

Trauma-Informed Approach

Key Assumptions and Principles

Trauma researchers, practitioners, and survivors have recognized that the understanding of trauma and trauma-specific interventions is not sufficient to optimize outcomes for trauma survivors nor to influence how service systems conduct their business. The context in which trauma is addressed or treatments deployed contributes to the outcomes for the trauma survivors, the people receiving services, and the individuals staffing the systems. Referred to variably as “trauma-informed care” or a “trauma-informed approach”, this framework is regarded as essential to the context of care. The concept of a trauma-informed approach is grounded in a set of four assumptions and six key principles.

A trauma-informed approach is distinct from trauma-specific services or trauma systems. A trauma-informed approach is inclusive of trauma-specific interventions – whether assessment, treatment or recovery supports – yet also incorporates key trauma principles into the organizational culture.

The Four ‘R’s: Key Assumptions in a Trauma-Informed Approach

In a trauma-informed approach, all people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities, as well as individuals. People’s experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past (i.e. a client dealing with prior child abuse), are currently manifesting (i.e. a staff member living with domestic violence in the home), or are related to the emotional distress that results in hearing about the firsthand experiences of another (i.e. secondary traumatic stress experienced by a direct care professional). There is an understanding that trauma plays a role in mental and substance use disorders and should be systematically addressed in prevention, treatment, and recovery settings. Similarly, there is a realization that trauma is not confined to the behavioral health specialty service sector but is integral to other systems (e.g., child welfare, criminal justice, primary health care, peer-run and community organizations) and often is a barrier to effective outcomes in those systems as well.

People in the organization or system are also able to **recognize** the signs of trauma. These signs may be gender, age, or setting specific and may manifest in individuals seeking or providing services in these settings. Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.

The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning. The program, organization, or system integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly. Staff in every part of the organization – from the person who greets clients at the door to the executives and the governance board – have changed their language, behaviors, and policies to take into consideration the experiences of trauma among child and adult users of the services and among staff providing those services. This is accomplished through staff training, a budget that supports this ongoing training, and

leadership that realizes the role of trauma in the lives of their staff and the people they serve. The organization has practitioners trained in evidence-based trauma practices. Policies of the organization such as mission statements, staff handbooks, and manuals promote a culture based on beliefs about resilience, recovery, and healing from trauma. For instance, the agency's mission may include an intentional statement on the organization's commitment to promote trauma recovery, agency policies may demonstrate a commitment to incorporating perspectives of people served through the establishment of client advisory boards or inclusion of people who have received services on the agency's board of directors, or agency training may include resources for mentoring supervisors on helping staff address secondary traumatic stress. The organization is committed to providing a physically and psychologically safe environment. Leadership ensures that staff work in an environment that promotes trust, fairness, and transparency. The program's, organization's, or system's response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being served, ensuring not to replicate it.

A trauma-informed approach seeks to **resist re-traumatization** of clients as well as of staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff, and the fulfillment of the organizational mission. Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and re-traumatize clients with trauma histories. For example, they recognize that using restraints on a person who has been sexually abused or placing a child who has been neglected and abandoned in a seclusion room may be re-traumatizing and may interfere with healing and recovery.

Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting or sector specific.

It is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma informed build on the best evidence available and on consumer and family engagement, empowerment, and collaboration.

The six key principles fundamental to a trauma-informed approach are:

1. **Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe, and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency, with the goal of building and maintaining trust with clients and family members, as well as among staff and others involved in the organization.

3. **Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experiences to promote recovery and healing. The term “peers” refers to individuals with lived experiences of trauma; in the case of children, this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers also have been referred to as “trauma survivors”.
4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff – from clerical and housekeeping personnel to professional staff to administrators – demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated, “One does not have to be a therapist to be therapeutic.”
5. **Empowerment, Voice and Choice:** Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served; in resilience; and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, provide the services, and/or come to the organization for assistance and support. As such, operations, workforce development, and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients have historically been diminished in voice and choice and often are recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal-setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered through adequate organizational support to do their work as well as possible. This is a parallel process, as staff as much as people receiving services need to feel safe.
6. **Cultural, Historical, and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

Resources

SAMHSA’s Trauma and Justice Strategic Initiative. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach: 2014 [[website](#)]

(Substance Abuse and Mental Health Services Administration, 2014)