Trauma-Informed Care Principles

Safety

Ensuring physical and psychological/emotional safety
- Prioritizing safety as understood and experienced by those served
- Promoting safety in interpersonal interactions and physical environment
- For people who use services: "Safety" generally means maximizing control over their own lives
- For providers: "Safety" generally means minimizing risk for clients as well as themselves

In practice:
- Respecting privacy
- Making common areas welcoming
- Engaging in ongoing dialogue about what physical & emotional safety mean for clients & providers alike

Trustworthiness & Transparency

Consistent and clearly defined roles and tasks, and strong interpersonal boundaries
- Providing accurate information about the organization's processes and programs
- Conducting organizational operations with transparency
- Maintaining respectful, professional boundaries with staff and those served

In practice:
- Making sure people really understand their options
- Being authentic
- Directly addressing limits to confidentiality

Peer Support

"Peers" or "trauma survivors," refer to individuals or family members of children with lived experiences of trauma
Key qualities of peer support:
- Voluntary
- Respectful
- Reciprocal
- Empathetic
- Non-judgmental

In practice:
- Organization facilitates opportunities for support groups, online forums, peer mentorship, etc.
- Organization provides adequate opportunities for provider support & supervision

Empowerment, Voice, & Choice

Recognizing and building upon the strengths of those involved in the organization, and those served
- Prioritizing client needs and perspectives
- Fostering a belief in resilience - organizations', communities', and individuals' ability to heal from trauma
- Role of staff as empowered facilitators, rather than controllers, of recovery

In practice:
- Cultivating self-advocacy skills in those involved in the organization, and those served
- Skill-building in response to client goals

Collaboration & Mutuality

Commitment to meaningful power-sharing and decision-making
- Recognizing that healing happens in the context of relationships
- Attending to leveling power differences between staff with different roles in an organization (e.g. supervisory, clinical, administrative, and housekeeping staff)

In practice:
- Encouraging clients to share in decision-making, choice, and goal-setting
- Using therapeutic modalities that promote self-directed growth

Gender, Cultural, & Historical Issues

Moving past cultural stereotypes (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.)

In practice:
- Offering services in accordance with client gender preferences
- Valuing the healing potential of traditional cultural connections
- Incorporating policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served

Sources:
1. Substance Abuse and Mental Health Services Administration. (n.d.). Behavioral Health is Essential to Health. U.S. Department of Health and Human Services. Retrieved from https://www.nasmhpd.org/sites/default/files/TIA_Training_PPT-8-17.pdf
2. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. U.S. Department of Health and Human Services. Retrieved from https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
3. The Institute on Trauma and Trauma-Informed Care. (2015). What is Trauma-Informed Care? Retrieved from https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html