



# **TRAUMA-INFORMED PRACTICES**

Take seriously the possibility that trauma has affected every person you work with, but do not assume anything about anyone's experiences or needs. **Apply trauma-informed practices universally** without labeling people or suggesting that there might be something wrong with them.

Understand that trauma-related behaviors originate with people's attempts to be resilient and to cope with traumatic experiences. **Assert that people's behavior is not pathological**—in fact, affirm that it is normal—and help them with strengths-based, collaborative, hopeful approaches.

**Recognize that people's environment affects their response to trauma.** Learn how the dynamics of a person's family, community, society, and culture influence how they experience and react to trauma—and how those influences help them heal. Learn the specifics of how cultural forces shape the trauma experiences of individuals.

**Prevent retraumatization.** Get to know people's story well enough to avoid exposing them to input that connects them to their traumatic experience. Help people learn how to "step back" from a reaction to stress (for example, by recognizing triggers) and to "come down" from an intense experience (for example, by using self-soothing techniques).

**Create and maintain a safe space** by attending to everything from the security of the physical environment to the transparency of communications. Provide structure and consistency in how programs are run, and make sure people can participate in ways that are not threatening to them.

Help people who need it get extra support for the effects of trauma. **Support people in learning about trauma's impact on them**—and about the importance of addressing it. Guide them and help them in exploring resources, including clinical assessment and treatment, peer support, self-help, educational opportunities, social connectedness, etc.

**Ensure that people have control, choice, and autonomy.** Empower people to shape and influence programs intended to help them; to choose how they engage in conversations and activities; and to define, interpret, and act upon their situation from their point of view. Reinforce and affirm people's dominion over decisions and actions in their life.

Approach the helping relationship with an emphasis on collaboration. Learn from the person about their needs and approaches to solving problems and taking action—and then **determine how you can follow their lead** (not the other way around) to help them with next steps.

**Focus on people's strengths.** Every person—as of the present moment, at least to some extent—has survived the tragedies that have befallen them. Learn about the values, knowledge, resources, and skills people possess that they believe helped them survive—and join them in applying those strengths to what is happening in their lives now.

**Foster coping skills and resilience.** Coping skills (reframing, countering self-defeating thinking, etc.) and resilience skills (problem-solving, effective communications, etc.) can be taught and learned. Do not be prescriptive, but do teach people skills they show an interest in learning.

**Promote hopefulness.** Exposure to trauma can cause people to feel that they are broken. Telling people there is hope might not suffice, but having a hopeful attitude, sharing real-life stories that affirm hopefulness, demonstrating that you won't give up on the person, and skillfully inviting conversation (not compelling it) about their reasons for persevering can all be helpful.

Adapted from Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57*, p. 11-32. Rockville, MD: Author.