

PRACTITIONER GUIDE

Trauma Informed Practice

Trauma Informed Practice recognises the prevalence of Adverse Childhood Experiences (ACEs) and trauma across society, and the impact this has on a person's emotional, social and physical wellbeing as well as behaviours and coping mechanisms.

It is a strengths based approach which seeks to acknowledge and understand the impact of trauma, and rather than re-traumatising, it seeks to offer empowerment and feelings of safety.

What are the key principles?

The five key principles of Trauma Informed Practice are supported by a practitioner being trauma aware, having a strengths based approach promoting resilience, and recognising the signs and symptoms of trauma in clients/families. The five principles are:

1. **Trust** – we build trust by doing what we say we will, being reliable, honest and transparent. People who have experienced trauma can find it hard to trust, or can be overly trusting, so boundaries are also important.
2. **Safety** – people who have experienced trauma often continue to feel unsafe, so promoting physical, emotional and cultural safety is key. By promoting safety we can help to calm hypervigilance and fear, and offer clients a way to engage meaningfully.
3. **Empowerment** – this is important to help people increase their self-esteem and resilience and enable them to replace lost boundaries, helping them function as a person in their own right.
4. **Choice** – this links with empowerment, by giving clients a choice on how they want to work with us, or what they want to prioritise in working with us. We can help them take control and gain confidence; something that is often lost through trauma.
5. **Collaboration** – working collaboratively means working together. Clients we are working with, are more invested in the work that they have a say in, and when they are heard.

Key points

- ⇒ Trauma Informed Practice is informed by initially being trauma aware.
- ⇒ By being aware that trauma may be present in the lives of our clients, we can view them through a 'trauma lens' and consider alternative possibilities for behaviour and coping mechanisms.
- ⇒ We do not need to ask for evidence of trauma, we can apply the principles of trauma informed practice to all clients we work with rather than retraumatising.
- ⇒ Trauma informed practice and being trauma aware in our work is a move away from the medical model of 'what's wrong with them' to thinking 'what's happened to them'.

"When safety and trust increase, threat, fear and danger decrease"
Dr Karen Treisman, Clinical Psychologist

Further information

Rockpool: <https://rockpool.life/about-trauma-informed-practice/>