

## Trauma Informed Care Strategies & Approaches

As service providers, we cannot control people's pasts, lives, or the systems we live in, but we can control how we approach and interact with program participants. We do not have the right to know about people's trauma unless they choose to share, and we should treat all people as if they potentially have trauma.

1. **Do pre-work and research** to learn about the populations and cultures you provide services to while understanding each individual has their own lived experiences that shape their values, priorities, decision making and goals. Beware of the danger of a single story. **Resource:** TED Talk, Chimamanda Ngozi Adichie: [The Danger of a Single Story](#).
2. **Build relationships** through trust, confidentiality, collaboration; ask open-ended questions; be honest, genuine. Treat participants like a partner in the process from beginning to end.
3. **Help participants feel in control or empowered** as much as possible. Foreshadow and check-in along the way. Provide language access services and translated documents.
4. **Be open to feedback**, allow participants to guide programming as much as possible, give choices when possible. Be sensitive to people's learning and literacy needs.
  - Ask about preferences: Does the client prefer to work on their own or with help? Give choice in format (quiet, writing, sharing) for reflection exercises, give people time to read forms and process questions, allow for more discussions in small groups, allow people to bring a friend, especially important for English Language Learners if there is small group or partner activities.
5. **Be warm and welcoming.** Build rapport and knowledge of the participant with strengths-based interactions. Listen for and reflect back what they value.
6. **Six Scenario Challenge-** Think of six other possibilities when questioning others' behavior to avoid making unconfirmed assumptions (i.e., someone is behind on rent, think of 6 reasons why this might be).
7. **Belief and acceptance** that people are doing the best they can with what they have.
8. **Acknowledgements** can go a long way:
  - Systematic barriers or oppressive systems, access to systems, products.
  - Connections between feelings, emotions, thoughts, and behaviors. What looks like avoidance of an important issue may be a trauma response.
  - Family and personal history and culture surrounding money.
  - Economic parameters and restraints.
  - "Name it" aka "put it on the table," let people know it is okay to share what's important, model returning to previous conversations. "I've been thinking about your comment at last meeting . . .".
9. **E-P-E** - Elicit (permission), Provide (information) Elicit (feedback) (from Motivational Interviewing)  
Example: Service provider: "Are you interested in learning more about how to save on groceries now or would you like me to send you home with some information?" Participant: "Now is fine." Service provider discusses handouts or strategies with participant. Service provider: "What did you think about those strategies?"
10. **Goal Setting:** (SMART vs Learning Goals) Goal setting can be intimidating or cause anxiety about failure. A person trying to meet their basic physical and emotional needs might not be ready for goal setting. A learning goal might be more appropriate than an action step-oriented goal for some. Consider needs for immediate (survival mode) vs short-term needs vs long-term goals.

