - 54
   ○ 55+
APPENDIX B

AWSTL Organization Survey
This survey is designed to measure your perceptions and experiences with Alive and Well STL. It will take approximately 5-10 minutes for you to complete. Your responses will help the initiative identify its strengths and areas for improvement. There are no right or wrong answers. Your participation is completely voluntary and confidential. Your opinion is important and the results of the survey will be shared with Alive and Well STL to allow us to improve the program. Any reports will include only aggregated information and no individual survey respondents will be associated with specific responses.

1. What is your role in your organization (i.e. CEO, President, Principal)?
   ________________________________

2. Approximately how many people are in your organization?
   - 1-24
   - 25-50
   - 51-100
   - 101-200
   - 201-300
   - 301-400
   - 401-500
   - More than 500

3. How long have your been working for your organization?
   - Less than 1 year
   - 1-5 years
   - 6-10 years
   - Over 10 years
4. How long have you been in the ___________ field?
   - Less than 1 year
   - 1-5 years
   - 6-10 years
   - Over 10 years

5. How long ago did your organization begin working with Alive & Well STL?
   - Less than 1 month
   - 1-3 months
   - 4-6 months
   - 7-12 months
   - More than 1 year
   - More than 2 years

6. **Since your training**, has your organization communicated with Alive and Well STL?
   - Yes
   - No

   *If yes, go to question 7. If no, skip to question 9.*

7. **Since your training**, how often has your organization communicated with Alive and Well STL?
   - 1-3 times
   - Quarterly
   - Monthly
   - Weekly
   - A few times per week
   - Almost daily
   - Don’t know
8. What methods has your organization used to communicate with Alive and Well STL? Select all that apply.

- Webinars
- In-person training
- In-person meeting
- Phone calls
- Email
- Other (specify) ____________________________

9. How involved has your organization been with the Alive and Well STL initiative since your training?

- Not involved at all
- Not very involved
- Moderately involved
- Very involved
- Don't know

10. To what extent has your organization endorsed or adopted the trauma-informed practices of the Alive and Well STL initiative?

- No extent
- Little extent
- Much extent
- Great extent
- Don't know
11. In thinking about Missouri Model, where would you place your organization on the trauma-informed continuum?

- **Trauma Aware** - Organizations have become aware of how prevalent trauma is and have begun to consider that it might impact their clientele and staff.

- **Trauma Sensitive** - Organizations have begun to explore the principles of trauma-informed care; build consensus around the principles; consider the implications of adopting the principles of change; and prepare for change.

- **Trauma Responsive** - Organizations have 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.

- **Trauma Informed** - Organizations have made trauma-responsive practices the organizational norm.

- Not sure

12. What additional topics, information, or resources could help your organization become more trauma-informed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Have you or your organization taken action or made changes in response to the Alive and Well STL training?

- Yes
- No

*If yes, go to question 14. If no, skip to question 15.*

14. What changes or actions have occurred? Please provide examples when applicable.

- Implemented new policies
- Made changes to existing policies
- Implemented new programs
- Made changes to existing programs
- Other
15. What barriers have prevented your organization from implementing changes or taking action?

________________________________

________________________________

________________________________

16. Thinking about the actions and/or changes your organization has made as a result of participating in the Alive and Well STL training, which aspects of the training were most beneficial in making those changes? Select all that apply.

☐ Defining trauma

☐ Findings from the ACE study

☐ Prevalence of trauma

☐ How trauma impacts the brain and body

☐ How trauma impacts behavior

☐ Changing how we approach individuals- changing the question (i.e., what has happened to you?)

☐ Principles of trauma-informed care

☐ Other __________________________________________

17. Has Alive and Well STL had other impacts on you or your organization becoming trauma-informed?

________________________________

________________________________

________________________________

________________________________

18. How could the Alive and Well STL training be enhanced?

________________________________

________________________________

________________________________

________________________________

19. My organization is interested in participating in future trainings and/or collaborations with Alive and Well STL.
○ Strongly agree
○ Somewhat agree
○ Neither agree nor disagree
○ Somewhat disagree
○ Strongly disagree
Project Overview
Hello, my name is [insert name] and this is [insert name] and we are from the University of Missouri – St. Louis and are conducting focus groups for Alive & Well STL (AWSTL).

We’re here to talk to you about the AWSTL campaign, your experience as an ambassador for the program, and the impact of the initiative. Sometimes talking about stress and trauma reminds people of their own personal experiences with these events and brings up distressing feelings. We ask you to please refrain from discussing your own experiences with stress and trauma. You don’t have to answer a question if you do not want to.

We also ask that everyone please be respectful of other’s experiences with the campaign. All of your responses will be anonymous and AWSTL will not know if you participated in the focus group nor what you said during the focus group.

Consent
Before we begin, we would like your permission to audio record this focus group; the recording will not be shared with anyone but the evaluators. We are recording the focus group to help ensure that any conclusions we draw are accurate. The recording will be transcribed and analyzed and no names will be used in our transcription or report. The transcription will be stored in a locked cabinet in a secure building on UMSL’s campus and will be destroyed after we report the results of the evaluation.

If you decide to participate, you will be compensated for your time with a $20 gift card to a select retailer. (Give gift card to participant at the end of focus group).

Do we have your permission to participate in the focus group and record the discussion? (Collect consents).

(If a participant chooses not to be recorded or chooses to withdraw from the focus group, the moderator should thank the participant for their time and effort. The note-taker should then take the person or persons out of the room and again thank them for their time. The moderator should then redirect the focus group back to the discussion.)

Focus Group Guidelines
Before we begin, we’d like to go over some guidelines to follow through the discussion.

1. Please give each other the opportunity to speak. We want the chance to hear from everyone in this group.
2. Please feel free to ask questions about this process. If a question is unclear, please feel free to ask for clarification at any time. If you have more information to add please feel free to speak up- it is important to us to obtain accurate information regarding the AWSTL initiative.

3. Everyone’s input is valuable. Although there may be disagreement among the group, it is important that everyone feels comfortable sharing their thoughts and opinions without being interrupted or criticized. Please keep in mind there are no right or wrong question or answers and again your responses will be kept confidential.

*(If there are questions, answer them. If not, proceed with the focus group questions).*

Okay, before we start recording, I’d like everyone to introduce themselves. Please state only your first name. *(Introduce yourself as well)*

**AMBASSADOR FOCUS GROUP QUESTIONS**

*(START RECORDING)*

1) Why did you decide to become an AWSTL ambassador?

2) What has been your involvement with AWSTL?

3) Have you continued to be involved with the AWSTL initiative? If so, how?

4) Has your involvement with AWSTL impacted you personally? How so?

5) How would you explain AWSTL to another person who does not know about the initiative?

6) Do you believe that the AWSTL media campaign has impacted the community? If so, in what ways?

7) AWSTL was designed, in part, to help reduce stigma about mental health. Do you think it has helped with this issue? Why or why not? If so, how?

8) What do you think needs to happen next to help St. Louis become more a trauma-informed community?

9) Based on your experience with the ambassador program, what recommendations do you have for future trauma-focused public health campaigns in other communities?

**Conclusion and Thank You**

That concludes the questions we have for you. Does anyone have any final thoughts to add? *(If so, stop to hear them. If not, proceed with thank you.)*

*(STOP RECORDING)*

We want to thank you again for your help. We recognize you have a busy schedule. Your input is important to help us ensure that the AWSTL campaign is effective in your community. We will now hand out your gift cards and thank you all so much again. *(Give gift card to participants.)*
Learning Collaborative Interviews
June 2017

Prepared by: University of Missouri-St. Louis Missouri Institute of Mental Health
**EXECUTIVE SUMMARY**

**Background.** This report summarizes an evaluation conducted by the Missouri Institute of Mental Health (MIMH) for the Alive and Well St. Louis (AWSTL) initiative. Findings are based on in-person interviews with AWSTL Learning Collaborative (LC) participants conducted in February, March, and April of 2017. Interviews assessed participants’ experience as partners in AWSTL’s Health and School LCs.

**Method.** Nineteen interviews were conducted with AWSTL LC participants (six (6) Health LC participants, and thirteen (13) School LC participants). Interviews were audio-recorded, transcribed, coded, and analyzed. Transcripts were analyzed to identify consistent findings and themes.

**Results.** Qualitative data analysis from nineteen (19) in-person interviews revealed four overarching themes. These key themes included participants’ perceptions of the outcomes, strengths, challenges and concerns, and enhancements or next steps of the LCs.

*Theme #1: Outcomes and Impact of the AWSTL LC:* Many participants described the positive impact that the AWSTL LC has had on their organizations, including a more trauma-informed organizational culture, promotion of self-care, a greater recognition for trauma and its aftermath, and positive outcomes for staff, students, and patients. Some interviewees expect continued positive changes will occur. Nonetheless, many organizations are also participating in other initiatives and it is not possible to directly attribute these changes to participation in the AWSTL LC. Interviewees also mentioned positive outcomes associated with the AWSTL media campaign.

*Theme #2: Strengths of the AWSTL LC:* Noted strengths of the AWSTL LC were the networking opportunities and diversity of the other participants, the accessibility of the AWSTL staff, and the engaging, informative, and useful content of the trainings. Many participants indicated that the AWSTL LC has unique features that set it apart from other initiatives or trainings, such as ongoing and increased involvement compared to a traditional training. Many participants also stated that they appreciated the inclusion of self-care as a topic area and the trauma-informed brain science.

*Theme #3: Challenges and Concerns about the AWSTL LC:* Challenges and concerns reported by participants included working with difficult or unique patient and student populations, having limited resources, and experiencing high staff turnover. These challenges were reported to make trauma-informed changes more difficult to achieve. Many respondents emphasized desiring a training with more specific next steps and greater emphasis on sustainability. Finally, organizational issues prevented many from accessing the AWSTL webinars.

*Theme #4: Enhancements and Next steps for the Future of the AWSTL LC:* Several participants reported that next steps are challenging for their organization as they wanted more concrete and higher-level content that focuses on intervention as opposed to awareness of trauma. Further, some expressed that they did not feel confident in their ability to train others in the content as a result of the training. Lastly, some participants expressed that they would be willing to pay for trauma trainings, continued professional development, and access to the AWSTLT staff.

**Conclusion.** The findings from this evaluation indicate that LC participants’ organizations were perceived to be positively impacted by their involvement in the AWSTL LCs. Respondents identified numerous strengths of the LCs and some challenges and concerns. The enhancements and next steps mentioned by participants can be used by AWSTL to improve the LCs for future partnerships.
Communities are increasingly beginning to work together to recognize and prevent the effects of trauma and toxic stress. Ongoing experience of neglect, abuse, poverty, and other environmental trauma will often lead to long-term adverse health effects (e.g. diabetes, heart disease, cancer, depression, and substance use disorders), making trauma a serious public health concern (Felitti et al., 1998). Toxic stress affects individuals across all stages of the lifespan, but the effects may be more damaging in children, particularly without a supportive or protective environment (De Bellis & Zisk, 2014). Consequently, increasing awareness of trauma and facilitating the development of trauma-informed communities is paramount and may help to combat the negative effects associated with trauma exposure.

Alive and Well St. Louis (AWSTL) is a multi-sector and broad community-based initiative of the Regional Health Commission (RHC) focused on reducing the impact of toxic stress and trauma. Since 2013, the RHC has been leading local efforts to bring together key community partners with an interest in responding to toxic stress and promoting healthy development in the St. Louis region.

The Missouri Institute for Mental Health (MIMH) has served as the evaluator for the AWSTL Learning Collaboratives (LCs), conducting a process and outcome evaluation to assess participants’ perceptions of the LCs. This report summarizes the qualitative findings of nineteen AWSTL LC participant interviews. These structured interviews were conducted in St. Louis area during February-April of 2017 to gain a better understanding of the perceptions and benefits of the AWSTL LCs.

Qualitative methods utilizing in-person interviews assessed the AWSTL LC participants' perceptions of their experience. Qualitative research emphasizes the subjective experiences of a population, which enables a broader and more nuanced evaluation of the “reach” of a given program as well as its strengths and weaknesses. Grounded Theory was the framework used to guide the qualitative research methods which emphasizes participants’ understanding of events and experiences as well as their underlying meanings (Glaser, Strauss, & Strutz, 1968). In order to demonstrate an accurate understanding of the impacts of the AWSTL LCs, MIMH researchers conducted structured interviews with participants to generate an explanatory account of their perceptions and interpretations of the program which helped to guide the conceptualization of the evaluation and key themes.

**Participants and Procedures.** With input from AWSTL staff, two interview protocols were developed that inquired about the administrators’ experience as a participant in the LC: a 13-question interview for Health participants, and a 14-question interview for School participants. AWSTL then provided a list of prospective LC participants for MIMH to contact. LC participants were administrators from health centers and local schools. MIMH contacted twenty-four prospective participants to arrange the interviews. Nineteen interviewees responded to request and participated in an interview. The interviewees provided space at their respective agency for the interview to take place.
Interviews were conducted during February- April of 2017. A total of 19 interviews were conducted, 6 with Health LC participants and 13 with School LC participants. Of those interviews, 11 were conducted with one participant, and 8 interviews with two or more participants, for a total of 24 interviewees. Each interview was attended by two MIMH researchers: one to conduct the interview, while the other took notes. Prior to the interview, participants were read a script that detailed the interview procedures and obtained verbal consent to participate and to record the session for transcription purposes (see Appendix for questions and script). All interviews were audio-recorded. The recording files were transcribed and will be destroyed at the end of the project. On average, interviews lasted 40-50 minutes.

Data Analysis. Interviews were coded and analyzed using ATLAS.ti 8, a qualitative data analysis software. The program facilitates the process of segmenting, categorizing, annotating, and retrieving data within documents, allowing researchers to both analyze and visualize relationships within data. Codes were utilized to identify topics of conversation, themes, and ideas as they occurred during the interview. Applying codes allows researchers to search for content, find relationships, and identify themes within data.

A coding structure was designed based upon interview questions and refined by following line-by-line review of the transcripts. Subsequently, a coding dictionary was constructed, followed by initial coding of three transcripts by two coders in order to develop consistency and consensus on the applications of each code. Following refinement of the coding dictionary, all transcripts were reviewed independently by two coders, then compared and discussed until full agreement was reached. Transcripts were analyzed both individually and as a whole to determine unique findings and themes.

Quote Selection. The quotes presented in this report are a representation of the various viewpoints and opinions expressed by many or all of the interviewees. These quotes were selected as they best illustrate the perspectives, experiences, and ideas discussed during interviews, but do not necessarily reflect the views of every AWSTL LC participant.

RESULTS

Theme #1: Outcomes and Impact of AWSTL LC
Interviewees were asked about outcome and impact of the AWSTL LCs on their organizations. Participants generally shared positive changes that had taken place in their organizations, including a shift to a more trauma-informed organizational culture, promotion of self-care, a greater recognition for trauma and its aftermath, and positive outcomes for staff, students, and patients. Participants also mentioned their familiarity with the AWSTL media campaign and how it may have added credibility and improved staff buy-in across their organizations.
Organizational Change

Many participants described the positive impact that they believe that their involvement in the AWSTL LC has had on both their organization’s culture and operations. Specifically, respondents reported that they believe AWSTL has facilitated a greater recognition of the prevalence of trauma as well as the range of trauma-related responses in students and patients. Many participants stated that their staff now have a shared understanding of trauma and now utilize a “common language” when discussing trauma. Nonetheless, other respondents stated that although they are more aware of trauma within their organization, organizational changes have yet to occur. Some of these individuals noted that larger organizational changes require additional time, training, and resources and that they would have benefited from a stronger emphasis in the training regarding organizational changes.

Further, many organizations are also participating in other initiatives (e.g., PBIS, restorative practices, yoga) that build upon the AWSTL LC, which may also be responsible for some of these organizational changes. Some participants, however, indicated that the AWSTL LC has supported and strengthened their work with other initiatives, and that together these programs have significant impact on the organization’s journey to become trauma-informed. As the initiatives overlap, many mentioned that it is difficult to pinpoint which initiative contributes to specific changes and indeed, it is not possible to determine the etiology of any specific organizational change nor attribute it to participation in the AWSTL LC. Below are some representative quotes from participants regarding organizational change.

“I think it’s working to shift culture... We’re still trying to shift to where we always assume trauma but I already see shifts in the culture just in terms of hearing people use the language... but now there’s a beginning to be a better understanding.”

“The training has helped our teachers feel a little more empowered like to maybe … have a better lens for handling some of the things that they see day-to-day. It certainly has provided them a different lens, a different level of understanding than they’ve had before… I think that I have seen a difference in the way teachers respond to kids who might be acting out for a variety of reasons.”

“As a leader, it’s been tremendously valuable because it’s giving me a language to use to speak with teachers and kids. To the school, it’s been valuable because it is helping us shift our culture and we feel a difference more in the building.”

“We’re a doing it alongside other things so I don’t think it alone necessarily can be the cause of what’s shifting our culture, but I think coupled with restorative practices and then we’ve recommitted to PBIS, the three things they just mesh together so well.”

“That knowledge has allowed us to approach situations differently, allowed us to support our community, families, students differently. I think our focus of supporting the whole child but just kind of thinking about what can we do like bringing in yoga, doing mindfulness, that learning.”
“We recently added some trauma-informed interview questions… it’s really important to make sure that we hire the right fit and it really helps us because we are here to provide services and the entire collaborative is in line with what we do which is to be respectful, making sure we have a safe environment, and all of those things.”

Self-Care
Participants from several organizations reported that, following the AWSTL trainings, they have begun to focus on staff well-being, implemented various strategies and created policies that encourage self-care and increased recognition that self-care will help organizations better serve their patients or students. School respondents indicated that they have started to embrace enhancements including tranquility rooms and staff yoga classes. However, as mentioned above, it is important to note that it is unclear whether this increased focused on self-care is directly attributable to participation in the AWSTL LC. Below are some representative quotes related to self-care.

“The Calming Cove is] almost a symbol or a signal that we as an organization and we as a school, we care about everybody’s well-being. This is really just for staff. It’s not something for kids.”

“We have a trauma team that has about 15 or 20 staff members and then we did the yoga before school… everybody is kind of taking the pieces that they can and it’s neat with the morning yoga because they’ll learn something and you see them immediately go back and apply it into their classroom that afternoon.”

“I’ve seen… an improvement in how teachers take care of themselves too. I think that when they hit that limit they’re more likely to reach out and ask for some time to like step away from the classroom. I think that’s important too, to know even as an adult, know when you’ve hit your limit.”

“As a staff, we work really hard to support each other and try to take care of each other and remind each other of how much we need each other and how we have to take care of ourselves to take care of our kids. And so, I think we kind of already have that culture built.”

“It’s already helped our staff in terms of understanding that we all have some trauma possibly in our background and that we need to be aware of that… we have really focused on for our staff self-care and that … you have to be taken care of so that you’re able to take care of our children.”

Outcomes for Staff, Students, and Patients
Some school respondents reported that they believe that the AWSTL campaign has resulted in positive outcomes for students, including use of mediation and yoga and perceptions of improved classroom functioning. A couple of participants described specific success stories or facilitating referrals to an Employee Assistance Program (EAP). Some reported that they have utilized surveys
and have begun to start tracking data in their organizations. As noted above, others reported beneficial changes for teachers and staff such as greater awareness of trauma, having a trauma-informed lens, and increased engagement in self-care. Nonetheless, some mentioned that they have attended other trainings or have other programs that may have been responsible for or helped to facilitate these changes. A sample of participant quotes related to outcomes is below.

“We have to be able to see signs [of trauma] and recognize that children aren’t acting out simply because they choose to and want to be naughty. There are underlying reasons and if we can’t weed past the superficial naughtiness then we’re never going to be able to really help those children address their [issues].”

“We’re having conversations and they’re practicing skills that we didn’t consider before and they are looking at themselves and reflecting on situations that they’ve had with kids to say ‘oh, I see how I lost it’ or ‘I see why this worked’.”

“We also are a little bit unique because we have a partner organization that’s housed within our building and that organization has also provided like mindful movement and yoga for our kids...So for a lot of our students they’re practicing those breathing and the mindful movements stuff that I don’t know they would have been as invested in without the AWSTL piece.”

“The tools that we have utilized and the training we’ve gotten from trauma-informed really helps the teacher to look at a student in a different light. And because of that, we have had success stories of students who have had severe trauma in their lives to be able to maintain in the classroom better. It has helped decrease the suspension rates of our students.”

“It’s been a catalyst for us to do other learning as well and things about mindfulness and restorative practices.”

“We were in a leadership team meeting last week and a teacher brought something up that was kind of cynical and negative and one of my other teachers said you’re just talking from a place of burnout and it was like the fact that they could name that and then they called each other out on it but then they weren’t defensive about it.”

**Anticipated Outcomes**

Many participants stated that they expect continued trauma-informed culture change as a result of their participation in the AWSTL LC. Specifically, this anticipated organizational change includes the creation of a more caring and safe environment, increased ability to more effectively respond to students’ trauma internally, and increased ability to help staff take better care of themselves, which will likely result in reduced staff sick days and staff turnover. Many respondents mentioned that they hope the larger St. Louis community will become healthier on multiple levels, including great
acceptance of diversity, reduced stigma surrounding mental health issues and seeking help, and increased recognition of trauma and its adverse effects. Select participant quotes are provided below.

“I expect to have a more caring school culture, a caring school community where students and teachers feel supported and I think that the trauma piece is key to achieving that. That’s the outcome I expect.”

“I imagine it will be infused long-term in the way that we deliver our program as well as how we manage our staff and our policies and procedures as a program continue on. We are working at this point to weave those principles into our policies. I believe that it will provide us with the type of workforce, sustain the workforce that’s necessary that’s needed giving them the skills they need to do this work.”

“My hope is … that we see a decline in community violence then an increase in employment opportunities and healthy individuals contributing to our community… we want you to be healthy so that you can go out there and you can vote and you can be an activist and you can do, you can help this community be better.”

“Decreased drug use, decreased violence… I think in the end- we’re talking maybe 10 years down the road- we’ll start seeing some huge benefits in the community”

“I think the other pieces we’ll have to see. Has it lead to a reduction in, let’s say discipline and suspensions? Is attendance improved? Have more students been connected to mental health resources because the teachers have taken the time to ask them a different set of questions? I think those are the data points we still have to wait to see.”

**Media Campaign Awareness**

Most participants were familiar with the AWSTL media campaign. The level of awareness varied, with some organizations having been featured and others having seen a news story or heard colleagues discussing the campaign. In organizations with high levels of awareness, the media campaign was seen as adding credibility and awareness to the AWSTL mission and improved staff buy-in by providing a renewed sense of purpose. Some organizations mentioned that they have shared AWSTL news stories on social media, in newsletters, and with parents. One participant discussed that they didn’t feel the media campaign accurately portrayed the goals of the AWSTL initiative.

“Being in the news and having the segments [in the] media campaign has been effective because then parents hear things that we’re talking about… and they’re like ‘oh yeah, I saw that on the news. They did a thing about toxic stress.’ So, I think that’s been good that they’re hearing it both from the school but also from [the news]… sometimes some people might be like ‘uh well I don’t know’ and then they see it on the news and they’re like ‘oh’. They see the news as their credible source.”
“When teachers have seen other stories, particularly school-based stores, it kind of makes them feel even more strongly about the importance of the work.”

“I didn’t realize how cool [AWSTL’s] mission was from the media campaign until I went through the training. When I hear them say ‘our mission is to create a trauma-informed region’… that is a cool mission. That’s innovative… and I don’t know if their media campaign really conveys that because I feel like the media campaign is more about stress. How are we going to manage toxic stress? So, I didn’t understand their mission until the deeper training came.”

**Theme #2: Strengths of the AWSTL LC**

Participants were quick to acknowledge the strengths of the AWSTL LC. Participants mentioned several strengths: networking opportunities and diversity of the LC participants, the accessibility of the AWSTL staff, the engaging, informative, and useful content of the trainings. Participants also indicated that the AWSTL LC had unique features that set it apart from other initiatives or trainings.

**Networking and Diversity**

Several participants stated that they believed that the LC brought people together from different professions and diverse backgrounds, which allowed for useful collaboration, learning from others, and valuable information sharing between participants. Conversely, some noted that they found working with organizations similar to one’s own to be beneficial as well. Representative quotes from participants regarding this aspect of the collaborative are provided below.

“I really enjoy the fact that we can come together and see what District A is doing, District B is doing, and some of the challenges that the districts may have.”

“The first time I was in the training we had people from the military. You had people like yoga instructors. You had schools; you had nurses; you had university folks in there. I’m thinking never in my 25 years of education have sat in a training with such a diverse group of folks with one mission. So that truly was the… That’s the strength of AWSTL is pulling those communities together for one mission because we all work so hard.”

“We all kind of work in our own silos—mental health, schools, health care agencies and so all of those are now becoming into one group where we can collaborate and work together for one cause.”

“The diversity is awesome to have … the best practices that you can get from each other in sharing stories and being able to even gain knowledge of what worked for them and what didn’t work for them… That’s really the benefit of the collaborative is going to these events and sitting down at a table. They do a good job of breaking us up. We’re not sitting with just our friends; we’re sitting with different people and we’re getting to know different disciplines.”
Accessibility of AWSTL Staff
Many participants emphasized that a very strong component of the AWSTL LC was the continued accessibility of the staff and ongoing support, services, and resources provided. This aspect of the collaborative was mentioned by both schools and health centers as being extremely helpful and a unique component of AWSTL.

“That ongoing level of support I think has been huge compared to a lot of other initiatives perhaps that I’ve seen in the past and so I really like that… they’re very intentional about coaching and staying connected and providing resources on rolling, on an ongoing basis.”

“I can email or call [AWSTL staff] at any time and they will help me with whatever problem I have. They’ve come and done site visits. They have volunteered to come back again, be student specific even if we needed help in that way… that … level of support is pretty incredible.”

“It’s here and it’s an ongoing…it’s a collaborative versus a training. We can reach out to them for help… It’s not just like an information dump and that’s a lot of what the time what PD is like in a school setting… it’s just much more based on what we need instead of just a this is trauma-informed care and now here is some information. Go do that.”

“They provide us the training. They provide us the resources. They’re available for us to consult with if we run into some problems they’ll come to our staff meeting and do training. They’ll come. [AWSTL staff] just a few weeks ago came and talked to our committee. If we get stuck on something he can kind of help us move along because he has that base to be able to do that and so working with AWSTL has been a wonderful experience in terms of getting us moving. They’re always prodding. They don’t push they prod and they always keep it in front of our face…. That helps to allow us to say hey we’ve got to get this done…Then we can talk to them and they’re very gracious about where we are and understanding how challenging it is to, for lack of a better word, herd cats and move an organization in a different direction.”

“[The] response time is great and they really seek out I think materials that are helpful for us.”

Trauma Training
Trainings were very valued by many of the individuals interviewed, particularly the trauma-informed brain science education. Participants reported that they perceived that educators and practitioners have a greater understanding of the lives of their students and patients who have experienced trauma. As noted previously, participants indicated that the AWSTL collaborative provided them with greater awareness and knowledge regarding trauma and the impact it may have and described better ways to support employees, students, and patients, as illustrated in the following quotes.
“We see kids misbehaving and we see all this stuff and then immediately you want to go and just discipline that child without taking a step back and saying what is happening to this kid. So, with AWSTL, going back to the question prior to, AWSTL has created language for individuals to be able to talk about trauma…We have teachers, classroom teachers who are now saying things, using words, language to be able to describe kids’ behavior and before you just kicked a kid out of school for misbehaving. You’re asking that tough question. What happened to this child? What’s going on? What’s deeper? What do we need to look at? They open up eyes for our schools.”

“Most of us did not have a very good understanding of why kids showed some of these behaviors because if we haven’t experienced trauma ourselves then our brain does not work that way and we can’t logically understand why they’re acting the way that they do. So, it’s very hard to find an effect[ive] response and intervention when you don’t understand why they’re acting the way that they do and that summer training just had so many lightbulb moments for me. Oh, that’s why kids do that; that’s why I’ve seen kids do that in the past; that’s why my response to that did not help at all.”

“What AWSTL does … is they offer the training that informs, educates, and it kind of builds the knowledge base of people about trauma, the impact of trauma and begins to offer. In the collaborative that we do more and more where you get more actionable steps to do like what can you actually do with this information and knowledge… it flows just right with our whole mission of being a trauma-informed school and kind of having that awareness.”

“I thought the AWSTL training was much more thorough and did a much better job of explaining how trauma affects a kid’s brain development and then how that shows itself in behaviors at school. So, I thought I got a much better understanding of the way trauma affects our kids from the AWSTL training than the one that we had here.”

“I think it stood out as something that was new that was unknown and no one was real sure what to expect and I believe that we’ve found it to be quite credible and very responsive to our needs.”

**Uniqueness of the AWSTL LC**

Most participants from schools had not participated in other LCs or trauma-informed initiatives. For many, AWSTL served as their introduction to trauma awareness and education. Those that have participated in other initiatives pointed out a few unique aspects of AWSTL, including the variety of services offered and discussion of self-care. Participants stated that they appreciated how interactive and comprehensive the training was and the uniqueness of the LC model compared to a traditional training. A sample of quotes regarding the uniqueness of the campaign follow.
“In terms of AWSTL and trying to compare it to that or maybe another I’ve been involved in, I think it’s good. It has different components. It has large group; it has training; it has small group; it has focused health care, focused schools.”

“I think the thing that has stood out is the monthly check-ins, webinars, and those pieces. As I’ve learned in our district here and I would say it’s probably true for most districts. You have to have that monthly check in and follow-up. So, like hey what are you doing; how can we support; what barriers are you faced with, difficulties are you facing. It’s unique and stands apart with that piece because that’s important… what the collaborative has done by providing the webinars and the quarterly events is it’s trying to maintain that momentum and avoid the implementation. There’s always still implementation there but with this method you at least provide support to help people in their struggle.”

“I would say the quality of the PD is very, even though it’s sometimes sit and get, it’s also interactive and it’s engaging and it’s transformative. You can’t walk away from that training without changing how you think as an educator.”

“It’s the content of the AWSTL that allows us to explore being more unique and creative, innovative in what we come up with in terms of can we have a room somewhere in all of the clinics or at least one where people can go decompress for the day. Things like that so there’s a lot of innovation and customization that you can do around the content that we learn in AWSTL to make it work for us. I think that’s one of the things that’s very unique.”

**Theme #3: Challenges and Concerns about the AWSTL LC**

Challenges and concerns were common threads throughout participant interviews. Participants mentioned organizational barriers (e.g., difficult patient populations, limited resources, and high staff turnover, lack of time to listen to the AWSTL webinars), which made trauma-informed changes more difficult to achieve. While many respondents recognized the value of the trainings, they emphasized the need for trainings that included more specific next steps and emphasis on sustainability.

**Organizational Barriers**

Many participants expressed that they encountered various obstacles when trying to become a trauma-informed organization. Several interviewees felt that they face issues and challenges unique to their organizations and populations, making it difficult to identify with other groups participating in the initiative. Some participants experienced difficulty with staff or organizational buy-in, including differing priorities competing with full implementation of AWSTL. For others, staff may not understand or appreciate the content from the initiative. Staff retention issues were noted by several participants, and how it will be challenging to sustain the information provided by the trainings due to staff turnover. A selection of participant quotes related to these challenges follow.
“We do have heavy turnover in this building which is a struggle for us as we get everybody trained. Like last year I lost 80%. So, it’s a really hard thing just to get the awareness done because you have people coming in … by the end of the year I’ll probably lose 15 people … it’s a challenge to go and just to keep everybody on the same page.”

“Our organization has gone through a lot of … reorganization and leadership change and because we had so many changes happening the school improvement planning really was not there… this year has just felt like we’re just trying to get by.”

“Our demographics are such that we are one of the most diverse schools in [the school district]. We don’t really look like most of the other schools in [the school district] … We have a number of families that are homeless or in transition… it’s hard when my network is people who they don’t really understand what we deal with sometimes because we’re not like [other schools].”

“The question is not so much how can we raise test scores. The question becomes what are the needs of our students who come into our system. And no one wants to look at that. They want to look at the results and numbers and with the tests and if we don’t do well on this then shut the school down.”

“Oh, there’s always push back… you’re always running into a staff member who doesn’t understand, who doesn’t get it yet.”

“Where our issues are is the retention of staff and making sure that people who show up to our doorsteps to teach fully understand what trauma-informed means.”

**Sustainability**

Many participants discussed issues of sustainability and desiring a training that provides additional information regarding trauma-informed intervention strategies. Several participants noted struggling with how to take the information regarding trauma awareness and apply it to their specific context. Others discussed issues of staff turnover and how staff retention will make sustainability a challenge. Nonetheless, participants expressed a willingness and desire to learn more and participate in future trainings. Below, representative quotes from interviewees are provided.

“In the ideal world, what I would like to have happen is that I would have three or four more staff members go through the summer training so that would compile on top of the five of us that went last year. That would help us grow our core so that we’d be able to reach out to the rest of the staff more effectively… for me to share all of it with even four or five staff members it wouldn’t be as effective as it was for us.”

“So certainly, the awareness piece has happened in a really powerful way. I think the challenge, and I don’t know if you get into this later, is we all kind of hit trauma-informed
care really hard. We all got really excited and jumped into all these initiatives, training, training, training. We’ve trained this huge group of people and I think we’re now this next step of…what next? So, we’ve trained a bunch of people. People get it, a decent amount of this community gets it but, how do we then inform policies, what do we measure? All of those pieces are still in my opinion in development.”

“We are in a place where we kind of need to know what to do next. We’ve named this problem; we’ve got some glitter jars but that’s a glitter jar. It’s not the solution to the problem. We probably need some support in that way.”

“Sometimes it would be nice to know what I’m looking for. Like yes, they do the site visits and they’re helpful but maybe helping us through a process… So, kind of help us along the process of the understanding. That’s where we’re still at. We’re still understanding how our rules, how our handbook, how our systems are more or less trauma-informed. So that’s something we’ve been working on. We’re still at the beginning stages.”

“We are still kind of hoping for additional strategies that are very practical that can be put into place within the classroom and I know that for each child that’s experienced trauma, their process of healing can look very different. So, I think it’s tricky. I think that they continue to offer a lot of PD for like the trauma team but I’m still looking for concrete.”

**Webinar Accessibility**

Some participants reported having difficulty attending webinars because they are offered during the school day, or they don’t have enough time to attend. Many interviewees who were unable to attend webinars suggested that they would like to attend and think webinars could be helpful. Some participants have disliked the “reporting out” component of the webinars. Select participant quotes are given below regarding the webinars.

“One of our classroom teachers is a member of our team. She’s actually really the leader and the facilitator so if when the webinars are during the day, I’ve got to figure out a way to cover her classroom for that hour. So, it comes with challenges but I think it’s well worth it because that’s ongoing support and an opportunity to hear what other schools are doing.”

“The only thing that I would say that we really haven’t gotten into really is the webinar component… we did the first couple and didn’t really find them very useful. They were share-outs where every school would kind of say what they were and they were kind of long. We just stopped doing them. That and they’re in the middle of the day and it’s so hard to break away and I think because of the first two weren’t really useful we stopped doing it.”
The thing that hasn’t been helpful for me because I haven’t had the time to access them are the webinars, which when they talked about it at the trainings I’m like great idea. Really I think someone said great idea let’s do it and then every time it’s come by I’ve marked my calendar and something’s come up and I haven’t been able to.

**Theme #4: Enhancements and Next steps for the Future of the AWSTL LC**

Participants frequently made suggestions for improving the LCs, explaining that they wanted more concrete and higher-level content that focused on intervention as opposed to awareness. Further, some expressed that they did not feel confident in their ability to train others in the content as a result of the training. When discussing next steps of the AWSTL initiative interviewees expressed their willingness to pay for trauma training, continued professional development, and access to the expertise of AWSTL staff.

**Suggestions for Improvement**

Participants frequently noted that they wished that more staff had been able to attend the trainings for sustainability purposes. Although some mentioned the strengths of the train-the-trainer model, several participants did not feel confident in their ability to train others in the content as a result of the training. Interviewees also emphasized wanting more concrete and higher-level content that focused on intervention as opposed to awareness. Participants reported desiring a greater focus on, and support from AWSTL, on sustainability as illustrated by the representative quotes below.

“They were only allowed a small amount of people do the initial training which we understand that but I think in the long run as far as being able to develop what the staff need to know faster it would be good if more staff could to join in [outside of the school counselors and social workers] in the trainings.”

“I would want more. I know we were just starting and just learning but there was so much information and so much to process and they did give us time which we greatly appreciated to work in our teams to ultimately develop our action plan which we did and we follow our action plan very closely. We just need more time with that and I get it.”

“Our next step really is if we can look to our policies, rewrite and reorient with the trauma-informed lens then at least on paper our policies align with trauma-informed principles. And then the next step is to educate staff on those policies and have it flow downhill. But until we at a higher level say this is ours, we have bought into this enough that we align our policies with it. I think it’s hard to change a lot of behavior.”

**Willingness to Pay for the AWSTL LC**

When asked about their willingness to pay for trainings such as the AWSTL collaborative, some participants expressed that they would pay for these trainings whereas others indicated that it would depend on the cost of the training and noted that funding is limited. Of the services offered, organizations were most willing to pay for the trauma training, continued professional development,
and access to the expertise of AWSTL staff. One respondent noted concerns over how services would be billed. Select quotes from participant detail this willingness to pay below.

“[Paying for services] takes a lot of planning on our part because I’ve already done my budget for next year… I would need to know that in the fall before… None of us have a whole lot of money to play with and we try really hard to be good stewards with taxpayer dollars… I think I definitely would pay particularly because I’ve seen the quality and the resources that have been offered. Certainly, there would be a cap that we could afford but the biggest thing would just be knowing that in advance so that we could plan for that and budget for that.”

“[I would be willing to pay for] the summer collaborative. I think the follow-up trainings, though I would say the fact that it was free was a huge draw, and I think, for some districts, if they’re strapped that needs to be a pull… The ease of access to [AWSTL staff] is key and I think as they keep getting more and more popular I hope that they keep that openness.”

“I don’t have the money in my budget … but do I think that it has that kind of value… if I had to pay for it to be a part of it would I? Yes, I would. A must-have, I don’t know. I liked the all-day summer trainings because you had extended time and you had your teams’ undivided attention with the experts right there in the room to really ask questions… I really like the webinars. I like that because they’re so respectful of our time and they are addressing the very specific needs that we’re calling out.”

“If I email you are you billing me? Is this a billable hour? You don’t want it to get to something like that, like you’re hiring a consultant. Am I paying you by the hour? The accessibility is key but they have to be able to sustain their work and expand their work. Even if they just had nominal fees I know our district would be willing to pay something.”

“I think their service has value and I would advocate for it, but I hope they figure out a way to continue to get funding because I think the problem is that not everyone will… for so many kids who need it the most, their districts are strapped for funding and it’s less likely that they would receive services if it was something they had to pay for.”

DISCUSSION

Analysis of interviews revealed four overarching themes. These themes include: 1) outcomes and impact of the AWSTL LC, 2) strengths of the AWSTL LC, 3) challenges and concerns about the AWSTL LC, and 4) enhancements and next steps for the future of the AWSTL.

The themes discussed in this report indicate that, overall, participants had positive experiences in the AWSTL LCs. More specifically, the findings indicated that the AWSTL LCs helped organizations to
become more trauma-informed, and had a positive impact on staff, students, and patients. However, many organizations also mentioned participating in other initiatives, suggesting it is not possible to directly attribute organizational outcomes to their participation in the AWSTL LC. The findings also suggest that organizational challenges (e.g., limited resources, high staff turnover, and lack of time) that respondents faced impacted their level of involvement and engagement, which may have made trauma-informed changes more difficult to achieve.

The interviews also identified a number of LC strengths. The LC strengths discussed most were networking opportunities, diversity of the participants, accessibility of the AWSTL staff, and the useful and engaging training content. Additionally, the AWSTL LCs were seen as differing from other initiatives because of AWSTL’s accessibility and ongoing involvement. These findings clearly suggest respondents valued their LC experiences.

Another common theme throughout the interviews were suggestions for improving the LCs. Respondents indicated wanting more concrete and higher-level content that focused on intervention as opposed to awareness. Participants also mentioned wanting trainings to include an emphasis on sustainability and more specific next steps. Some respondents expressed that they did not feel confident in their ability to train others in the content as a result of the training. Finally, participants expressed that they would be willing to pay for trauma trainings, continued professional development, and access to the AWSTL staff.

CONCLUSION

The LC participants interviewed for this evaluation emphasized that they believe their organizations were positively impacted by their involvement in the AWSTL LCs, particularly around creating a more trauma-informed organizational culture, greater awareness of the trauma and the aftermath, and the many positive outcomes for staff, students, and patients. Respondents also mentioned numerous strengths of the LCs and recognized the unique, ongoing accessibility of the AWSTL staff as essential to their success. Some challenges and concerns were identified, indicating that some organizations are ready for next steps and further instruction while others face organizational barriers that impact their ability to become trauma-informed. The enhancements and next steps mentioned by participants can be used by AWSTL to improve the LCs for future partnerships and expansion of the LC curriculum. These suggested enhancements include shifting focus from awareness to intervention strategies that can be utilized by schools and healthcare organizations once a trauma has been identified. Participating organizations overwhelmingly indicated that the AWSTL LC was valuable to them, and that they would be willing to pay for continued professional development and access to staff expertise. However, many organizations indicated funding and other barriers that would make payment difficult. Overall, it is clear that the LC was a positive and beneficial experience for participating organizations who look forward to continued involvement and learning with AWSTL.


Project Overview
Hello, our names are ___________________ and ___________________. We are from the University of Missouri – St. Louis and we are conducting interviews for Alive & Well STL (AWSTL). AWSTL is a community initiative focused on reducing the impact of toxic stress and trauma on the health and well-being of the citizens of the St. Louis region.

We’re here to talk to you about the AWSTL campaign and your experience as a partner in the School Learning Collaborative. The interview may include personal and sensitive discussions, but if you don’t want to answer a question, you don’t have to say anything.

Consent
Before we begin, we would like your permission to audio record this interview; the recording will not be shared with anyone but the evaluators. We are recording the interview to make sure that any conclusions we draw are accurate. The recording will be transcribed and analyzed and no names will be used. The transcription will be stored in a locked cabinet housed in a secured building on UMSL’s campus and will be destroyed after we report the results of the evaluation. Is this okay with you?

(If a participant chooses not to be recorded or chooses to withdraw from the interview, the moderator should thank the participant for their time and effort.)

(If there are questions, answer them. If not, proceed with the interview questions).

SCHOOL LEARNING COLLABORATIVE INTERVIEW QUESTIONS
START RECORDING

1) Why did your school decide to work with Alive and Well STL?

2) Have you been a part of other trauma-informed trainings or programs? If so, is there anything that sets the AWSTL initiative apart?

3) Do you think the AWSTL initiative working? If so, what makes it successful?

4) Do you think anyone is better off as a result of AWSTL? Who? And, how are they better off?

5) Has the AWSTL learning collaborative been valuable and/or helpful to you? How so? Has it been valuable or helpful to your organization? How so?
6) Have you (or your organization) participated in any other learning collaborative? If so, how does this learning collaborative differ from the other learning collaborative you’ve participated in? What stands out?

7) What components of the learning collaborative have been most useful? [ask about webinars/quarterly meeting/evaluation instruments (ARTIC)]

8) How would you enhance the AWSTL learning collaborative?

9) Do you see value in participating in the learning collaborative at the regional level with a diverse group of schools?

10) Would you rather the learning collaborative consist of schools with similar goals and challenges than having all schools in one LC?

11) What outcomes do you anticipate achieving as a result of your school’s work to become a trauma-informed?

12) Would you advocate for your school to pay for AWSTL services in the future? If so, what would be an appropriate price point? For which services?

13) What impact has the AWSTL media campaign had on your organization? Has your organization been featured in the campaign?

14) As St. Louis continues to work to become a trauma-informed community, what do you expect to change for your students, employees, and organization?

**Conclusion and Thank You**

That concludes the questions I have for you. Do you have any final thoughts to add? (If so, stop to hear them. If not, proceed with thank you.)

**STOP RECORDING**

We want to thank you again for your help. We recognize you have a busy schedule. Your input is important to help us ensure that the AWSTL campaign is effective in your community.
HEALTH LEARNING COLLABORATIVE INTERVIEW PROTOCOL
ALIVE & WELL STL

Project Overview
Hello, our names are ____________ and ____________. We are from the University of Missouri – St. Louis and we are conducting interviews for Alive & Well STL (AWSTL). AWSTL is a community initiative focused on reducing the impact of toxic stress and trauma on the health and well-being of the citizens of the St. Louis region.

We’re here to talk to you about the AWSTL campaign and your experience as a partner in the Health Learning Collaborative. The interview may include personal and sensitive discussions, but if you don’t want to answer a question, you don’t have to say anything.

Consent
Before we begin, we would like your permission to audio record this interview; the recording will not be shared with anyone but the evaluators. We are recording the interview to make sure that any conclusions we draw are accurate. The recording will be transcribed and analyzed and no names will be used. The transcription will be stored in a locked cabinet housed in a secured building on UMSL’s campus and will be destroyed after we report the results of the evaluation. Is this okay with you?

(If a participant chooses not to be recorded or chooses to withdraw from the interview, the moderator should thank the participant for their time and effort.)

(If there are questions, answer them. If not, proceed with the interview questions).

HEALTH LEARNING COLLABORATIVE INTERVIEW QUESTIONS
START RECORDING

1) Why did your organization decide to join the Alive and Well STL Health Learning Collaborative?

2) Do you think the AWSTL initiative is working? If so, what makes it successful?

3) Do you think anyone is better off as a result of AWSTL? Who? And, how are they better off?

4) Have you (or your organization) participated in any other learning collaborative? If so, how does this learning collaborative differ from the other learning collaborative you’ve participated in? What stands out?

5) Has the AWSTL learning collaborative been valuable and/or helpful to you? How so? Has it been valuable or helpful to your organization? How so?
6) What components of the learning collaborative have been most useful? [ask about webinars/quarterly meeting/evaluation instruments (ARTIC)]

7) How would you enhance the AWSTL learning collaborative?

8) Do you believe that the AWSTL initiative impacted the community? If so, in what ways?

9) What outcomes do you anticipate achieving as a result of your organization's work to become a trauma-informed? [Probe if necessary, patient satisfaction, employee retention, improved no-show rates in their clinical practice, increased medication adherence, etc.]

10) What impact has the AWSTL media campaign had on your organization? Has your organization been featured in the campaign?

11) ONLY ask for FQHCs: Have the resources for Seeking Safety implementation been helpful? What additional resources do you need?

12) As you know this learning collaborative will be wrapping up in December. Are there any specific ways in which you would to continue to engage with AWSTL in 2018? Are there specific activities you would like to see continue in 2018?

13) As St. Louis continues to work to become a trauma-informed community, what do you expect to change for your patients, employees, and organization?

**Conclusion and Thank You**

That concludes the questions I have for you. Do you have any final thoughts to add? *(If so, stop to hear them. If not, proceed with thank you.)*

**STOP RECORDING**

We want to thank you again for your help. We recognize you have a busy schedule. Your input is important to help us ensure that the Alive and Well STL campaign is effective in your community.