



# The Six Principles of Trauma-Informed Care

Trauma-informed care is founded on six guiding principles that serve as a framework for how individuals, service providers and systems of care can reduce the likelihood of re-traumatization. The principles<sup>a</sup> are safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and humility.

These principles can be used in clinical and mental health care settings, workplaces, educational institutions and other organizations.

## Principle 1: Safety

People are at their best and most productive when they feel emotionally and physically safe. When threatened, the stress response system is activated, causing a more reactive response instead of a thoughtful response. By prioritizing the physical and emotional safety of employees, clients, friends and family, people are empowered to be more responsive and less reactive.

Science has revealed that without a sense of safety, the pre-frontal cortex cannot develop or use the executive functions needed to carry out decision-making, goal-setting, planning, task initiation and self-control<sup>b</sup>. Because of this, people learn and work better in environments where they feel safe and supported.

A safe and healthy workplace is one that takes a strategic and comprehensive approach to creating conditions that maximize the health and well-being of staff. In turn, these conditions improve quality of service and organizational performance.

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<sup>a</sup> The Substance Abuse and Mental Health Services Administration's "Concept of Trauma and Guidance for a Trauma-Informed Approach" was used as an overarching source for the six guiding principles. <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>

<sup>b</sup> Diamond, A. (2013). Executive Functions. "Annual Review of Psychology," 64, 135. <https://doi.org/10.1146/annurev-psych-113011-143750>

## Types of Safety

**Physical safety** — or the sense of your body not being threatened in any way — must be established first. We can only form healthy attachment or connection when physical safety is present.

**Psychological safety** means being able to express yourself and be genuine without the threat of humiliation or judgment.

**Emotional safety** is being able to express or share your emotions freely without shame or punishment.

**Social safety** is when we not only feel we have the support of others, but that we also feel belonging, which includes the give-and-take that occurs in strong relationships. We receive help from others but also offer help at times.

**Moral safety** is the sense of being surrounded by people who share similar values and a sense of right and wrong. Moral safety is achieved when you feel physically, psychologically, emotionally and socially safe within the group.

Be attentive to signs of discomfort and respond in a trauma-informed way. Do this by understanding the scope of the trauma and responding in a way that doesn't cause any further harm. Check in and provide support. Ensure interactions are welcoming, respectful and engaging.

Cultivate trauma-informed supervision that acknowledges the stress and emotional needs of employees and provides supervisors with the tools to support the emotional well-being of their staff. Supervisors should model positive behavior and foster staff development as individuals and professionals.

## Principle 2: Trust and Transparency

Trustworthiness involves providing clarity and establishing rules and expectations for each staff position. It also involves ensuring accessibility to information.

Trustworthiness means maintaining respectful and professional boundaries, prioritizing privacy and confidentiality, and ensuring interactions and rules are consistent with an emphasis placed on follow-through.<sup>c</sup> Trustworthiness also

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<sup>c</sup> Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems. New directions for mental health services*. San Francisco, CA: Jossey-Bass.

recognizes that that people in marginalized groups may need more time to develop rapport and working relationships.

Professionals can be trustworthy by doing what they say they will do and address any issues that arise. Trust takes time to build and involves actively participating in a give-and-take relationship.

A clear, consistent and predictable environment creates stability and builds trust. A stable environment calms the nervous system and allows people to feel safe. Setting clear and consistent, stable boundaries also allows people to be aware of personal boundaries.

Professionals who are transparent answer questions, disclose information clearly, and work to ensure information is understood. Trustworthy and transparent professionals are honest, especially about difficult situations.

## **Examples of Trustworthy Practices**

Professionals are trustworthy when they:

- Acknowledge that they don't have answers to all questions but will find the answers they know in a timely manner.
- Provide appropriate, timely, consistent and reliable service, and ask about any urgent needs.
- Remain accountable and responsible in interactions and maintain confidentiality as is legally and ethically appropriate.
- Individualize interactions and services based on the needs of each person.
- Communicate respect for the life experiences and history of each person by accepting what individuals are willing to share.

## **Examples of Transparent Practices**

Being transparent means:

- Understanding the importance of sharing program information so that individuals can make informed decisions.

- Knowing the importance of timing messages to people who may have challenges processing information on how to properly respond to trauma.
- Giving different ways to offer feedback so people can have time to process and respond when they feel ready.
- Discussing the “why” behind decisions through an open and cooperative approach.
- Providing clear and honest communication when working with colleagues and supervisors.

## **Principle 3: Peer Support and Mutual Self-Help**

Peer support and mutual self-help occurs when people with shared common experiences or challenges come together as equals to give and receive help. This can happen through informal peer support, such as getting coffee with colleagues and sharing professional experiences. Another example is parents sharing stories about the challenges of raising children.

Guidance here is not designed for formal peer support staff, but rather to provide universal standards for people who occupy a variety of positions across systems of care.

Peer support builds healing relationships, providing individuals the opportunity to process and learn from their own lived experiences and the experiences of others. Peer support can reduce the impact of secondary traumatic stress and to experience professional growth. Themes from peer conversations may be used to advocate for professional learning opportunities or organizational changes.

### **Examples of Peer Support Practices**

Professionals are providing peer support when they:

- Work with others to develop and honor community agreements or rules for participants to safely engage in peer support.
- Actively listen without judgment and remaining curious about the content, emotion, subtext, culturally specific meaning, and emerging themes.

- Offer multiple perspectives to situations as a means to reframe, encourage and create hope, and honor “no” in a peer support relationship.
- Create regular opportunities to meet with peers, debrief experiences, and celebrate progress toward goals.
- Recognize and interrupt unproductive conversations and move them into more generative spaces.

## **Principle 4: Collaboration**

Collaboration is creating an environment of “doing with” someone rather than “doing to or for” someone. Collaborative interactions and protocols create space for people to explore circumstances and options from their own perspectives.

Collaboration and mutuality are centered upon understanding how individuals feel regarding their readiness to engage with programs and services. Provide individuals ways to contribute to planning services and shaping program activities and organizational policies.

## **Examples of Collaborative Practices**

Some examples of collaborative practices are:

- Making decisions with colleagues related to day-to-day activities.
- Cultivating and maintaining partnerships with other programs, organizations and agencies.
- Engaging in advocacy on behalf of those served, when appropriate.
- Working with colleagues to make systemic improvements to organizational cultures and processes.

## **Principle 5: Empowerment, Voice and Choice**

Empowerment means:

- Recognizing and building on individual strengths and skills.

- Highlighting supportive cultural, community or spiritual practices and connections.
- Communicating a realistic sense of hope for the future.
- Fostering an atmosphere of validation and affirmation<sup>d</sup>.

Empowerment is different than cheerleading. Rather than providing a direct compliment or encouragement, empowerment is asking someone to identify capacities and strengths<sup>e</sup>. It also includes the use of strengths-based language focused on solutions rather than problems.

An organization should allow people to contribute to its overall mission and goals. It allows people to contribute in meaningful ways based on their experience and expertise to develop policies and procedures.

## Examples of Empowering Practices

Some examples of empowerment are:

- Coaching individuals or families to identify strengths, coping resources, and protective factors, and creating goals around those protective factors.
- Providing information about protective factors and how they may be harnessed to buffer against trauma.
- Reflecting on personal biases related to their goals and the speed of progress individuals or families are making toward those goals.
- Providing space for others to express thoughts, emotions and opinions, and confirming that they have been heard.
- Accepting feedback on the way one presents and communicates, and adjusting an approach to demonstrate acknowledging the feedback.

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<sup>d</sup> Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems. New directions for mental health services*. San Francisco, CA: Jossey-Bass.

<sup>e</sup> Krause, D. J., Green, S. A., Koury, S. P., Hales, T. W. (2017). Solution-focused trauma-informed care (SF-TIC): An integration of models. *Journal of Public Child Welfare*. doi: 10.1080/15548732.2017.1348312

## Principle 6: Humility and Responsiveness

Humility and responsiveness enable individuals and organizations to respond respectfully and effectively to people of all backgrounds in a manner that recognizes, affirms and values their worth. It involves critical self-reflection, lifelong learning and growth, a commitment to recognizing and sharing power, and a desire to work toward institutional accountability.

Trauma-informed and healing-centered providers actively recognize and address racial and cultural stereotypes and biases and provide culturally responsive and culturally affirming services. They leverage the healing value of traditional cultural connections and highlight personal strengths when working with those who have traditionally faced discrimination and address historical trauma and present-day racism.

The trauma-informed and healing-centered provider understands that the concept of resilience has been applied to people of color in ways that are biased, stigmatizing, and pathologizing. Instead of focusing interventions only on the internal resources of the person doing the coping, the trauma-informed and healing-centered provider works to address the systems and narratives that discriminate and cause people to need to cope.

## Examples of Humble and Responsive Practices

Professionals are humble and responsive when they:

- Invite or encourage those with lived experience to lead conversations on challenging topics if they feel comfortable doing so, and use person-first language (unless directed otherwise by the individual).
- Ask open-ended questions to better understand how impactful experiences are interpreted by individuals from different cultural groups.
- Take steps to ensure the shared environment is accessible.
- Collaboratively create service approaches with the extended family, natural supports, healers and spiritual leaders when providing support.
- Present the same information in different ways to accommodate learning needs and preferences and ask about preferred written and spoken language or other

communication preferences when services are initiated (Spanish, English, Somali, sign language, Braille, etc.).