

Overview of SAMSHA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*

With Discussion Questions

What is trauma?

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

—SAMSHA's *Concept of Trauma and Guiding Principles for a Trauma-Informed Approach*

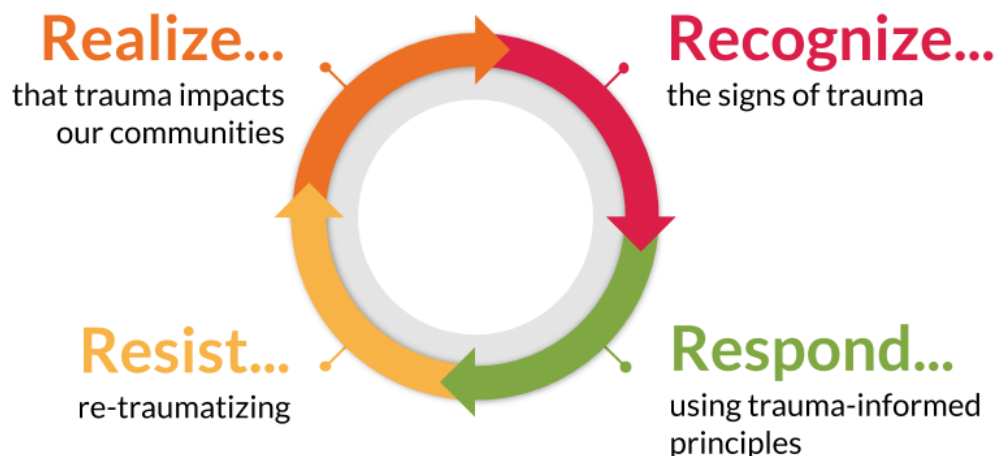
"Trauma is not what happens to you, it's what happens inside you as a result of what happened to you."

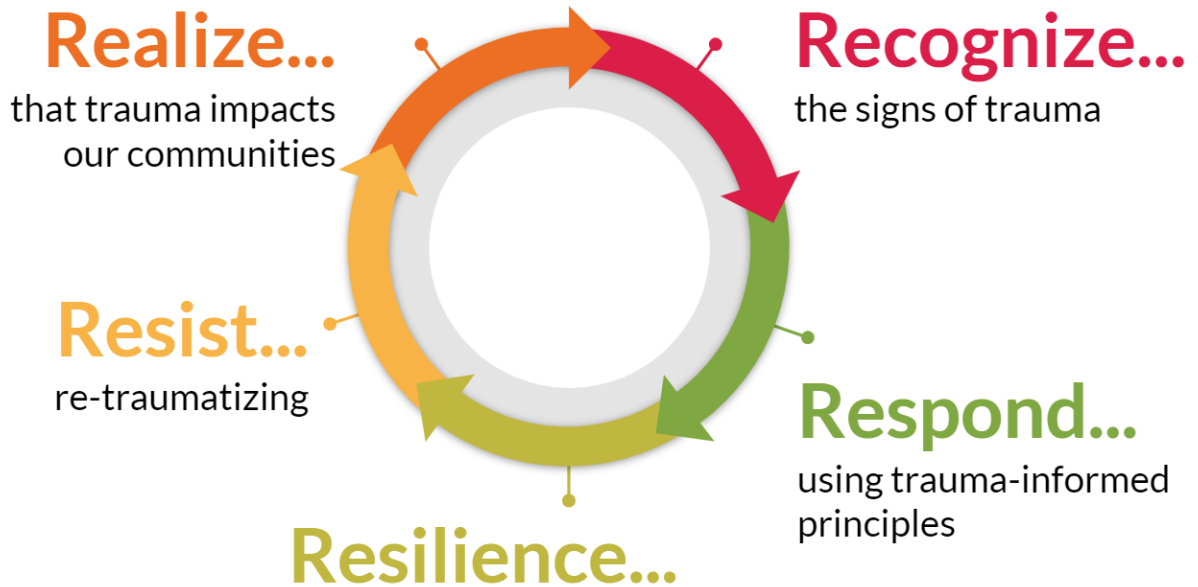
—Gabor Mate

Allostatic load allows for the connection between the biological impact of trauma to the social determinants of health. Allostatic load is "the wear and tear on the body" which accumulates as an individual is exposed to repeated or chronic stress.

—McEwan and Stellar, 1993

Four (or Five) Key Assumptions





Six Key Principles

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues



Safety

Throughout the organization, staff, and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

Is my wellbeing at risk? Am I emotionally or physically under threat?

For Discussion

1. How might participants in your programs or interventions define safety? Consider settings such as a nutrition class, a community event, a food distribution, a school lunchroom, a congregate meal site.
2. Dr. Sandra Bloom described a concept called “Sanctuary Trauma” - where clients expect a protective and caring environment, but instead find more trauma and stress. Can you think of examples where this might be the case in our social service systems? Are we at risk of Sanctuary Trauma in our programs?
3. What are some behaviors that might let you know a client, program participant, or colleague might not feel physically or psychologically safe?
4. What are some programmatic elements you have seen incorporated which prioritize physical and psychological safety for your program participants?



Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

Are the people who say they will help me, actually helping me? How do I know that?

For Discussion

1. How might participants in your programs or interventions define trustworthiness and transparency? Consider settings such as a nutrition class, a community event, a food distribution, a school lunchroom, a congregate meal site.
2. What are some behaviors that might let you know a client, program participant, or colleague might not trust the program, the organization, or staff working on this program?
3. Think specifically about evaluation - how can the evaluation of our programs unintentionally disrupt the trust between clients and our organizations?



Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

Am I alone in this? Does anyone understand my experiences? Can I count on people in my community to be there for me?

For Discussion

1. How might peer support look in your programs or interventions, given that trauma mitigation is not generally an activity of public health nutrition or food security initiatives? Consider settings such as a nutrition class, a community event, a food distribution, a school lunchroom, a congregate meal site.
2. What are some benefits of prioritizing peer support and mutual self help in nutrition education? How does this principle reinforce what we know about adult learning theory and learner-centered facilitation?
3. What are some programmatic elements you have seen incorporated which prioritize peer support and mutuality?



Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators demonstrating that healing happens in relationships and in the meaningful sharing of power decision-making. The organization recognizes everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”

Will you help me without making me feel “less than”? Can I be treated with value and dignity? Are you with me rather than directing me and having power over me?

For Discussion

1. How does collaboration and mutuality look in your programs or interventions? Consider activities such as community engagement and policy work. What are challenges in incorporating this principle?
2. What are some benefits of prioritizing collaboration and mutuality?
3. How do organizational and funding structures play a role in whether this principle can be applied consistently and authentically.



Empowerment, Voice, and Choice

Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

Who is controlling my life? Am I only dependent on others? Can I have a say in what happens to me? Can I trust myself and my abilities?

For Discussion

1. How does empowerment, voice, and choice show up in your programs or interventions?
2. What challenges might be presented when program requirements (ie. nutrition education curricula) is inflexible or proscribed?
3. How do organizational and funding structures (structural power dynamics) play a role in whether this principle can be applied consistently and authentically?



Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

Do you understand how I have been treated/perceived/disempowered by others because of my identity or group affiliation? Will you treat people like me with respect and dignity? Will you acknowledge my particular experiences and beliefs? Will you honor my sense of belonging to a community or identity?

For Discussion

1. How does this principle show up in your programs or interventions?
2. What other cultural stereotypes and biases might we explore in our role providing nutrition and food security interventions in community settings?
3. What are some examples of how fidelity to this principle results in successful community programs and initiatives?
4. How does this principle intersect with equity, diversity, and inclusion initiatives? Do you consider equity work to be an essential component of a trauma-informed frame?



Overview of the Sanctuary Model

Adapted from:

Bloom, Sandra L., and Brian J. Farragher. *Restoring Sanctuary a New Operating System for Trauma-Informed Systems of Care*. Oxford University Press, 2013.

Esaki, Nina & Benamati, Joseph & Yanosy, Sarah & Middleton, Jennifer & Hopson, Laura & Hummer, Victoria & Bloom, Sandra. (2014). The Sanctuary Model: Theoretical Framework. 10.1606/1044-3894.4287.

History of the Sanctuary Model

In the 1980s, child psychiatrist Dr. Sandra Bloom and others identified Sanctuary Trauma - where clients expect to find safety and healing and instead find more trauma - as a pervasive reality. They formed the Sanctuary, a trauma-specific program for adult survivors. The Sanctuary Model is an organizational intervention, based on 7 agreements, which promotes the creation of a trauma-informed community.

Why the Sanctuary Model?

1. Organizational culture is essential in the delivery of trauma-informed services. An organizational intervention is often required to bring organizational culture into alignment.
2. By creating a restorative culture internally, service providers can be emotionally available to each other and their clients, creating an environment which supports resilience.

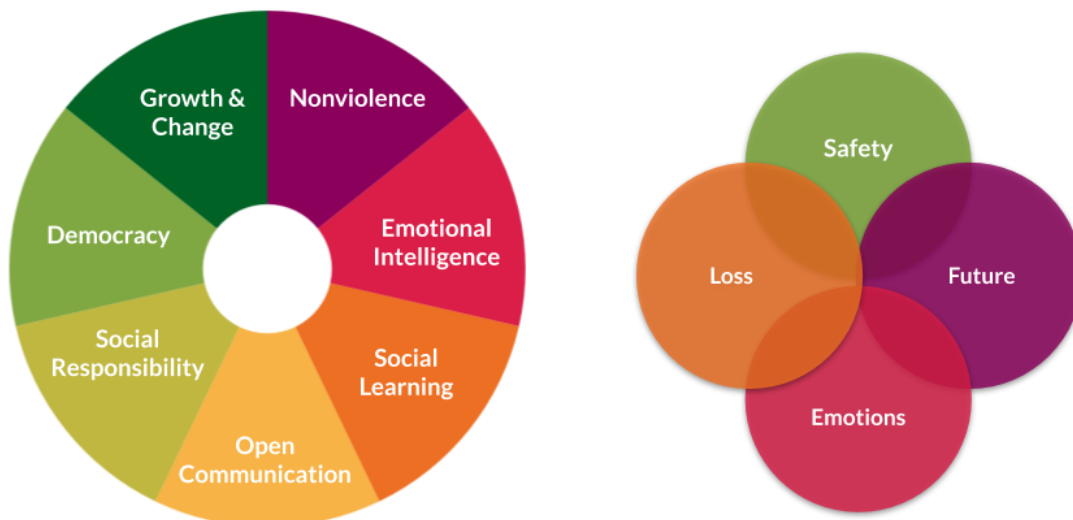
The Sanctuary Commitments

1. **Nonviolence:** The community works toward ensuring that all members are safe and refrain from hurting each other.
2. **Emotional Intelligence:** Recognizing and anticipating the influence that emotions have on behavior and using that information to guide practice.
3. **Democracy:** Encourages community members to share decision making in whatever ways are most appropriate for their group. This is based on the premise that diversity of opinion yields a better result and that people are more likely to support something they have helped create.
4. **Open Communication:** Members agree to be aware of how they communicate with each other. Community members agree to talk about issues that affect the whole



community, no matter how difficult they may be, and to do so in a direct and open way. Leaders practice transparency in regard to decisions or issues that affect everyone. All community members have the information they need to be successful.

5. **Social Responsibility:** Agreement that the community will take care of itself and its members. Members share responsibility for doing good work, adhering to the rules of the community, and being accountable for their behaviors and decisions.
6. **Social Learning:** Creating an environment that allows people to learn from each other, their experiences, and their mistakes.
7. **Growth and Change:** The belief that individuals, groups, and systems can grow and heal. We create situations that promote growth out of our comfort zones and create a sense of disequilibrium that forces movement. Growth and change are achieved through inquiry, self-reflection or assessment, and acquiring knowledge.



Source: *Restoring Sanctuary* by Sandra L. Bloom and Brian Farragher

Social Policy Implications

Overview of Case Study

Source:

Hecht, Amelie A et al. "Using a trauma-informed policy approach to create a resilient urban food system." *Public health nutrition* vol. 21,10 (2018): 1961-1970. doi:10.1017/S1368980018000198

*In Baltimore, MD, the **Baltimore Food System Resilience Advisory Report** was created to strengthen the resilience of the city's food system and improve short- and long-term food security. Recognizing food insecurity as a form of trauma, the report was developed using the principles of trauma-informed social policy.*

Table 1

Bowen and Murshid's six core principles of trauma-informed social policy⁽³²⁾

Principle	Definition
Safety	Ensure physical and emotional safety; prevent further trauma from occurring
Trustworthiness and transparency	Maintain transparency in policies and procedures, with the objective of building trust among stakeholders
Collaboration	View policy's target population as active partners in policy development and implementation and as experts in their own lives
Empowerment	Share power with policy's target population, giving them a strong voice in decision making
Choice	Preserve meaningful choices for policy's target population to maintain a sense of control
Intersectionality	Focus on awareness of identity characteristics and the privileges or oppression these characteristics can incur



Table 2

Principles of the trauma-informed social policy framework addressed by selected policy recommendations in the *Baltimore Food System Resilience Advisory Report* (31)

Example policy recommendation	Safety	Trustworthiness and transparency	Collaboration and peer support	Empowerment	Choice	Intersectionality
Enhance capacity of food assistance organizations to provide for clients' special dietary needs	X		X	X	X	X
Work with community members to develop neighbourhood-specific food storage plans and ensure that food stored is culturally appropriate, safely used and anticipates special dietary needs of community members	X	X	X	X	X	X
Continue to actively solicit input from diverse members of the community, including those who do not typically attend community meetings		X	X	X		
Identify ways to support community-based organizations (e.g. providing or identifying financial resources and technical support) to enhance their ongoing work to reduce food insecurity as well as preparedness efforts		X	X	X		
Continue to advocate for policies and programmes that reduce food insecurity by addressing its root causes, including poverty, employment and discrimination				X		X
Incentivize food retailers to strengthen backup systems and equipment (e.g. cyber/data backups, insurance, generators, energy-efficient refrigeration, solar power)	X				X	
Support community-led efforts to engage in urban farming and community gardening			X	X	X	X
Support community-owned business development, particularly minority-owned new business development in the food sector			X	X	X	X



Communicating Effectively

Resources

Framing Public Issues. The Frameworks Institute. April 2005.

<http://www.frameworksinstitute.org/assets/files/PDF/FramingPublicIssuesfinal.pdf>

Harvard Center for the Developing Child

<https://developingchild.harvard.edu/>

For Discussion

1. What idea would you like to reframe? For which stakeholder(s)?
2. What frames are available to them?
3. What are the consequences of these current frames?
4. How can this issue be reframed to evoke a different way of thinking?
5. What are the larger values within which this issue should be framed?



For Discussion

1. What is a project you have worked on that you felt was successful (*ex. zn older adult walking program, a workshop series that went really well, a community engagement project - could be a full program or even just one particular class or event.*)

2. Consider the project through the lens of trauma-informed principles. Describe the factors of success through this lens - choose one or two principles to highlight

Safety and Security

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Historical, Race, Gender (Intersectionality)



Trauma-Informed Care Code of Conduct

In alignment with LiveWell San Diego, the Trauma Informed Code of Conduct, facilitated by Clinton Health Matters Initiative, was developed by young adults from Project A.W.A.R.E., Just in Time for Foster Youth, and Youth Empowerment. It is a statement of their expectation about how children, youth, and families should be treated by government agencies and communities of support who interact with them. An organization that adopts the Code of Conduct commits to ensuring that its policies and staff

practices meet the standards below, and has a system of accountability to make sure that this is true.

Adopting organizations commit to apply trauma-informed care practices to ensure that their interactions, behaviors, services, and communities of support are accountable to avoid worsening the effects of trauma, to support youth in building resilience, and in being balanced, healthy, and empowered. Adopting organizations view each person as creative, resourceful, whole, and more than just a number.

ADOPTING ORGANIZATIONS WILL ADHERE TO THESE PRINCIPLES:

Safety

A safe and open-minded place where I feel welcome

- a. Nurtures a reliable environment with respect for privacy and self-expression
- b. Maintains nonviolent environment free of intimidation
- c. Respects confidentiality unless permission is given (unless someone is harming you, you are harming yourself, or you are harming someone else)

Individualized Support

Assists me and considers the factors affecting my situation

- a. Implements a welcome process to the organization and community
- b. Builds mutually beneficial partnerships to promote successes and coach people to reach personal goals
- c. Connects people with services and partners, or offers alternatives until needs are properly addressed
- d. Views each person as creative, resourceful, whole, and more than just a number

Effective Communication

Providing me with clear and consistent information

- a. Ensures needs are met with an appropriate level of urgency, prioritization, and follow-through
- b. Provides accessible means of communication, with appropriate measures taken for privacy (e.g. in-person, phone, email, social media)
- c. Maintains transparency about the organization's processes, and explains actions taken in any high-stress situation
- d. Utilizes a process to provide constructive feedback to the organization, and ensures steps are taken for improvement when appropriate

Supportive Staff

Is kind and has a true and genuine passion for helping me

- a. Integrates trauma-informed care training and awareness
- b. Reflects the community served (e.g. lived experiences, ethnicity, race, gender, social status)
- c. Values everyone regardless of gender, race, sexual orientation, social status, religious and personal beliefs, or culture
- d. Offers a considerate, honest, and empathetic community that can be relied on



