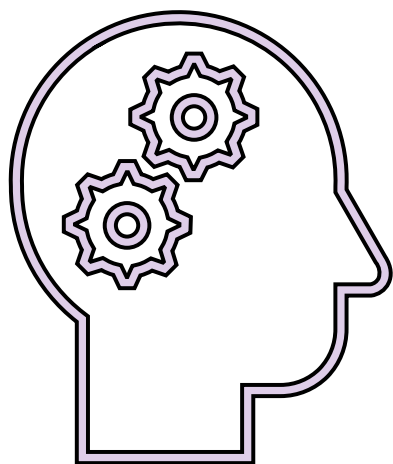


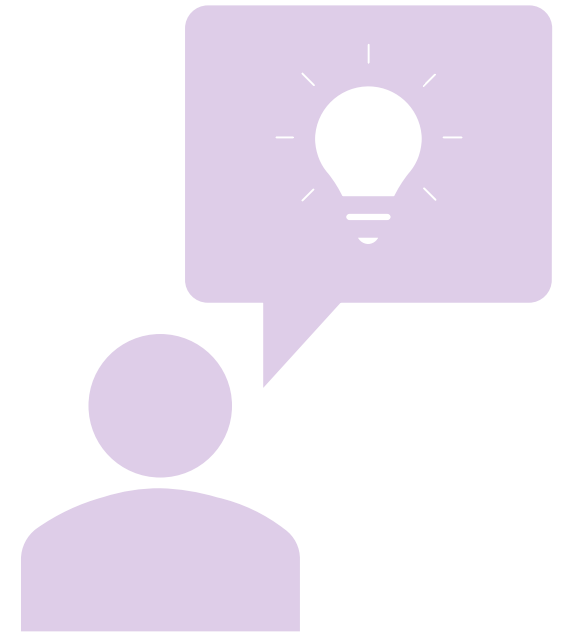
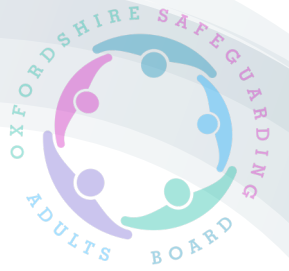


The Six Key Principles of Trauma Informed Practice

Introduction

Trauma informed practice encourages practitioners that may be supporting people within their role, to consider how trauma exposure can impact an individual's ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.

Trauma informed practice encourages us to think about what we need to know to be able to respond to people affected by trauma, understanding the person and what is important to them.





Trauma can have a severe impact through the course of someone's life.



Evidence suggests that at least half of the population have experienced at least one adverse childhood experience in their lifetime' (Bellis et al, 2015)



Research has shown that unresolved trauma can increase risks later in adult life and not responding to harms in early adulthood may mean that individuals will require more complex support later on.



Trauma informed practice seeks to look beyond a person's presenting behaviours and instead asks 'What does this person need?' Increasing professionals' awareness of how trauma can negatively affect individual's abilities to develop trusting relationships with health and care services.



Rather than treating trauma-related difficulties, trauma informed practice seeks to remove barriers. Including fear, lack of choice and loss of control caused by traumatic experiences. It aims to increase service accessibility through culturally sensitive, safe services that people trust. Whilst also preparing practitioners to work in partnership with individuals and empower them to make choices for their own wellbeing (Fallot and Harris 2009)

The 6 Key Principles of the Trauma Informed Approach



SAFETY



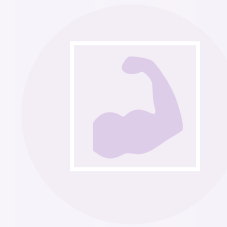
TRUSTWORTHINESS



CHOICE



COLLABORATION



EMPOWERMENT



CULTURAL
CONSIDERATION

Safety



Efforts are made throughout the organization to ensure that staff and the people they support feel physically and psychologically safe. Staff and service users should experience the setting and the interpersonal interactions taking place within the setting as safe, inviting, and not a risk to their physical or psychological safety.

The physical and emotional safety of the individuals you support should be prioritised by:

- Individuals knowing they are safe or requesting what they need to feel safe
- Ensuring adequate freedom from threat or harm
- The organisation doing everything it can to prevent re-traumatisation
- Putting robust policies and safeguarding practices in place



Safety



This can be achieved by:

- Waiting rooms with a 'living room' ambience, where people can feel comfortable and at ease.
- Opaque screening and sound proofing where possible, to reinforce the sense of privacy and confidentiality.
- Choosing furnishing specifically for their non-institutional qualities.
- Selecting neutral pictures for walls, ambient music instead of a radio and reading material that is non-triggering.
- Ensuring all staff supporting those receiving support are empathetic, compassionate, non-judgemental and have good listening skills. This should be reflected in the recruitment process.



Reflective Questions:

- How does the physical environment promote a sense of safety, calming and de-escalation for people and staff?
- In what ways do staff members recognise and address aspects of the physical environment that may be retraumatising, and work with either a) improving the environment and/or b) with people on developing strategies to deal with this?

Trustworthiness

This principle refers to the degree to which organizational operations and decisions are conducted with transparency, with the goal of building and maintaining trust among people and their family members, and among staff and others involved in the organization.

Some examples of this include:

- Treating those we support with respect, including being mindful of the language we use.
- Ensuring we are listening to those we support
- Understanding that trust needs to be “earnt” especially if people have had negative experiences with services in the past.
- Explaining the measures being taken and why
- The organisation and staff actioning what they have said they will do
- Giving clear expectations and avoiding either the staff or the organisation overpromising and underdelivering.

Reflective Questions:

- How is transparency and trust among staff and people being supported promoted?
- How do the organisation’s staffing policies demonstrate a commitment to staff training on providing services and support that maximise trust and transparency?
- How do the organisation’s written policies and procedures include a focus on trauma and issues of safety and confidentiality?



Resource:
Trauma
Language
Toolkit

Choice

Throughout the organisation, people and staff are supported to make decisions and choices, and to set their own goals. The organisation recognises that giving people choice can help address power imbalances.

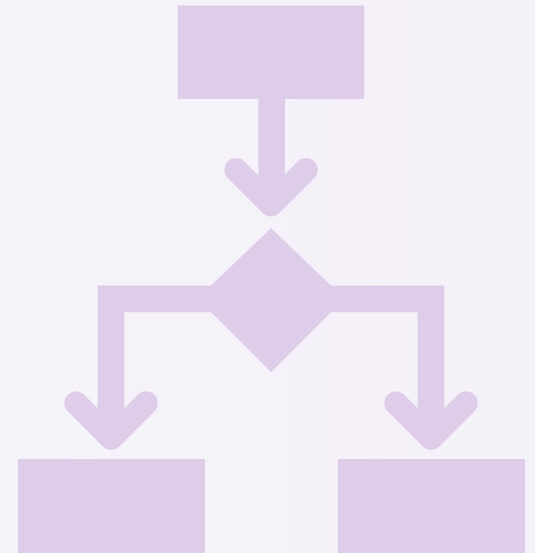
Those being support and staff therefore have meaningful choice and voice in the decision-making process of the organisation and its services.

Some examples include:

- Involving staff and service users in the design and development of the physical environment.
- Ensuring service users and staff have a voice in decision making process of the organisation and its services.
- Clearly and transparently communicating choices
- Acknowledging choice in issues relating to non-attendance, or the application of discharge
- Being flexible e.g. modifying practices and procedures to ensure maximum involvement of the service user
- Embedding elements of choice within the daily routines of the organisation wherever possible.

Reflective Questions:

- How can staff and service users be involved with developing a plan for improving engagement and involvement in service planning and delivery?
- Is an individual's own definition of emotional safety included in treatment plans?



Collaboration



The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole.

Attempts are made to level the power differentials between different staff groups, and between staff and service users.

There is recognition that healing takes place in the context of relationships and in the meaningful sharing of power and decision-making.

This can be achieved by:

- Ensuring that providing leaders and managers with information on trauma informed practice and ways in which it would benefit their organisation.
- Providing multiple forums for collaboration, including one-to-one meetings, team away days and debrief days, where staff can speak openly and honestly with managers about their hopes and concerns.
- Training middle managers to be trauma-informed leaders in order to model trauma-informed behaviours to other staff.
- Using peer support and mutual self-help.
- Focusing on working alongside and actively involving service users in the delivery of services.



Reflective Questions:

- How does organisation leadership show and communicate its support for implementing a trauma informed approach?
- What is the plan for training provision to be provided to management?
- How do senior leadership and governance structures demonstrate support for including service user experience within their service (from start to finish)?

Empowerment



Efforts are made by the organisation to share power and to give service users and staff a strong voice in decision-making, at both individual and organisational levels.

Each level of the organisation, including management, operations, service delivery and staff training, is designed to be empowering for both staff and service users.

Staff are empowered by mechanisms of organisational support, and clients are empowered by services that are person centred and based on belief in the resilience of individuals and their ability to heal and recover from trauma.

This can be achieved by:

- Ensuring staff have senior management support; having trauma informed leaders who can model trauma-informed behaviour and language.
- Establishing an implementation group and/or identifying a trauma champion within the organisation. Someone who has seniority so that they can provide regular updates in meetings and feed messages into high level strategic management groups.
- Using Trauma champions and/or implementation groups to conduct preliminary assessment of the organisation's current trauma-informed practice.
- Making a clear plan to embed trauma-informed practice, identifying SMARTER objectives and clear lines of accountability.



Reflective Questions:

- What preliminary assessment of the organisation's current TIP is taking place? Are toolkits being used? Who is accountable for this?
- How will a Service Walk Through be completed, and how will the findings from this be built into the plan to help the service become trauma responsive?
- Does your organisation have a service user involvement policy, outlining your mission and what you want to achieve by involving service users? Have staff been involved in discussions on how this will work/barriers to implementation?

Cultural Consideration



The organisation actively moves past cultural stereotypes and biases, offering culturally responsive services, that builds on the healing value of traditional cultural connections, and recognises and addresses historical trauma.

Here “culture” extends beyond the identification of a person and their family’s race and ethnicity to include other variables such as faith/religion, sexual orientation, social economic factors and literacy level.

This can be achieved by:

- Having access to gender responsive services
- Incorporating the healing value of traditional cultural connections
- Utilising policies, protocols and processes that are responsive to the needs of the individual
- Gaining a better understanding of the roles and dynamics within the family
- Listen and use the persons own terms during assessment and treatment planning
- Consider each person’s resources and barriers to help-seeking and utilisation of supportive services within the community.



Reflective Questions:

- How do the organisations policies and protocols reflect the needs of the individual?
- How does the on-going workforce development/staff training provide support in developing knowledge and skills to work sensitively and effectively with people receiving support?
- How will the organisation take into consideration the adversities that may be faced in the context of the local area and population, i.e. poor housing, discrimination, or violence?



References

Culturally-Sensitive Trauma-Informed Care | Patient Centered Care and Trauma Informed Care for Pediatric Patients - HEALTHCARE TOOLBOX

What are the six key principles of a trauma-informed approach? – NAPAC

Appendices - Trauma-informed practice: toolkit - gov.scot (www.gov.scot)

Trauma-Informed-Wales-Framework.pdf (traumaframeworkcymru.com)