

Principles of Being Trauma-Informed: Conventional vs. Trauma-Informed Treatment & Residential

Core Principles/ Attributes of being "Trauma-Informed":	Conventional Treatment & Client-Serving (Residential) Programs...	Trauma-Informed Treatment & Client-Serving (Res.) Programs...
Safety	✗	✓
<input type="checkbox"/> Sense of emotional and physical safety <i>(avoids creating feelings of threat/activating the stress response system)</i>	<ul style="list-style-type: none"> Rarely decrease the sense of threat in a client's day/experience Often likely to trigger the stress response system 	<ul style="list-style-type: none"> ✓ Purposefully avoid creating a sense of threat ✓ Focus on proactively creating a sense of safety
Trustworthiness (Predictability)	✓	✓
<input type="checkbox"/> Convey clear boundaries & expectations <input type="checkbox"/> Convey clearly what kids can expect from their day and from adults	<ul style="list-style-type: none"> When well-constructed and implemented, do convey clear boundaries and expectations 	<ul style="list-style-type: none"> ✓ Provide whatever level of support is needed for a client to be clear about boundaries & expectations, and supported in meeting them
Choice (Control)	✗	✓
<input type="checkbox"/> Use of methods of power and control are minimized/avoided <i>(there is a recognition that use of power and control can be re-traumatizing and/or triggering)</i> <input type="checkbox"/> Opportunities for choice and control are given high value	<ul style="list-style-type: none"> Staff/clinicians are most often making the decisions / plans / solutions; client has little choice or control Rely heavily on mechanisms of power and control (both + and - consequences designed to gain compliance) 	<ul style="list-style-type: none"> ✓ Involve the client in decisions/ plans/ solutions to the highest degree possible ✓ Mechanisms of power and control (including + and - reinforcers) are avoided to the greatest extent possible to avoid re-traumatizing
Collaboration & Mutuality	✗	✓
<input type="checkbox"/> Shared decision-making is valued <input type="checkbox"/> Recognition that healing happens through relationship	<ul style="list-style-type: none"> Staff/Clinicians are most often the ones making most/all decisions Methods are done "to" clients and not "with" clients 	<ul style="list-style-type: none"> ✓ Shared process is used to determine how to solve problems ✓ Relational approach is at the core of these systems and plans
Empowerment	✗	✓
<input type="checkbox"/> Focus on individual's strengths <input type="checkbox"/> Focus on building self-regulation <input type="checkbox"/> Focus on building skills	<ul style="list-style-type: none"> Put little focus on strengths Often cause dysregulation Put little focus on building skills in brain-compatible ways Focus is on gaining compliance 	<ul style="list-style-type: none"> ✓ Focus on strengths ✓ Focus on proactively re-patterning the stress response system ✓ Focus on building skills in ways that are compatible with neuroscience
Cultural, Historical & Gender Issues	✗	✓
<input type="checkbox"/> Actively moves past cultural and gender stereotypes and biases <input type="checkbox"/> Offers culturally/gender responsive services <input type="checkbox"/> Leverages healing value of traditional cultural connections <input type="checkbox"/> Recognizes and addresses historical trauma	<ul style="list-style-type: none"> Are often unaware of cultural or gender stereotypes and/or implicit biases Often do not offer these services Often do not include healing value of traditional cultural connections Often does not consider or address this 	<ul style="list-style-type: none"> ✓ Focus on awareness and explicit valuing of cultural, historical and gender values ✓ Purposeful in ensuring that services are culturally/gender responsive & inclusive ✓ Considers how historical trauma may be playing a role in challenging situations