

TRAUMA-INFORMED CARE IN SOCIAL SERVICE ORGANIZATIONS

What is trauma?

The Substance Abuse and Mental Health Services Administration (2014) explains “trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being”.

Events

the events or circumstances that create trauma

Experiences

how a person experiences a traumatic event and perceives the event as traumatic, as all people respond to trauma differently

Effects

the adverse consequences that result from a traumatic event that can include physical, social, emotional, or spiritual effects

What is trauma-informed care?



Realize

Realize that

- trauma impacts each person differently
- people respond with coping strategies that affect their behavior and responses
- trauma is not confined to mental health settings and affects other service systems
- how we respond to people who have experienced trauma matters



Recognize

Recognize

- signs and symptoms of trauma in clients, families, staff, and communities



Respond

Respond by

- understanding that trauma affects all people involved, whether directly or indirectly
- applying trauma-informed principles
- training staff in trauma-informed principles
- developing policies that are trauma-informed
- creating a safe, trustworthy environment



Resist

Resist

- retraumatizing clients and staff by recognizing the organizational policies and approaches that inadvertently create a stressful, triggering, or toxic environment

What Hurts?



Critical, demanding, disrespectful, humiliating, or impersonal interactions with people receiving services



Uncomfortable waiting areas due to crowding, poor lighting, noise, dull decor or uncomfortable seating



Agency policies that focus on agency needs rather than client needs

Rules that are too harsh and are continually broken

Complicated policies and "hoops" for the client to jump through



Using clinical language and jargon to define a person's experience without considering how the client desires to define his or her experience



Questions that undermine or convey that something is "wrong" with the client.

Viewing a client's symptoms only as a mental health problem, substance use problem or medical condition (labeling)

What Helps?



Kindness, patience, reassurance, acceptance and listening in a calm interaction

Saying Please and Thank You



Waiting areas that provide space and are comfortable, inviting, and clean with decor that communicates a hopeful message



Clearly stated, positively framed rules and policies with clearly set expectations and boundaries

Eliciting client feedback about his or her experience and needs



Recognizing and supporting each client's way of naming his or her experiences



Asking questions, while keeping in mind that past trauma may contribute to current problems

Recognizing that a person's behaviors or symptoms may be a coping mechanism for dealing with trauma

Why is it important?



Using a trauma-informed approach allows us to acknowledge the extensive impact of trauma, recognize signs of trauma in people, respond using trauma informed principles, and resist retraumatization (SAMHSA, 2014).



"Trauma-informed practices can lead to greater client and family satisfaction, positive client outcomes, increased hope and optimism, and decreased trauma symptomatology" (Carter & Blanch, 2019).