

Guiding Framework

Trauma-Informed Approaches

Trauma-informed approaches are based on an understanding that many persons who access health and social services have had experiences of trauma in their lives (Poole et al., 2013). Trauma-informed approaches are not focused on treatment or disclosure of events; rather, the approach is applied universally to ensure that persons are not further traumatized in the course of accessing care, and that they are able to learn and grow in a positive, relational context (Poole et al., 2013). Trauma-informed approaches are based on principles of practice, including safety, trustworthiness, collaboration and choice, empowerment, and the building of strengths and skills. Application of the approaches requires consideration of cultural, historical, and gender issues. Furthermore, the involvement of people who have experienced trauma in decisions about the type, pace, and extent of the support they receive is valued and respected.

Trauma awareness^G is an important component of trauma-informed approaches. It highlights the commonness of trauma experiences, how the impact of trauma can be central to one’s development, the wide range of adaptations to cope and survive after trauma, and the relationship of trauma with substance use and physical and mental health (Poole et al., 2013).

Table 5 outlines the six key principles of trauma-informed approaches adopted from SAMHSA (2014a). Each recommendation in this Guideline is linked to these principles and supports organizations and health-care providers to provide trauma-informed services.

Table 5: Key Principles of a Trauma-Informed Approach

KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH	
1. Safety	Throughout the organization, staff and the people they serve 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 persons and family members, 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 experience to promote recovering and healing. The term “peers” refers to individuals with lived experiences of trauma. Peers have also been referred to as “trauma survivors”.
4. Collaboration and Mutuality	Importance is placed on partnering and the leveling of power differences between staff and persons 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.

KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH	
<p>5. Empowerment, Voice, and Choice</p>	<p>Throughout the organization and among the persons 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, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development, and services are organized to foster empowerment for staff and persons alike. Organizations understand the importance of power differentials and ways in which persons, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Persons 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 recovering rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.</p>
<p>6. Cultural, Historical, and Gender Issues</p>	<p>The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography); 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.</p>

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