

**RESOURCES GUIDE**

Trauma-Informed Care for Human Services Professionals


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Key Trauma-Related
Concepts

6 Guiding Principles
to a Trauma-Informed
Approach

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A trauma-informed team makes your facility safer for everyone.

Trauma can come in many forms, and whether caused by a single event or by a repeated exposure, the way a person feels, thinks, and behaves is shaped by that experience. As human services professionals, you may encounter both clients and colleagues that have been impacted.

Understanding the definition of trauma and increasing your awareness of the specific trauma a person has experienced will help you better understand not only how they've been impacted, but how to respond appropriately to their behavior as well.

As you sharpen your understanding of their experience, you are strengthening your relationship and making future interventions that much more successful. That level of trust is critical to trauma-informed care—in and out of the workplace—and allows you to respond efficiently while calming escalating behaviors.

This guide will give you:

- A deeper awareness of key trauma-related concepts.
- A greater understanding of trauma's effects on behavior.
- 6 Guiding Principles to a Trauma-Informed Approach.
- Tips for understanding and preventing vicarious trauma.
- A De-escalation Preferences Form to use with clients and colleagues.
- Resources to explore trauma-informed care further.

Trauma Terminology Defined

Trauma

An emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.

Trauma-Informed Care

A framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual—recognizing that person's constant interdependent needs for safety, connections, and ways to manage emotions/impulses.

Triggers

Signals that act as signs of possible danger. Triggers are based on historical traumatic experiences which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (e.g., sights, sounds, smells, touch).

Triggers are all about a person's perceptions experienced as reality. The mind/body connection sets in motion a fight, flight, or freeze response. A client or colleague who is triggered will experience fear, panic, upset, and agitation.

Mental trauma is one of the most-common psychological health conditions.

Trauma can serve as a filter, or lens, through which a person views the world. Think of sunglasses: You put them on and everything is shaded differently. Trauma can have that type of effect on how a person perceives their world.



| Types of Trauma

Acute trauma results from exposure to a single overwhelming event.

- **Examples:** Rape, death of a loved one, natural disaster.
- **Characteristics:** Detailed memories, omens, hyper-vigilance, exaggerated startle response, misperceptions or overreactions.

Chronic trauma results from extended exposure to traumatizing situations.

- **Examples:** Prolonged exposure to violence or bullying, profound neglect, home environment, or abrupt removal from an environment with friends or colleagues.
- **Characteristics:** Denial and psychological numbing, dissociation, rage, social withdrawal, sense of foreshortened future.

Complex trauma results from a single traumatic event that is devastating enough to have long-lasting effects.

- **Examples:** Mass casualty school shooting, car accident with fatalities involved, refugee dislocation.
- **Characteristics:** Perpetual mourning or depression, chronic pain, concentration problems, sleep disturbances, irritability.

Traumatization occurs when internal and external resources are inadequate for coping.

| The Effects of Trauma on Behavior

Think about the distinct types of trauma noted above, and the characteristics commonly associated with each. You may encounter both adult and youth clients who become easily startled, begin withdrawing, or even show uncharacteristic outbursts. You may also notice a colleague exhibiting similar behaviors.

Let's look at the client or colleague's behavior through a trauma-informed lens.

Questions to ask yourself include:

- What type of trauma could be at play here?
- What are some possible triggers? They could be obvious or subtle.
- How could you respond in a trauma-informed way?

Modeling a person-centered, strength-based approach creates a cultural shift in how human services professionals and clients interact.

Guiding Principles to a Trauma-Informed Approach

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), has developed six principles that help guide a trauma-informed approach.

CPI's Trauma specialty topic program provides provides a deeper dive into each of these concepts as it relates to the trauma-impacted individuals in your care.

1 Safety

The physical setting provided is safe, and the interpersonal interactions further promote that sense of safety.

2 Trustworthiness and Transparency

The organization's operations and decisions are made based on trust and transparency. The trust of individuals served is built and consistently maintained.

3 Peer Support

Peer support is a key vehicle for establishing safety, building trust, enhancing collaboration, and utilizing lived experience to promote recovery and healing.

4 Collaboration and Mutuality

The effectiveness of mutual decision-making and sharing of power is harnessed. This concept highlights the role everyone in an organization plays in providing trauma-informed care.

5 Empowerment and Choice

A focus on recognizing, empowering, and building upon the strengths and experiences of trauma-impacted individuals.

6 Cultural, Historical, and Gender Issues

The organization makes an effort to move past cultural stereotypes and biases; utilizing policies, protocols, and processes that respond to racial, ethnic, and cultural needs.



“Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.”

(Source: CDC)



Human Services Staff Impacted by Vicarious/Secondary Trauma

Also known as compassion fatigue, vicarious/secondary trauma is a process through which one's own experience becomes transformed through engagement with an individual's trauma.

If your role finds you regularly interacting with clients or colleagues impacted by trauma, such as those in child welfare, social services, and juvenile services, you may be at a higher risk of compassion fatigue—that is, experiencing an impact from the trauma those in your care have experienced. It's important to be self-aware of the signs of compassion fatigue in your own behavior, but also in the behavior of your colleagues.

Signs of Compassion Fatigue:

- Reduced sense of efficacy at work.
- Concentration and focus problems.
- Apathy and emotional numbness.
- Isolation and withdrawal.
- Exhaustion.
- Jaded, bitter pessimism.
- Secretive addictions and self-medicating.

Risk Factors for Compassion Fatigue:

- Being new to the field.
- Having a history of personal trauma.
- Working long hours and experiencing sleep deprivation.
- Having inadequate support systems.
- Difficulty communicating emotions.

Between 40 and 85% of helping professionals have developed vicarious trauma, compassion fatigue, and/or high rates of traumatic symptoms.
(Mathieu, 2012)

7 Tips for Preventing Re-Traumatization

1. Learn as much as you can.

Collect data and screen for trauma histories. Use the De-escalation Preferences Form on the following pages.

2. Grow your skill of attunement.

That is, develop your capacity and the capacity of staff and clients to accurately read each other's cues and respond appropriately.

3. Look for the causes of behaviors.

Seek to understand the function of behaviors and what the behaviors are communicating. What you might view as a frustrating behavior may actually be a coping mechanism attempt. If your response is not trauma-informed, it could play right into causing the individual to feel less safe and even more disconnected.

4. Use person-centered, strength-based thinking and language.

Help staff shift from a deficit-based mindset to a strength-based mindset. Instead of looking at how a person is "a victim" or "damaged," we can view them as a survivor. Focus on what they can do, and not on what they cannot do.

5. Provide consistency, predictability, and choice-making opportunities.

Meet the person where they are, in a way they understand. Consistency and predictability provide feelings of safety for the individual, helping to reduce anxiety. And by providing choice-making opportunities, you allow that person to have control. All of this can go a long way to empower the person.

6. Always weigh the physiological, psychological, and social risks of any physical interventions.

Be sure to choose the least-restrictive option possible in every situation.

7. Debrief.

Prioritize debriefing after any crisis. This will help you find patterns and triggers—and prevent crises from reoccurring. It will also help you help the person foster resilience and develop successful coping skills.

Common functions of behavior include access, avoidance, and meeting a sensory or emotional need.

De-escalation Preferences Form

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the patients and colleagues you're surrounded by.

Name: _____

Date: _____

1. It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Listening to music. | <input type="checkbox"/> Playing a computer game. |
| <input type="checkbox"/> Reading a newspaper/book. | <input type="checkbox"/> Using ice on your body. |
| <input type="checkbox"/> Sitting in the community room, lobby, chapel, etc. | <input type="checkbox"/> Breathing exercises. |
| <input type="checkbox"/> Watching TV. | <input type="checkbox"/> Putting your hands under running water. |
| <input type="checkbox"/> Talking with a peer. | <input type="checkbox"/> Going for a walk with staff. |
| <input type="checkbox"/> Walking the halls. | <input type="checkbox"/> Lying down with a cold facecloth. |
| <input type="checkbox"/> Talking with staff. | <input type="checkbox"/> Wrapping up in a blanket. |
| <input type="checkbox"/> Calling a friend. | <input type="checkbox"/> Using a weighted vest. |
| <input type="checkbox"/> Having your hand held. | <input type="checkbox"/> Voluntary time out in a quiet room. |
| <input type="checkbox"/> Calling your therapist. | <input type="checkbox"/> Voluntary time out (anywhere specific?):
_____ |
| <input type="checkbox"/> Getting a hug. | |
| <input type="checkbox"/> Pounding some clay. | |
| <input type="checkbox"/> Punching a pillow. | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Physical exercise. | |
| <input type="checkbox"/> Writing in your diary/journal. | |

2. Is there a person who's been helpful to you when you've been upset?

- ☐ Yes ☐ No

If you are not able to give us information, do we have your permission to call and speak to:

Name: _____ Phone: _____

- ☐ Yes ☐ No

If you agree that we can call to get information, sign below:

Signature: _____

Date: _____

Witness: _____

Date: _____

**3. What are some of the things that make it more difficult for you when you're already upset?
Are there particular "triggers" that you know will cause you to escalate?**

- ☐ Being touched.
- ☐ Being isolated.
- ☐ Door open.
- ☐ People in uniform.
- ☐ Loud noise.
- ☐ Yelling.
- ☐ A particular time of day (when?): _____
- ☐ A time of the year (when?): _____
- ☐ Specific scents (please explain): _____
- ☐ Not having control/input (please explain): _____
- ☐ Others (please list): _____

4. Have you ever been restrained?

☐ Yes ☐ No

When: _____

Where: _____

Please describe what happened:

5. Do you have a preference regarding the gender of staff assigned to respond during a crisis?

☐ No ☐ Yes (please provide gender preference): _____

6. Is there anything that would assist you in feeling safe here? Please describe:

Additional Trauma Resources

At Crisis Prevention Institute, the *Care, Welfare, Safety, and Security*SM of your clients and colleagues is our top priority. Beyond our [training programs](#) for human services professionals, we want to ensure you're armed with the knowledge and confidence you need to handle any challenges that come your way in the safest, most effective way possible. The following resources will help you learn more about trauma-informed practices.

BOOKS

[The Comfort Garden: Tales From the Trauma Unit](#)

By Laurie Barkin, RN, MS. A personal account of working as a psychiatric nurse at San Francisco General Hospital.

[Managing Change With Personal Resilience](#)

By Mark Kelly, Linda Hoopes, and Daryl Conner. Outlines 21 keys to being resilient in turbulent organizations.

[Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self Regulation, and Competency](#)

By Margaret E. Blaustein and Kristine M. Kinniburgh. Provides a flexible framework for working with kids and their caregivers.

WEBSITES AND ARTICLES

[3 Keys to Help Staff Cope with Secondary Trauma](#)

Hearing the shocking stories of our clients can have a devastating effect. This article offers antidotes.

[12 Ways to Help a Developmentally Traumatized Child](#)

When a kid with trauma explodes like the Tasmanian Devil, here's how to get them back on track.

[CDC's Adverse Childhood Experiences \(ACEs\)](#)

Study info on the landmark study that measures 10 types of childhood traumas and their effects on health.

[Compassion Fatigue: Could It Be Compromising Your Professionalism?](#)

For those who excel at taking care of others but put themselves last on the priority list.

[National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint](#)

Offers resources to help health care workers develop trauma informed practices.

[Personal Resilience: How to Be Resilient When You're a Caregiver](#)

Dr. Linda Hoopes of Resilience Alliance on how to flex your seven resilience muscles.

[How to Help People Handle Trauma](#)

Strategies for attuning your own emotions can help you care for people who carry the weight of trauma.

[How Therapeutic Writing Can Help Crisis Workers](#)

One night, unable to sleep, a psych nurse found catharsis from the intensity of her patients' tragedies.

[Is Trauma-Informed Care Just Another Buzzword?](#)

A movie about a doctor in 1980s East Germany shows how important trauma-informed care is.



*Nonviolent
Crisis
Intervention*

De-escalation Training for Human Services Professionals

Contact us for more information at
crisisprevention.com or call **800.558.8976**.