



Six Guiding Principles to a Trauma-Informed Crisis Intervention

There are six guiding principles to follow when working with someone in crisis. These are ensuring safety, maximizing trust, maximizing choice, ensuring collaboration, maximizing empowerment, and ensuring interactions are culturally responsive, equitable, and acknowledge intersectionality.



Ensure physical, emotional, and spiritual safety

- Meet people where they are.
- Conduct an ongoing assessment to identify triggers and plans to address them.
- Maintain a calm environment to decrease hyperarousal.
- Support and promote positive and stable relationships in the client's life.

Maximize trustworthiness by being clear, transparent, and consistent

- Co-develop a clear follow-up plan (including contingencies) that details roles of the provider and client as well as when, where, and by whom services will be provided.
- Use an assets-based approach to talk about the client's strengths, successes, challenges and missteps or mistakes, acknowledging learning, growth, and resiliency, and that healing is non-linear.
- Avoid language or actions that may be perceived as "tricking" or "catching" people. The goal of care is not surveillance, policing, or punishment. The goal is developing strong clinical relationships that will help to maintain and advance treatment and build the client's resilience and wellbeing over time.
- Do what you say you will do, and if you can't do it, take responsibility by apologizing, acknowledging the harm caused despite intention, and develop or activate a contingency plan based on the informed consent of the client.

Maximize opportunities for client choice and control

- Use the name the client prefers and their preferred pronouns.
- To the extent possible, allow client choice in when and where services are provided, and modes of communication, including language.
- To the extent possible, allow client choice in deciding who is (and is not) on the treatment team.
- Discuss with the client what services to provide, what goals are identified, and which to work on first.
- Discuss with the client when to terminate services and how, within the parameters of agency policies.



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Ensure collaboration and shared power in decision making

- Ask about the client's goals and priorities, both what they want from the clinical relationship and in their life (e.g., mental health stabilization **and** safe, permanent housing if experiencing homelessness, or a steady income if out of work).
- Allow the client to co-create service plans, with support.
- Ask the client to assess which services they feel have been effective and whether goals and service plans need to be adjusted.
- Develop shared expectations for the therapeutic relationship, including processes for connectedness, boundaries, support, and accountability.
- During emotionally taxing times, ask, "How can I support you right now?"

Maximize empowerment by prioritizing self-efficacy

- Focus on empowerment instead of management and taking control.
- Build upon strengths and promote resilience.
- Validate the client's boundaries and continue seeking affirmative consent across the service plan.
- Ensure opportunities for success, celebrate small (and big) wins, and support the client in contextualizing this progress to promote growth and resilience with a focus on the future.

Ensure interactions are culturally responsive, equitable, and acknowledge intersectionality

- Respect and incorporate the person's culture in all stages of intervention.
- Proactively address racism, homophobia, transphobia, classism, ableism, and other forms of oppression at the systemic, institutional/organizational, and provider/interpersonal levels.
 - Develop and incorporate organizational policies and protocols that address intersectionality in health care and behavioral health services, and advance healing and justice for clients.
 - Develop and implement provider processes and practice norms that address intersectionality and advance healing and justice for clients.
 - Develop and incorporate organizational and provider policies that protect employees from potential discrimination.
- Recognize and address historical and collective trauma (e.g., enslavement of Africans by European and American colonists, forced migration due to climate disaster and conflict or war, or colonization of land and attempted genocide of Indigenous peoples) and honor the client's and their community's resiliency and resistance.
- Be aware of the social determinants of health (e.g., access to quality healthcare, economic stability, neighborhood and built environment) for a client and the interconnectedness of crisis with experiences of instability and marginalization in other areas of life.
 - Support planning and connection to resources in areas including housing, food, employment, and safety net benefits.
- Honor the client's culture, beliefs, and values, and incorporate these as strengths to support service planning and clinical care.

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