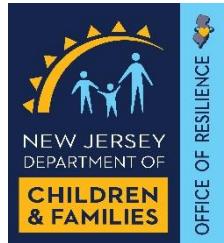


## IMPLEMENTING A TRAUMA INFORMED APPROACH

### 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH



The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA's six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Safety	Trustworthiness and Transparency	Peer Support	Collaboration & Mutuality	Empowerment Voice & Choice	Cultural, Historical, & Gender Issues
Safety in physical settings and interpersonal interactions	Operations are conducted and decisions are made with transparency, consistency, respect and fairness as to build and maintain trust	Support from those with lived experiences of trauma, or in case of children with trauma, their family members	Partnering, leveling of power differences between and amongst staff, as well as those served	Individuals' strengths and experiences are recognized and built upon	Organization moves beyond cultural stereotypes and biases

## TEN IMPLEMENTATION DOMAINS

1. GOVERNANCE AND LEADERSHIP	The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach. There is an identified point of responsibility within the organization to lead and oversee this work and peer voices are included.
2. POLICY	There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross-agency protocols reflect trauma-informed principles.
3. PHYSICAL ENVIRONMENT OF THE ORGANIZATION	The organization ensures that the physical environment promotes a sense of safety.
4. ENGAGEMENT & INVOLVEMENT	People in recovery, trauma survivors, consumers, and family members receiving services have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g., program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation).
5. CROSS-SECTOR COLLABORATION	Collaboration across sectors is built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus is not the stated mission of different service sectors, understanding how trauma impacts those served and integrating this knowledge across service sectors is critical.
6. SCREENING, ASSESSMENT AND TREATMENT SERVICES	Interventions are based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach. Trauma screening and assessment are an essential part of the work. Trauma-specific interventions are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.
7. TRAINING AND WORKFORCE DEVELOPMENT	Continuous training on trauma, peer support, and how to respond to trauma is available for all staff. A human resource system incorporates trauma-informed principles in hiring, supervision, and staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress from exposure to highly stressful material.
8. PROGRESS MONITORING AND QUALITY ASSURANCE	There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based and trauma-specific screening, assessments, and treatment.
9. FINANCING	Financing structures are designed to support a trauma-informed approach which includes resources for staff training, development of appropriate facilities, establishment of peer support, and evidence-supported trauma screening, assessment, services, and interventions.
10. EVALUATION	Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-research instruments.