# Trauma-Informed Care: Movement towards Practice

Trauma-informed care is not accomplished through any single particular process or checklist. Instead, it is a practice that requires constant attention, awareness, sensitivity, and transformational change within organizational culture(s)[1]. While there is no one-size-fits-all approach, there are common principles and guiding practices that can inform resettlement and integration practices. This information guide describes some of these principles and practices. It is aimed at refugee service providers, including case managers or those in similar roles, seeking to integrate trauma-informed care into their work.

## What is trauma?

There is no one definition of trauma. However, trauma does contain some common elements:

- It is deeply disturbing, frightening, or life-threatening;
- It is outside of what would be considered "ordinary" or "normal;"
- It often results in feelings of being overwhelmed, helpless, or at someone else's control or mercy;
- It has short-term or long-term negative physical, emotional, psychological, and/or spiritual impacts.

People who have experienced trauma can be very resilient, live productive lives, and contribute to their communities. When working with refugee clients, it is important to note that every person is unique. What may be traumatic to one person may not be traumatic to another.

## Why does trauma-informed care (TIC) matter?

Cultivating trauma-informed care practices matters when working with refugees because it helps refugee service providers recognize the prevalence

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[1] Substance Abuse and Mental Health Services Administration (SAMHSA), Trauma and Justice Strategic Initiative. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," July 2014.

of trauma in their clients; understand how trauma may impact their emotions, behavior, and functioning; and utilize skills that can help prevent further traumatization of refugees during the resettlement process.

Trauma-informed care can be integrated into refugee service provision at various levels:

- **Organizational/agency level:** Related to governance, operations, policies, and procedures;
- **Program/Office level:** Related to office layout, day-to-day direct service operations, including safety committees, staff care teams, etc.;
- **Personal level**: Related to individual interactions among staff or among clients.

This information guide focuses primarily on applying trauma-informed care on the personal level. To learn more about initiating change efforts that support trauma awareness in your organization or program, see the [Trauma-Informed Care Screening Tool](#) from Trauma-Informed Oregon.

The first step to integrating trauma-informed care on the personal level is to develop **trauma awareness.** Trauma awareness is the understanding of how trauma can impact an individual, including its physical, social, and emotional impacts.

## Trauma and the refugee experience

Researchers have coined the term **Triple Trauma Paradigm** to describe the stressors and traumatic exposures that refugees have endured. The term describes the phases of traumatic experiences during migration, including pre-flight, flight and displacement, and resettlement.

For service providers, it's important to recognize that trauma may not end after migration. People may be relieved, excited, or even happy to be resettled; yet they can still find resettlement, adjustment, and integration a very difficult process. Acknowledge this dichotomy to clients. You might say: *"It's really hard*

*to come to a new country and rebuild your life. It can be very stressful."* Ask clients: *"What parts of resettlement and adjustment are going well? What parts are the hardest for you and your family?"*

**Complex trauma** refers to a series of traumatic events that occur repeatedly and cumulatively, over a period of time.[2] Examples of complex trauma related to the refugee experience include surviving armed conflict, prolonged displacement, torture, violence, and repeated persecution. Over time, a person's beliefs and actions can be influenced by these experiences. The brain and body can become acclimated to trauma.

For example, if a person has lived through several years of war and violence, they may appropriately view and respond to the world as a dangerous place that requires staying on high alert and making hair-trigger reactions. If this person then moves to a safer environment, at a minimum, it will take time to adjust. As a result, their brain and body may react to a certain event with a heightened response that appears disproportionate to the situation. It is important for providers to recognize that this response is due to complex trauma, so that they can respond compassionately and effectively.

When someone experiences trauma, the body initiates an automatic response to protect the person from danger and threat. This is called the **"fight/flight/freeze" response.** The more trauma a person has experienced, the more likely the person is to have long-term impacts like post-traumatic stress disorder (PTSD) or depression. They are also more likely to experience this same type of "trauma response" when enduring things like stress, uncertainty, and frustration.

## Principles of trauma-informed care

There are many different definitions, values, and principles of trauma-informed care. The principles below are adapted from the Substance Abuse and Mental Health Administration (SAMHSA)[3]. These don't aim to be comprehensive, but can serve as a starting point for integrating trauma-informed care into your daily work.

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[2] Courtois, C.A. "[Complex trauma, complex reactions: Assessment and treatment](#)," *Psychological Trauma: Theory, Research, Practice, and Policy, 2008, S (1),* 86–100.
[3] SAMHSA, 2014.

## Safety
Create safe and welcoming environments and interactions. This includes both physical and psychological safety.

**For example:**
- Promote a sense of safety and welcome in your office environments. Post multi-lingual welcome and client rights signage.
- State in your client rights form, and explain to clients, that your program serves and respects clients of every race, national origin, ethnicity, religion, sexual orientation, gender expression, age, and ability.
- Avoid triggering or re-traumatizing clients. Do not ask about past trauma unless it is relevant to the work with the client and is appropriate to your role (i.e., if you are a mental health counselor working with a client on trauma symptoms).
- When a client is escalated, work to "down-regulate" the client by validating, listening, and focusing on immediate needs. To learn more, see Switchboard's information guide *Trauma-Informed Care: Preventing Crisis and De-escalating Difficult Situations.*

## Trustworthiness and Transparency
Uphold clear, reliable, and predictable practices and procedures. Aim for staff and client interactions to foster trust through clear communication and shared understandings.

**For example**:
- Help clients understand confidentiality and its limits. Be transparent about how you will use their information.
- Be as clear as possible when sharing information on processes, timelines, etc.
- Break complex processes into small steps for ease of understanding.
- Make sure you have appropriate releases of information and consent forms. Review these and all other forms with clients to help ensure they understand them.

## Mutual Collaboration
Work to level the power differential by respecting clients' lived experiences, and by recognizing that the working relationship is a shared partnership.

**For example**:
- Solicit clients' input in goals and decision making. Ask questions like: *"Which of these things is most important to you? What would you like to work on first? What is getting in the way of what you want to accomplish?"*
- Remember that while you may be an expert in your program, the client is the expert on his/her own experience.
- Follow clients' lead in the way they talk about their needs and what has happened. Don't assume that just because a client experienced trauma, he or she is struggling with PTSD or other mental health issues. For example, if a client tells you he is not sleeping at night, don't assume it is PTSD. It may be because he has a new baby, or drinks too much caffeine, or is worried about paying the rent. Ask. Don't assume.
- Validate clients' concerns and feelings. You might say: *"That sounds really difficult. Many people find this process frustrating. It's normal to feel upset."*
- On the organizational level, engage clients in program design through input and feedback mechanisms.

## Empowerment and Choice
Work to recognize and build on clients' strengths, helping clients to know and understand their rights, services, and goals. Encourage clients to achieve on their own terms.

**For example**:
- Build choice into all process. For example, you might say: *"Please tell me when you would like to take a break. Is it okay to proceed? Do you have any questions? Can you tell me if I got something wrong?"*
- Ask for permission to discuss potentially difficult subjects. You might ask: *"Is it ok if I ask you questions about [your past, your health, your family, your housing...]?"*
- Ensure strengths are a regular part of assessment and case planning. You can ask: *"What has worked for you before? What does not work for you? What might work for you in the current situation? Who do you count on or go to for help?"*

- Take time to help clients recognize relevant existing skills and build new skills so they can navigate systems independently.

Across these principles, it's important to take gender, culture, and history into account. Views on trauma can be shaped by factors like religion and spirituality, language, gender roles, family and kinship, heritage, history, and many more. Situations like walking home at night, or interacting with police, may be experienced very differently by clients of different genders, races, or backgrounds. How you integrate trauma-informed care into your daily work should reflect these considerations.

> To learn more about implementing strengths-based services, see Switchboard's information guide [Demystifying Strengths-Based Services: Fostering Refugees' Resilience in Resettlement](#).

## Going further: connecting clients to mental health or trauma support services

Beyond taking these steps to integrate trauma-informed care into your work, it is important to know when, where, and how to refer clients for further support outside your scope of expertise. Depending on your specific program's needs, your staff capacity, and your available resources, your program may involve screening clients for emotional distress and or trauma. This type of screening requires training and capacity to implement appropriately.

More commonly, programs may connect clients to external providers qualified to screen for trauma and associated mental health conditions. There are best practices for properly referring a client to a mental health provider, and training is needed to refer cases appropriately.

## Post-traumatic growth

Remember that trauma is not static. Don't discount client's potential for growth and recovery. Taking a strengths-based approach means keeping in mind that all people have the inherent capacity to learn, grow, and change. The human spirit is resilient. Trauma may even be a source of opportunity, leading to new skills and personal attributes that serve a person well.[4]

## Conclusion

Service providers equipped with trauma awareness can better support clients in their resettlement and adjustment journey. Working to reduce possible re-traumatization, promoting messaging that increases trauma awareness, and developing policies and practices that are trauma-informed are critical steps. Importantly, growth after trauma is possible and supporting refugees in their resettlement and integration is one way to foster recovery.

## Resources

*Information Guide—Trauma-Informed Care: Preventing Crisis and De-escalating Difficult Situations:* This Switchboard guide describes practices that can prevent crisis and stabilize escalated situations.

*TIP 57—Trauma-Informed Care in Behavioral Health Services*: This quick guide from SAMHSA is aimed at mental health clinicians.

*Tip Sheet—Trauma Informed Care for Children Exposed to Violence: Tips for Agencies Working with Immigrant Families:* This Safe Start Center tip sheet provides guidance on trauma-informed services to children and families who were exposed to violence in their home countries.

*Information Guide-—Community Engagement: Effective Messaging and Trauma-Informed Care Approaches:* This National Partnership for Community Training guide discusses how communities can implement trauma-informed care practices.

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[4] To learn more, see Saleeby, D. (2012). *The Strengths Perspective in Social Work Practice: 6th Edition.* New York, NY: Pearson.