SUPPORTING INDIVIDUALS & FAMILIES

Trauma-Informed Approaches for Service Providers





INTRODUCTION

he Fairfax County Trauma-Informed Community
Network is happy to provide this resource to help the
health and human services workforce consider how
they can apply trauma-informed practices to their direct
service delivery. Everyday tasks like case management,
service coordination and planning, as well as family
engagement can all benefit from being approached using
principles of trauma-informed care as a foundation for
the work. As agencies consider things like best practices,
improved interagency coordination, and continuous quality
improvement, we hope that the concrete examples of
trauma-informed service delivery outlined in this guide can
contribute to the conversation.

This guide is meant for use by supervisors to guide discussions about trauma-informed service delivery with their teams, and for use by direct service providers to reflect on and improve their practices.

For more information about the Trauma-Informed Community Network, please visit our website at http://bit.ly/fairfaxTICN.

TRAUMA DEFINED

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individuals physical, social, emotional or spiritual wellbeing.

NORMAL reactions to difficult situations

A program, organization or system that is trauma-informed:

REALIZES the widespread impact of trauma, and potential paths to recovery

RECOGNIZES the signs and symptoms of trauma in clients, families and colleagues

RESPONDS by integrating knowledge about trauma into policies, procedures and practices

RESISTS re-traumatization by protecting against dynamics that may replicate trauma



KEYPRINCIPLES OF A TRAUMA-INFORMED APPROACH

- Safety
- Trustworthiness & Transparency
- Peer Support
- Empowerment, Voice & Choice
- Collaboration
- Cultural, Historical & Gender Issues



SUPPORTING INDIVIDUALS & FAMILIES

TRAUMA-INFORMED APPROACHES FOR SERVICE PROVIDERS.

VALUES

We believe that all humans have intrinsic value

ATTITUDES

Our beliefs about change influence how we treat people

KNOWLEDGE

We understand how trauma impacts development, behavior and functioning

ACTIONS

We engage in authentic partnerships with clients and their families

BEHAVIORS

We offer choices, set appropriate boundaries, and create safe environments WE STRIVE TO ENSURE THAT EVERYONE HAS EQUITABLE ACCESS TO THE RESOURCES THEY NEED TO THRIVE.



Fairfax is a diverse community, and we know that risk for exposure to trauma is not evenly distributed across our population. We understand how historical and inter-generational traumas fit into the experiences that our clients bring to their relationships with us and with other service providers, and we strive to ensure that everyone

has equitable access to the resources they need to thrive. In particular, we consider how the experiences of some of the special populations we work with- LGBTQ+ youth, folks living with physical or developmental disabilities, families with immigration and refugee experiences, and many others might be experiencing trauma.

VALUES

TRAUMA IS COMMON IN THE CLIENTS WE SERVE.

BUT PEOPLE ARE MORE THAN THEIR EXPERIENCE, AND RESILIENCY FACTORS EXIST IN EACH OF US.

ATTITUDES

Everyone's experience is unique.

Clients and their families are the experts in their own lives, and we are patient, hopeful, warm and genuine as we learn about those experiences.

KNOWLEDGE

We recognize trauma reactions when we see them.

We understand how brains and bodies respond to trauma, and we rely on regular supervision and ongoing education and consultation with others who are trauma-informed to apply this knowledge to our work.

We understand what works to help folks manage trauma responses, and we have strong partnerships with providers who offer those services.

ACTIONS

We value partnerships with clients, with their families, and with our professional partners.

We build on strengths, offer choices, and include all voices in decision making. We develop individualized service plans that rely on providers who are providing quality evidence-based interventions that are a good fit for individual needs and preferences.

BEHAVIORS

We are transparent, nonjudgemental, and practice cultural humility.

We are a calm, consistent and reliable participant in relationship with our clients. We are respectful and responsive, and can be trusted to maintain confidentiality.

We address our own biases with clients when necessary, and consider cultural preferences in all of our interactions.

OUTCOMES

CLIENTS AND THEIR FAMILIES FEEL SAFE AND RESPECTED IN THEIR RELATIONSHIP WITH US, AND ARE EMPOWERED TO ACHIEVE THEIR GOALS WITH CONNECTION TO APPROPRIATE SUPPORTS AND SERVICES.



TRAUMA-INFORMED PRACTICES IN ACTION

WE PROMOTE SAFETY WHEN WE:

Ensure that our spaces are comfortable and inviting.

Help individuals develop and practice emotional regulation skills through modeling, teaching and role-play.

Ask permission before acting on behalf of those we are serving.

Maintain self-awareness and managing our own physical and emotional responses in the moment.

WE BUILD TRUST WHEN WE:

Are clear about the limitations of our roles.

Call individuals by their preferred name, and use their correct pronoun-both in person, and in all written communication, including referrals to other service providers.

Let those we are serving know what to expect from new service providers, and help them prepare for interactions with new organizations or systems.

Respect the cultures and definitions of family presented by those we are serving.

Avoid jargon and acronyms, and ensure that we are interacting with people, not forms and screens.



WE DEMONSTRATE THAT WE KNOW THE VALUE OF PEER SUPPORT WHEN WE:

Connect those we are serving to peer and family support partners whenever possible, and including them as partners in meetings and decision making.

Create opportunities to debrief with colleagues following difficult situations.

Engage in regular supervision, including peer supervision.

WE EMPOWER WHEN WE:

Adjust our interventions to match the level of need. Some individuals that we are serving need a list of phone numbers, while some need help making the call. We are flexible and take advantage of opportunities to help those we are serving learn and practice new skills.

Acknowledge and build on strengths- not just in theory, but in our interactions with those we are serving, and in our written communication within our own agencies and with our partners.

Respect each individual's selfdetermination, and offer choices when it comes to things like meeting times and service providers.

Recognize trauma reactions for what they are and maintain our unconditional positive regard of the individuals and families that we are serving - avoiding blame, judgement, and other responses that convey rejection.



WE ARE COLLABORATIVE WHEN WE:

Work in partnership with those we are serving, and with our partners.

Respect interdisciplinary approaches and the role of significant others when we are developing service plans – ensuring that all voices are heard.

Are accountable to those we are serving and to our partners when it comes to facilitating smooth transitions and preventing gaps in service.

WE RECOGNIZE THE ROLE THAT CULTURAL, HISTORICAL & GENDER ISSUES PLAY WHEN WE:

Understand how identity defines how trauma is experienced, interpreted and responded to for each individual.

Are knowledgeable about the historical trauma that might be present for different racial, ethnic and gender groups, are open to learning what we don't know.

Offer gender and culturally specific services when they are available and requested.

Document connection with social, religious and cultural resources as part of routine care.

ASSESMENT CHECKLIST

Well Informed

Thorough and includes diagnostic information, as well as insights from collateral contacts

Holistic

Considers all areas of client need to inform service planning

Ongoing

Adjusts to changing needs and service provider understanding of client capacity.

SERVICE PLAN CHECKLIST

Collaborative

Client and family recognized as experts. Partners included.

Outcome Focused

Clear, realistic goals that reflect client choice and preferences.

Individualized

Customized with the right mix of supports and services for each client.

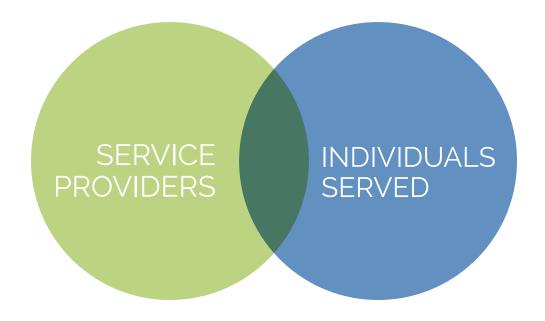
Realistic

Considers role and partner limitations, as well as time constraints.

Appropriate

Connects clients to effective services that are a good fit and match for their level of need.

EVERYONE CAN BENEFIT FROM



- safe spaces (everyone feels safe psychologically, emotionally and physically)
- self-regulation (managing emotions and responses)
- relationships based on partnership, not hierarchy
- connection to faith, culture and community
- understanding the impact of trauma
- self-awareness (triggers, biases)
- self-care (rest, relaxation)

WHAT DOES THIS LOOK LIKE IN YOUR WORK?

Want to talk that through with others who are considering their work through a trauma-informed lens? Check out the Fairfax County Trauma-Informed Community Network.

http://bit.ly/fairfaxTICN

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ADDITIONAL RESOURCES

A Guide to Educating Children, Youth & Families about Trauma and Resilience

Tips for Engaging Families in Mental Health and Disability Services

Commission for Case Manager Certification

https://ccmcertification.org/

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