



This section is set up to provide a ready-made Brown Bag Session for you to use with employees and/or managers. Use as is, or adapt this information for a general employee group. You may reproduce as many copies as needed.

What is Trauma-Informed Care? Why is it Important?

Trauma-Informed Care (TIC) is a form of organizational structure and treatment that focuses on understanding, recognizing, and responding to the effects of all types of trauma. Trauma-Informed Care also stresses providing physical, psychological, and emotional safety, which in turn helps survivors rebuild a sense of control and empowerment in their lives.

No One is Immune

No single person is immune from the impact of trauma. Trauma affects individuals, families, and even communities by disrupting healthy development, which impacts relationships and contributes to mental health issues. This includes:

- Substance abuse;
- Domestic violence; and
- Child abuse.

Everyone pays the price when the impact of trauma is not “broken” and becomes cyclical. The untreated trauma of abuse, violence, and neglect

leads to an increase in crime, loss of wages, and threatens the stability of the entire family.

Being “Trauma-Informed” is Critical

Becoming “trauma-informed” means recognizing that people often have various types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-being caregivers and providers.

The Re-Traumatization table below illustrates how it’s possible to unintentionally re-traumatize someone in a service setting.

TIC Differs

Trauma-Informed Care (TIC) isn’t a clinical intervention – rather, it’s a way of seeing and responding to people who have likely been impacted by trauma by providing safety, compassion, and mindfully avoiding re-traumatization.

EAPs and other human service agencies can use a trauma-informed approach – working with the employer from a business perspective – and with the

Re-Traumatization

The System: Policies, Procedures; “The Way Things are Done”	What Hurts the Relationship Between Provider and Client Seeking Help From the Effects of Trauma; “Power, Control, and Subversiveness”
Client has to continually retell his/her story	Client feels as though he/she is not being seen or heard
Client feels he/she is being treated like a number	Client feels that issues of trust have been violated
Client is told about procedures that require disrobing	Client sees this as the provider failing to ensure emotional safety
Client feels being seen as “their label” (i.e. an addict, schizophrenic, etc.)	Client sees labeling as being non-collaborative, when collaboration is what is needed
Client feels there no choice in service or treatment	Client feels as though things are being done FOR him/her, rather than WITH him/her (again stressing importance of collaboration)
Client feels there is no opportunity to provide feedback about his/her experience with the delivery of services	Client feels treatment has been punitive, with coercive practices and possibly oppressive language

employee client as a professional helper. The Substance Abuse and Mental Health Services Administration (SAMHSA) notes the six key principles to keep in mind when providing trauma-informed care:

1). **Safety.** This doesn't just refer to physical safety—although that is certainly part of it. Making sure parking lots are well-lit and there are adequate exits can certainly contribute to a trauma-informed workplace, but safety also includes psychological safety.

- ❖ Do all persons feel respected regardless of gender, color, creed, or socioeconomic status?
- ❖ Are all people treated with dignity and respect?
- ❖ Are helpers using person-first language in all their interactions with staff and clients?

These are just a few examples of safety in the workplace.

2). **Trustworthiness and transparency.** Organizations that operate with transparency help people—both staff and clients—to feel more secure and informed about policies, procedures, services, and expectations.

3). **Peer support and mutual self-help.** No longer do we live in a top-down world. Good ideas, strength, and support can come from anyone, in any position, as long as we are open to be both supporting and supported.

4). **Collaboration and mutuality.** This principle implies that there are power differentials in basically every relationship. We must move beyond those dynamics in order to share power and make collaborative choices that encourage participation and ownership from everyone involved.

5). **Empowerment, voice, and choice.** Those who have survived trauma know the vulnerability and fear embedded in those experiences. Offering safe environments where individuals are encouraged to speak up and make meaningful decisions regarding their life, work and leisure is integral to recovery.

6). **Cultural, historical, and gender issues.** Every person has a story—experiences, perceptions and events that have shaped them to be who they are. Trauma-informed care sees every life within the broader context and acknowledges the impact these experiences have on the person today.

TIC: Why it Matters

It is sometimes said that traumatic reactions are normal reactions to abnormal situations. As true as this statement is, it's also true that individuals' coping reactions post-trauma remain poorly understood, even by many of the people who are in the best positions to offer support and treatment to trauma victims.

It is important for everyone to understand that victims of traumatic events, such as human trafficking, will not always react or behave in the way that we might expect.

According to the U.S. Department of Health and Human Services Office on Women's Health, 55 percent to 99 percent of women in substance use treatment and 85 percent to 95 percent of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood.

Public education, prevention, early identification and intervention, and effective trauma treatment are all necessary to break the cycle of violence.

We need to intensify educational efforts to expand the availability of Trauma-Informed Care. Trauma-Informed Care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient. ■

Source: "Trauma-Informed Care and Why It Matters," by Mellissa Withers, PhD, MHS. <https://www.psychologytoday.com/us/blog/modern-day-slavery/201707/trauma-informed-care-and-why-it-matters>

Case Example of Trauma-Informed Care

Here is a case example of trauma-informed care in practice:



❖ A woman presents for her first EAP session. The counselor hands over the initial paperwork, does his/her standard explanation, and ask her to come to your office when she's completed.

❖ She doesn't say much and doesn't make eye contact. When she tentatively comes to your door and knocks quietly you look up, smile brightly, and invite her to sit anywhere she would like. (*This is an example of providing **empowerment, voice, and choice.***)

❖ She slides into the closest chair to the door. The counselor has done the intake "spiel" many times before, but today decides to really take your time and go over the details informed consent. (*This is an example of providing **trustworthiness and transparency.***)

❖ The counselor pauses frequently to ask if she understands, and you invite her to ask questions as you proceed (again; **empowerment, voice, and choice**).

❖ The counselor lets her know a little about your background and credentials, as well as the scope of your practice and your intention to "do no harm". (*This is an example of providing **safety.***)

❖ The counselor also explains that you and she will work together to decide if EAP is the right fit or what referrals might be best, as well as work together to establish goals during your time together. (*This is an example of providing **collaboration and mutuality.***) The counselor asks again if the client has any questions, and she does not.

❖ As the counselor continues with standard intake questions, he/she observes that the client is soft spoken, fidgeting, and not making much eye contact. The counselor proceeds gently, allowing a lot of pause time to allow the client to gather her thoughts and formulate answers. She admits that she was assaulted a few weeks ago, and it's difficult for her to talk about it.

❖ The counselor does not push for more details, but rather hands the client a facial tissue and lets her know that as she's ready to share you are ready to listen. (*This is an example of providing **peer support and mutual self-help***). She begins to open up, describing the scenario and many of the details of that night.

❖ The counselor asks if anyone else in her family has ever been assaulted, and she acknowledges that many females in her family have had similar experiences. (*This is an example of **cultural, historical and gender issues.***)

❖ The counselor stresses being concerned about safety and ask if it would be ok if the two of you created a safety plan to avoid further victimization (**empowerment, voice and choice; safety**). She agrees.

❖ After the safety plan is completed, the session time is almost up; the counselor lets the client know that he/she is glad she came in, and validate how brave she was to open up about such a difficult experience. (*This is another example of **collaboration and mutuality.***)

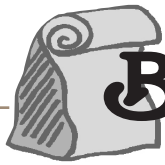
❖ The counselor explains that in-depth trauma work is usually outside the scope of EAP service, but you would like to meet with her again to discuss her options and help her find the best source of support (**trustworthiness and transparency**), as well as support her through the transition in finding a long-term therapist (**collaboration and mutuality**). She agrees and schedules another appointment. The session ends.

Summary

EA professionals are often on the frontline of mental health trends in the workplace, and often the first place employees go for help. EAP practitioners who are knowledgeable about trauma-informed care might conduct a simple trauma assessment in order to accurately identify the reasons behind presenting symptoms—especially if problems are chronic and pervasive.

Collaborating with trauma-trained mental health practitioners in the community can facilitate great referrals for people who would benefit from some help (and hope) in processing trauma, improve coping, and ultimately leading to better mental health. ■

Sources: Trauma Informed Care Project; and Leah Szemborski, LPC, Training Coordinator and Mental Health Therapist at Samaritan Counseling Center in Menasha WI.



More on Why TIC is Important

To illustrate why Trauma-Informed Care (TIC) is so important, take a few examples. Sometimes people only believe victims of rape when they are incredibly emotional when describing the details of the assault because that reaction is perceived to be the normal reaction to such trauma. But many of victims speak matter-of-factly and without affect or visible emotion about these traumatic events. This doesn't mean that a victim is lying, or exaggerating claims. Rather, the stoicism

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is often tied to a victim's desperate attempt to cope with trauma through detachment.

There are many other situations in which the lens of trauma-informed care can help outsiders to better understand a trauma victim's behaviors. The general public has little understanding of the ramifications of trauma.

Lack of Understanding

The result of this lack of understanding goes beyond an empathy gap or the lack of appropriate

response for victims of trauma. It can result in judgmental attitudes and even re-victimization of those who have survived trauma.

For example, when people say they don't understand why women in abusive relationships "choose" to stay, they must acknowledge that they are not coming from a place of being the trauma victim, and so their understanding about the reasons behind this may be limited.

Adhering stereotypical beliefs about the "appropriate" behaviors for a rape victims is called rape myth acceptance. In societies with high levels of rape myth acceptance, victim blaming is more common and perpetrators may suffer few consequences.

Substance Abuse

Another example is substance abuse. With substance abuse, a compassionate, trauma-informed approach is one that starts by acknowledging that people may use substances such as drugs or alcohol as a survival skill as the result of trauma. Without considering that perspective, healthcare providers will not be able to effectively provide help.

Summary

This limited line of thinking is why training in Trauma-Informed Care is so necessary. Training is vital to build capacity among providers to deliver holistic patient care, being sensitive to how a range of experiences over the life course may relates to a person's current health behaviors and health status.

Everyone should practice empathy and tolerance because you never know what others have gone through.

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