

# Trauma-Informed



*“A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic.”*

## Trauma Informed Involves FOUR KEY ELEMENTS of a Trauma-Informed Approach:

1. **Realizing** the prevalence of trauma;
2. **Recognizing** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
3. **Responding** by putting this knowledge into practice; and
4. **Resisting** retraumatization.

*“Trauma-Informed Care is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”*

Source: SAMHSA News (Spring 2014, Volume 22, Number 2), *Trauma-informed Care – New Publication, Key Terms: Definitions*. Retrieved 2015, May 27 from [http://www.samhsa.gov/samhsanewsletter/Volume\\_22\\_Number\\_2/trauma\\_tip/key\\_terms.html](http://www.samhsa.gov/samhsanewsletter/Volume_22_Number_2/trauma_tip/key_terms.html).

## Guiding Principles of Trauma-Informed Care:

- ▶ **SAFETY:** Throughout the organization, staff and the people they serve feel physically and psychologically safe.
- ▶ **TRUSTWORTHINESS & TRANSPARENCY:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
- ▶ **PEER SUPPORT & MUTUAL SELF-HELP:** These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

- ▶ **COLLABORATION & MUTUALITY:** There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizing that **everyone** has a role to play in a trauma-informed approach. One does not have to be a therapist or therapeutic.
- ▶ **EMPOWERMENT, VOICE & CHOICE:** Throughout the organization and among the clients served, individuals' strengths are **recognized, built on, and validated** and new skills developed as necessary. The organization aims to strengthen the staff's, clients' and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.
- ▶ **CULTURAL, HISTORICAL, & GENDER ISSUES:** The organization actively **moves past** cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Source: SAMHSA News (Spring 2014, Volume 22, Number 2) *Guiding Principles of Trauma Informed Care*, retrieved 2015 May 1st from [http://samhsa.gov/samhsanewsletter/volume\\_22\\_number\\_2/trauma\\_tip/guiding\\_principles.html](http://samhsa.gov/samhsanewsletter/volume_22_number_2/trauma_tip/guiding_principles.html).

