TRAUMA-INFORMED PRINCIPLES IN PRACTICE

NASTAD

The following is a breakdown of each of the Substance Abuse and Mental Health Services Administration (SAMHSA) principles that includes definitions and questions to consider as you operationalize the principle within your work. At the bottom of this page, there is a box for an additional consideration which highlights the importance of acknowledging and uplifting the resilience of people with HIV. While we note that resilience is an individual's capacity to survive and at times thrive in adverse experiences and systems, it is important to acknowledge these coping skills and to mirror back to individuals their capacity to be present.

Principle	Definition	Questions to consider
Safety	An environment in which staff and clients are physically and emotionally safe. Staff prioritize clients' sense of safety.	• Do you allow clients/staff to define what safety means for them? • Is there a way for clients to provide anonymous feedback regarding their experience? • Is there a practice in place that allows staff to share safety concerns and have a timeframe in which they will be addressed based upon the concern (e.g., physical concerns due to being harassed)? • When obtaining information to do partner notification, do you check-in with the client to see how they are feeling and if there is additional support they may need?
Collaboration and Mutuality	There is both a sense and actualization of collaboration amongst clients and staff. Staff across the agency hierarchy feel empowered in decision-making. There is a sense of understanding that everyone has a role, and each role is important to achieve the stated goals of the agency and clients.	• Do clients have a meaningful role in planning and evaluating services? • Do administrative and direct services staff have a role in planning and evaluating services as well? • Is there space to explore ways clients are connected to their community and foster those relationships as areas for healing? • Is there a way to determine how staff are connected to the community and provide space for that to grow within the agency? • Are clients given the opportunity to decide their treatment goals and given options on how to achieve those goals?

Principle	Definition	Questions to consider
Trustworthiness and Transparency	Agency's operations and decisions are made transparently and with the goal of fostering a trusting relationship between staff and clients and between staff and the agency, as well as amongst staff of differing positionality.	• Do you explain why you are asking for specific information and what it will be used for? • Are your agency policies and procedures clearly stated and available for staff and clients? • Are there opportunities for those impacted by policies and procedures to provide feedback? • When agency-wide decisions are being made (e.g., budget cuts) are staff informed immediately? • Is informed consent (i.e., a process of communication between the client and their health care provider that often leads to agreement or permission for care, treatment, or services) ensured? • Do you provide the date and times a follow-up call can be expected? • Have you considered the impacts of agency complicity in drug use criminalization?
Empowerment, Voice, and Choice	Decisions are made with, instead of for, clients. There is an inherent understanding for a client's needs and circumstances and staff are equipped to provide various options so that clients can make informed choices. Provide staff flexibility to make choices regarding their work as well (e.g., work start time, alternative work schedule, etc.).	• Are clients asked what are their goals for treatment, how they would like their partners to be notified, and what role, if any, they would feel comfortable playing in that notification? • Are staff able to determine their own work schedule that fits their personal needs? • Are staff and clients given an opportunity to provide input for programmatic or agency decisions? • Do clients feel empowered to participate and/or have voice in the HIV planning group or other programmatic decision-making bodies?
Peer Support	Clients are a part of the creation and implementation of programming. Peer support workers provide input into operations, assess progress of the program, and connect with new clients to assist in emotional support and warm hand-offs. Opportunities for staff to support one another exist and are encouraged by the agency.	• Are peers included as navigators on health teams? • Do you hire individuals who have experienced the contact tracing process? • Is there space and is it encouraged for staff to engage in peer-to-peer support (e.g., working through a difficult case together, exploring de-escalation techniques, peer-led lunch and learning)? • How are peers leveraged in all parts of the status neutral continuum?

Principle	Definition	Questions to consider
Cultural, Gender, and Historical Considerations	There is an agency-wide understanding of how systems of oppression impact a client's experience of engaging with systems, particularly in governmental and health care settings.	• Are you asking clients/staff what their pronouns are? If the wrong pronouns are used, do you apologize and move forward? • How has racism impacted the clients/staff? • How does heteronormativity impact the clients/staff? • How does racism play out in how decisions are made across the agency? • How does access (or lack thereof) to competent services impact clients? E.g., class, transportation, language, etc. • Does your agency create physical and digital space for trans and non-binary clients to be affirmed? E.g., gender-affirming restrooms, pronoun selection, chosen name, etc.

Additional Considerations

Principle	Definition	Questions to consider
Resilience	The ability to survive and at times thrive despite facing difficult life circumstances such as trauma and poverty. Resilience can also be seen as coping skills utilized to navigate various situations and scenarios and should be acknowledged and affirmed when engaging with a client.	• Do you inquire about what coping skills clients/staff have used to survive and thrive thus far? • Is there space for clients/staff to share coping skills? Do you foster an environment which allows for a rapport to be built between staff and clients? • Do you ask how individuals are connected to their community? • Do you connect clients to other resources within the community to maintain and strengthen that connection?