

# TRAUMA-INFORMED CARE

# Treatment Techniques Guide

## Introduction

The Trauma Treatment Techniques Guide identifies tools and strategies for treating individuals, families and communities for trauma-informed approach to care. The tools and strategies described in this guide serve to benefit trauma survivors and trauma-informed workers including psychiatrists, nurses, nurse practitioners, behavioral health therapists, outreach & engagement workers, clinicians, field workers, peer partners and the many others who work alongside populations who aim to reduce symptoms of trauma.

These techniques can be used during any phase of treatment to help the client feel safe, cared about and involved in their treatment. The main categories below – Developing Safety and Trustworthiness, Collaboration and Choice, and Asking About Trauma – were derived from

the Orange County (OC) Health Care Agency's (HCA) [Guidelines for Trauma-Informed Care Workplace and Practice \(2019\)](#). Information from the Substance Abuse and Mental Health Services (SAMHSA) Tip 57 and the National Council of Trauma-Informed Care were also utilized to provide specific techniques to help promote trauma-informed care practices when working with our clients.

Supervisors should review this information with their staff to ensure that the principles of trauma-informed care are being implemented in their program. The Trauma-Informed Care Treatment Techniques Guide can be reviewed during individual supervision or during staff meetings. This information should be reviewed with new staff as part of their training.



## Developing Safety and Trustworthiness

Physical Environment	Examples
Create a relaxed and comfortable lobby area	Keep the lighting relaxed, paint the walls a warm and soothing color, provide comfortable chairs, enough space to move around easily, play relaxing music, have landscape pictures on the wall, clutter-free space, and toys for children to play with while waiting
Ensure that the physical space in your office promotes a sense of calmness and safety	Have enough space between you and the client, relaxed lighting, not too much clutter on your desk or walls and relaxing music or sounds playing
Keep the environment quiet and peaceful	Ensure staff are not socializing in the hallways, talking loudly, or in areas which may disturb the client's session. If there is music playing in the lobby, ensure that the volume is low and the music is relaxing
Ensure there is adequate lighting in the parking lot at nighttime when clients are leaving	If possible install lights in the parking lot or right outside of the building so clients are walking to their car with good lighting to help them feel safe
Clear signage outside and inside of the building including a sign indicating that no weapons are allowed in the building	Post signs inside and outside of the building indicating there are no weapons allowed inside
Prevent people from gathering in front of the entrances to the building	Post signs outside the building to prevent people from congregating in front of the building or near the doorway which can make clients feel unsafe
Have a bike rack outside for clients who ride their bikes due to lack of transportation	Put in a request to HCA management for a bike rack if there is not one at your program and work with facilities and/or building management to secure a bike rack outside the facility

## Developing Safety and Trustworthiness

Communication	Examples
If you are running late to an appointment, let the client know you are running late and apologize for your tardiness	"I am sorry, I am running late. I will be with you in a couple of minutes."
Have the front office staff greet the client in a welcoming manner	Smile at the client when they come to the window and say something like "Welcome, how can I help you today?", "What preferred language would you like to communicate in?", "What preferred pronoun would you like us to use?"
Communicate with clients in a calm, friendly manner and assess the client's language, culture, and gender identity	Use phrases such as "May I...", "Please...", and "Thank-you" whether it be on the phone or in person. Smile while communicating and speak in a calm voice. Assess the client's preferred language and pronoun if not already identified by the Front Office staff. Arrange for an interpreter if needed.
Have someone greet the client in the lobby and ask if they need assistance with anything (e.g., completing paperwork, answering questions, showing them where information or the restrooms are located)	Greet the client by saying "Good morning, welcome to our clinic. Do you need help with anything?"
When you come to get the client in the lobby for their appointment greet the client in a welcoming manner	While smiling say "Hi Sally, I'm so glad you made it to your appointment today."
Communicate in a relaxed manner by speaking slowly and at an appropriate volume (i.e., not too loudly) and pausing to check if the client has any questions	"I want to check in with you right now. Do you have any questions about what I just shared?"
Keep body language relaxed and attentive	Have good eye contact, nod, lean slightly forward, keep your arms uncrossed, and your body relaxed
If writing notes during the session, make sure you make intermittent eye contact and advise the client that writing notes ensures you are acquiring accurate information to provide the best treatment	"John, I will be taking notes today to ensure I get all the necessary information so I can provide the best treatment. Will that be okay with you?"
Consider possible barriers to engagement and address them collaboratively (e.g., barriers to getting to treatment, stigma, fears, cultural and language barriers)	"We ask all clients if there any barriers in being able to attend treatment. Some of our clients have difficulty attending treatment due to a lack of transportation or they have concerns about receiving treatment. Do you need assistance with transportation? Are there any concerns you have about receiving treatment that that I can help you with?"

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## Treatment

Treatment	Examples
Attend to immediate needs by providing linkages to food, housing, shelter or medical treatment	If your client has these needs try to assist them as quickly as possible to help them acquire food, shelter, medical treatment or other necessities (e.g., clothing, shoes)
Be transparent, consistent and predictable	Be on time to the appointment, end the appointment on time, remain calm and consistent in your communication
Clearly outline your program, roles of the treatment team, and treatment expectations (i.e., what the individual can expect and what is expected of them)	Let the client know what the intake process will involve and that you will be asking questions about their history, how often you will be seeing them, what types of services you will provide, who else will be seeing them on the treatment team and for what purpose, what to do if they need to reschedule, and the importance of being involved in their treatment by attending their appointments
Review informed consent, how information will be shared, and the limits of confidentiality and ensure their understanding by asking if they have any questions about what you reviewed	"We reviewed a lot of information. Do you have any questions about the forms we reviewed?"

## Collaboration and Choice

Collaboration and Choice	Examples
Ask the client when scheduling an appointment if they have scheduling preferences	"Is there a day or time that works better than another for you?"; "Would you like to meet in the clinic, your house or outside somewhere?"; "Where outside would feel the most comfortable to you?"
Give the client a choice of provider, if possible	"Would you feel more comfortable with a male or female clinician?"; "Do you want to have someone who speaks your language to provide your treatment?"
Ask the client if they would like the door open or closed during the session, if meeting with the client in their home or in the community, ask them where they feel most comfortable meeting with you	"Would you like the door open or closed during our sessions?"; "Let me know where in your house that you would feel comfortable having our session"; "Where in the community would you like to meet for our session?"; "You can have your eyes open or closed during this exercise."
Explore and problem solve barriers to participation and attendance collaboratively with the individual	"I noticed you have not been attending your appointments with me lately. I am wondering if together we can figure out a way to ensure you attend your appointments in the future. Would that be okay with you?"; "What seems to get in the way of you attending your appointments?"; "Is there anything that is happening in our sessions or with your other treatment providers that is making you feel uncomfortable and not wanting to show up for your appointments?"
Strive to understand and make central the individual's priorities and hopes for treatment	"What are some of your main goals and hopes for attending treatment?"
Inquire about others who may be helpful to include in some aspect of their care	"Is there someone you would like me to communicate with who could help you in your treatment here?"
Identify adjunctive providers and/or those who are close to and supportive of the client and develop a plan with the client for how they want their supports included in their care	"Are there other providers or people in your life who you want involved in your treatment? How would you like them involved in your treatment? For example, do you want them to know your appointments so they can remind you or be aware of your treatment plan so they can support you in your goals?"
Emphasize importance of individual's preferences and choices	"I am curious what your thoughts are about this treatment plan?"; "Please let me know if you need me to pause or if you become uncomfortable at any point during our session"; "After reviewing the different types of coping skills you could use to manage your symptoms which ones would you like to try until I see you again?" If you are teaching a client a relaxation exercise let them choose whether to have their eyes open or closed
Collaboratively develop an understanding of helpful grounding strategies that the individual already utilizes, ways the provider can offer support, and specific strategies that can be learned and utilized in the session to promote grounding	"What have you practiced before that helped you to feel calmer when you are feeling highly anxious and upset?"; "How can I support you during our sessions when you are feeling this way?"; "I will be reviewing and teaching some other techniques you can use that will help you to feel calmer and stay in the present moment. Would you be okay with that?"

## Asking About Trauma

Asking About Trauma	Examples
Be mindful of asking about the client's trauma history, understanding that specific details of their traumatic experiences are not initially required to provide trauma-informed care	During the assessment you don't need to ask specific details of the client's trauma. "Can you tell me if you have experienced trauma in the past? You don't have to share with me specific details about it at this time."
Keep items on your desk that a client could use to help ground themselves when the client is sharing about trauma which can help them to stay in the present moment	Stress ball, fidget gadgets, stones to rub, aromatherapy oils, have water available, hard candies, toys for children
Keep the conversation safe, contained, and connected to present functioning and health	Redirect the client to the room using grounding techniques if they become emotionally flooded by a trauma memory. "I want you to tell me three things you see in the room right now", "Tell me what you hear around you right now", "Touch the desk and describe how it feels", "Let's stay focused on working on practicing ways to relax instead of talking about your father's abuse."
Offer choice to individuals in answering questions about trauma	"Is it okay if I ask you more about the situation you briefly told me about or would you rather talk about it another time?"
Utilize OARS – Open ended questions, Affirmations, Reflective listening, Summarizing	<p>Open-ended questions – "What, when, where, who, how, tell me."            Affirmations - "It's great you're here today...", "You're trying really hard to...", "It seems like you are really good at..."            Reflective listening - Reflective words, emotions or behavior: "What I heard you say is...", "You seem to be feeling...", "I noticed that you have tears in your eyes..."            Summarizing – "So let's go over what we have talked about so far...", "A minute ago you said you wanted to talk to your partner. Would you like to talk more about how you might try?", "So you've just described your plan. We're always here to help in any way. What other questions to you have before you leave today?"</p>
Discuss the reason for asking questions about trauma and normalize reactions to trauma	"Part of our assessment involves asking about whether you have experienced trauma. Trauma is a prevalent public health issue and not only effects people mentally but physically. I am asking so I know how to provide the best treatment while you are in our program."
Stay aware and respond to the signs of a trauma response and redirect the session if necessary	"Let's pause for a moment. Would you like to continue discussing this or is this becoming too overwhelming?", "How about we practice some techniques that can help you relax?", "We can come back to this another time."

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## Asking About Trauma

Asking About Trauma	Examples
Highlight the client's strengths, protective factors, goals and coping skills, community supports, and spirituality when possible	"You did a great job today sharing about your experiences. I know it was difficult to discuss.", "From what you shared it sounds like you have a supportive family and a spiritual practice that helps you with your symptoms which is great."
Break-up the number of questions asked in a row by using more reflection in your conversation (OARS)	Reflecting words, emotions or behavior: "What I heard you say is...", "You seem to be feeling...", "I noticed that you have tears in your eyes..."
Elicit feedback often	"How are you feeling right now?", "Do we need to take a break?", "Is there something you would like to let me know about how I can ask questions going forward?", "What is helpful during our sessions and is there anything that is not helpful?"
Utilize your clinical judgment when asking questions about trauma	Do not ask about trauma during a crisis, when the client is having a high level of emotional distress, during substance abuse withdrawal/intoxication or during active psychosis
Gather information from collateral sources to minimize re-telling of events	Acquire a release of information to speak with the client's parents, significant other, friend, and any previous treatment providers

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## References

- Karen Johnson – The National Council
- Joe Navarro – [The Power of Nonverbal Communications](#)
- [Resource Guide to Trauma-informed Human Services](#)
- [Implementing Trauma-informed Care in Pediatric and Adult Primary Care Settings](#)
- Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of trauma and principles and guidance for a trauma-informed approach* [Draft]. Rockville, MD: Substance Abuse and Mental Health Services Administration