Are you Trauma-Informed?



Trauma Informed

Trauma Responsive

Trauma Sensitive

Trauma Aware

The Principles of Trauma Informed Care

For child welfare services to actually help families where there has been trauma, we need to attend to the five core principles of Trauma Informed Care:

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear and maintaining appropriate boundaries
- Choice: Prioritizing developmentally appropriate choice and control for children, youth, families and adults
- Collaboration: Maximizing collaboration and sharing of power with children, youth, families, and adults
- Empowerment: Prioritizing child, youth, family and adult empowerment and skill-building

SOLUTION-FOCUSED TRAUMA-INFORMED CARE (SF-TIC): AN INTEGRATION OF MODELS

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Solution-Focused -TIC Concepts and Skills (Koury, Green & Krause, 2016)

Solution-Focused Approach

SF Skill/Examples

Trauma-Informed Care (TIC)

Safety	Both physical and	Creates emotional safety by:	Goal formation
	emotional	1. "leading from one step	questions
	dimensions—includes	behind," which allows the	"What needs to happen
	considerations around	other to drive the	here today in order for
	where and when	conversation/session at	this meeting to be
	services are being	their own pace	helpful to you?"
	offered, what security	2. Taking the position of	"What is your best
	measures are in place,	"not knowing," by being	hope for our time
	the physical	respectfully curious and	together today?"
	appearance of waiting	non-judgmental about the	
	rooms and other parts	other's perceptions and	Difference questions
	of the agency, etc.	experiences	"What difference will
	J ,	•	that make for you?"
	Interactions between	Can be used to create	"What would you need
	staff and clients and	physical safety by:	to see different that
	staff and colleagues	Inquiring about what the other	would let you know you
	are welcoming,	would need to see/experience	are safe?"
	respectful and	in order to feel an increased	,
	engaging.	sense of safety	Competency questions
	G		"What tells you that
	Staff recognize and		will be useful?"
	are attentive to the		"You must have a good
	discomfort and unease		reason toTell me
	of clients.		more."
Trustworthiness	Information and	The solution-focused	Goal formation
	expectations for	approach always starts with	questions
	clients and staff are	building a shared	"What would you like
	provided clearly (who,	understanding of what the	to be different as a
	what, when, where,	other wants, which involves	result of these
	under what	clarification and being	sessions?"
	circumstances).	respectfully curious.	"How will you know
			when you reach your
	The staff and agency	Focusing on what the other	goal?"
	are consistent and	wants and what is important	
	uphold interpersonal	to them, especially in	Relationship questions
	boundaries with each	mandated situations, also	"What do you
	other and clients.	enhances engagement and	supposewould have
		thus builds trust.	to see that would let

them know you do need to come here anymore?" Coping question: "How have you managed to?" "How did you know?" Choice Clients have control and choice over the The position of "leading from one step behind" and "Suppose you are	e S
Coping questions "How have you managed to?" "How did you know?" Choice Clients have control The position of "leading from Miracle question	s
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and choice over the one step behind" and "Suppose you are	L
and choice over the polic step beining and policy you are	?
services they receive. inquiring what the other asleep tonight and	d a
wants gives them choice in <i>miracle happens</i>	ſ]
Client priorities and what the focus of the What would be th	
goals are incorporated session/conversation/meeting thing you would no	
into service delivery. is. when you woke up	
would let you kno	
Staff also have some The goal and the next small things were differ	
autonomy and choice step to get there stem from the	S100.
in their work and other, thus they have choice Exception questi	ione
factors impacting their in where they want to go and "What have you	10115
	, , _c
job (i.e. caseload, how they get there.	
vacation time, etc.) been helpful, ever	ı ıj
only a little?"	
"What is already	
working?"	
"How could you i	
that happen more	!
often?"	
Scaling question	S
"What will you be	?
doing differently	when
you are one point	
higher on the scale	le?"
"What do you sup	
is the next small s	-
get one point high	•
"At what number	
you need to be so	
don't have to com	-
back here anymor	
Collaboration The agency embodies Solution building, the core Miracle/goal	
a model of doing process in the solution- formation questi	one
"with" rather than "to" focused approach, is the co-	
	e
interactions with wants to be different, what's together?"	
clients and leadership important to them and what "What has to hap	-
interactions with staff. capacities/strengths they have make this session	
for change. worthwhile to you	
All individuals in the "Suppose you are	
agency are treated as asleep tonight and	d a

	the expert of their own	The other is the expert of their	miracle happens []
	the expert of their own experiences and history.	The other is the expert of their own experiences and knows what they want and what is helpful—thus the approach takes a position of "not knowing," and explores the other's perceptions and past successes.	miracle happens [] What would be the first thing you might notice when you wake up that would let you know things were different?" Exception questions
			"Have there been times in the last couple of weeks when the problem didn't happen, or was less of a problem?" "What do you think you did to make that happen?" "What have you already tried, and which of those things helped, even if only a little?"
Empowerment	Interactions and procedures recognize and build on growth, skills and strengths. Interactions are validating and affirming, and communicate a realistic sense of hope for the future.	Empowerment is key to the solution-focused approach through building on strengths/capacities, increasing hope, and helping the other to find and create their own solutions.	Coping/competency questions "How do you manage to?" "How did you know you were able to?" "How come things aren't worse?" "What gives you hope that things will be different?"
			Exception questions "What did you think you did to make that happen?" "What's already going better since you made the appointment for this session?" "At what times do you already see parts of the miracle happening?"
			Scaling questions "What are you already doing that helps you be at a?" "What are you already doing that's on track to

			being [one number higher]?"
Shift of Perspective	An approach that asks "what has happened to this person" rather than "what is wrong with this person?"	An approach that focuses on what a person wants to see different rather than what is wrong/the problem.	"What will you be doing instead?" "What will be different when is no longer a problem?"
Language	The use of "everyday" language as opposed to clinical or legal jargon. There is a focus on what someone is allowed to do/what is expected instead of what is not allowed. There is awareness and sensitivity to the negative cognitions those with trauma histories often have and how language can trigger them.	An individual using a solution-focused approach will adopt the other's words and build questions from their answers to the last question. Solution-focused language is positive—focused on the presence of behavior, strengths, solutions and hope. Acknowledges the power of language through the use of tentative language, avoiding "why" questions, the difference between "if" and "when," using indirect compliments, etc.	Tentative language "What do you suppose?" "It seems like" "Imagine things do get better" Avoiding "why" "How is it helpful for you to?" instead of "Why do you you?" Using "when" "When you finish the program" instead of "If you finish the program" Indirect compliments "How did you manage to come in today despite not wanting to get out of bed?" instead of "I'm glad you made it in today!"