

# The New Normal: Trauma-informed practices for reopening during COVID-19



## We are in this together

Creating a Resilient and  
Trauma-Informed Community

[www.resilientcommunitieswi.com](http://www.resilientcommunitieswi.com)

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# 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Key questions for reflection:

### SAFETY:

How am I keeping the **equal balance of structure AND nurturance**?

**Physical safety:** Where can I add **visual cues of physical safety** into facilities? What guidelines for safety have we developed and how are we **clearly communicating expectations** to all? How am I role modelling and labeling safe behaviors? How am I building in flexible predictability and consistency?

**Emotional safety:** What am I doing that demonstrates to others that I am **prioritizing relationships and supporting healthy emotion regulation**? How do the tone and volume of my voice and body language convey that I am safe? What am I doing to **care for myself** during this transition and how am I communicating that to others? How am I helping others reframe challenging behaviors and respond with empathy?

### TRUST/TRANSPARENCY:

How am I balancing strength AND sensitivity in my communications? What do **my nonverbal behaviors and choice of language broadcast to others** about my trustworthiness? How frequently am I communicating with others? What am I doing to help others know what to expect, and WHY and HOW decisions are being made? How am I helping manage others' expectations of what is possible and how things "should be"?

### PEER SUPPORT:

What opportunities am I taking to **share stories that promote recovery, healing and resilience**? What options am I offering for others to build and nurture a shared sense of community & belongingness?

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## COLLABORATION & MUTUALITY:

Where am I inviting others to share their input? What opportunities for volunteering or giving am I offering others? How am I **fostering discipline and learning in others** rather than providing discipline that punishes or shames?

## EMPOWERMENT/VOICE & CHOICE:

What am I doing to **recognize and validate the strengths of others**? How am I offering accurate information so that others can make their own informed decisions about their health and wellbeing? How am I recognizing the good efforts of others to safely care for themselves and our community?

## CULTURAL, HISTORICAL & GENDER ISSUES:

What am I doing to help others be aware of the importance of historical contexts? How am I demonstrating cultural humility and trustworthiness? What opportunities am I creating for **meaningful** engagement with others? What actions am I taking to challenge xenophobia and inequity? What actions am I taking to ensure that **all** members of our community can thrive?

# The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery.



Recognize the signs of trauma.



Respond by fully integrating knowledge about trauma into policies, procedures, and practices.



Resist re-traumatization

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