

# 9 Elements of a Person-Centered System: Trauma

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Trauma is a pervasive, long-lasting concern that affects people who use services and the workforces and service systems that support them. Person-Centered Trauma-Informed Planning, one of the 9 Elements of a Person-Centered System, helps people gain an understanding of what has helped them to be resilient to trauma in the past and what is needed in the future to ensure they have more control and balance in their lives. Similarly,

trauma-informed system planning entails building organizational resilience, improving workforce experience, and ultimately supporting organizations to respond to and reduce the impact of trauma. A trauma-informed system is one that recognizes and responds to the impact of traumatic stress on service users, service providers, and system administrators. Within such a system, organizational cultures, practices and policies are designed to sustain trauma awareness, knowledge, and skills. Trauma-informed systems employ the best available information on practices that maximize physical and psychological safety.

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Like people, organizations are susceptible to trauma in ways that contribute to insensitivity, reactivity and depersonalization. As a consequence, our systems can unknowingly reinforce domination, coercion, and harm if trauma is not recognized. Simply put, when people interact with a service delivery system at any level, we can assume that some type of trauma has been a part of their experience. When our systems are traumatized, it prevents us from responding effectively to each other and the people we serve. Organizational change models need to include support to organizations in nurturing and sustaining trauma-informed practices.

A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

- Routinely screen for and respond to trauma exposure and related indications.
- Use evidence-based, culturally responsive assessment and response for traumatic exposures.
- Make training and resources available on trauma exposure and its impact.



- Engage in efforts to strengthen the resilience and protective factors of those exposed to and vulnerable to trauma.
- Address the impact of trauma on the system through strengthening planning efforts and training all levels of the system to recognize and respond to trauma.
- Emphasize continuity of care and collaboration across systems.
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, to increase staff wellness.

These activities are rooted in an understanding that trauma-informed agencies, programs, and service providers:

- Build meaningful partnerships among people supported, people providing supports, and system decision-makers at individual and organizational levels.
- Address the intersections of trauma and culture, history, race, gender, location, and language.
- Acknowledge the compounding impact of structural inequity.
- Are responsive to the unique needs of historically traumatized communities.

Organizations that develop a shared language to recognize, define, and address the impact of trauma operate from a foundational understanding of the nature and impact of trauma on people as individuals and as part of systems.

## Planning, Practices, and Supports That Are Trauma Informed

Everyone who works in the organization needs to have training that provides a basic understanding of what causes trauma and the impact of trauma on the brain and behavior. There needs to be recognition that employees as well as those using services are affected by trauma. Referral for treatment/support must be arranged, if warranted. No one should seek to uncover someone else's trauma or seek details unless they have the necessary training and consent from the person.

Staff must be trained to assume trauma as a potential cause of any challenging behavior. The capacity for treatment needs to be present or developed. Where trauma has been established as the cause of the behavior, an assessment of the setting should be done and a "healing environment" provided.

Those who develop plans should learn:

- How does the person define a safe setting?
- Where do they need control that can be supported?
- What relationships are healing?

## There should be an expectation that the person who develops the plan will act on this learning.

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Exposure to abuse, neglect, discrimination, violence, poverty, and other adverse experiences increase a person's lifelong potential for serious health problems. Policymakers and providers increasingly recognize that exposure to traumatic events heighten a person's risks long afterward. As systems grow aware of trauma's impact, they are starting to understand the value of trauma-informed approaches to service and support delivery. Trauma-informed practices acknowledge the need to understand a person's life experiences to deliver

effective support and have the potential to improve overall individual wellbeing, including engagement, safety, and health outcomes.

Trauma-informed support must involve both organizational and clinical practices that recognize the complex impact trauma has on both those who use services and those who provide them. Well-intentioned providers often train their clinical staff in trauma-specific treatment approaches, but neglect to implement broad changes across their organizations to address trauma. Widespread changes to organizational policy and culture need to be implemented for a setting to become truly trauma informed.

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