

Introduction to Trauma-Informed Care

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Excerpts from Chapter 1: Giacomucci, S. (2023). Trauma-Informed Principles in Group Therapy, Psychodrama, and Leadership: Action Methods for Leadership. Routledge

“Trying to implement trauma specific practices without first implementing trauma informed organizational culture change is like throwing seeds on dry land” – Dr. Sandra Bloom

Six Trauma-Informed Principles

SAMHSA (2014) outlines six core principles of trauma-informed practice which guide practitioners and organizations in embodying a trauma-informed care that prevents retraumatization and supports healing. SAMHSA defines trauma-informed care through these key principles (2014):

1. **Safety:** Providers promote physical and emotional safety through the design of their facility, social interactions, and the provision of services. Providers seek to understand what safety means through the perspective and experience of those they serve.
2. **Trustworthiness and Transparency:** Decision-making at all levels is done with transparency for staff, clients, and the community in the spirit of establishing and maintaining trust.
3. **Peer Support:** Trauma survivors are incorporated as essential members of one’s recovery process using their lived experiences to promote healing.
4. **Collaboration and Mutuality:** Power dynamics between various staff members and with clients are managed in a way that values each person, emphasizes each role as important, and distributes power and decision-making.
5. **Empowerment, Voice, and Choice:** Providers emphasize the resilience and autonomy of clients, communities, and staff. Everyone is empowered in decision-making, goal-setting, and self-advocacy. “Staff are facilitators of recovery rather than controllers of recovery” (Brown, Baker, & Wilcox, 2012, as cited by SAMHSA, 2014, p. 11).
6. **Cultural, Historical, and Gender Issues:** Providers actively address their own biases while developing practices/policies that are conducive to the needs and values related to the race, ethnicity, culture, religion, gender, sexuality, and age of those they serve and employ. The impact of historic/collective trauma or discrimination is acknowledged while mitigating the potential for reenactments of oppression and microaggressions. The healing potential of cultural and identity values are leveraged and emphasized for clients when appropriate.

Trauma-Informed Care

There are many different aspects and nuances within a trauma-informed approach. SAMHSA (2014) describes four “R”s as key assumptions within a trauma-informed approach. A provider that operates from a trauma-informed framework, implements the following four “R”s:

1. **Realizes** that trauma has extensive impacts on individuals and understands that there are multiple paths to recovering from trauma.

2. **Recognizes** the unique symptoms and manifestations of trauma or traumatic stress for individuals, groups, families, communities, and staff members.
3. **Responds** by implementing policies, procedures, and practices which are guided by trauma-informed principles.
4. **Resists Retraumatization** in all aspects of the work

Trauma-Informed Organization Areas

Building upon the work of others (Bloom & Farragher, 2011; Harris & Fallot, 2001), SAMHSA (2014) has also outlined ten organizational domains for consideration when developing a trauma-informed system. These ten domains are meant to help guide providers and practitioners implement trauma-informed principles into their work. The articulation of these ten domains also illuminates how trauma-informed practice informs not only the ways in which treatment is provided, but every aspect of organizational structure and operations.

1. **Governance and Leadership**
2. **Policy**
3. **Physical Environment**
4. **Engagement and Involvement**
5. **Cross Sector Collaboration**

6. **Screening, Assessment, Treatment Services**
7. **Training and Workforce Development**
8. **Progress Monitoring & Quality Assurance**
9. **Financing**
10. **Evaluation**

Being trauma-informed requires critical examination and reflection by individuals and organizations. It isn't simply a buzzword to be thrown around, but a comprehensive philosophy that guides and informs policy, organizational structure, work culture, community engagement, and how services are provided.

Trauma-Informed vs Trauma-Focused

In discussions about trauma-informed care, it is essential that we also differentiate “trauma-informed services” and “trauma-focused services”. Many mistakenly use the terms interchangeably but there is an important difference (Giacomucci, 2021). “Trauma-focused services” refer to practices that are directly provided for trauma survivors to address and/or treat post-traumatic stress disorder. The trauma-Informed philosophy describes the processes by which services are provided and the larger context in which they are offered. Whereas Trauma-focused services are dedicated to trauma-related content. One of the major differences then is that trauma-informed care highlights “process” while trauma-focused care centralizes trauma “content”.

Ideally, trauma-focused services are also offered within a trauma-informed framework. Unfortunately, this is not always the case as there are a multitude of examples of trauma treatment programs, practices, and providers that have been known to retraumatize participants without regard to the six trauma-informed principles. It should be emphasized that learning to integrate and offer trauma-informed and trauma-focused services requires education, training, self-awareness, and commitment. Most trauma-focused approaches or treatments for PTSD demand extensive training and should not be offered by professionals outside the scope of their competency. Practitioners who are not aware of the limits of their practice risk retraumatizing participants, especially when attempting to implement more complex interventions. This is one of the problems that has negatively impacted the reputation of psychodrama and other trauma treatments.