Trauma-Informed Practice Principles

Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing.

Trauma Awareness

Trauma awareness is the foundation for trauma informed practice. Being 'trauma aware' means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).

Safety and Trustworthiness

Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing.

Developing safety within trauma- informed services also requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.

Choice, Collaboration And Connection

Trauma informed services encourage opportunities for working collaboratively with people of all ages genders and cultures. They emphasize creating opportunities for choice and connection within the parameters of services provided. This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users' rights and grievances.

Strengths Based and Skill Building

Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy.

A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of 'emotional learning' and 'social learning.'

Trauma
Gender
Substance Use

Trauma-Informed Practice Principles

Getting Started: Trauma-Informed Principles 'In Action'

The goal of trauma-informed systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing. The following discussion questions are intended for small groups to consider and reflect on their work and to ask "What are we doing well? What else can we be doing?"

Trauma Awareness

1. Do all staff in your program or organization have a basic understanding of the causes of trauma and possible effects?
2. What kind of information about trauma is available to the people you work with?
3. Are there staff or programs within your service area that may be able to provide trauma-specific services if a client asks for additional support with healing from trauma?
4. Are there community Elders/traditional knowledge keepers that can speak to resilience and healing with Indigenous service users and communities?

Safety and Trustworthiness

1. What is the first point of contact with your program for the people you work with, e.g., phone message, outreach worker, receptionist? What strategies for creating a welcoming and safe environment already exist?
2. Take a walk through the waiting areas, the reception area, group spaces, and interview rooms at your organization. Do they increase feelings of safety for both service users and staff?
3. What steps have been taken that reflect a holistic and engaged process to support cultural safety?

Choice, Collaboration And Connection

1. When working with clients, do you encourage open communication? Provide choices in care and support whenever possible?
2. How do you support inclusion and service user voice?
3. What are some of your strengths in working with people, and how do you use them to build relationships with others?
4. How are mistakes or uncertainties handled in your program or organization? Are they viewed as opportunities for learning?

Strengths Based and Skill Building

1. Are there opportunities within your program delivery to focus on skill-building, e.g., self-regulation, awareness of triggers, coping skills?
2. Can your program shift away from an emphasis on service user deficits to strengths? E.g., Do you ask about people's interests, goals, coping skills, survival strategies, etc.?
3. Are there opportunities for peer support, participation in program planning, participatory evaluation methods?
4. How is education and support related to vicarious or secondary trauma provided within your organization?

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