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# Principles (of a trauma-informed approach) In Action

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An approach to care that  
promotes a culture of  
safety & empowerment to foster  
recovery & healing through  
safe & collaborative  
relationships.



# Agreements

- Be present
- Confidentiality
- Active listening
- Be curious instead of judgemental
- Take care of yourself and your needs
- Ask for help



# The Key Principles of a Trauma-Informed Approach (SAMHSA )

Safety

Trustworthiness &  
Transparency

Collaboration  
& Mutuality

Peer Support  
& Mutual Self-Help

Empowerment,  
Voice, Choice,  
& Self-Agency

Cultural, Historical &  
Gender Humility



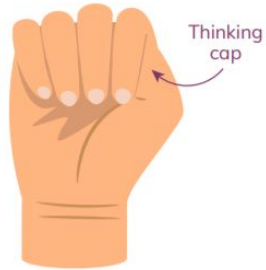
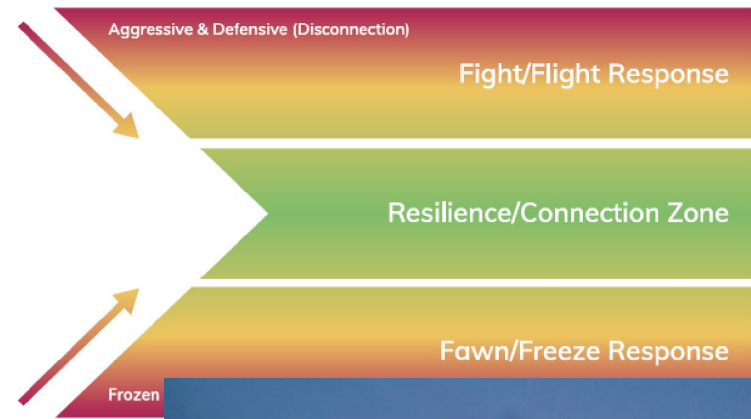
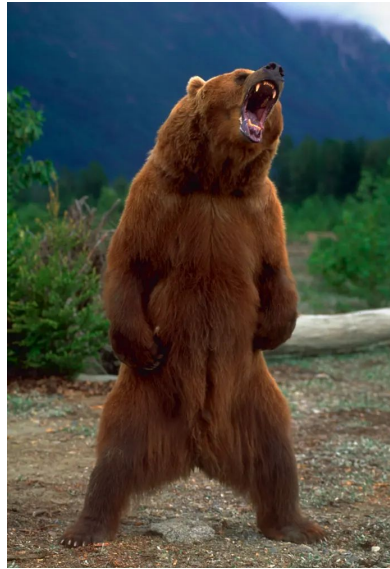
# Safety

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.

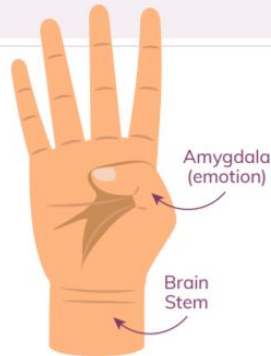




# Create a Shared Language



**"Cool" Brain**  
(Para-sympathetic nervous system)



**"Hot" Brain**  
(Sympathetic nervous system)



# Trustworthiness & 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.





Own your  
mistakes

*"Accountability:  
You own your  
mistakes,  
apologize, and  
make amends."*

*Brené Brown*



# Ingredients of a (good) apology

1. It does not include the word “but.”
2. It keeps the focus on your actions—and not on the other person’s response.
3. It includes an offer of reparation or restitution that fits the situation.
4. It does not overdo.
5. It doesn’t get caught up in who’s more to blame or who started it.
6. A true apology needs to be backed by corrective action.
7. It requires that you do your best to avoid a repeat performance.
8. Should not serve to silence others.
9. It does not ask the hurt party to do anything, not even to forgive.



# Collaboration & 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 and decision-making**. The organization recognizes that 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.”



# Asking for and Receiving Help can Activate





# 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 individuals 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.”**

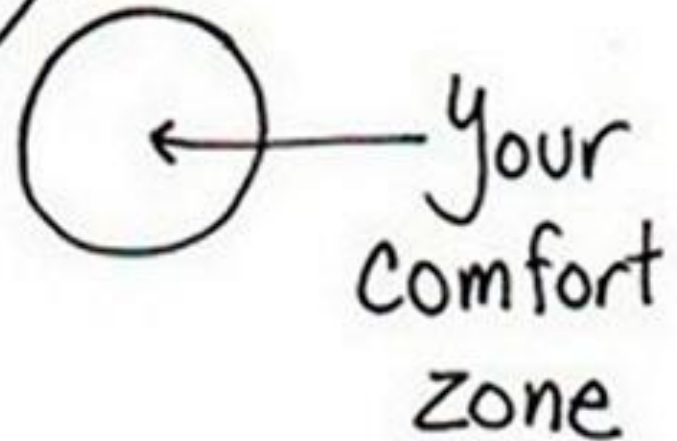


## “Helping” in a top-down way may:

- reinforce feelings of helplessness
- imply that one person is more “recovered” than the other
- send the message that survivors are incapable of directing their own lives









# Empowerment, Voice & 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.

This is a parallel process as staff need to feel safe, as much as people receiving services.



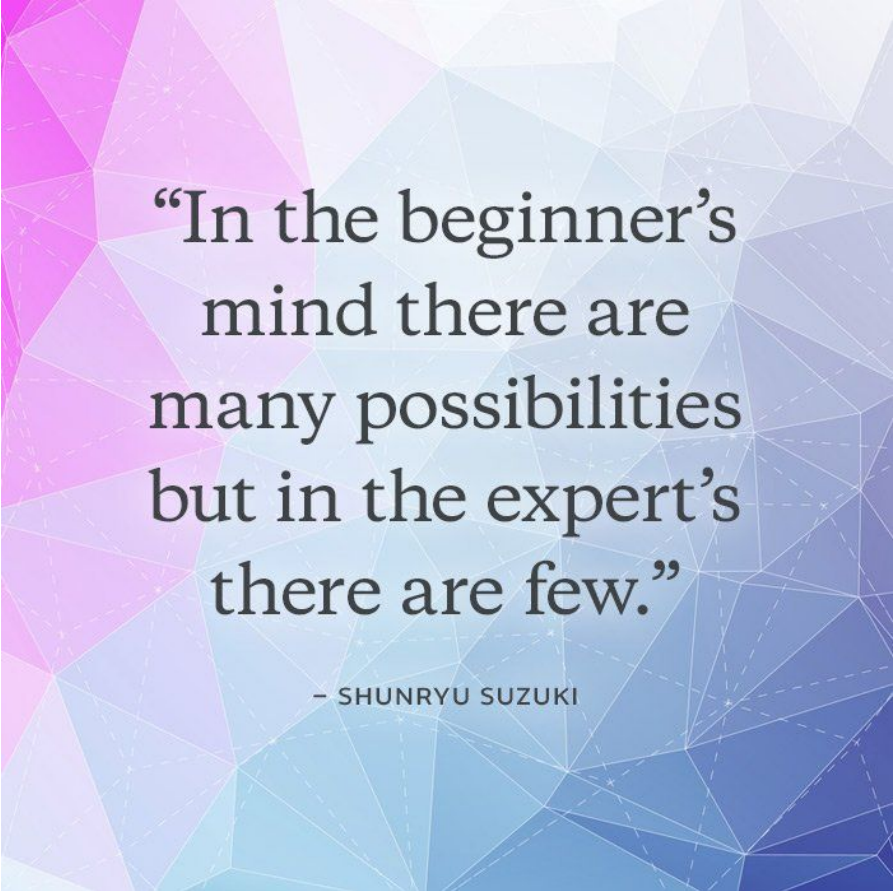
# What can this look like?



# Cultural, Historical & Gender Humility

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.





“In the beginner’s  
mind there are  
many possibilities  
but in the expert’s  
there are few.”

– SHUNRYU SUZUKI



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